



FIRST AMENDED
BOARD MEETING AGENDA

PUBLIC TELECONFERENCE MEETING

April 15-16, 2020

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, a physical meeting location is not being provided.

Important Notices to the Public: The Board of Registered Nursing will hold a public meeting via a teleconference platform. ~~The information to access the meeting will be provided on an amended posted agenda.~~

INSTRUCTIONS FOR PARTICIPATION: Please see the instructions attached hereto to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC.

Members of the public may but are not obligated to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

For all those who wish to participate or observe the meeting on Wednesday, April 15, 2020, please log on to this website: <https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=ef54bcd973bc7b48bdfadb7800adda95>

For all those who wish to participate or observe the meeting on Thursday, April 16, 2020, please log on to this website: <https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=e17acbac768eba037e5edd4d26783c84d>

As an alternative, members of the public who wish to observe the meeting on April 16th without making public comment can do so (provided no unforeseen technical difficulties) at: <https://thedcapage.wordpress.com/webcasts/>

Public comments will be limited to two minutes unless, in the discretion of the Board, circumstances require a shorter period; members of the public will not be permitted to "yield" their allotted time to other members of the public to make comments.

Wednesday, April 15, 2020– 9:00 am – 5:00 pm Board Meeting

1.0 9:00 am Call to Order, Roll Call, and Establishment of a Quorum

Members: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member
Dolores Trujillo, RN
Karen Skelton, Public Member

Acting Executive Officer: Loretta Melby, RN, MSN

2.0 General Instructions for the Format of a Teleconference Call

3.0 Closed Session

3.1 Disciplinary Matters

The Board will convene in closed session pursuant to Government Code section 11126(c)(3) to deliberate on disciplinary matters, including stipulations and proposed decisions.

3.2 Pending Litigation

3.2a The Board will convene in closed session pursuant to Government Code section 11126(e)(1), (2)(A) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383; and
- *The People of the State of California v. Purdue Pharma, L.P.*, Orange County Superior Court Case No. 2014-00725287.

3.2b The Board will convene in closed session pursuant to Government Code section 11126, subdivision (e)(1), (2)(B), to confer with and receive advice from legal counsel.

4.0 Reconvene in Open Session – Recess until April 16, 2020 at 9:00 a.m.

Thursday, April 16, 2020– 9:00 am

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Members: Michael D. Jackson, MSN, RN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member

Dolores Trujillo, RN
Karen Skelton, Public Member

Acting Executive

Officer: Loretta Melby, RN, MSN

2.0 General Instructions for the Format of a Teleconference Call

3.0 Review and Vote on Whether to Approve Minutes of Board meetings held on:

- 3.1 October 17, 2019**
- 3.2 November 13-14, 2019**
- 3.3 December 5, 2019**
- 3.4 December 20, 2019**
- 3.5 January 9, 2020**
- 3.6 January 17, 2020**
- 3.7 February 19-20, 2020**

4.0 Executive Officer Report

5.0 Discussion Regarding Executive Order N-39-20 and Waivers by the Director of the California Department of Consumer Affairs

6.0 Report of the Administrative Committee

Michael Jackson, RN, MSN, President, Chairperson

- 6.1** Discussion **and possible action** regarding regulatory modifications to California Code of Regulations, title 16, section 1426 to permit increased clinical practice hours not in direct patient care during a declared state of emergency.
- 6.2** Discussion and possible action regarding revisions to the May and June 2020 meetings as to dates and locations or cancellation during a declared state of emergency.

7.0 Report of the Education/Licensing Committee

Michael D. Jackson, MSN, RN, Chairperson

7.1 Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Reports (16 CCR 1426) (Consent)

- California State University San Bernardino Baccalaureate Degree Nursing Program
- Carrington College Advanced Placement LVN-RN Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Monterey Peninsula College Associate Degree Nursing Program

- Los Angeles Trade Tech College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing at GCC and GCC-SD Associate Degree Nursing Program
- University of California Davis, Betty Irene Moore School of Nursing Family Nurse Practitioner FNP-MS Nursing

Acknowledge Receipt of Program Progress Reports:

- Simpson University Baccalaureate Degree Nursing Program
- American University of Health Sciences Baccalaureate Degree Nursing Program
- Reedley College at Madera Community College Center Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)

7.2 Discussion and Possible Action Regarding Education/Licensing Committee Recommendations

7.2.1 Recommend Ratification of Applications for Prelicensure Program Continuing Approval (BPC 2788; 16 CCR 1421, 1423) (Consent)

- Mount San Jacinto Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program

7.2.2 Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- Stanbridge University Associate Degree Nursing Program

7.2.3 Recommend Continuing Approval or Other Action for Approved Nursing Programs (Prelicensure), Mendocino College Associate Degree Nursing Program, with a Progress Report to NEC in One (1) year, March 2021. (BPC 2788; 16 CCR 1421, 1423) (Consent)

7.3 Discussion and Possible Action Regarding Whether to Accept Recommendation to Approve or Take Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes, California State University San Bernardino Baccalaureate Degree Nursing Program (16 CCR 1426, 1432) (Major Curriculum Revision – WITH Enrollment Increase AND Change from Quarters to Semesters) (Present)

7.4 Discussion and Possible Action Regarding Whether to Accept Recommendation to Accept Program Progress Report, Discussion and Possible Action to Address Any Performance Gaps Including Actions Described in 16 CCR § 1423.2(a). East Los Angeles College Associate Degree Nursing Program (Present)

7.5 Discussion and Possible Action Regarding Whether to Accept Recommendation to Change Warning Status with Intent to Close to Deferred Approval Status of Prelicensure Nursing Program, Career Care Institute Associate Degree Nursing Program with Quarterly Progress Report to NEC in

One (1) Year and Return to ELC Meeting March 2021. (BPC 2788; 16 CCR 1421, 1423) (Present)

7.6 NCLEX Updates

7.7 Licensing Program Update

8.0 Report of the Legislative Committee

Donna Gerber, Chairperson

8.1 Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Action Regarding Adoption or Modification of Positions on Bills Introduced During the 2019-2020 Legislative Session:

- [AB 329](#) (Rodriguez) Hospitals: assaults and batteries
- [AB 362](#) (Eggman) Controlled substances: overdose prevention program
- [AB 613](#) (Low) Professions and vocations: regulatory fees
- [AB 732](#) (Bonta) County jails: pregnant inmates
- [AB 890](#) (Wood) Nurse practitioners
- [AB 1145](#) (Cristina Garcia) Child abuse: reportable conduct
- [AB 1544](#) (Gipson) Community Paramedicine or Triage to Alternate Destination Act
- [AB 1616](#) (Low) Department of Consumer Affairs: boards: expunged convictions
- [AB 1759](#) (Salas) Health care workers: rural and underserved areas
- [AB 1909](#) (Gonzalez) Healing arts licensees: virginity examinations or tests
- [AB 1917](#) (Ting) Budget Act of 2020
- [AB 1928](#) (Kiley/Melendez) Employment standards: independent contractors and employees
- [AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record
- [AB 2028](#) (Aguiar-Curry) State agencies: meetings
- [AB 2185](#) (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity
- [AB 2549](#) (Salas) Department of Consumer Affairs: temporary licenses
- [AB 2704](#) (Ting) Healing Arts: licenses: data collection
- [AB 3016](#) (Dahle) Board of Registered Nursing: Online License Verification
- [SB 3](#) (Allen/Glazer) Office of Higher Education Coordination, Accountability, and performance
- [SB 808](#) (Mitchell) Budget Act of 2020
- [SB 878](#) (Jones) Department of Consumer Affairs Licensing: applications: wait times
- [SB 1053](#) (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
- [SB 1237](#) (Dodd) Nurse-Midwives: scope of practice

9.0 Report of the Intervention/Discipline Committee

Imelda Ceja-Butkiewicz, Chairperson

9.1 Information Only: Complaint Intake and Intervention/Cite & Fine/Legal Support Update

9.2 Information Only: Investigations Update

9.3 Information Only: Discipline and Probation Program Update

9.4 Information Only: Enforcement and Intervention Statistics

10.0 Public Comment for Items Not on the Agenda; Items for Future Agenda

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

11.0 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

HOW TO – Join – DCA WebEx Event

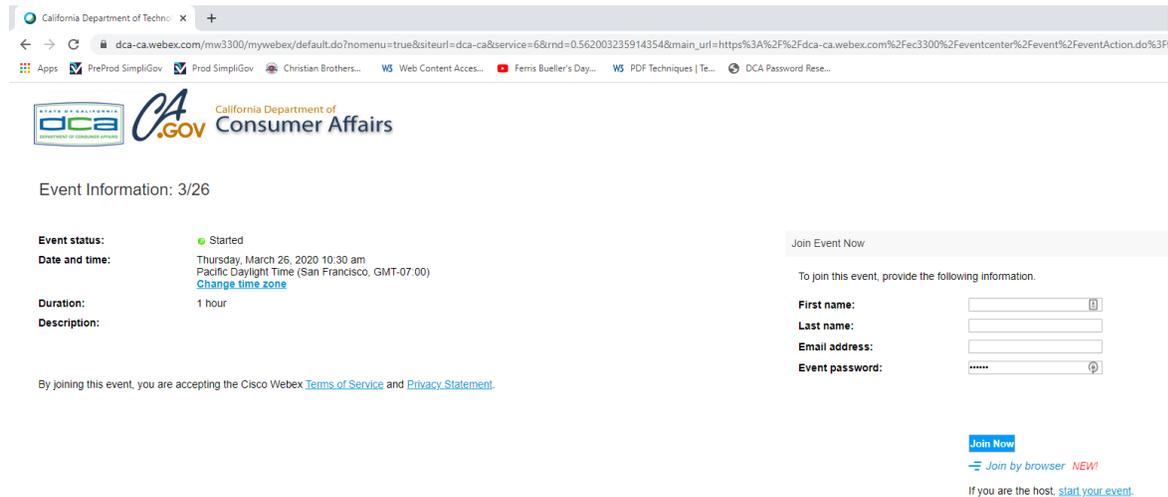
The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

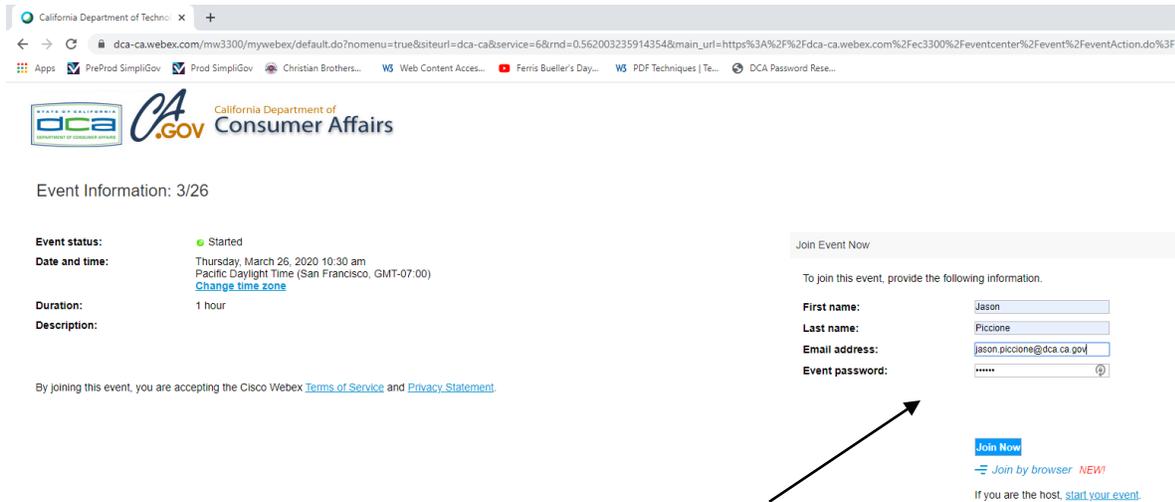
Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>



2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

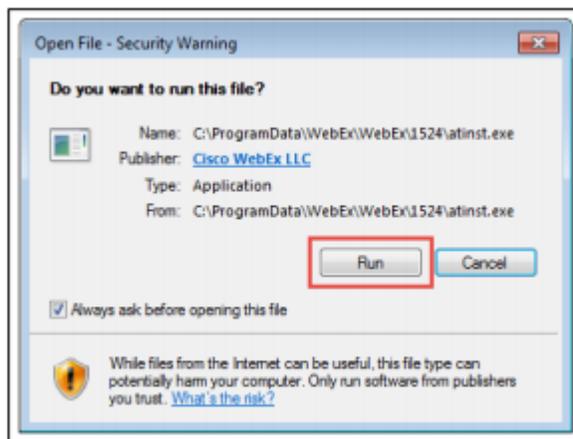
HOW TO – Join – DCA WebEx Event



3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



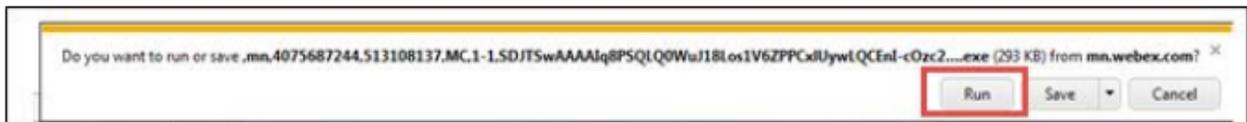
Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

Starting Webex...



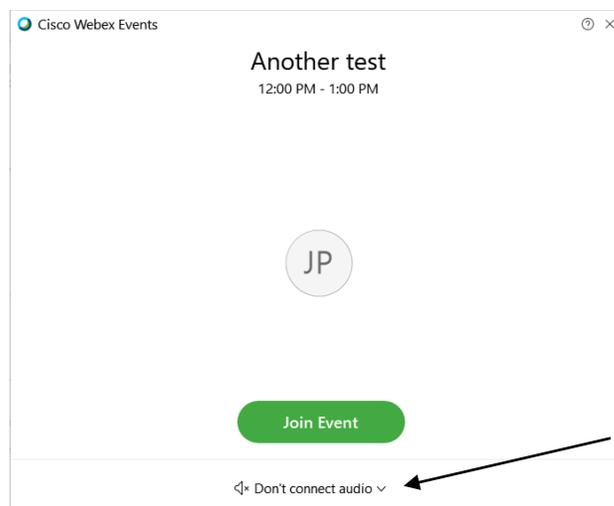
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

5. To bypass step 4, click 'Run a temporary application'.
6. A dialog box will appear at the bottom of the page, click 'Run'.



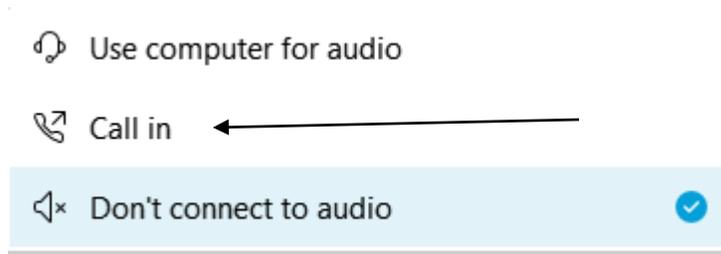
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

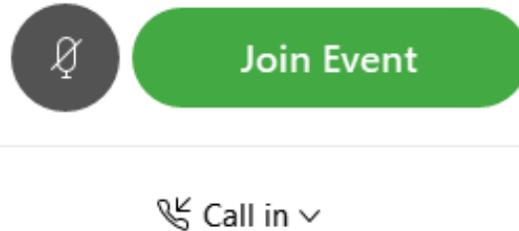


HOW TO – Join – DCA WebEx Event

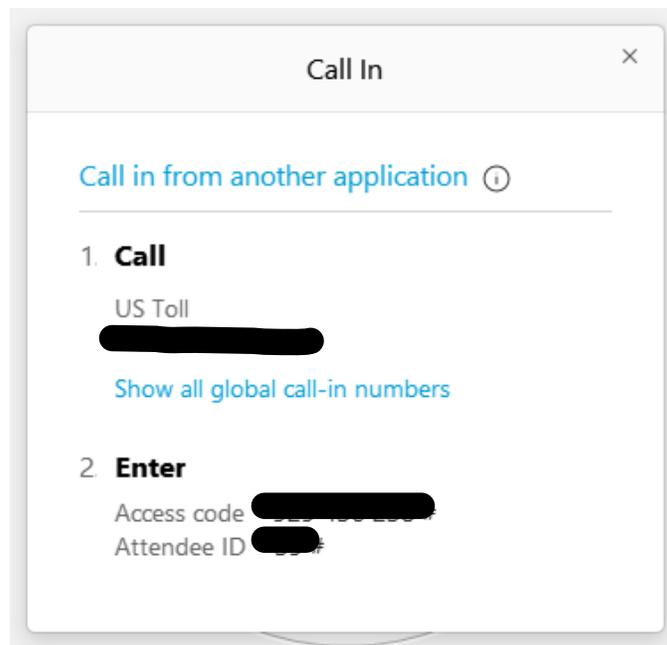
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.

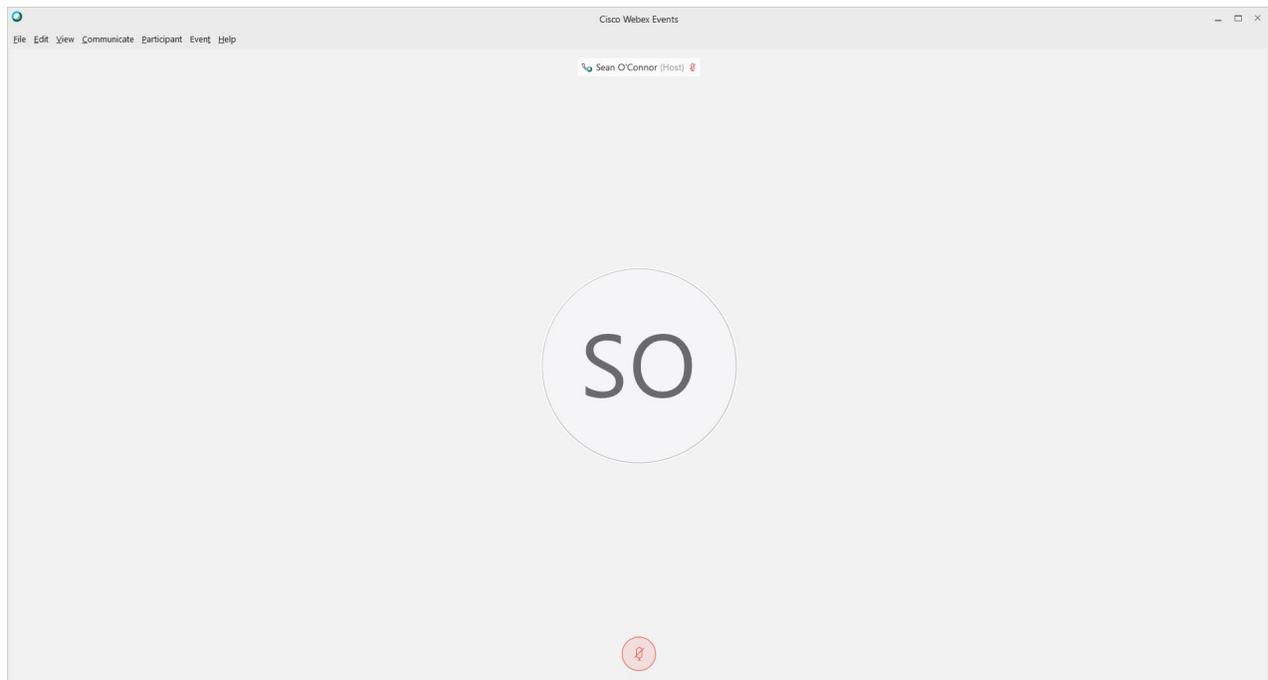


HOW TO – Join – DCA WebEx Event

NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

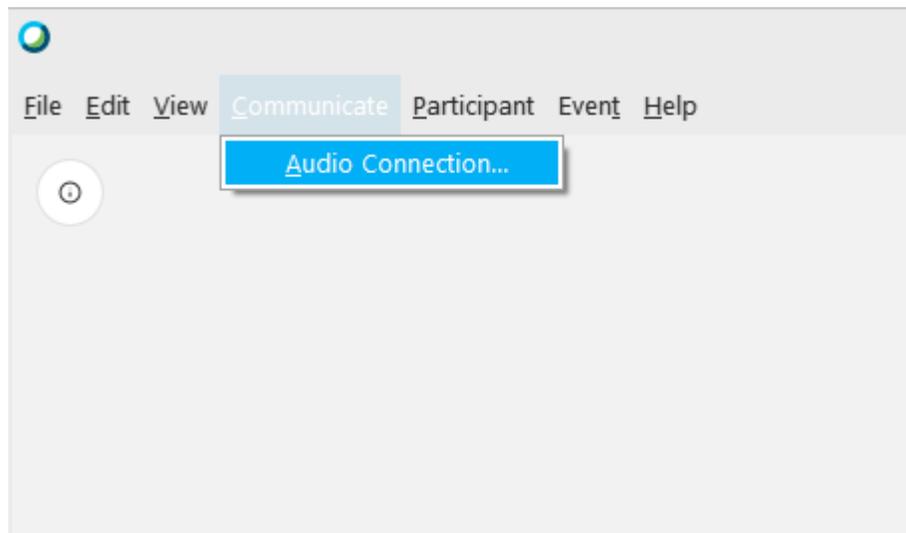


NOTE: Your audio line is muted and can only be unmuted by the event host.

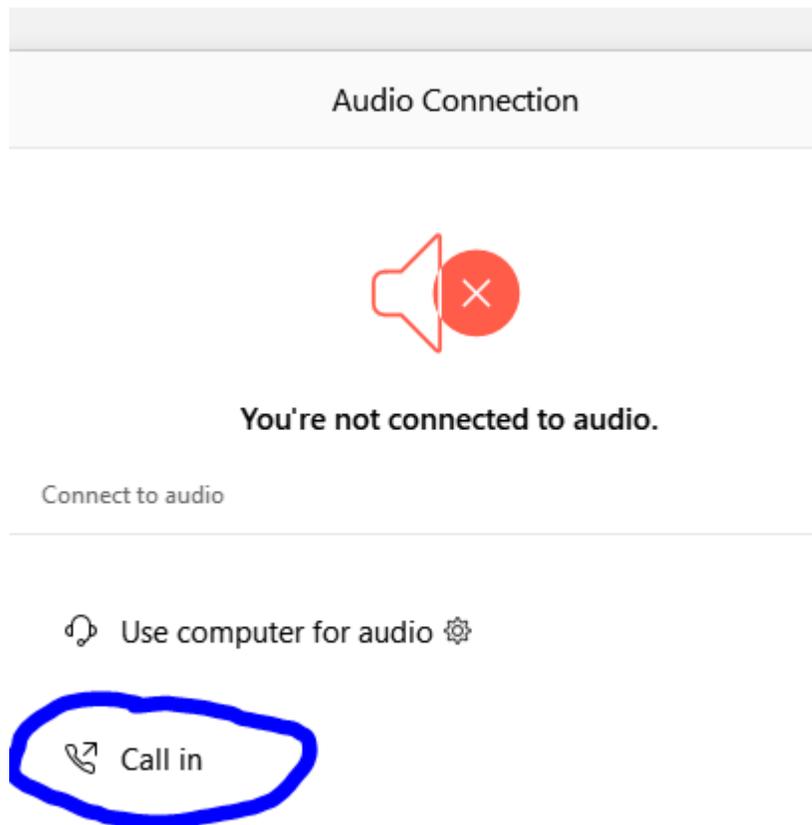
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.

HOW TO – Join – DCA WebEx Event



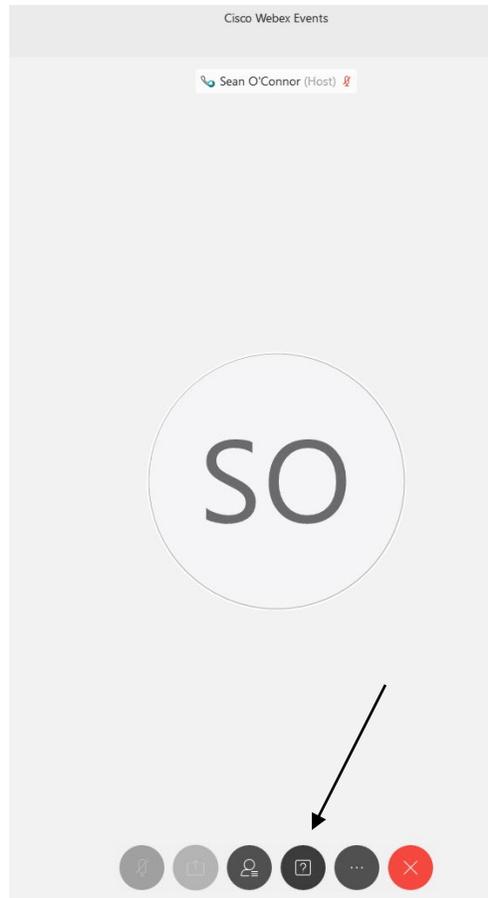
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.

Participating During a Public Comment Period

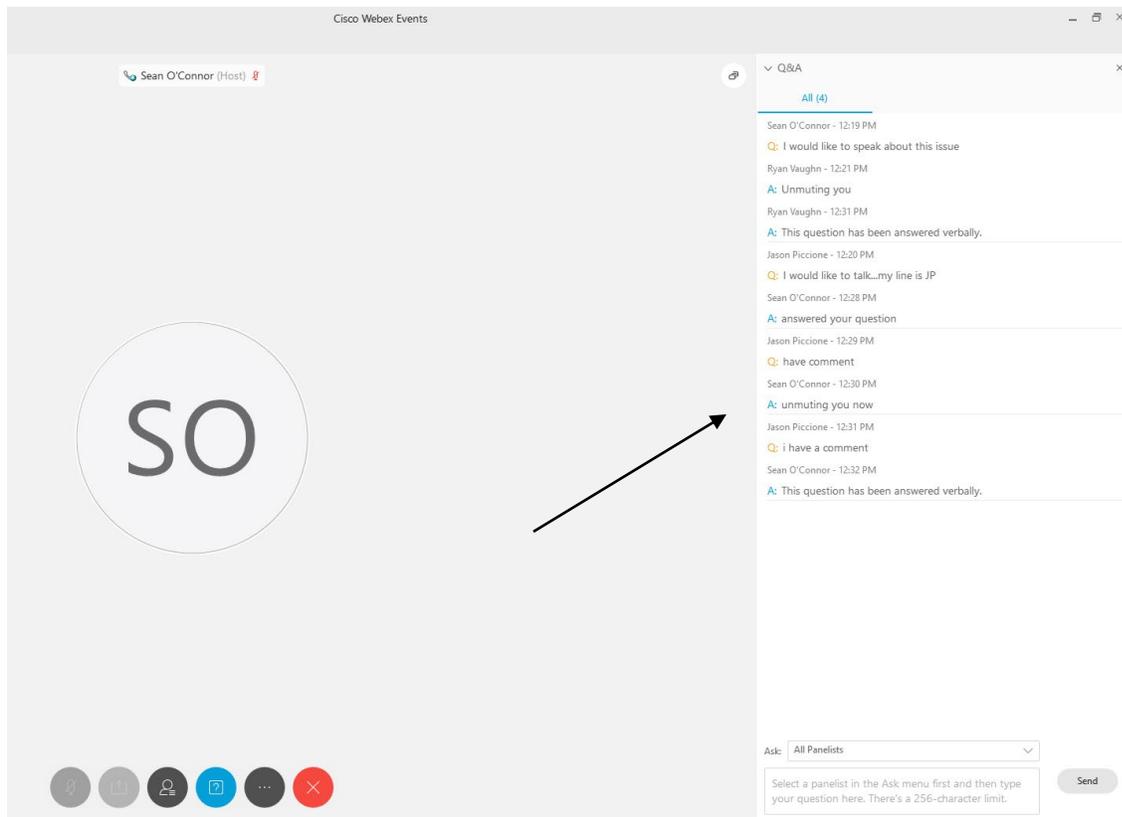
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.

HOW TO – Join – DCA WebEx Event



To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: October 17, 2019

LOCATION: Bakersfield Marriott at the
Convention Center Salon A
801 Truxtun Ave.
Bakersfield, CA 93301

DRAFT

PRESENT: Michael D. Jackson, MSN, RN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz
Kenneth Malbrough

STAFF PRESENT: Dr. Joseph Morris, PhD, MSN, RN, Executive Officer
Evon Lenerd-Tapps, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Thelma Harris, Chief of Legislation
Stacie Berumen, Assistant Executive Officer
Christina Sprigg, Chief of Licensing

Thursday, October 17, 2019

1.0 Call to Order/Roll Call/Establishment of a Quorum
Michael Jackson called the meeting to order and established a quorum.

2.0 Public Comment for Items Not on the Agenda; Items for Future Agenda

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

No Public Comment

3.0 Public Comment for Items on the Agenda (Government Code Section 11125.7(a).)

No Public Comment

4.0 Closed Session
Michael Jackson, President adjourned open session.

4.1 Pending Litigation

The Board convened in closed session pursuant to Government Code section 11126(e)(1), (2) to confer with and receive advice from legal counsel regarding

Marsha A. Johnson v Board of Registered Nursing, Los Angeles Superior Court Case No. 19SMCP00408.

The Board convened in closed session pursuant to Government Code section 11126(e)(1), (2) to confer with and receive advice from legal counsel regarding *Moustafa v. Board of Registered Nursing*, San Francisco Superior Court Case No. CPF-16-515166, First District Court of Appeal Case No. A150266.

The Board convened in closed session pursuant to Government Code section 11126(e)(1), (2) to confer with and receive advice from legal counsel regarding *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383.

5.0 Reconvene in Open Session

Michael Jackson, President, reconvened the meeting in open session and called the meeting to order.

6.0 Adjournment

Meeting adjourned.

Joseph Morris, PhD, MSN, RN
Executive Officer

Michael Jackson, RN, MSN
Board President

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: November 13-14, 2019

DRAFT

LOCATION: The Mission Inn
Grand Perisian Room
3649 Mission Inn Ave
Riverside, CA 92501
(951) 784-0300

BOARD

MEMBERS: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Trande Phillips, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough

STAFF PRESENT: Joseph Morris, Ph.D., MSN, RN, Executive Officer
Evon Lenerd, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Stacie Berumen, Chief, Enforcement Division
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Johnson, Chief, Discipline, Probation and Intervention
Thelma Harris, Chief of Legislation
Janette Wackerly, SNEC

Wednesday, November 13, 2019

- 1.0 8:00 am Open Session: Staff Presentation to Public**
- 1.1 Overview of the Board's licensure process and enforcement process related to applicants reporting convictions.**
 - 1.2 Questions and Answers.**

Schools Present: De Anza College, Point Loma Nazarene University, Southwestern College, Miracosta College, Grossmont College.

2.0 Call to Order, Roll Call, and Establishment of a Quorum

Michael D. Jackson, RN, President, called the meeting to order at 9:24 a.m. and established a quorum.

PRESENT: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Trande Phillips, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough

3.0 Public Comment for Items Not on the Agenda

No Public Comment

4.0 Disciplinary Matters. Hearings on Petitions for:

Termination/Modification of Probation

- Michelle Bourette
- Shannon Fries
- Julie Garcia
- Samm Hezekiah
- Aaron Lindsey

Reinstatements

- Reginald Webb

Vallera J. Johnson, Administrative Law Judge
Erin M. Sunseri, Deputy Attorney General V
Al Macina, Deputy Attorney General

Michael Jackson, President, adjourned open session. Time: 12:40 pm.
Meeting adjourned to closed session. Time: 12:52 pm

5.0 Public Comment for Items on the Agenda (Gov. Code, § 11125.7, subd. (a).)

No Public Comment

6.0 Closed Session

6.1 Disciplinary Matters

The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

6.2 Pending Litigation

- The Board will convene in closed session pursuant to Government Code Section 11126, subdivision (e) (1), (2), to confer with and receive advice from legal counsel regarding the Underground Regulation Petition filed by West Coast University.
- The Board will convene in closed session pursuant to Government Code section 11126(e) (1), (2) to confer with and receive advice from legal counsel regarding *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383.

7.0 Reconvene in Open Session – Recess until September 12, 2019, at 9:00 a.m. Meeting adjourned at 3:17 pm.

Thursday, November 14, 2019 9:00 am

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Michael D. Jackson, President called the meeting to order at 9:14 am, had the members introduce themselves, and established a quorum.

Members: Michael D. Jackson, RN, MSN, President
Donna Gerber, Vice President

Elizabeth A. Woods, MSN, FNP, RN
 Trande Phillips, RN,
 Imelda Ceja-Butkiewicz
 Ken Malbrough

Staff Present: Joseph Morris, RN, MSN, Ph.D., Executive Officer
 Evon Lenerd, MBA, Assistant Executive Officer
 Ann Salisbury, DCA Legal Counsel
 Thelma Harris, Chief of Legislation
 Stacie Berumen, Chief Enforcement
 Christina Sprigg, Chief, Licensing and Administrative Services
 Joseph Pacheco, Chief, Complaint Intake and Investigations
 Shannon Johnson, Chief, Discipline, Probation and Intervention
 Janette Wackerly, Supervising NEC
 Badrieh Caraway, Supervising NEC
 Carol Velas, NEC
 Susan Engle, NEC
 Katie Daugherty, NEC
 Shelley Ward, NEC
 Debra Lewis, NEC
 Mary Ann McCarthy, NEC
 Wayne Boyer, NEC
 Alexandra Finch (Duke), NEC
 Heather Sands, NEC
 Donna Schutte, NEC
 Kay Weinkam, NEC, RA

2.0 Public Comment for Items Not on the Agenda

Sandy Comstock, Miracosta College,

3.0 Review and Vote on Whether to Approve Minutes:

3.1 June 12-13, 2019, Board Meeting Minutes

No Public Comment

Motion: Imelda Ceja- Butkiewicz moved to approve the minutes from June 12-13, 2019 board meeting after amendment of adding board member Ken Malbrough as present at the meeting.

Second: Trande Phillips

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Abstain	Y	Y	Y

4.0 Report on Board Members' Activities

No Public Comment

5.0 Board and Department Activities

5.1 Executive Officer Report

Report presented by Evon Lenerd, Assistant Executive Officer

No Public Comment

➤ Organizational Update

- Budget Update
- Technology Update
- Staffing Update

Organizational Update

➤ Internal Business Process

The Board continues to review its internal business processes. The Board appeared before the Joint Legislative Audit Committee in on August 28th to express its opposition to the proposed State Audit of the pre-licensure oversight process. The outcome of the legislative vote was 9 to 2 in favor of the audit. The Board will be contacted within several weeks by the State Auditor in regard to the audit planning process.

➤ Outreach Efforts

Communication:

The BRN is currently in the process of releasing the second issue of the BRN Report. The first issue was distributed to over 45,000 constituents (including other State Boards of Nursing across the county). The magazine was created to better inform constituents regarding licensing, enforcement, education, and other nursing trends. Overall, the magazine has been well received. The Board staff will work closely with DCA's Marketing and Communication Department to assist with future design and production of the magazine. PCI will continue to distribute the magazine to constituents throughout the State of California and US.

➤ Enforcement:

The enforcement division continues to proactively provide outreach to the community regarding the enforcement process. As of today, staff have presented to academic institutions and clinical agencies throughout the state. It is our hope that the outreach efforts would have a positive impact on educating nurses regarding the Board's Mission to serve and protect consumers.

5.2 2017-2018 Annual School Survey

As a reminder, the Annual School Report is now available and online. The BRN contracts with UCSF to collect data annually on nursing programs, students and faculty. Any questions regarding the data or reported information can be directed to the contact persons listed in the report.

5.3 Public Record Requests

The BRN continues to comply with public record requests (PRA) and respond within the required timeframes that are set in Government Code Section 6250. For the period of June 1 to September 5, the Board received 39 PRA requests.

5.4 Technology Update

- The Board is in the process of rebranding its image. We are currently working with the DCA Marketing and Communications Department with redesigning the Board's logo, social media campaigns, community outreach, and other marketing efforts. This campaign is scheduled to be released on or before January 2020.

5.4.1 Budget Update

- **The Budget Act of 2019**

The 2019-20 State Budget was signed by Governor Gavin Newsom on June 27, 2019. The Board's Budget includes funding for the 67 staff positions along with five months of financial reserve.

➤ **Attorney General Rate Increase**

The Board was notified on July 3, 2019 regarding the implementation of new Attorney General legal services billing rates. The new rates are \$220 per hour for attorney services, \$205 per hour for paralegal services, and \$195 per hour for auditor and research analyst services. The Board projects this increase will cost \$2.4 million in FY 19-20. The rates will become effective on September 1, 2019.

➤ **Fee Audit**

CPS HR Consulting was chosen to conduct the Board's fee audit which is necessary to prepare a statutory fee package to the legislature. The audit will focus on the Continuing Education Provider approval and audit process, which is identified in the Board's Comprehensive CE plan. In addition, the auditors will analyze other cost recovery opportunities including the Petition for Reinstatement Process, the Re-evaluation of an Application decision and the Out-Of-State Nurse Practitioner Program process.

➤ **Out of State Travel Blanket**

The department has approved the Board's Out-Of-State Travel (OST) Blanket for all anticipated trips for FY 2019-2020.

➤ **Fund Condition**

See page 6 for current figures of the Board's analysis of Fund Condition, which includes the Attorney General rate increase that went into effect September 1, 2019.

5.5 Staffing Update

There are currently 10 positions which are actively being recruited for hire. For more information regarding the available job postings and how to apply please visit the BRN website.

NEW HIRES			
Name	Classification	Program	Tenure
Vernique Jamison	Office Technician (Typing)	Discipline	Perm
Brian Herrema	Special Investigator	Enforcement Investigations	Perm
Evon Lenerd	CEA B (Assistant Executive Officer)	Admin	Non-Tenured
DeJana Tomlin	Office Technician	Admin	LT

Mary Tanner	Program Technician II	Public Information Unit	Perm
PROMOTIONS			
Name	Classification	Program	
Brett Ryan	Staff Services Analyst	Probation	Perm
Lorraine Clarke	Staff Services Manager I	Intervention	Perm
Michelle Zanetta	Office Technician	Complaint Intake	Perm
Steven Reed	Program Technician II	Licensing	Perm
Syreeta Hurt	Staff Services Analyst	Probation	Perm
Danielle Walbert	Associate Governmental Program Analyst	Complaint Intake	Perm
SEPARATIONS			
Name	Classification	Program	
Anna Myrmyr	Staff Services Analyst	Probation	Perm
Melissa Lara	Associate Governmental Program Analyst	Complaint Intake	Perm
Arletra Duroncelet-Hutchinson	Staff Services Analyst	Complaint Intake	Perm
Gabriella Perez	Office Technician (Typing)	Intervention	Perm
Nicolette Cunningham	Special Investigator	Investigations	Perm
Anna Meyers	Staff Services Analyst	Complaint Intake	Perm
Victor Mercado	Program Technician II	Public Information Unit	Perm
Kimberly Spears	Program Technician II	Public Information Unit	Perm
Angel Quintero	Program Technician II	Public Information Unit	Perm
Faith Gorman	Program Technician II	Public Information Unit	Perm

RETIREMENTS		
Name	Classification	Program
Tammy Logan	Staff Services Manager I	Discipline
Rafaela Vasquez	Special Investigator	Enforcement Investigations
Peggie Gibbs	Office Services Supervisor II	Renewals
<p>Tammy Logan is a Staff Services Manager I over the Discipline Unit and has served the State of California for over 31 years. Tammy began her state career in April 1984 with the Department of Justice. In May 2014, she started working for the Board of Registered Nursing as a Staff Services Manager I for the Discipline Unit. Friends and colleagues honored Tammy Logan with a reception in February 2019. Her official retirement date is July 5, 2019, Congratulations Tammy on your retirement.</p> <p>Rafaela Vasquez is a Special Investigator within the Central California Investigations and has served the State of California for 27 years. Rafaela began her state career in August 1992 with the Department of Developmental Services. In October 2014, she started working for the Board of Registered Nursing as a Special Investigator in Enforcement Investigations. Friends and colleagues honored Rafaela Vasquez with a luncheon on August 27, 2019. Her official retirement date is September 2, 2019, Congratulations Rafaela on your upcoming retirement.</p> <p>Peggie Gibbs began working at the Board of Registered Nursing on April 11, 2016 as an Office Services Supervisor II in the Renewals Unit. Peggie has served the State of California for 29 years. Peggie was honored with a reception on January 30, 2019 and her official retirement date was July 5, 2019. Congratulations Peggie on your retirement!</p>		

VACANCIES		
Classification	Program	FT/Perm vacancies
Associate Governmental Program Analyst	Intervention	1
Career Executive Assignment (CEA - A)	Licensing	1
Nursing Education Consultant	N. CA NECs – Central Valley	1
Office Technician – Typing	Discipline	1
Office Technician – Typing	Intervention	1
Office Technician – Typing	Probation	1

Program Technician	Licensing – Support	1
Program Technician II	Public Information Unit	3
Staff Services Analyst	Probation	1
Staff Services Analyst	Complaint Intake	2
Special Investigator	Investigations Unit	1
Supervising Special Investigator II	Investigation Unit	1
TOTAL:		15

Fund Condition

0761 - Board of Registered Nursing Analysis of Fund Condition

Prepared 7.16.2019

(Dollars in Thousands)

2019-20 Budget Act with Attorney General Rate Increase

	BUDGET ACT				
	PY 2017-18	PY 2018-19	CY 2019-20	BY 2020-21	BY+1 2021-22
BEGINNING BALANCE	\$ 9,986	\$ 14,465	\$ 26,385	\$ 25,465	\$ 22,372
Prior Year Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 9,986	\$ 14,465	\$ 26,385	\$ 25,465	\$ 22,372
REVENUES AND TRANSFERS					
Revenues:					
4121200 Delinquent fees	\$ 686	\$ 723	\$ 777	\$ 777	\$ 777
4127400 Renewal fees	\$ 36,624	\$ 39,491	\$ 43,403	\$ 43,403	\$ 43,403
4129200 Other regulatory fees	\$ 2,279	\$ 2,842	\$ 1,456	\$ 1,456	\$ 1,456
4129400 Other regulatory licenses and permits	\$ 9,001	\$ 16,892	\$ 12,086	\$ 12,086	\$ 12,086
4143500 Miscellaneous services to the public	\$ 37	\$ 12	\$ 59	\$ 59	\$ 59
4163000 Income from surplus money investments	\$ 165	\$ 576	\$ 227	\$ 331	\$ 259
4171400 Escheat of unclaimed checks and warrants	\$ 4	\$ 12	\$ 8	\$ 8	\$ 8
4171500 Escheat of unclaimed property	\$ -	\$ -	\$ 6	\$ 6	\$ 6
4172500 Miscellaneous revenues	\$ 9	\$ 9	\$ 9	\$ 9	\$ 9
Totals, Revenues	\$ 48,805	\$ 60,557	\$ 58,031	\$ 58,135	\$ 58,063
Transfers from Other Funds					
Totals, Revenues and Transfers	\$ 48,805	\$ 60,557	\$ 58,031	\$ 58,135	\$ 58,063
Totals, Resources	\$ 58,771	\$ 75,022	\$ 84,416	\$ 83,800	\$ 80,435
EXPENDITURES					
Disbursements:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 41,264	\$ 45,480	\$ 53,602	\$ 55,210	\$ 56,866
Attorney General Rate Increase	\$ -	\$ -	\$ 2,395	\$ 3,064	\$ 3,064
8880 Financial Information System for California (State Operations)	\$ 53	\$ 4	\$ -5	\$ -5	\$ -5
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ 308	\$ 654	\$ 654	\$ 654
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 2,989	\$ 2,845	\$ 2,305	\$ 2,305	\$ 2,305
Total Disbursements	\$ 44,306	\$ 48,637	\$ 58,951	\$ 61,228	\$ 62,884
FUND BALANCE					
Reserve for economic uncertainties	\$ 14,465	\$ 26,385	\$ 25,465	\$ 22,372	\$ 17,551
Months in Reserve	2.9	5.4	5.0	4.3	3.3

*Dollars in thousands, except in Salary Range. Numbers may not add or match to other statements due to rounding of budget details.



For more information regarding many of the Boards Activities and available resources please visit www.rn.ca.gov.

6.0 Report of the Administrative Committee
Michael Jackson, RN, President, Chairperson

No public comment

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Vote On Whether To Recommend Ratification Of Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report -Mary Ann McCarthy NEC presented report.

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board. These minor curriculum revisions and progress reports were presented at the August 15, 2019 Education and Licensing Committee meeting.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the Education/Licensing Committee:

- California State University, San Bernardino Baccalaureate Degree Nursing Program
- California State University, Stanislaus Baccalaureate Degree Nursing Program
- Concordia University, Irvine Baccalaureate Degree Nursing Program
- Holy Names Baccalaureate Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Samuel Merritt University Baccalaureate Degree Nursing Program
- Simpson University Baccalaureate Degree Nursing Program
- Antelope Valley College Associate Degree Nursing Program
- City College of San Francisco Associate Degree Nursing Program
- College of Marin Associate Degree Nursing Program
- College of the Redwoods Associate Degree Nursing Program
- Compton College Associate Degree Nursing Program
- Cypress College Associate Degree Nursing Program
- El Camino College Associate Degree Nursing Program
- Glendale Career College Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- Los Medanos Associate Degree Nursing Program
- Moorpark College Associate Degree Nursing Program
- Mount San Antonio College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- California State University, Fresno Nurse Practitioner and Clinical Nurse Specialist Programs
- Holy Names University Family Nurse Practitioner Program MSN and Post Master's Certificate Programs

Acknowledge Receipt of Program Progress Report:

- University or Phoenix LVN to BSN Nursing Degree Program, Salida
- Southwestern College Associate Degree Nursing Program
- University or Phoenix Nurse Practitioner Program, Sacramento

Motion: Michael Jackson made a motion to accept Ratification of Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report

Second: Trande Phillips

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No public comment

7.2 Vote on Whether to Approve Education/Licensing Committee Recommendations

BACKGROUND: The Education/Licensing Committee met on August 15, 2019 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications For Prelicensure Program Continuing Approval (BPC 2788; CCR 1421, 1423)

- Cabrillo College Associate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- Cypress College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program

Motion: Michael Jackson made a motion to accept the Recommendations of Ratification Of Applications For Prelicensure Program Continuing Approval (BPC 2788; CCR 1421, 1423)

Second: Imelda Ceja-Butkiewicz

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

7.2.2 Recommend Continuing Deferred Status Of Continuing Approval For Prelicensure Nursing Program. (BPC 2788; CCR 1421, 1423)

- Los Angeles Trade Tech Associate Degree Nursing Program

Motion: Michael Jackson made a motion to Approve Recommended Continuing Deferred Status Of Continuing Approval For Prelicensure Nursing Program. (BPC 2788; CCR 1421, 1423)

Second: Donna Gerber

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

7.2.3 Recommend Changing Warning Status With Intent To Close To Continuing Approval Of Prelicensure Nursing Program. (BPC 2788, CCR 1421, 1423)

- Los Angeles Southwest College Associate Degree Nursing Program

Motion: Michael Jackson made a motion to approve Recommend Changing Warning Status With Intent To Close To Continuing Approval Of Prelicensure Nursing Program. (BPC 2788, CCR 1421, 1423)

Second: Ken Malbrough

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

7.2.4 Recommend Ratification Of Prelicensure Program Change In Unit Adjustment Or Other Changes. (CCR 1426, 1432)

- o Santa Rosa Junior College Associate Degree Nursing Program

Motion: Michael Jackson made a motion to approve

Second: Donna Gerber

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

7.2.5 Recommend Acceptance Of Program Progress Reports. (CCR 1426)

- o Glendale Career College Associate Degree Nursing Program
- o Glendale Career College-San Diego Associate Degree Nursing Program

Motion: Michael Jackson made a motion to Accept Program Progress Reports

Second: Trande Phillips

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

7.3 Vote To Recommend Acceptance Of Feasibility Studies. (BPC 2788, CCR 1421, 1423)

7.3.1 Vote To Recommend Acceptance Of Feasibility Study For Angeles College Baccalaureate Degree Nursing Program (BPC 2788, CCR 1421, 1423)

Badrieh Caraway-SNEC presented report

Motion: Michael Jackson made a motion to accept

Second: Elizabeth Woods

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.3.2 Vote To Recommend Acceptance Of Feasibility Study For West Coast Ultrasound Institute School Of Nursing Associate Degree Nursing Program (BPC 2788, CCR 1421, 1423)

Badrieh Caraway-SNEC presented report

Motion: Michael Jackson made a motion to accept

Second: Elizabeth Woods

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.4 Vote to Recommend Prelicensure Application For Continuing Approval (BPC 2788, CCR 1421, 1423)

7.4.1 Simpson University Baccalaureate Degree Nursing Program
Katie Daugherty-NEC presented report

Motion: Michael Jackson made a motion to recommend approval with the understanding that a 10-day notice requirement per 16 CCR, 1432, keep the board apprised of any certain changes, supplemented with reports to the ELC committee every other month with no formal presentation.

Second: Imelda Ceja-Butkiewicz

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	N	Y	Y

No Public Comment

7.5 Vote on Action Regarding Prelicensure Program Unit Adjustment Or Other Changes For CNI Associate Degree Nursing Program. (CCR 1426, 1432)

Wayne Boyer, NEC -presented report

Motion: Donna Gerber made a motion to defer action to next Board meeting to review the opposition letters and better understand the information before the Board

Second: Michael Jackson

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

Public Comment:

Sana Massad, Kathryn Hughes, Dr. Teresa Burton, Michael Hartman, Scott Casanover, Sandy Comstock

7.6 Vote To Recommend Acceptance Of Self Study And Approve Prelicensure Program At Xavier College Associate Degree Nursing Program With An Enrollment Of One Cohort Of 30 Students Annually For The First Five Years. (BPC 2788, CCR 1421, 1423)

Janette Wackerly, SNEC -presented report

Motion: Michael Jackson made a motion to accept the recommendation

Second: Donna Gerber

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.7 Vote To Recommend Acceptance Of Changes To An Approved Program-Addition Of New Campus Or Location With Discussion Regarding Enrollment Pattern. (CCR 1432)

7.7.1 Gurnick Academy of Medical Arts, Concord Baccalaureate Degree Nursing Program – Report presented by Susan Engle, NEC

Motion: Michael Jackson made a motion to approve for 28 students two times a year and return to the board for any additional enrollment as a substantive change.

Second: Donna Gerber

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.7.2 Unitek College-Bakersfield Baccalaureate Degree Nursing Program
Report presented by Carol Velas, NEC

Motion: Michael Jackson made a motion to approve enrollment of 40 students three times a year for a total of 120 students annually.

Second: Imelda Ceja-Butkiewicz

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.7.3 Chamberlain College Baccalaureate Degree Nursing Program
Report presented by Badrieh Caraway, SNEC

Motion: Donna Gerber made a motion to defer action to gather further information regarding clinical displacement concerns and return to ELC in October 2019.

Second: Michael Jackson

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	N	Y	Y

No Public Comment

7.7.4 The Marsha Fuerst School Of Nursing-San Diego Associate Degree Nursing program - Report presented by Carol Velas, NEC

Motion: Imelda Ceja-Butkiewicz made a motion to approve a change in enrollment to 30 students, three times per year.

Second: Donna Gerber

	MJ	EW	DG	IC-B	TP	KM
	Recuse	Y	Y	Y	Y	Y

No Public Comment

7.7.5 Stanbridge University School of Nursing Associate Degree Nursing Program
Report presented by Badrieh Caraway, SNEC

Motion: Donna Gerber made a motion to defer action regarding a new campus in Alhambra to clarify issues around clinical displacement. Return to ELC in October 2019.

Second: Michael Jackson

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.8 **Vote to Approve and Accept Progress Report for American University of Health Sciences Baccalaureate Degree Nursing Program. (CCR 1426)**

Removed from agenda and tabled to November 2019 board meeting. No action taken.
No Public Comment

7.9 Vote To Change Continuing Approval of Prelicensure Nursing Program at Career Care Institute Associate Degree Nursing Program to Place Program on Warning Status With Intent to Close Program

Removed from agenda and tabled to November 2019 board meeting. No action taken.
No Public Comment

7.10 Vote To Recommend Acceptance Of The 2017-2019 Education And Licensing Goals And Objectives Achievement Report-Draft

Motion: Michael Jackson made a motion to accept The 2017-2019 Education And Licensing Goals And Objectives Achievement Report-Draft

Second: Donna Gerber

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.11 Vote To Recommend Acceptance Of The 2019-2021 Education And Licensing Goals And Objectives-Draft

Motion: Michael Jackson made a motion to accept The 2019-2021 Education And Licensing Goals And Objectives-Draft

Second: Donna Gerber

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

7.12 Information Only: NCLEX Pass Rate Update report given by Katie Daugherty, NEC

7.13 Licensing Program Update-Christina Sprigg presented report.

LICENSING UPDATE: The Licensing Program evaluators are currently processing the initial review of CA/US exam and endorsement applications received in August. The board has completed the processing of spring and summer 2019 California graduates. Applications were processed within 1-2 days of receiving electronic transcripts from schools. We continue to utilize the CloudDrive to receive electronic transcripts from all California programs. Additionally, out of state applicants can submit electronic transcripts, to the board, via third-party vendors. The board consistently receives US electronic transcripts daily and this significantly cuts down on application processing time.

The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years. During this past fiscal year, the Licensing Program was able to achieve a decrease in processing times of over 30 days for each application type. This is a direct result of the Board's continuous business process improvements, increased use of various technological advancements, modernization efforts, additional staffing and ongoing training.

Licensing Unit Average Processing Time Statistics			
Application Type	Fiscal Year	Fiscal Year 2017-2018	Fiscal Year 2018-
Exam	60.2	64.6	29.4
Endorsement	45.8	60.2	18.4

The board continues to use Quality Business Interactive Report Tool (QBIRT) and can create and run various reports upon request. The board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. Below is the total number of applications the board has received by fiscal year:

Licensing Applications Received			
Application Type			Fiscal Year 2018-2019
Exams	16,879	15,571	15,425
Endorsement	20,040	15,326	15,161
Repeat/Reapply	7,043	5,792	5,085
Advanced Practice	9,774	8,408	6,913
Total	53,736	45,097	42,584

Board and Bureau Outreach:

Over the past 3 years the Licensing and Renewals programs have been successful in evaluating their business processes and making necessary changes to streamline and go paperless in many of our processes. The Boards success in identifying necessary changes to BreEZe and using our Cloud based services has allowed staff the ability to implement online applications, renewal processes and electronic transcripts and has helped catapult us into a paperless world. With all these improvements and change we have helped to pave the way for other DCA Boards and Bureaus to move into paperless processes. The Licensing management team has met with various Boards and Bureaus to discuss our system and business process improvements that were implemented within the past few years. These Boards and Bureaus includes: Board of Vocational Nursing & Psychiatric Technicians, Bureau of Security and Investigative Services, Board of Psychology and Physical Therapy Board. The main areas of interest have been our Green Project which we implemented to go fully paperless, as well as BreEZe system improvements and enhancements that we worked with the DCA BreEZe team to implement. We believe the sharing of this knowledge and our experience will assist other DCA entities to further develop and improve their own processes.

Consumer Assistance Public Information Unit:

The Board's Public Information unit supports a population of over 451,000 licensees and over 36,000 applicants. The Public Information unit currently has three vacant positions and is working towards recruiting for the additional positions we received as part of the approved BCP.

Below is a summary of Public Information Unit call statistics for the past three fiscal years. The information provided covers all calls received, answered, abandoned and terminated. The number of calls received by the Board has decreased over the past three fiscal years. This decrease is a direct result of the various process improvements and changes that have been made throughout the board. The number of calls answered continues to increase as our percent of abandoned calls decreases. This is a result of the call agent staff that has been hired and trained in this unit. As we move forward in the hiring process for our newly approved BCP positions our calls answered will continue to rise which will also help to reduce the number of calls that are abandoned. We continue to make strides

towards answering all calls received and will continue to provide the best customer service to our consumers, applicants and licensees.

Application Type			Fiscal Year 2018-2019
Calls Received	714,149	504,403	231,760
Calls Answered	83,687	61,430	113,703
% Answered	11.7%	12.2%	49.1%
*Calls Abandoned	310,110	269,598	81,619
% Abandoned	46.7%	48.9%	35.2%
**Calls Terminated	276,538	214,482	36,438
% Terminated	41.7%	38.9%	15.7%

*Abandoned calls are callers who hung up before the call was answered.

** For FY 2018/19 Terminated calls are callers who were calling outside business hours. Terminated calls for FY 2016/17 & FY 2017/18 includes callers outside of business hours as well as callers who were disconnected when the call queue reached maximum capacity. In FY 2018/19 the call queue parameters were changed to remove queue call limits and allow all callers into the queue.

Staffing Updates:

Currently the Licensing, Administration, Public Information Unit, Renewals and NEC units have five (5) permanent vacancies due to newly established positions, staff movement and promotions.

On July 1, 2019 the Board’s Budget Change Proposal (BCP) request was approved for sixty-seven (67) positions. Fifty-one (51) positions are new permanent and limited term funded positions and sixteen (16) are FY 2017-18 limited-term funded BCP positions. For the FY 2017-18 positions this recent approval granted permanent funding. We are working closely with DCAs Human Resource office to prepare justification memos, draft duty statements, prepare the appropriate HR paperwork, advertise and fill the remaining fifty-one (51) positions.

Below is a chart outlining the status of new hires, promotion, separations and vacancies (not including the 2019-20 BCP position vacancies):

NEW HIRES		
Name	Classification	Program
Mary Tanner	Program Technician II	Public Information Unit
DeJana Tomlin	Office Technician	Administration
PROMOTIONS		
Name	Classification	Program
Syreeta Hurt	Staff Services Analyst	Enforcement
SEPARATIONS		
Name	Classification	Program
Victor Mercado	Program Technician II	Public Information Unit

Kimberly Spears	Program Technician II	Public Information Unit
Faith Gorman	Program Technician II	Public Information Unit
Angel Quintero	Program Technician II	Public Information Unit
VACANCIES		
Classification	Program	FT/PERM Vacancies
CEA-A Licensing Chief	Licensing	FT/Perm
3- Program Technician II	Public Information Unit	FT/Perm
1- Nursing Education Consultant	Northern CA NEC Unit	FT/Perm

No Public Comment

8.0 Report of the Legislative Committee

Donna Gerber, Chairperson
Kay Weinkam presented report.

8.1 Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Action Regarding Adoption or Modification of Positions on Bills Introduced during the 2019-2020 Legislative Session.

[AB 1514](#) (Patterson) Deaf and Disabled Telecommunications Program

Motion: Donn Gerber made a motion to support AB 1514.

Second: Trande Phillips

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

[SB 697](#) (Caballero) Physician assistants: practice agreements: supervision

Motion: Donn Gerber made a motion to watch SB 697.

Second: Trande Phillips

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

9.0 Report of the Intervention/Discipline Committee

Imelda Ceja-Butkiewicz, Chairperson

9.1 Information Only: Complaint Intake and Investigations Update

Joseph Pacheco, Deputy Chief Complaint Intake & Investigations
- Presented report.

No Public Comment

9.2 Information Only: Discipline and Probation Program Update
Shannon Johnson, Deputy Chief Discipline, Probation, and Intervention-
Presented report.

No Public Comment

9.3 Intervention Program Update

**9.3.1 Discussion and Possible Action Regarding Re-appointment of Intervention
Evaluation Committee Members**

- IEC 1 (Sacramento)
 - Aust, David, RN
 - Derosiers, Robert, RN
- IEC 2 (Bay Area)
 - Vourakis, Christine, RN
- IEC 4 (Orange County)
 - Buckman, Michelle, RN
- IEC 6 (Palm Springs)
 - Janus, Cheryl, RN
- IEC 11 (North Coast)
 - Sims, Gail, RN

Motion: Michael Jackson made a motion to approve reappointments.

Second: Imelda Ceja-Butkiewicz

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

9.4 Information Only: Complaint Intake and Investigations Update
David Chriss, Chief Department of Investigations - Presented report.

No Public Comment.

10.0 Report of the Nursing Practice Committee
Elizabeth Woods, RN, Chairperson

**10.1 Discussion and Possible Action for Consideration of the Appointment to the Nurse-
Midwifery Committee**

Motion: Elizabeth Woods made a motion to appoint Anabel Albano, RN, CNM in Santa
Cruz, CA to the Nurse-Midwifery committee.

Second: Michael Jackson

	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment.

11.0 Public Comment for Items Not on the Agenda; Items for Future Agenda

Kathryn Hughes- SEIU, Melanie Rowe-CRNA, Saskia Kim-CAN,

12.0 Adjournment

The meeting adjourned at 2:45 pm.

Joseph Morris, PhD, MSN, RN
Executive Officer

Michael Jackson, RN, MSN
Board President

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: December 05, 2019

DRAFT

LOCATION: Board of Registered Nursing
1747 N. Market Blvd
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834

PRESENT: Michael D. Jackson, RN, MSN, President
Trande Phillips, RN
Elizabeth A. Woods, MSN, FNP, RN
Pilar De La Cruz-Reyes, MSN, RN
Imelda Ceja-Butkiewicz
Ken Malbrough

NOT PRESENT: Donna Gerber, Vice President

STAFF PRESENT: Evon Lenerd-Tapps, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Patrick Le, Assistant Deputy Director Board and Bureau Services
Kathleen Boergers, Supervising Deputy Attorney General, OAG
Melanie Fontes Rainer, Special Assistant to the Attorney General, OAG
Stacie Berumen, Assistant Executive Officer
Christina Sprigg, Chief of Licensing

TELECONFERENCE SITES:

Board of Registered Nursing 1747 N. Market Blvd., Suite 186 HQ-2 Hearing Room Sacramento, CA 95834	Otay Ranch Town Center Library 2015 Birch Rd. Chula Vista, CA 91915
1888 Holland Circle Walnut Creek, CA 94597	Central Labor Council 200 West Jeffrey Street Bakersfield, CA 93305
Malcolm X Library 5148 Market Street San Diego, CA 92114	173 Vineyard Circle Sonoma Ca. 95476

Thursday, December 05, 2019 – 11:30 a.m.

1.0 Call to Order/Roll Call /Establishment of a Quorum

Michael Jackson called the meeting to order and established a quorum.

2.0 Public Comment for Items Not on the Agenda

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

No Public Comment

3.0 Closed Session

The Board will convene in closed session pursuant to Government Code section 11126, subdivision (a), to discuss and act on complaints regarding public employees.

Michael Jackson, President adjourned open session.

Meeting convened in closed session.

5.0 Adjournment

Meeting adjourned.

Joseph Morris, PhD, MSN, RN
Executive Officer

Michael Jackson, RN, MSN
Board President

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: December 20, 2019

LOCATION: Board of Registered Nursing
1747 N. Market Blvd
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834

DRAFT

PRESENT: Michael D. Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz
Kenneth Malbrough

STAFF PRESENT: Evon Lenerd-Tapps, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Stacie Berumen, Chief of Enforcement
Christina Sprigg, Chief of Licensing

TELECONFERENCE SITES:

Board of Registered Nursing 1747 N. Market Blvd., HQ-2 Hearing Room Sacramento, CA 95834	Otay Ranch Town Center Library 2015 Birch Rd. Chula Vista, CA 91915
1888 Holland Circle Walnut Creek, CA 94597	Central Labor Council 200 West Jeffrey Street Bakersfield, CA 93305
Malcolm X Library 5148 Market Street San Diego, CA 92114	173 Vineyard Circle Sonoma Ca. 95476

Thursday, December 20, 2019 – 11:30 a.m.

1.0 Call to Order/Roll Call/Establishment of a Quorum

Michael Jackson called the meeting to order and established a quorum.

2.0 Public Comment for Items Not on the Agenda

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

No Public Comment.

3.0 Closed Session

The Board convened in closed session pursuant to Government Code section 11126, subdivision (a), to discuss and act on complaints regarding public employees.

Michael Jackson, President, adjourned open session.

Meeting convened in closed session.

4.0 Reconvene in Open Session for Purposes of Adjournment

Michael Jackson, President, reconvened the meeting in open session and called the meeting to order.

5.0 Adjournment

Meeting adjourned.

Joseph Morris, PhD, MSN, RN
Executive Officer

Michael Jackson, RN, MSN
Board President

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DRAFT

DATE: January 17, 2020

LOCATION: Board of Registered Nursing
1747 N. Market Blvd.,
HQ-2 Hearing Room Suite 186
Sacramento, CA 95834

PRESENT: Michael Jackson, RN, MSN, President
Trande Phillips, RN
Donna Gerber, Vice President
Imelda Ceja-Butkiewicz
Elizabeth Woods
Kenneth Malbrough

STAFF MEMBERS: Ann Salisbury, DCA Legal Attorney
Evon Lenerd-Tapps, Assistant Executive Officer
Thelma Harris, Chief of Legislation

TELECONFERENCE SITES:

Board of Registered Nursing 1747 N. Market Blvd., Sacramento, CA 95834	Otay Ranch Town Center Library 2015 Birch Rd. Chula Vista, CA 91915
1888 Holland Drive Walnut Creek, CA 94597	Central Labor Council 200 West Jeffrey Street Bakersfield, CA 93305
Malcom X Library 5148 Market Street San Diego, CA 92114	173 Vineyard Circle Sonoma, CA 95476

Friday, January 17, 2020-11:30 a.m.

- 1.0 Call to Order/Roll Call/Establishment of a Quorum**
Michael D. Jackson called the meeting to order and established a quorum.

2.0 Public Comment for Items Not on the Agenda

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

Public Comment

Anonymous BRN Staff Employee

Anonymous BRN Staff Employee

LaShonda Shannon-BRN Staff Employee

3.0 Closed Session

The Board convened in closed session pursuant to Government Code section 11126, subdivision (e), to confer with and receive advice from legal counsel.

Michael Jackson, President adjourned open session.

Meeting convened in closed session.

4.0 Reconvene in Open Session for Purpose of Adjournment

Michael Jackson reconvened the meeting in open session and called the meeting to order.

5.0 Adjournment

Meeting adjourned.

Joseph Morris, PhD, MSN, RN
Executive Officer

Michael Jackson, RN, MSN
Board President

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DRAFT

DATE: February 19-20, 2020

LOCATION: Board of Registered Nursing
1747 N. Market Blvd.
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834
(916) 574-7600

BOARD MEMBERS: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Trande Phillips, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN
Karen Skelton

STAFF PRESENT: Loretta Melby, Acting Executive Officer
Evon Lenerd-Tapps, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Stacie Berumen, Chief, Enforcement Division
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Johnson, Chief, Discipline, Probation and Intervention
Janette Wackerly, Supervising Nursing Education Consultant
Badrieh Caraway, Supervising Nursing Education Consultant

Wednesday, February 19, 2020-8:00am

1.0 8:00 am Open Session: Staff Presentation to Public

**1.1 Overview of the Board's Licensure Process and Enforcement Process
Related To Applicants Reporting Convictions.**

1.2 Questions and Answers.

Schools Present: American River College, De Anza College, San Joaquin Delta College,

2.0 Call to Order, Roll Call, and Establishment of a Quorum

Michael D. Jackson, RN, President, called the meeting to order at 9:22 am.
Quorum Established.

PRESENT: Michael Jackson, RN, MSN, President

Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN

ABSENT: Trande Phillips, RN
Karen Skelton

**3.0 Disciplinary Matters. Hearings on Petitions for:
Termination/Modification of Probation**

- Euvy Abo
- Steffany Ahn
- Ann Bakarich
- Dale Henderson
- Julie Orchard

**Ed Washington, Administrative Law Judge
Kevin Bell, District Attorney General**

4.0 Closed Session

4.1 Disciplinary Matters

The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

4.2 Pending Litigation

The Board will convene in closed session pursuant to Government Code Section 11126(e) (1), (2) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383;
- *The People of the State of California v. Purdue Pharma, L.P.*, Orange County Superior Court Case No. 2014-00725287; and
- *Marsha A. Johnson v. Board of Registered Nursing*, Los Angeles Superior Court Case No. 19SMCP00408

Michael Jackson, President, adjourned open session. Time: 10:38 am.
Meeting adjourned to closed session. Time: 11:02 am

5.0 Public Comment for Items on the Agenda (Gov. Code, § 11125.7, subd. (a).)

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

No Public Comment

- 6.0 Reconvene in Open Session –
Recess until February 20, 2020, at 9:00 a.m.
Meeting adjourned at 11:33 am.**

Thursday, February 20, 2020 9:00 am

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Michael D. Jackson, President called the meeting to order at 9:14 am, had the members introduce themselves, and established a quorum.

PRESENT: Michael D. Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN

ABSENT: Trande Phillips, RN
Karen Skelton

STAFF MEMBERS: Loretta Melby, Acting Executive Officer
Evon Lenerd, MBA, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Thelma Harris, Chief of Legislation
Stacie Berumen, Chief Enforcement
Christina Sprigg, Chief, Licensing and Administrative Services
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Johnson, Chief, Discipline, Probation and Intervention
Janette Wackerly, Supervising NEC
Badrieh Caraway, Supervising NEC
Katie Daugherty, NEC
Mary Ann McCarthy, NEC

2.0 Review and Vote on Whether to Approve Minutes:

- 2.1 October 17, 2019**
- 2.2 November 13-14, 2019**
- 2.3 December 5, 2019**
- 2.4 December 20, 2019**
- 2.5 January 17, 2020**

MOTION: Michael Jackson: Motion to table previous meeting minutes to the next Board meeting, as they were not included in the materials posted on the BRN's website.

**3.0 Report on Board Members' Activities
None to Report**

4.0 Executive Officer Report

None to Report

6.0 Report of the Administrative Committee

Michael Jackson, RN, MSN, President, Chair

6.1 Discussion and Possible Action Regarding New Board of Registered Nursing Logo

MOTION: Kenneth Malbrough: Motion to Recommend Logo # A

SECOND: Imelda Ceja-Butkiewicz

	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.0 Report of the Education/Licensing Committee

Michael Jackson, MSN, RN, Chairperson

7.1 Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Minor Curriculum Revisions And Acknowledge Receipt Of Program Progress Reports (16 CCR 1426) (Consent)

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- University of California, Irvine Master’s Entry Program in Nursing
- University of San Diego Entry Level Master’s Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Unitek College-Bakersfield Baccalaureate Degree Nursing Program
- Unitek-Fremont Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Mount Saint Mary’s University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program
- California State University Fresno, Nurse Practitioner Program
- University of Phoenix Nurse Practitioner Program Costa Mesa

Acknowledge Receipt of Program Progress Report:

- Simpson University Baccalaureate Degree Nursing Program
- Mount Saint Mary’s University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)

MOTION: Michael Jackson: Motion to Recommend Acceptance
SECOND: Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2 Discussion and Possible Action Regarding Education/Licensing Committee Recommendations

BACKGROUND: The Education/Licensing Committee met on January 9, 2020 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications For Prelicensure Program Continuing Approval (BPC 2788; CCR 1421, 1423)(Consent)

- Charles Drew University Entry Level Master’s Program
- Loma Linda University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Chaffey College Associate Degree Nursing Program
- Cuesta College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- Riverside City College Associate Degree Nursing Program

MOTION: Michael Jackson: Motion to Recommend Acceptance
SECOND: Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2.2 Recommend Ratification Of Approval of a Prelicensure Program Unit Adjustment Or Other Changes (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

- College of the Sequoias Associate Degree Nursing Program

MOTION: Michael Jackson: Motion to Recommendation Acceptance
SECOND: Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2.3 Recommend Ratification Of Applications For Advanced Practice Programs Continuing Approval (CCR 1480) (Consent)

- o Loma Linda University Advanced Practice Nurse Practitioner Program

**MOTION:
SECOND:**

Michael Jackson: Motion to Recommendation Acceptance
Elizabeth Woods

	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.2.4 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program. (16 CCR 1423) (Consent)

- o Compton College Associate Degree Nursing Program

**MOTION:
SECOND:**

Michael Jackson: Motion to Recommendation Acceptance
Donna Gerber

	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.3 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program, East Los Angeles College Associate Degree Nursing Program. (16 CCR 1423) (Present)

BACKGROUND:

At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.

NON-COMPLIANCE:

- 1. 1424(e) The director and the assistant director shall dedicate sufficient Time for the administration of the program.**

The Director and the Assistant Directors do not have sufficient release time for the administration of the program. (2019)

Current Response

- ❖ The Director of the Nursing program is actively engaged in her
- ❖ role at 100% release time to administer the ELAC Nursing

- ❖ program.
- ❖ Two new Assistant Directors will have 40% release time each.
- ❖ This is 14 hours per week. This is an increase from the January report.

2.

1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

Related section 1424(e) The Assistant Directors do not have sufficient release time to become knowledgeable and current regarding the process and procedures by which the program is administered. (2019)

Current Response

- ❖ As of 1 January 2020 Assistant Directors, Martha Garcia, MSN, FNP, and Assistant Director Kimberly Knight, MSN, FNP received release time at 0.4 based on the 35-hour work week which is fourteen (14) hours per week. Both Assistant Directors have met with the outside consultant Ms. Cathy McJannet to get individual assignments to address immediate needs in the department.
- ❖ Both Assistant Directors will be working up to 60%.
- ❖ Ms. Knight, Assistant Director will be attending the COADN in the spring with the Director, however both Assistant Directors will be attending the COADN meeting in the fall. It's important that both individuals spend as much time as possible to become acquainted with their roles as succession planning is a reality.

3. **1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.**

Total Program Evaluation Plan is not consistently being implemented. Process needed for analysis, utilization, and reporting of program evaluation data; specifically, enrollment, attrition, and completion data. (2012, 2013, 2017, 2019)

Current Response

- ❖ Assistant Director, Martha Garcia has agreed to be the lead for the Total Program Evaluation plan. Ms. Garcia has begun to work on a template for setting up a program evaluation plan that is a living document that provides real time data and analysis to facilitate program improvement that is data driven.
- ❖ **The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes, and Mountain Measurement outcomes.**
- ❖ **Ms. Garcia will have the faculty complete end of semester reports to include information at the end of each semester**

that will include information about courses taught; recommendations for improvement; clinical experiences with recommendations related to facility, objectives met R/T course SLOs, etc.; list of scholarly activities for each semester including CEs, conferences attended, etc. and how clinical competency is maintained. The first report will be completed by faculty May 2020.

4. 1431. Licensing Examination Pass Rate Standard

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

NCLEX pass rate <75%. Eight out of the Ten last academic years (2010, 2011, 2013, 2014, 2015, 2016, 2017, 2019)

Current Response

Working on curriculum, changing structure, identifying faculty who sincerely want to be successful, utilizing Mountain Measurements, Kaplan and other tools that lead to success should bring faculty together to get the job done.

The message to students in preparation for the NCLEX is that they must be prepared to sit for the NCLEX within thirty (30) days of completing the program.

- ❖ The department has reinstated Mountain Measurement Reports in order to provide an in-depth analysis of curriculum R/T student performance on the NCLEX.
- ❖ The entrance program GPA has been changed to 2.5 and is posted on the ELAC website.
- ❖ The State California Community College State Chancellor's Multicriteria Points Formula became effective 31 December 2019 so that the program will no longer utilize random selection nor maintain a wait list for entry into the program. This information is posted on the website. (see attachment)
- ❖ Kaplan consultant Ms. Schou will be meeting with Assistant Director Kimberly Knight within this month to ensure maximum support and utilization of learning/testing resources for students.
- ❖ Ms. Knight will track and document outcome data with a goal of providing interventions and remediation in identified areas of weakness for the individual students. Ms. Knight will ensure the program follows the policy related to use of Kaplan within the program.

5. 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology, to achieve the program's objectives.

The program does not have sufficient faculty, staff and support services, and equipment to achieve the program's objectives. The lab space lacks sufficient supplies and has several pieces of equipment and mannikins in need of repairs and maintenance. (2012, 2013, 2017, 2019)

Current Response

Ms. Wynne, the Lab. Coordinator welcomed the New Nursing

Instructional Aid, Ms. Bradley on 13 January and it appeared to be a good fit for both of them instantly. Ms. Wynne is orienting Ms. Bradley to the environment and the department. Ms. Bradley is energetic and excited to be a part of ELAC, she has previous experience working in a Nursing Learning Laboratory that she brings with her from LA Trade Technical College (a LACCD sister college).

- ❖ There are now two RNs in the Nursing Learning Laboratory to keep the Lab. open days, evening, and weekends as a result of the new hire for the full-time
- ❖ The Lab. is waiting for the delivery of items that were ordered 13 January (see attachment).
- ❖ In preparation for future simulation equipment faculty attended a simulation demonstration on campus 28 January along with Vice President Ornelas. The program will continue to review need for more equipment that will enhance student learning.
- ❖ Administrative approval given for the program to hire a full-time Psychiatric Mental Health faculty position, hopefully to be filled
- ❖ for fall 2020. The position for the spring closes on 14 February, hopefully the pool will be adequate for interviews. Adding one
- ❖ new full-time position in the spring and one full-time faculty in the fall would increase full-time faculty number to eleven (11).

6. 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

The program lacks a sufficient number of qualified full-time faculty to achieve program objectives, one Nursing faculty member and DON whose teaching responsibilities include subject matter directly related to the practice of nursing are not able to prove recent clinical competency in the areas to which they are approved, and one Nursing faculty member whose teaching responsibilities include subject matter content expert directly related to the practice of nursing does not meet regulatory requirements. (2013, 2019)

Current Response

Current Number of Nursing Faculty and Content Experts

Number of Instructors		Number of Assistant Instructors		Number of Clinical Teaching Assistants	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
9	5	0	1	0	0
Medical Surgery	Obstetrics	Pediatrics	Mental Health/Psych	Geriatric	

*Kimberly Knight	Martha Garcia	*Jade Valmonte	Jack Duncan	Rachel Plotkin Olemuse	
*Content Expert as of 28 January 2020					

7. **1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.**

The current curriculum as taught does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse. (2013, 2019)

Current Response

The curriculum has been reviewed by Mary Cox she has met with Assistant Director Kimberly Knight to set up a meeting with faculty to do the in-depth review of the current curriculum structure. Due to a lack of responsiveness to the request for a meeting before the spring semester begins, I am setting up a mandatory faculty meeting that will be conducted by Ms. Mary Cox so that there all faculty will be required to attend on 10 February 2020.

The goal is to immediately and aggressively create a curriculum that will be ready for implementation fall 2020.

- ❖ All faculty must come prepared to openly and honestly share what they’re really teaching to reflect leveling and eliminate redundant presentations/delivery so that students feel more prepared as they move through the curriculum. Ultimately this process helps to build confidence and readiness to take and pass the NCLEX on first attempt.
- ❖ Faculty who lecture will be required to bring documentation of the content that they are actually teaching.

Ms. Cox will help faculty see how what is currently in use can be revised to reflect an enhancement of content, leveling, and delivery.

RECOMMENDATIONS:

1. **1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.**

Related Section 1425.1(a) Refer to the section. Kaplan Test Prep not administered by faculty as written. (2012, 2017, 2019)

Current Response

All students have received the addendum to the Student Handbook December 2019 reflecting changes that have been implemented.

Kaplan Remediation tool created for faculty use to enhance student academic and clinical performance. (See attachments)

2. **1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.**

Please update the org chart to reflect the current process (2019)

Current Response

The organizational chart has been completed and approved.

3. **1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:**

related to 1424(h) Nursing administration needs to ensure through a record keeping process that Nursing faculty members whose teaching responsibilities include subject matter Content Experts maintain clinical competency in the areas to which they are assigned. (2013, 2017, 2019)

Current Response - See faculty table above. NEC requesting a living table reflecting all faculty

4. **1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.**

Faculty need to continue to integrate Kaplan Test Prep across the curriculum. Students need to know why Kaplan Test Prep is important starting in the first semester. Faculty need to believe in the NCLEX test prep product the College is using and promote this enthusiasm to the students. Faculty need to work collaboratively to ensure consistency between courses (2012, 2017, 2019)

Current Response

Kimberly Knight, Assistant Director is the lead person working with Kaplan consultant Ms. Schou to ensure maximum support and utilization of learning/testing. (See attachments Ms. Knight has established and discussed with Ms. Schou).

- ❖ Kaplan recommendation 10% of course grade be assigned to
- ❖ Kaplan (which was previously done) which Kaplan identifies as common practice and motivation of student performance.
- ❖ Kaplan to provide a faculty item writing workshop later spring 2020.
- ❖ Ms. Knight to ensure (with support) the program follows the policy related to use of Kaplan within the program.

5. **1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.**

DON is able to prove clinical competence for her faculty after a rigorous documentation process. Discussed developing a process of record keeping and using a 'living document' that faculty keep current and update with their CEUs as they are obtained, any work history, and current theory and teaching assignments.

College Administration Report

Plan for Increasing the Pass Rate from the College Level

The College is currently waiting for Ms. McJannet's final comprehensive

program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:

- Improving admissions criterion
- Hiring of at least two new faculty
- Implementation of Kaplan test-taking tools/strategies
- Nursing director dedicated to program at 100% (no teaching)
- Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Invest in fully functional equipment and supplies for the nursing lab
- Consistently engage faculty in the program evaluation plan at the end of each semester

Specific Corrective Measures to be Taken

- The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)
- The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- The College has already eliminated the previously existing waitlist.
- One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Lab equipment and supplies have already been ordered for the nursing lab.
- One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

Continuing Education & Workforce Development Report

NEC has been provided the following lists that will be updated monthly regarding NCLEX, including current students, graduates, and alumni. This contact is to help and engage students through the licensing exam. Due to confidentiality, the actual reports will not be shared.

MOTION:
SECOND:

Michael Jackson: Motion to Recommend Acceptance of Progress Report
Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.4

Recommendation To Change Status Of Prelicensure Nursing Program, Los Angeles City College Associate Degree Nursing Program To Warning Status With Intent To Revoke Approval. (16 CCR 1423.2) (Present)

BACKGROUND:

Dr. Christiana Baskaran, Director of Nursing has served as Program Director, ADN since 2015 after LACC had a consultant serving as DON during an extensive and lengthy search. Laura Berry Assistant Director and faculty member has served as Assistant Director since January 2016 and faculty since 2009. The Nursing Department has undergone multiple changes in the last 5 years with frequent turnovers of the campus President (x2), Vice President (x2) and Dean (x6 with 4 in the last 2 years). A regularly scheduled continuing approval visit was conducted on October 22, 23, and 24, 2019 by Nursing Education Consultants Loretta Melby and Dr. Heather Sands. During the visit, meetings were held with the program director, assistant director, students, faculty, support staff, administration, and visits to clinical facilities. A comprehensive review was completed of the self-study submitted by the program and the program provided additional materials for review including but not limited to faculty meeting minutes.

LACC currently has 143 students and is approved to enroll 50 students two times a year but is currently enrolling 40 students two times a year due to clinical impaction.

The program was found to be in non-compliance in four (4) areas (with one being a related section) at the time of this visit:

1. CCR Section 1424(d) Resources
2. (Related to section 1424(d)) CCR Section 1424 (d) In selecting a new clinical agency or facility for student placements
3. CCR 1424 (e) The director and the assistant director shall dedicate sufficient time for the administration of the program
4. CCR Section 1424(h) Faculty type and number

All as stated in the attached Report of Findings and detailed in the Consultant Approval Report.

Six (6) recommendations (with two being related sections) were given for:

1. (related to 1424 (h)) CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert
2. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content
3. (related to 1425.1 (a)) CCR Section 1424(b) –Policies and Procedures
4. CCR Section 1425.1 (b) Each faculty member shall participate in an

orientation program

5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.
6. CCR 1427 (b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

All as stated in the attached Report of Findings and detailed in the Consultant Approval Report.

The above areas of non-compliance are all related to lack of adequate resources, release time and support services needed to achieve the program's outcomes and support the student through their educational journey. It is important to note that the previous continuing approval visit in 2015 also had a noncompliance in section 3: sufficiency of resources. At that visit the DON did not teach on an overload assignment, ADON had a 50% release time (now 0.2% (1 day a week)) and had 3 more FT faculty with the same enrollment pattern of 40 x 2 annually.

The areas of recommendation are similarly related to the areas of noncompliance. These areas of recommendations are all programmatic responsibilities that have suffered due to lack of time and attention paid to them. The nursing administration, faculty, and support staff have had to divert their attention from other faculty responsibilities defined in regulation to covering theory and clinical times on an overload assignment and to serving the student by ensuring that their education is not affected by the program's lack of resources. The nursing program, through teamwork and dedication, has managed to meet the needs of the students and continue to improve the NCLEX pass rates with the latest at 96.72% . However, this is not sustainable with only 4 full-time faculty, not including the Director of Nursing, and 22 part time faculty. The stress of this workload is starting to show. There were reports of incivility between some faculty, a complaint to the BRN, and there have been 10 formal student grievances in last 5 years.

LACC faculty and staff have voiced the need for more faculty, a sim tech or sim coordinator, a clinical placement coordinator (CPC), increasing their Counselor/recruiter from a PT to a FT position and someone to assist with student success. During this visit the consultant discussed the need for replacing and filling all open or recently vacated positions and adding additional FT faculty positions with the Dean, the VP, and the President. We stressed the importance of not waiting for the normal college hiring process and stated that these positions need to be filled prior to January 2020 if possible.

A progress note was received by LACC that was formulated by the Dean in consultation with the VP, President and DON that showed an action plan to address the 4 areas of noncompliance. **(1) Sufficiency of resource:** They have hired an FT instructional assistant that will manage the skills lab and will increase open lab from 16 hours a week to 40 hours a week. In lieu of hiring a student success coordinator and increase the Counselor/recruiter position from PT to FT, the school has suggested that the DON will work their counseling department to develop

strategies for student success and attrition and will have nursing faculty post their office hours. (2) Clinical placement needs: The school stated that they will increase the release time of the ADON from 0.2 to 0.4 and assign the 0.2 (1 day a week) to the management of clinical placement coordination needs and will not be hiring a Clinical placement coordinator (3) Adequate release time of DON and ADON: They will increase the release time of the ADON from 0.2 to 0.4. The additional 0.2 has been allotted to address the need of the clinical placement coordinator role and in no way addresses the need to increase the release time of the ADON to facilitate the coordination of faculty responsibilities, curriculum revision, program evaluation, accreditation preparation, faculty onboarding and mentoring, or to ensure adequate succession planning. They have removed the overload teaching assignment from the DON. Therefore, there has been no suggested change to address this noncompliance, the DON will remain at 100% release time to manage the needs of the program with the ADON also remaining at 0.2 (1 day a week) to assist in these responsibilities. (4) Faculty: The school administration ensured the BRN that they evaluate the number of full-time faculty and the impact on the program through a Program Review and Effectiveness yearly. They will hire ONE faculty member for Mental Health in Spring to start in Fall 2020. Also stating that during the fall (2020), they will evaluate the impact of this new faculty member in the department for efficiency, reevaluate the need, and then decide future FT hiring needs. Note that the Mental Health position was a failed search last year and if hired, will only increase the FT faculty from 4 to 5 and the last CAV in 2015 with the same enrollment pattern at 7 FT faculty.

Of additional important please understand that when the school addressed the other non-compliances above that they took away instructional time and reassigned that to address these areas of non compliance. They did this by removing the overload teaching assignment from the DON, who taught Advanced Med Surg theory and oversaw the Clinical aspect of the preceptorship making site visits etc., they asked the 4 FT faculty to ensure that they are available for their posted office hours for Student Success instead of hiring a Student Success Coordinator or increasing the PT Counselor/Recruiter to a FT position, and they removed a 0.2 from the ADON's teaching assignment to cover the 0.2 they allotted for the CPC duties instead of hiring additional support services.

MOTION: **Michael Jackson:** Motion to Defer Action Until Further Progress Reports are Submitted.

SECOND: **Kenneth Malbrough**

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.5 **Recommend Continuing Approval for Approved Nursing Programs (Prelicensure), Holy Names University Baccalaureate Degree Nursing Program (BPC 2788, CCR 1421,1423) (Present)**

BACKGROUND: Edith Jenkins-Weinrub, Ed.D, RN has been at HNU for the last 19 years. She became the LVN-BSN Program Director (PD) and then Chair for the Department

of Nursing in June 2014 when the previous PD/Chair (2012-2014) accepted a promotional opportunity in another state. In 2018, the Department of Nursing became the School of Nursing (SoN). Dr. Jenkins-Weinrub served as Dean for the Math, Science and Nursing division for a year. As of 2019, Dr. Jenkins-Weinrub is the Dean for the School of Nursing (SoN) and the Math and Science is now its own separate division. HNU is CCNE accredited through 2022; the generic BSN degree option became CCNE accredited via the CCNE substantive change process in 2019. HNU is WASC accredited through 2024 as elaborated on later in the agenda item summary.

In November 2016 the BRN approved HNU's voluntary closure of the LVN to BSN degree option effective December 2016. This degree option was voluntarily eliminated by HNU when graduates failed to achieve the necessary annual NCLEX pass rates per CCR 1431 as described in previous HNU related ELC and Board documents. Key among those factors was a persistent pattern of program graduate delays in NCLEX first time testing, less rigorous program admission criteria, plus a series of leadership and faculty changes early in the implementation of the program of study 2012-2014. The November 2016 program closure Board action letter also approved HNU's identified intent to seek Board approval to establish a small generic BSN degree program via the Board's major curriculum change processes within five years of the date when the LVN to BSN degree program closed in December 2016.

Subsequently, HNU PD, Dr. Jenkins-Weinrub achieved BRN approval of the HNU generic BSN degree nursing program in November 2017. HNU obtained approval to offer an eight semesters year-round generic BSN degree nursing program beginning in Summer 2018 with an enrollment pattern for admission of up to 20 students once a year each Summer.

As designed and BRN approved, the program of study for the generic BSN degree option's first few program cohorts are made up of transfer students or other eligible applicants who had successfully completed the required pre-requisite and general education coursework for nursing program admission and met HNU's more rigorous admission/GPA requirements, that made it possible for eligible program applicants to be admitted to the last four semesters in the generic BSN degree nursing major beginning in Summer 2018.

In Summer 2018, the first cohort of program students (N=12) entered the courses in the nursing major. As approved and anticipated, the first and second cohorts are made up of largely transfer students rather than students who have taken all the pre-requisite coursework at HNU. A total of ten students (N=10) completed all four semesters in the nursing major and graduated with a BSN degree in August 2019. One student in the first cohort originally, re-entered the program as part of the second program cohort of 15 students in Summer 2019.

By Summer 2020, HNU anticipates it will have up to 20 students admitted into the third program cohort that starts in the nursing major course series in Summer 2020 and graduates in August 2021.

HNU participates in the Bay Area CCPS Clinical Placement System but also works with non-participating Kaiser and Washington Hospital Systems individually to secure those clinical placements. No clinical placement/displacement issues have been identified/reported by the program or the clinical sites visited in July 2019.

Overall, the program estimates about 12% of clinical course hours are spent in simulation-based learning activities. Estimated total cost of the eight semesters program of study is \$158,304. The estimated costs, if only taking the four semesters in the nursing major, is \$79,152.

As of submission of this January 2020 ELC report, all 10 of the program's first generic BSN degree cohort graduates have taken the NCLEX RN exam and passed on first attempt. This means HNU's annual pass rate for the annual period July 1, 2019-June 30, 2020, will be 100% as there are no other generic BSN degree graduates that will take the NCLEX exam through June 30, 2020. The second cohort (15 students) is slated to graduate in August 2020. This cohort will most likely take the NCLEX exam in the October-December 2020 or January-March 2021 NCLEX quarters.

In Spring/Summer 2019 HNU was scheduled for the routine continuing approval visit of its pre-licensure and NP program options. A continuing approval visit of the newly established (Summer 2018) generic BSN degree option was conducted July 11-13, 2019 by Katie Daugherty, MN, RN, NEC. One area of non-compliance relative to CCR 1425, and 1425.1 Faculty/Faculty Qualifications was identified. Suggested areas to strengthen the program included CCR 1420 Definitions/CCR 1424 Program Administration/CCR 1425 Faculty; CCR 1426 Curriculum; and CCR 1428 Student Participation as described in the CAV consultant's report as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data relative to student retention and reasons students leave HNU after a second year of study; coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.

- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.
- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.
- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written

documentation related to HNU’s current WASC/WSCUC status/reports including HNU’s institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU’s CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU’s submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU’s stable senior institutional leadership, sufficiency of resources as evidenced in the attached five years institutional and program specific budgets and compliance evidence documents.

MOTION:
SECOND:

Michael Jackson: Motion to Approve Baccalaureate Progress Report
Kenneth Malbrough

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	N	Y

No Public Comment

7.6

Recommend Continuing Approval for Approved Advanced Practice Program, Holy Names University FNP-MSN Nurse Practitioner and Post Master’s Certificate FNP Nursing Programs Continuing Reapproval (CCR 1480) (Present)

BACKGROUND:

Aimee Paulson, DNP, FNP-BC, RN, has been the HNU FNP Program Director since Fall 2018. Dr. Paulson has been teaching at HNU since 2015. She replaced now retired former program director, Dr. Maria Mangini, FNP, RN, PhD. Dr. Edith Jenkins-Weinrub is the Dean of the HNU School of Nursing(SoN) and works collaboratively with the FNP program director to ensure compliance with Board, CCNE and WASC/WSCUC regulations, standards, and reporting requirements. The FNP Program was first BRN approved in 1997. The MSN degree option is a six-seven semesters program of study and the Post Master’s FNP Certificate program of study is six semesters since only select courses are offered in certain terms. Current program enrollment is 41 enrolled in the program. There are 27 in the first year and 14 second semester program students. Of the 41 enrolled in these two program options, (37) are FNP-MSN option students and (4) are Post Master’s FNP Certificate students. The approved program enrollment pattern is twice a year admission of up to 35 students, Fall and Spring terms. Approved total program enrollment is up to 70 students at any one time. HNU is CCNE accredited through Spring 2022 and WASC/WSCUC accredited until 2024. Please refer to the latter part of this agenda item summary for further detail regarding WASC/WSCUC and Department of Education actions between 2016-2019.

On time program/degree completion rates for the last three years (24/29), (20/24), (15/17) have ranged from 82-88%. Program students are required to take the standardized national certification exams in preparation for taking the FNP national certification exam after graduation. Program national certification pass rates indicate the program has increased the number of graduates taking either the AANP or ANCC national FNP certification exams and pass rates have ranged from 75%-100% for those electing to take the national certification exam soon after program

completion. HNU voluntarily subscribes to the national benchmarking program evaluation data collection, analysis, and reporting through EBI/Skyfactor and uses reported data for program improvement actions. The estimated cost of the FNP-MSN program option is \$50,592. The estimated cost of the Post Master's FNP Certificate option is \$34,782.

FNP program students and clinical agencies report satisfaction with the educational preparation and performance of program students and graduates, program orientation, and clinical preceptor orientation and precepted experiences. The program enjoys an excellent reputation in the communities it serves. Graduates have no difficulty finding FNP employment.

A continuing approval visit was conducted by K. Daugherty, NEC July 11-13, 2019. One area of non-compliance, CCR 1484 (d) (9) Curriculum was made. Three areas of suggested recommendations to strengthen the program (CCR 1484 (b) (3) Administration, CCR 1484 (c) Faculty, and CCR 1484 (d) (12) (P) Curriculum-Legal Aspects were identified as described in the attached agenda materials. The program corrected the one area of non-compliance immediately as described in the program's written response as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data relative to student retention and reasons students leave HNU after a second year of study; coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.
- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements

when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.

- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.
- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written documentation related to HNU's current WASC/WSCUC status/reports including HNU's institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU's CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU's submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU's stable senior institutional leadership, sufficiency of resources as evidenced in the attached five year institutional and program specific budgets and compliance evidence documents.

MOTION:
SECOND:

Michael Jackson: Motion to Accept Family Nurse Practitioner Progress Report
Imelda Ceja-Butkiewicz

	MJ	EW	DG	IC-B	KM
	Y	Y	Y	N	Y

No Public Comment

**7.7
BACKGROUND:**

Information Only: NCLEX Pass Rate Updates

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS—FIRST TIME CANDIDATES

January 1, 2019-December 31, 2019/****

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	12,502	91.72
United States and Territories	171,374	88.18

CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES

By Quarters and Year January 1, 2019-December 31, 2019/****

1/01/19- 3/31/19*		4/01/19- 6/30/19**		7/01/19- 9/30/19**		10/01/19- 12/31/19**		1/01/19- 12/31/19**/**	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,733	93.52	1,835	88.94	5,288	93.32	1,646	85.60	12,502	91.72

***/**Includes (3),(0),(1) and (1) “re-entry” candidates; reflects 2016 NCLEX-RN Test Plan & Passing Standard effective April 1, 2016-March 31, 2019 and the 2019 Test Plan and Passing Standard effective April 1, 2019-March 31, 2022. Data Source: NCSBN/Pearson VUE reports as of 1/31/20. Note, NCSBN Pearson VUE report numbers reflect the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the time the report is generated.*

****2019 NCLEX-RN Test Plan and Passing Standard:** *The detailed version of the 2019 NCLEX-RN Test Plan is now available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report*

relative differences between candidate ability estimates and exam item difficulties. The Next Generation NCLEX Project/FAQs/Resources/Talks & Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm .

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. When a program's annual first-time candidate pass rate is below 75% for the academic year (July 1-June 30), the NEC sends the program written notice of non-compliance (per CCR 1431). The program submits a detailed written assessment of the factors contributing to the annual substandard pass rate along with a corrective action plan to improve the annual rate. The NEC summarizes the program's NCLEX assessment and improvement action plans in the ELC/Board meeting materials per the 3/16 revision of the Licensing Examination Passing Standard EDP-I-29 document. If a second consecutive year of annual substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance per EDP-I-29 as included in the Program Directors' Handbook Section 8.

7.8 Licensing Program Update, Information Only.

LICENSING UPDATE:

The Licensing Program evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late December. The Licensing Program is finalizing completion of the California fall 2019 graduation season. We continue to utilize the CloudDrive to receive electronic transcripts from all California programs with 100% participation from the California programs. The Fall 2019 California graduation applications were processed within 1-2 days of receiving electronic transcripts from schools. Additionally, out of state applicants can submit electronic transcripts, to the board, via third-party vendors. The board consistently receives US electronic transcripts daily and this significantly cuts down on application processing time.

The board continues to use Quality Business Interactive Report Tool (QBIRT) and can create and run various reports upon request. The board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date. During this past fiscal year, the Licensing Program was able to achieve a decrease in processing times of over 30 days for each application type. This is a direct result of the Board's continuous business process improvements, increased use of various technological advancements, modernization efforts, additional staffing and ongoing training.

The Average Processing Time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

Licensing Average Processing Time Statistics				
Application Type			Fiscal Year	Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	25.3
Endorsement	45.8	60.2	18.4	26.8

A new report we have created provides the average time from Exam to Licensure. In FY 18/19 on average 90% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

Number of days from Exam Date to Licensure (Applicants Licensed by Exam)			
Number of Days			Fiscal Year 2018/2019 Total: 12,878
1	886	1261	5448
2	7036	7723	3931
3	1494	1089	2242
4	1375	1559	769
5	172	194	187
6	62	31	241
7	54	11	60

Licensing Applications Received table provides the total number of applications the board has received by fiscal year:

Licensing Applications Received				
Application Type				
Exams	16,879	15,571	15,425	8,232
Endorsement	20,040	15,326	15,161	10,549
Repeat/Reapply	7,043	5,792	5,085	3,398
Advanced Practice	9,774	8,408	6,913	4,905
Total	53,736	45,097	42,584	27,084

The Licensing Unit and the Renewals Unit has been consolidated into one program, the Licensing Division. A total of two Program Technician IIs and one Program Technician I was moved over from the previous Renewals Unit and all renewals-related duties have been absorbed into the new Licensing Division.

Outgoing license verification requests, previously a renewals unit duty, are now a Licensing Division task. One of our top priorities upon the unit consolidation was improving the timeframe and process for outgoing license verifications. In November 2019, there were a total of over 3,000 open verification requests to be processed. As of today, there are approximately 1,000 requests to be processed. We have been able to reduce the timeframe by training additional staff to assist with the

workload, as well as streamlining the process itself. Verifications are now being processed within 4-6 weeks of receipt and we will further improve this timeframe in the coming weeks. Due to the streamlined process, verifications will be able to be maintained by the originally assigned staff. In addition, the Licensing Division is currently recruiting for two additional Program Technician IIs, one of which will be assigned to assist with this workload.

Staffing Updates:

Currently the Licensing Division has three (3) vacancies due to newly established positions and staff movement.

As part of the reorganization of the Board and approval of BCP positions we established an additional US Evaluations unit. I would like to welcome Jessica Massello as the new Supervising Program Technician II of that new US Evaluations unit. Jessica has been with the Board since October 2018 working in the Licensing support unit. Welcome to the team Jessica.

8.0 Report of the Legislative Committee

Donna Gerber, Chairperson

Thelma Harris presented the report.

8.1 Discussion of Bills of Interest to the Board and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session:

- [AB 329](#) (Rodriguez) Hospitals: assaults and batteries
- [AB 362](#) (Eggman) Controlled substances: overdose prevention program
- [AB 613](#) (Low) Professions and vocations: regulatory fees
- [AB 732](#) (Bonta) County jails: pregnant inmates
- [AB 890](#) (Wood) Nurse practitioners
- [AB 1145](#) (Cristina Garcia) Child abuse: reportable conduct
- [AB 1544](#) (Gipson/Gloria) Community Paramedicine or Triage to Alternate Destination Act
- [AB 1616](#) (Low) Department of Consumer Affairs: boards: expunged convictions
- [AB 1759](#) (Salas) Health care workers: rural and underserved areas
- [AB 1909](#) (Gonzalez) Healing arts licensees: virginity examinations or tests
- [AB 1917](#) (Ting) Budget Act of 2020
- [AB 1928](#) (Kiley/Melendez) Employment standards: independent contractors and employees
- [AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record
- [AB 2028](#) (Aguiar-Curry) State agencies: meetings
- [AB 2185](#) (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity

- [AB 2549](#) (Salas) Department of Consumer Affairs: temporary licenses
- [AB 2704](#) (Ting) Healing Arts: licenses: data collection
- [AB 3016](#) (Dahle) Board of Registered Nursing: online license verification
- [AB 3244](#) (Flora) Nursing, vocational nursing, and psychiatric technicians: schools: examination fraud
- [SB 3](#) (Allen/Glazer) Office of Higher Education Coordination, Accountability, and performance
- [SB 808](#) (Mitchell) Budget Act of 2020
- [SB 878](#) (Jones) Department of Consumer Affairs Licensing: applications: wait times
- [SB 1053](#) (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
- [SB 1237](#) (Dodd) Nurse-Midwives: scope of practice

No Public Comment

9.0 Information Only: Complaint Intake, Intervention, Citation and Legal Desk

GENERAL UPDATE

BRN - DOI CASE PRIORITIZATION PILOT PROJECT

The BRN and DCA’s Division of Investigation (DOI) one-year pilot project is continuing. This pilot project adjusted case referral guidelines for Quality of Care complaints that allege patient harm and/or patient death. Previously, these urgent priority complaints were referred only to DOI. The new pilot now directs nearly all direct patient care complaints to the BRN Investigation Unit, where they are handled as the most top priority investigations.

Since September thirty-two (32) investigation referrals have met the criteria for this pilot project.

COMPLAINT INTAKE UNIT UPDATE:

GENERAL UPDATE

I would like to introduce Jessica Perry as the new manager in the expanded Complaint Intake Unit. Jessica has an exemplary service record in the Complaint Intake Unit where she worked as an analyst since 2011. With Jessica’s appointment, the BCP plan to expand from one to two Complaint Intake Units is now complete.

Complaint Intake is enjoying continued success with processing incoming complaints. Initial processing of complaints has averaged 2-to-3 days for the last six months. Complaint Intake staff are also moving new complaints to their respective investigation units very timely. On average, In-house desk investigations are moved

to the investigation desk within two days; DOI referrals within 3 days, BRN Investigations within 6 days.

Sonya Wilson, Complaint Intake Manager, is a participating member of the DCA Expert Witness Program workgroup. This workgroup is designing a new training program for use with experts throughout DCA's enforcement programs.

COMPLAINT INTAKE UNIT STAFFING

Complaint Intake has two (2) OT vacancies. The recruitment is ongoing with plans to conduct interviews in January and February. There is one (1) AGPA vacancy due to a promotion. Interviews to fill the AGPA vacancy are scheduled for mid-January.

INTERVENTION, CITATION, AND LEGAL SUPPORT UPDATE:

GENERAL UPDATE

Maximus has been awarded the new contract for the administration of DCA's alternative to discipline recovery programs, including the BRN Intervention Program. Maximus was the prior contractor for the BRN Intervention Program, and the transition has been seamless. Maximus has clearly communicated their plans to implement all contract deliverables and data reporting requirements by the January 1, 2020 start date.

Lorraine Clarke, Unit Manager, has initiated plans to recruit Intervention Evaluation Committee (IEC) Members and Nurse Support Group (NSG) Facilitators via the renewal application. Renewal applicants will be asked if they are interested in IEC or NSG service. Interested RN's will then be contacted by Intervention Unit staff. The hope is to better identify licensees interested in these critical positions. Changes to Breeze take a significant amount of time, and we expect changes to the application in late-spring to summer 2020.

INTERVENTION, CITATION AND LEGAL SUPPORT STAFFING

The unit is fully staffed.

9.1.1 Discussion and Possible Action Regarding Appointment of Intervention Evaluation Committee Member

BACKGROUND: In accordance with Business and Professions Code § [2770.2](#), Board of Registered Nursing is responsible for appointing persons to serve on an Intervention Evaluation Committee (IEC). Each IEC is composed of three registered nurses, one physician and one public member who possess knowledge and expertise in substance use disorder or mental health.

APPOINTMENT/REAPPOINTMENT:

Below are the names of the candidates being considered for appointment or reappointment to their respective IEC. Their applications and curriculum vitae are attached for the Board’s consideration. If approved, their terms will expire as noted below.

Name	Title	IEC Location	Appointment Type	Term Expiration
Ashley Schenkel	Public Member	7/San Jose	New Appointment	June 30, 2021

MOTION:

SECOND:

Imelda Ceja-Butkiewicz: Motion to Recommend Approval

Michael Jackson

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

9.2

Information Only: Investigations Update

INVESTIGATION PROGRAM UPDATE:

The Investigation Unit Supervisors continue to work very closely to coordinate policy and procedure updates, so cases continue to move smoothly to meet the unit goals of completion within 240 days.

As the senior BRN Investigation Supervisor, Scarlett Treviso has been designated as the lead supervisor who will serve as the main liaison between BRN and DOI until the selection of a Supervising Special Investigator II is made.

STAFFING UPDATE

The BRN Investigation Unit has the following vacancies:

1 Supervising Special Investigator II position to oversee all BRN Investigations. The recruitment process was initiated in July 2019 and first interviews were held in August 2019. Second level executive interviews were held in October 2019. It was decided that a second statewide recruitment would be initiated. Recruitment efforts continue. It is unknown when this position will be filled.

1 Special Investigator position vacant in our Northern CA Unit. The recruitment process has been initiated to fill the position. The position should be filled by February.

BRN DOI CASE PRIORITIZATION PILOT PROJECT

BRN and DCA’s Division of Investigation (DOI) continue to follow the one-year Pilot Program initiated in September 2019 that changed case referral guidelines for urgent priority Quality of Care complaints alleging significant patient harm and/or patient death.

Since September, approximately 22 cases that meet the new case referral guidelines have been referred to BRN Investigations.

The Pilot Program includes case tracking accountability measures so that BRN and DCA can closely monitor this critical caseload.

SUMMARY INVESTIGATION STATISTICS

As of December 16, 2019, the BRN Investigations staff have been assigned approximately 69% of all formal investigation case referrals while DOI are referred 31%. Specific information can be found in agenda item 9.4.

As of December 31, 2019, BRN has 12 and DOI has 128 open investigation cases over one year old.

No Public Comment

9.3

Information Only: Discipline and Probation Update

BACKGROUND:

PROBATION UNIT

The unit is fully staffed as of January 21, 2020. I would like to welcome our new probation manager, Jaspreet Pabla.

The Probation Unit is currently in the process of transitioning to a digital monitoring process. This process is one of many, to go green.

We are in the process of updating unit procedures which will incorporate our digital monitoring process.

The Probation Unit is now split into two separate units. Each manager having approximately 8 staff, including monitors and support staff.

The probation unit currently has 97 subsequent cases at the AG. Of those only 4 cases are over 2 years old and 18 that are 1-2 years old.

DISCIPLINE UNIT

As of January 6, 2020, the vacant Discipline OT position was filled, and the Discipline unit is fully staffed.

The Discipline Unit recently implemented a new letter, pursuant to Business and Professions Code section 820, Compelling Respondent to a Mental and/or Physical Exam. The update was to alleviate lack of clarity in the reports received back from examiners. This update was the result of a joint effort from Discipline unit staff, BRN management, and our AG Liaisons.

We continue to focus our efforts on aging cases, striving to meet the CPEI guideline of 540 days. Approximately ½ of our cases are completed within this timeframe.

The AG's office has also decreased their aging cases by 60 days in the last 6 months.

Currently the discipline unit has only 10 cases over 2 years old and 70 that are 1-2 years old. At this time last year we had 38 over 2 yrs old and 126 that were 1-2 years old.

9.4 Information Only: Enforcement and Intervention Statistics

BACKGROUND: Attached you will find data representing the entire enforcement process to include intake, intervention, investigation, citation and fine, discipline and probation.

Staff is prepared to answer any questions you may have.

**10.0 No Public Comment
Report of the Nursing Practice Committee**
Elizabeth Woods, RN, Chairperson

10.1 Information About Physician Assistant: Practice Agreement: Supervision and changes, authorized by Senate Bill No 697, Chapter 707.

BACKGROUND: Physician Assistant: Practice Agreement: Supervision
2018-2019 Legislative Session

Senate Bill 697, Chapter 707 (Caballero) Physician Assistant:
Practice agreement: Supervision.

An act to amend Sections 3500, 3501, 3502, 3502.1, 3502.3, 3509, 3516, 3518, 3527, and 3528 of, and to repeal Sections 3516.5, 3521, and 3522 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 9, 2019. Filed with Secretary of State October 9, 2019.]

THIS NEW LAW:

- Removes the requirement that the physician Assistant and Board make recommendations to the Medical Board of California concerning the formulation of guidelines for consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants.
- Remove the requirement that the medical record identify the responsible supervising physician and surgeon and that those written guidelines for adequate supervision be established.
- Authorizes a Physician Assistant to perform medical services authorized by the Act as amended by Senate Bill No. 697, Chapter 707; if requirements are met, including that the medical services are rendered pursuant to a practice agreement

as defined, and the Physician Assistant is competent to perform the medical services.

- The Act requires a practice agreement between a physician assistant and a physician and Surgeon to meet specified requirements and would require a practice agreement to establish policies and procedures to identify a physician and surgeon supervising a physician assistant rendering services in a general acute care hospital.
- The Act authorizes a physician assistant, under supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may be lawfully furnish the medication or medical device, subject to specified requirements.
- The Act revises and authorizes a physician assistant to furnish or order a drug or device subject to specified requirements, including that the furnishing or ordering be in accordance with the practice agreement and consistent with the physician assistant's education preparations for which clinical carpeting has been established and maintained, and the physician and surgeon be available by the telephone or other electronic communication method at the time the physician assistant examines the patient.
- The Act authorizes the physician assistant to furnish or order schedule II and III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 3500 of the Business and Professions Code is amended to read: 3500. In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for another category of health manpower—the physician assistant. The purpose of this chapter is to encourage the effective utilization of the skills of physicians and surgeons, and physicians and surgeons and podiatrists practicing in the same medical group practice, by enabling them to work with qualified physician assistants to provide quality care. This chapter is established to encourage the coordinated care between physician assistants, physicians and surgeons, podiatrists, and other qualified health care providers practicing in the same medical group, and to provide health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

SEC. 2.

Section 3501 of the Business and Professions Code is amended to read: 3501.

As used in this chapter:

- (a) “Board” means the Physician Assistant Board.
- (b) “Approved program” means a program for the education of physician assistants that has been formally approved by the board.
- (c) “Trainee” means a person who is currently enrolled in an approved program.
- (d) “Physician assistant” or “PA” means a person who meets the requirements of this chapter and is licensed by the board.
- (e) “Supervising physician” or “supervising physician and surgeon” means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.
- (f) (1) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:
- (A) Adherence to adequate supervision as agreed to in the practice agreement.
- (B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.
- (2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA’s reinstatement, probation, or imposing discipline.
- (g) “Regulations” means the rules and regulations as set forth in Division 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.
- (h) “Routine visual screening” means noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.
- (i) “Program manager” means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.
- (j) “Organized health care system” includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician’s office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5.
- (k) “Practice agreement” means the writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines the medical services the physician assistant is authorized to perform pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement

relating to physician assistants in any other law shall have the same meaning as a practice agreement.

(1) "Other specified medical services" means tests or examinations performed or ordered by a PA practicing in compliance with this chapter or regulations of the board or the Medical Board of California promulgated under this chapter.

SEC. 3.

Section 3502 of the Business and Professions Code is amended to read:

3502.

(a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:

(1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.

(3) The PA is competent to perform the services.

(4) The PA's education, training, and experience have prepared the PA to render the services.

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from a supervising physician and surgeon.

(2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(d) This chapter does not authorize the performance of medical services in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(f) Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.

SEC. 4.

Section 3502.1 of the Business and Professions Code is amended to read:

3502.1.

In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b) (1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.

(d) (1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

(e) (1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

(2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United

States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.

(f) For purposes of this section:

(1) “Furnishing” or “ordering” shall include the following:

(A) Ordering a drug or device in accordance with the practice agreement.

(B) Transmitting an order of a supervising physician and surgeon.

(C) Dispensing a medication pursuant to Section 4170.

(2) “Drug order” or “order” means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 5.

Section 3502.3 of the Business and Professions Code is amended to read:

3502.3.

(a) (1) A practice agreement shall include provisions that address the following:

(A) The types of medical services a physician assistant is authorized to perform.

(B) Policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.

(C) The methods for the continuing evaluation of the competency and qualifications of the physician assistant.

(D) The furnishing or ordering of drugs or devices by a physician assistant pursuant to Section 3502.1.

(E) Any additional provisions agreed to by the physician assistant and physician and surgeon.

(2) A practice agreement shall be signed by both of the following:

(A) The physician assistant.

(B) One or more physicians and surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the staff of the physicians and surgeons on the staff of an organized health care system.

(3) A delegation of services agreement in effect prior to January 1, 2020, shall be deemed to meet the requirements of this subdivision.

- (4) A practice agreement may designate a PA as an agent of a supervising physician and surgeon.
- (5) Nothing in this section shall be construed to require approval of a practice agreement by the board.
- (b) Notwithstanding any other law, in addition to any other practices that meet the general criteria set forth in this chapter or regulations adopted by the board or the Medical Board of California, a practice agreement may authorize a PA to do any of the following:
 - (1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the practice agreement. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.
 - (2) For individuals receiving home health services or personal care services, after consultation with a supervising physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.
 - (3) After performance of a physical examination by the PA under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.
- (c) This section shall not be construed to affect the validity of any practice agreement in effect prior to the effective date of this section or those adopted subsequent to the effective date of this section.

SEC. 6.

Section 3509 of the Business and Professions Code is amended to read:
3509.

It shall be the duty of the board to:

- (a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.
- (b) Make recommendations to the Medical Board of California concerning the scope of practice for physician assistants.
- (c) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

SEC. 7.

Section 3516 of the Business and Professions Code is amended to read:
3516.

- (a) Notwithstanding any other provision of law, a physician assistant licensed by the board shall be eligible for employment or supervision by a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.
- (b) Except as provided in Section 3502.5, a physician and surgeon shall not supervise more than four physician assistants at any one time.
- (c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

SEC. 8.

Section 3516.5 of the Business and Professions Code is repealed.

SEC. 9.

Section 3518 of the Business and Professions Code is amended to read:

3518.

The board shall keep a current register for licensed PAs, if applicable. The register shall show the name of each licensee, the licensee's last known address of record, and the date of the licensee's licensure. Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon application to the board together with a sum as may be fixed by the board, which amount shall not exceed the cost of this list so furnished.

SEC. 10.

Section 3521 of the Business and Professions Code is repealed.

SEC. 11.

Section 3522 of the Business and Professions Code is repealed.

SEC. 12.

Section 3527 of the Business and Professions Code is amended to read:

3527.

(a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a PA license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(b) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

(c) The Medical Board of California may order the imposition of probationary conditions upon a physician and surgeon's authority to supervise a PA, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(d) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a PA license, after a hearing as required in Section 3528 for unprofessional conduct that includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code

and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(e) The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

(f) The expiration, cancellation, forfeiture, or suspension of a PA license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

SEC. 13.

Section 3528 of the Business and Professions Code is amended to read:

3528.

Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a PA or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 14.

The provisions of this measure are severable. If any provision of this measure or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 15.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

MOTION:

NO ACTION TAKEN

No Public Comment

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

No Public Comment

12.0 **Adjournment**
The meeting adjourned at 11:05 am.

Loretta Melby, RN, MBA, NEC
Acting Executive Officer

Michael Jackson, RN, MSN, MICN
Board President

Date: _____

Date: _____

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: April 16, 2020

ACTION REQUESTED: Recommend Ratification Of Minor Curriculum Revision And Acknowledge Receipt Of Program Progress Report (16 CCR 1426) (Consent)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University San Bernardino Baccalaureate Degree Nursing Program
- Carrington College Advanced Placement LVN-RN Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Monterey Peninsula College Associate Degree Nursing Program
- Los Angeles Trade Tech College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing at GCC and GCC-SD Associate Degree Nursing Program
- University of California Davis, Betty Irene Moore School of Nursing Family Nurse Practitioner FNP-MS Nursing

Acknowledge Receipt of Program Progress Reports:

- Simpson University Baccalaureate Degree Nursing Program
- American University of Health Sciences Baccalaureate Degree Nursing Program
- Reedley College at Madera Community College Center Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program, (GCC-SD)

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
<i>Full name and what degree program</i>	<i>First initial. Last name</i>	<i>XX/YY/ZZZZ</i>	
ELM			
BSN			
California State University San Bernardino Baccalaureate Degree Nursing Program	W. Boyer	01/03/2020	<p>CSUSB is going into the quarter to semester conversion starting Fall 2020. Summer 2020 will only have 6 weeks instead of 10 weeks.</p> <p>The program has requested alternate schedules for nursing courses offered during the summer 2020 term only. The alteration will provide for the University calendar schedule to start early in August and finish in December to accommodate the new 16-week semester plan. The alteration will also benefit the senior graduating cohort that normally would take these courses in Fall 2020 over the full 16-week semester.</p> <p>The proposed changes are for NURS 334/335 Maternal Child & Women's Health Theory and Lab offered to Foreign-Trained nurses. The course will be taught in 6 weeks instead of 10 weeks. Students will complete 40 hours of lecture to satisfy a 4-unit quarter course and 90 hours of clinical to meet the 3-unit quarter lab course. The students will have two days of theory and clinical per week instead of one to complete all the required hours. Also, NURS 404: Leadership and Nursing Management Theory (4 units = 40 hours) NURS 408: Leadership and Nursing Management Seminar (1 Unit = 10 hours) NURS 409: Leadership and Nursing Management Clinical (4 units = 120 hours). The courses will be taught in 6 weeks as opposed to the 10-week quarter format.</p>
ADN			
Carrington College Advanced Placement LVN-RN Associate Degree Nursing Program	K. Daugherty	1/15/2020	Board notified effective December 31, 2019, the President of Carrington Colleges changed from Donna Loraine, PhD to Mr. Mitch Charles, MBA. Letter indicates this change is applicable to all Carrington College programs and locations.
Mendocino College Associate Degree Nursing Program	S. Ward	02/032020	The program submitted a minor curriculum revision to add (4) one-unit laboratory courses in each semester of the program that will be content required for graduation to provide students with additional practice in skills

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME <i>Full name and what degree program</i>	APPROVED BY NEC <i>First initial. Last name</i>	DATE APPROVED <i>XX/YY/ZZZZ</i>	SUMMARY OF CHANGES
			and simulation in addition to other clinical courses. They include Nur-52A-Nursing Technical Lab I (1 unit- 1st semester), Nur 52B-Nursing Technical Lab II (1 unit-2nd semester), Nur 52C- Nursing Technical Lab III (1 unit-3rd semester), and Nur 52 D- Nursing Technical Lab IV (1 unit- 4th semester).
Monterey Peninsula College Associate Degree Nursing Program	S. Ward	02/18/2020	The program updated the philosophy, unifying theme, end-of-program outcomes, course level student learning outcomes, and leveled course objectives. The changes more concretely reflect the curriculum elements and reference to the Nursing Practice Act. Math course requirements were modified to indicate that either a (4) or (5) unit course can meet graduation requirements.
Los Angeles Trade Tech College Associate Degree Nursing Program	H. Sands	2/20/20	Minor curriculum change is requested. Background information: At the Nov. 1-2/2016 CAV, (4) non-compliances were found: 1424 (e), Program director, 1424 (b), Total Program Evaluation, 1426 (d) -Curriculum. All but 1426 (d) – curriculum issues were addressed. The School had been operating with an outdated curriculum with the last revision in 2008. Required elements were lacking in addition to concepts and current trends and practices to prepare graduates with expected knowledge and skills to enter the profession. The School was placed on deferred action and has provided regular progress reports which culminated in a Major Curriculum Revision approved by the BRN (L. Melby) on 4-26-19 with the intent to implement Fall 2018. Implementation was extended due to multiple levels requiring approval including the LACCD Board of Trustees and the State Chancellor’s office. Out of meetings at these levels, the number of total nursing units for licensure recommendations to meet approval was a reduction of 11.5 semester units (9.5-unit reduction in nursing theory, 2-unit reduction in clinical). The required semester units by the BRN is 18 semester units theory and 18 semester units clinical. LATTC has achieved this by integrating content under other course offerings. The total units for licensure including science and communication will still exceed the total minimum of 58 semester units by 6.5 units. Upon implementation of the revised curriculum, the deferred

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME <small>Full name and what degree program</small>	APPROVED BY NEC <small>First initial. Last name</small>	DATE APPROVED <small>XX/YY/ZZZZ</small>	SUMMARY OF CHANGES
			action for continuing approval will be revisited with consideration for approval.
The Marsha Fuerst School of Nursing at GCC and GCC-SD Associate Degree Nursing Program	C. Velas	12/18/2019	Minor curriculum revision to reduce units in ADN104-obstetrics and ADN103-pediatrics course to align better with clinical site availability in these two content areas. Course objectives will not change for either OB or Pediatrics. Faculty have researched and realized the content for ADN109-Pharmacology is not adequately taught in this two-unit course so 1 unit will be added. MIC203-Microbiology will also gain one unit to have more time for content understanding. There is no change in overall nursing or degree unit requirement.
APRN			
University of California Davis, Betty Irene Moore School of Nursing Family Nurse Practitioner FNP-MS Nursing Program	K. Daugherty	02/18/2020	Program correction submitted to reflect 72 quarter units of FNP theory and 33 quarter units of clinical, totaling 105 quarter units for graduation from the FNP M.S. nursing degree option. Previously submitted forms reflected NRS400 as a 2 units course instead of a 1unit course. All forms to be updated to reflect current/correct curriculum course numbers, units, and graduation requirements.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME	APPROVED	DATE	PROGRESS REPORT
Full name and what degree program	BY NEC	APPROVED	
	First initial. Last name	XX/YY/ZZZZ	
ELM			
BSN			
Simpson University Baccalaureate Degree Nursing Program	K. Daugherty	2/21/20	Required progress report received from SU PD/Dean of Nursing, Ms. Smith. Program and institutional leadership remain stable. Progress report verifies compliance with Board regulations, and SU's progress in strengthening institutional financial sustainability/viability as described in the previous continuing approval materials/information. Institutional and program enrollment targets are being met. Total nursing program enrollment is 113. Fall and Spring enrollments remain at a maximum of 27 each Fall and Spring terms including re-entry students. PD reports no program budgetary or resource deficits/restrictions. PD also reports institutional leadership continues to be very supportive of the nursing program and Dean/PD Ms. Smith. WASC/WSCUS accreditation status remains unchanged-accreditation with notice of concern. Next accreditation visit is to occur in Fall 2024. SU continues to participate in DOE Title IV HEA program & distribution of federal student aid per DOE HCM1 requirements. SU anticipates achieving a DOE cut score of 2.0 or better in the upcoming reporting/review cycle (August 2020) and official DOE removal from HCM1 listing by late Fall 2020. First time NCLEX-RN testers for O-D 2019 (3/3) 100%. SU's first CCNE re-accreditation site visit occurred in February 2020 with PD reported favorable outcomes. CCNE formal re-accreditation action anticipate by Fall 2020. SU continues to participate in local clinical regional planning meetings in October and April each year. No issues with clinical facilities placements/no displacement reported.
American University of Health Sciences Baccalaureate Degree Nursing Program	H. Sands	2/18/20	Quarterly progress report submitted. Progress has been made regarding sufficient resources: (1) FT faculty member & (6) new PT faculty have been hired. One of the Adjunct faculty members has assumed a FT teaching load and being processed as a FT position. A FT Clinical Coordinator has been

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME <small>Full name and what degree program</small>	APPROVED BY NEC <small>First initial. Last name</small>	DATE APPROVED <small>XX/YY/ZZZZ</small>	PROGRESS REPORT
			hired. Additional IV pumps have been ordered for the simulation labs. Faculty have completed Laerdal simulation training and phase 2 of year-long interprofessional simulation training with Charles Drew University of Medicine is underway. Simulation meetings scheduled monthly and continue to work toward Simulation Accreditation through SIHS. Dr. Atienza continues to be the Dean of the SON with 100% administrative time. He has one ADON and a 2 nd ADON for the MSN program will be hired by June 2020. Both ADONs will have 30-40% release time.
ADN			
Reedley College at Madera Community College Center Associate Degree Nursing Program	S. Ward	02/21/2020	The program provided a letter to the BRN NEC to inform regarding the status of a significant organizational change that is anticipated. Specifically, the letter stated in part the following transcribed as written in the letter. "Accreditation Commission for Community and Junior Colleges (ACCJC) Board of Governor awarded "Candidacy Status" on January 29, 2020 for Madera Community College Center to become an independent college. This will lead to Madera Community College becoming the newly accredited independent 115th community college in California starting in Fall 2020." A continuing approval visit to the A.D.N. program is scheduled in April 2020.
The Marsha Fuerst School of Nursing Associate Degree Nursing Program, (GCC-SD)	W. Boyer	02/03/2020	<p>January 2020 – Update Report for GCC-San Diego Teach-out Program</p> <p>In December 2019, seventeen students completed the program. This brings the total number of graduates to 76 graduates. All September graduates have taken the NCLEX-RN 21 of 22 graduates passed resulting in a pass rate of 95% for this cohort.</p> <p>In December 2019, there were 17 graduates. They are still receiving their eligibility to test. Thus far, three graduates have taken and passed NCLEX-RN.</p> <p>Student Breakdown by cohort and terms:</p> <p>Currently student count is 60.</p> <p>Term 8- 18 students (8 generic and 10 advanced placement LVNs) These students will graduate March 16, 2020</p>

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
March 12, 2020

SCHOOL NAME <i>Full name and what degree program</i>	APPROVED BY NEC <i>First initial. Last name</i>	DATE APPROVED <i>XX/YY/YYYY</i>	PROGRESS REPORT
			<p>Term 7- 15 generic students in Peds and OB. These students are scheduled to graduate on June 1, 2020</p> <p>Term 6- 16 students (8 generic/8 advanced placement LVNs) These students are scheduled to graduate on August 21, 2020</p> <p>Term 5- 11 students (8 generic/3 advanced placement LVNs) These students failed their last course. We extended them an opportunity to repeat the course that was not originally scheduled to be offered again. All of these students accepted this opportunity. They are scheduled to graduate on October 30, 2020. Tutoring is available for all students. Student determined to be “at risk” with less than 79% in the course at mid-term is placed on a success contract. Students on a success contract are required to meet with their instructor weekly. HESI-Elsevier specialty exams and online NCLEX prep tools are utilized throughout the curriculum. In the final term, students are provided Kaplan online NCLEX Prep as an additional tool. The Dean of RN Program tracks the students’ progress with HESI Exit Exam, Kaplan Exit Exam and the Kaplan NCLEX Prep in their last term and after graduation until they pass NCLEX.</p>
APRN			

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: April 16, 2020

ACTION REQUESTED: Approve Education/Licensing Committee Recommendations

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on March 12, 2020 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications For Prelicensure Program Continuing Approval (BPC 2788; CCR 1421, 1423) (Consent)

BACKGROUND: The BRN staff have conducted a regularly scheduled continuing approval visit for the schools listed. This process begins with a self-study written by the nursing program and analyzed by the assigned Nursing Education Consultant. It is followed by a 2-3-day site visit including visits to clinical sites, verifying recourses (skills and simulation lab), and meetings with students, faculty, and administrators. The following programs have met all Board rules and regulations for Continuation of Approval of Prelicensure Nursing Program. These are consent agenda items.

- Mount San Jacinto Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program

7.2.2 Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

BACKGROUND: The BRN staff have evaluated the major curriculum revision requests. The following programs have met all Board rules and regulations for a major curriculum revision without enrollment increase for a Prelicensure Nursing Program. These are consent agenda items.

- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- Stanbridge University Associate Degree Nursing Program

7.2.3 Recommend Continuing Approval or Other Action for Approved Nursing Programs (Prelicensure), Mendocino College Associate Degree Nursing Program, with a Progress Report to NEC in One (1) year, March 2021. (BPC 2788, CCR 1421, 1423) (Consent)

BACKGROUND: The BRN staff have conducted a regularly scheduled continuing approval visit for Mendocino College Associate Degree Nursing Program. This process begins with a self-study written by the nursing program and analyzed by the assigned Nursing Education Consultant. It is followed by a 2-3-day site visit including visits to clinical sites, verifying recourses (skills and simulation lab), and meetings with students, faculty, and administrators. Mendocino College Associate Degree Nursing Program has met all Board rules and regulations for Continuation of Approval of Prelicensure Nursing Program. This is a consent agenda item.

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

The Education/Licensing Committee met on March 12, 2020 and makes the following recommendations:

7.2.1 RATIFICATION OF PRELICENSURE NURSING PROGRAM APPLICATIONS FOR CONTINUING APPROVAL (BPC 2788, CCR 1421, 1423)

- **Mount San Jacinto Associate Degree Nursing Program**

A regularly scheduled Continuing Approval Visit was conducted on December 9 -10-2019 by Badrieh, Caraway, SNEC and Dr. Alexandra Duke, NEC. The program was found to be in full compliance of all BRN rules and regulations; two recommendations were given in CCR Section 1424(d) Sufficiency of Resources (securing funds for the five (5) grant funded positions, clinical coordinator, two student counselors, nursing student program specialist and instructional aide), and CCR Section 1424(e) The Release Time for the Assistant Director. On February 4, 2020, the program submitted a response to the two recommendations with time lines for implementation of their action plans.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Approval, Mount San Jacinto Associate Degree Nursing Program

- **Weimar Institute Associate Degree Nursing Program**

WI's first continuing approval visit included clinical site visits in November and the routinely scheduled campus site visit December 2-4, 2019. Three areas of non-compliance were identified, CCR 1425, 1425.1 (d) Faculty, CCR 1426 (a) Curriculum/Changes, CCR 1427 (c) Clinical Facilities. Two recommendations CCR 1424 (d) Administration-Resources and CCR 1426 (d) Curriculum were made as detailed in the report of findings and consultant continuing approval visit report. WI submitted requisite written response and evidence demonstrating correction of the three areas of non-compliance and a narrative describing plans to address the suggested recommendations.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Approval, Weimar Institute Associate Degree Nursing Program.

7.2.2 Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR 1426, 1432)

(Major Curriculum – no enrollment increase) (Consent)

- **The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program**

A major curriculum change proposal was submitted to revise the BRN approved curriculum for the baccalaureate degree nursing program planned for implementation in Fall 2020.

The curriculum redesign proposal describes reasons for the changes to include preparing graduates who are ready for transition to practice from clinical partner input, and in response to meeting the Commission on Collegiate Nursing Education (CCNE) accreditation requirements. The impetus for a structural change in the curriculum is also related to the description of a mandate from the California State University system to provide a four-year graduation for all majors by 2025.

ACTION: Recommend Ratification of Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Program, The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

- **Stanbridge University Associate Degree Nursing Program**

Mr. Yasith Weerasuriya is the CEO/President and co-founder of the Stanbridge University in Irvine, California. He is responsible for the development of a new Associate Degree Nursing (ADN) program for Stanbridge University Los Angeles Campus in Southern California. In November 2019, Stanbridge University's ADN program received approval from the BRN to enroll students at its alternative/secondary location in, Los Angeles (Alhambra). The approved enrollment pattern is 30 students, three times a year, for two years starting in March 2020.

On February 24, 2020, LA campus facility and clinical site visits were conducted by Badrieh Caraway, Supervising Nursing Education Consultant and found the program to be in compliance with all Board rules and regulations.

ACTION: Recommend Ratification of Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Program, Stanbridge University Associate Degree Nursing Program (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

7.2.3 **Recommend Continuing Approval or Other Action for Approved Nursing Programs (Prelicensure), Mendocino College Associate Degree Nursing Program, with a Progress Report to NEC in One (1) year, March 2021. (BPC 2788, CCR 1421, 1423) (Consent)**

A regularly scheduled continuing approval visit was conducted at the Mendocino College A.D.N. program on November 18-20, 2019. The program was found to be in non-compliance to include CCR Sections 1424 (b)(1) program evaluation plan, 1424 (d) resources, 1426 (a) approved curriculum. Details regarding the findings are included in the attachments to this report.

Since the time of the 2015 BRN continuing approval visit the Board has received three progress reports from the NEC related to program evaluation and personnel resources. An interim visit was conducted on 1/30/2017 related to adequate program faculty and program administration resources.

ACTION: Recommend Ratification of Continuing Approval or Other Action for Approved Nursing Programs (Prelicensure), Mendocino College Associate Degree Nursing Program, with a Progress Report to NEC in One (1) year, March 2021. (BPC 2788, CCR 1421, 1423) (Consent)

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3

DATE: April 16, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Whether to Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes, California State University San Bernardino Baccalaureate Degree Nursing Program (CCR 1426, 1432) (Major Curriculum Revision – WITH Enrollment Increase AND Change from Quarters to Semesters) (Present)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: Angie Gagalang, PhD(c), MSN, RN is currently the Program Director the nursing programs at California State University San Bernardino (CSUSB). Terese Burch, PhD, RN, is the Assistant Director and Department Chair.

A proposal for a Major Curriculum Revision for the BSN program to change from the 10-week quarter to a 15-week semester with enrollment increase with implementation planned for Fall Semester, 2020 was submitted November 15, 2019.

The proposed curriculum revision moves from 12 quarters to 8 semesters delivered over four years and complies with the CSU system-wide initiative to cap baccalaureate majors at 120 semester units (equivalent to 180 quarter units). The pre-licensure BSN curriculum is approved by the CSUSB faculty senate and the CSU Chancellor's Office. To comply with CSU system wide initiative to cap baccalaureate majors at 120 units, changes were made to General Education unit requirements.

Revisions were made to the conceptual framework in order to better meet the defined scholarship of nursing by the American Association of Colleges of Nursing (AACN). The framework includes the Essentials of Baccalaureate Education for Professional Nursing Practice (2008), The Essentials of Master's Education in Nursing (2011). and Cultural Competencies Toolkit; CCR 1426 of the Nurse Practice Act; ANA's Code of Ethics with Interpretive Statements, QSEN (Quality, Safety in Education Nursing); the TIGER (Technology & Informatics Guiding Education Reform) Initiative, and the Code of Conduct of the National Student Nurses' Association (NSNA). As such, students and faculty alike subscribe to precepts of nationally-vetted sources of pedagogy, standardization, regulation, technological advances, service learning, and professional conduct.

The new curriculum includes:

A revision to units: Nursing Theory-41 units, Nursing Clinical-19 units, Communication-9 units, and Science-20 units for a total of 89 units required for licensure. Other degree

requirements equal 31 units for a total of 120 units for graduation. Course numbers and course names were changed.

Three previously required GE courses were eliminated. Content in some nursing courses was determined to contain sufficient GE content.

The mission vision and values reflect editorial changes to better demonstrate alignment with the CSUSB strategic plans.

The revision will assist in the future development of a collaborative enrollment process with community college programs.

This proposal meets BRN rules and regulations and details of the curriculum changes are outlined in the attachment to this Agenda Item Summary.

The curriculum revision will support an enrollment increase at the satellite campus of CSUSB located in Palm Desert, California, 71 miles from the main campus. Palm Desert is located in the Coachella Valley, a largely agricultural area of Eastern Riverside County that is medically underserved. The program is seeking to increase enrollment at the Palm Desert campus to 18 students twice a year versus once a year for a total annual enrollment of 36 students. Total enrollments for CSUSB will increase from 114 per year to 132 per year but will not impact the San Bernardino Campus or clinical sites in that area. The Palm Desert campus has sufficient space and resources to support the enrollment increase. The enrollment increase will align with the enrollment pattern of the main campus. It will also allow teaching of nursing courses every semester allowing for increased retention of faculty

Advisory Committee Meetings were conducted with academic and industry partners. Industry representatives approved for the proposed increase stating that their nursing needs have not been met and a hiring preference for BSN prepared nurses. Letters of support for the enrollment increase have been received from the program directors at College of the Desert and Copper Mountain College. A sample clinical schedule incorporating the increased students has also been developed. The programs will continue to work collaboratively to accommodate the additional students.

CSUSB continues to have NCLEX-RN pass rates above the BRN minimum of 75%:

2014-2015 – 77.05% - 127 took the exam
2015-2016 – 90.38% - 104 took the exam
2016-2017 – 91.53% - 118 took the exam
2017-2018 – 96.23% - 106 took the exam
2018-2019 – 90.00% - 100 took the exam

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Wayne Boyer, DNP, MSN, PHN, RN
Nursing Education Consultant



College of Natural Sciences
Department of Nursing

November 15, 2019

To: Wayne Boyer, DNP, MSN, RN
Nursing Education Consultant
California Board of Registered Nursing

From: Evangeline Fangonil-Gagalang, MSN, RN
BSN Program Director Department of Nursing
California State University, San Bernardino

Subject: Proposed Major Revision of BSN Pre-Licensure Curriculum & Increase in enrollment at CSUSB Palm Desert Campus.

Rationale for Curriculum Revision:

This proposal seeks to revise the traditional pre-licensure BSN curriculum to comply with the campus-wide mandated conversion from quarters to semesters effective Fall Semester 2020. The nursing faculty was highly involved in the discussion and planning of the conversion of the curriculum into a semester format. The changes in the curriculum are noted below. The BRN forms EDP-P05 and EDP-P-06 are attached.

This proposal also requests to increase CSUSB admission number from 114 to 136 students annually.

Summary of Proposed Changes:

- 1) The mission vision and values reflect editorial changes to better demonstrate alliance with the CSUSB strategic plans.
- 2) The Program Learning Objectives (PLOs) reflect editorial changes to articulate the goals clearly. The PLOs remain aligned with the *Baccalaureate Essentials* established by the American Association of Colleges of Nursing (AACN).
- 3) The pre-licensure BSN curriculum is approved by the CSUSB faculty senate and the CSU Chancellor's Office.
- 4) The curriculum complies with the CSU system-wide initiative to cap baccalaureate majors at 120 semester units (equivalent to 180 quarter units).
- 5) In the former curriculum there were 67 quarter-units of nursing courses and in the revised curriculum there are 60 semester-units of nursing courses. This resulted in increased nursing units at 60 semester units which is equivalent to 90 quarter units.

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College of Natural Sciences
Department of Nursing

- 6) More nursing units were added to the revised curriculum because select GE units were waived due to duplication of GE content in nursing courses. The following nursing courses meet GE equivalencies:
 - a. NURS 3640 Intro to Nursing Theories meets the Writing Intensive Requirement.
 - b. NURS 4222 Intro to Nursing Research & EBP meets the Upper Division GE Category B5 Scientific Inquiry.
 - c. NURS 4417 Community & Public Health Nursing Practice meets Upper Division GE Category D5 Social Science, Diversity & Inclusivity Requirement.
- 7) Gerontologic concepts are threaded in the Medical-Surgical courses in the quarter system as well as in the semester system.
- 8) The NURS 4840 Leadership & Management course is revised to be a theory course only. It will not have a companion clinical preceptorship course unlike in the quarter system.
- 9) The NURS 4920 Integration of Knowledge in Nursing is a new course that will replace the courses NURS 302 Technological Assessment I and NURS 402 Technological Assessment II
- 10) The Clinical Evaluation Tools (CET) will not change.
- 11) CSUSB DON requests to increase the admission number from 114 to 136 students annually. The increased in the number of students will enable the BSN program at CSUSB Palm Desert Campus to have a dual admission (Fall and Spring) annually. Letters of support and meeting minutes from a luncheon held to seek support from community partners are attached.

Thank you for your time and consideration. We look forward to the approval of our quarter to semester curriculum revision and increase enrollment by the Board of Registered Nursing.

Sincerely,



Evangeline Fangonil-Gagalang, PhD(c), MSN, RN
BSN Program Director



Terese Burch, PhD, RN
Department Chair

CSUSB Department of Nursing
 Comparison of Units in Required Nursing Courses – BSN Program
 Current BRN-Approved Quarter Curriculum vs. Proposed Semester Curriculum

Course #	Course Title (Quarter)	Unit	Theory Hours	Clinical Hours	Course #	Course Title (Semester)	Unit	Theory Hours	Clinical Hours
NURS 202	Concepts of Professional Nursing	2	20		NURS 2602	Foundational Concepts	2	30	0
NURS 316	Health Assessment	4	20	60	NURS 3016	Health Assessment	3	15	90
NURS 380	Pathophysiological Concepts as Applied to Nursing Practice	4	40		NURS 3080	Pathophysiologic Concepts	3	45	0
NURS 200	Foundations of Nursing Process, Roles and Skills	4	40		NURS 2821	Foundational Theory & Skills	5	45	90
NURS 201	Foundations of Nursing Process, Roles and Skills: Lab	3		90					
NURS 382	Pharmacology and Therapeutics for Nursing Practice	4	40		NURS 3082	Pharmacology & Therapeutics	3	45	0
NURS 220	Intermediate Nursing Process, Roles and Skills	4	40		NURS 3221	Nursing Care Adults/Older Adults I	6	45	135
NURS 221	Intermediate Nursing Process, Roles and Skills: Clinical	4		120					
NURS 334	Maternal Child and Women's Health	4	40		NURS 3635	Nursing Care Women, Infants, & Families	5	45	90
NURS 335	Maternal Child and Women's Health: Lab	3		90					
NURS 340	Theories of Nursing	2	20		NURS 3640	Intro to Theories of Nursing & Health	3	45	0
NURS 332	Families and Children	4	40		NURS 3633	Nursing Care Children & Families	5	45	90
NURS 333	Families and Children: Laboratory	3		90					
NURS 400	Psych/Mental Health Nursing	4	40		NURS 4415	Psychiatric & Mental Health Nursing Prac	5	45	90
NURS 415	Psych/Mental Health Nursing: Clinical	3		90					
NURS 320	Advanced Nursing Process, Roles and Skills	3	30		NURS 4833	Nursing Care Adults/Older Adults II	7	45	180
NURS 323	Advanced Nursing Process, Roles and Skills: Clinical	4		120					
NURS 422	Nursing Research	4	40		NURS 4222	Intro to Nursing Research & EBP	3	45	0
NURS 302	ATI I-Technological Assessment I	1	10		NURS 4920	Integration of Knowledge for Nursing	2	30	0
NURS 402	ATI II-Technological Assessment II	2	20						
NURS 406	Community/Public Health Nursing	4	40		NURS 4417	Comm & Public Health Nursing Practice	5	45	90
NURS 417	Community/Public Health Nursing: Clinical	3		90					

NURS 404 Leadership in Nursing: Nursing Management	4	40			NURS 4840 Leadership & Management	3	45	0
NURS 408 Capstone Seminar	1	10						
NURS 409 Preceptor Capstone Lab	4		120					
Total	99	530	870		Total	60	615	855

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School: CSU San Bernardino										Date Submitted:				
Type of Program: BSN										For BRN Office Use Only				
Revision: Major					Effective Date:			Fall 2020						
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.														By:
Check appropriate year:							Check:			*Wk:		15		
FIRST YEAR														
Quarter/Semester							Total		Theory		Lab		Total Hours	
SEMESTER 1							Units	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab	
	M	S	O	C	P	G	**Wk:							
CHEM 2070							15	5	4	4	1	3	60	45
ENG 1070A WRIT							15	3	3	3	0	0	45	0
BIOL 2230 A&P I							15	4	3	3	1	3	45	45
GE FOUND SEM							15	3	3	3	0	0	45	0
							15			0		0	0	0
							1			0		0	0	0
							1			0		0	0	0
Total								15	13	13	2	6	195	90
Quarter/Semester													Total Hours	
SEMESTER 2							M	S	O	C	P	G	**Wk:	
BIOL 2240 A&P II							15	4	3	3	1	3	45	45
PSYCH 1100							15	3	3	3	0	0	45	0
COMM 1006 ORAL							15	3	3	3	0	0	45	0
COMM 1007 CR TK							15	3	3	3	0	0	45	0
GE US HISTORY							15	3	3	3	0	0	45	0
							1			0		0	0	0
							1			0		0	0	0
Total								16	15	15	1	3	225	45
Quarter/Semester													Total Hours	
SEMESTER 3							M	S	O	C	P	G	**Wk:	
BIOL 2200 MICRO							15	4	3	3	1	3	45	45
MATH 1201 STATS							15	3	3	3	0	0	45	0
PSY 2201 DEV PSY							15	3	3	3	0	0	45	0
GE WORLD LANG LIT							15	3	3	3	0	0	45	0
GE AMER GOVT							15	3	3	3	0	0	45	0
							1			0		0	0	0
							1			0		0	0	0
Total								16	15	15	1	3	225	45

* Number of weeks per semester / quarter

** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank

Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

EDP-P-05a (Rev. 08/10)

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School:CSU San Bernardino										Date Submitted:				
Type of Program:BSN										For BRN Office Use Only				
Revision:MAJOR					Effective Date:		FALL 2020							
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.														
Check appropriate year: SECOND YEAR								Check:			*Wk:			
								Theory		Lab		Total Hours		
Quarter/Semester								Total Units	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab
SEMESTER 4														
	M	S	O	C	P	G	**Wk:							
N2602 CONCEPTS							15	2	2	2	0	0	30	0
N2821 F. THEORY	X	X				X	15	5	3	3	2	6	45	90
N3016 H. ASSESS	X	X				X	15	3	1	1	2	6	15	90
GE ARTS							15	3	3	3	0	0	45	0
							1			0		0	0	0
							1			0		0	0	0
							1			0		0	0	0
Total								13	9	9	4	12	135	180
Quarter/Semester THIRD YEAR												Total Hours		
SEMESTER 5												Total Hours		
	M	S	O	C	P	G	**Wk:							
N3080 PATHO							15	3	3	3	0	0	45	0
N3082 PHARM							15	3	3	3	0	0	45	0
N3221 NSG CARE I	X	X				X	15	6	3	3	3	9	45	135
FREE ELECTIVE							15	2	2	2	0	0	30	0
							1			0		0	0	0
							1			0		0	0	0
							1			0		0	0	0
Total								14	11	11	3	9	165	135
Quarter/Semester												Total Hours		
SEMESTER 6												Total Hours		
	M	S	O	C	P	G	**Wk:							
N3633 CHILD&FAM				X			15	5	3	3	2	6	45	90
N3635			X				15	5	3	3	2	6	45	90
N3640 THEORIES							15	3	3	3	0	0	45	0
GE PHILOSOPHY							15	3	3	3	0	0	45	0
							1			0		0	0	0
							1			0		0	0	0
							1			0		0	0	0
Total								16	12	12	4	12	180	180

* Number of weeks per semester / quarter

** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School:CSU San Bernardino										Date Submitted:						
Type of Program:BSN										For BRN Office Use Only						
Revision:MAJOR					Effective Date: FALL 2020											
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.										By: Date:						
Check appropriate year: FOURTH YEAR										Check:					*Wk:	
								Theory		Lab		Total Hours				
Quarter/Semester								Total Units	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab		
SEMESTER 7																
	M	S	O	C	P	G	**Wk:									
N4222 RES&EBP							15	3	3	3	0	0	45	0		
N4415 PSY MH					X	X	15	5	3	3	2	6	45	90		
N4417 COMM PH						X	15	5	3	3	2	6	45	90		
UDGE LIT							15	3	3	3	0	0	45	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
Total								16	12	12	4	12	180	180		
Quarter/Semester													Total Hours			
SEMESTER 8																
	M	S	O	C	P	G	**Wk:									
N4833 ADULTS II	X	X				X	15	7	3	3	4	12	45	180		
N4840 LEADERSHIP							15	3	3	3	0	0	45	0		
N4920 INTEGRATION						X	15	2	2	2	0	0	30	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
Total								12	8	8	4	12	120	180		
Quarter/Semester													Total Hours			
	M	S	O	C	P	G	**Wk:									
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
							1			0		0	0	0		
Total								118	95	95	23	69	1425	1035		

* Number of weeks per semester / quarter

** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in **DUPLICATE**.

Program Name: CSU SAN BERNARDINO	For Board Use Only Approved by: _____ <u>NEC</u> Date: _____ <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Type of Program: <input type="checkbox"/> Entry Level Master <input checked="" type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate	
Requesting new Curriculum Approval: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor	
Date of Implementation: FALL 2020	
Academic System: <input checked="" type="checkbox"/> Semester _____ 15 weeks/semester <input type="checkbox"/> Quarter _____ weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision *Place asterisk next to proposed change
Nursing	36	54	67	*60
Theory	(18)	(27)	40	*41
Clinical	(18)	(27)	27	*19
Communication Units	6	9	12	*9
Science Units	16	24	32	*20
TOTAL UNITS FOR LICENSURE	58	87	111	*89
Other Degree Requirements			69	*31
TOTAL UNITS FOR GRADUATION			180	120

List the course number(s) and titles(s) in which content may be found for the following required content areas:

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & chemical Dependency	NURS 4415 NURS 3082 NURS 4920	Psych Mental health & Lab Pharmacology & Therapeutics Integration
Personal Hygiene	NURS 2821 NURS 4920	Foundational Theory & Skills Integration
Human Sexuality	NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4920	Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Integration

Client Abuse	NURS 2602 NURS 2821 NURS 3221 NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4920	Foundational Concepts Foundational Theory & Skills Nursing Care I Adults & Older Adults Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Integration
Cultural Diversity	NURS 2602 NURS 2821 NURS 3221 NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4833 NURS 4920	Foundational Concepts Foundational Theory & Skills Nursing Care I Adults & Older Adults Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Nursing Care II Adults & Older Adults Integration
Nutrition	NURS 2821 NURS 3016 NURS 3221 NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4833 NURS 4920	Foundational Theory & Skills Health Assessment Nursing Care I Adults & Older Adults Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Nursing Care II Adults & Older Adults Integration
Pharmacology	NURS 3082 NURS 3221 NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4833 NURS 4920	Pharmacology Nursing Care I Adults & Older Adults Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Nursing Care II Adults & Older Adults Integration
Legal Aspects	NURS 2602 NURS 2821 NURS 3082 NURS 3221 NURS 3633 NURS 3635 NURS 4415 NURS 4833 NURS 4840 NURS 4920	Foundational Concepts Foundational Theory & Skills Pharmacology Nursing Care I Adults & Older Adults Children's and families Women, infants, and Families Psych Mental Health Nursing Care II Adults & Older Adults Leadership Integration
Social/Ethical Aspects	NURS 2602 NURS 2821 NURS 3221 NURS 3640 NURS 3633 NURS 3635 NURS 4415 NURS 4417 NURS 4222 NURS 4833 NURS 4840 NURS 4920	Foundational Concepts Foundational Theory & Skills Nursing Care I Adults & Older Adults Intro Theories of Nursing Children & Families Women, Infant, & Families Psych Mental Health Community Public Health Nursing Research and EBP Nursing Care II Adults & Older Adults Leadership Integration
Management/Leadership	NURS 4833 NURS 4840 NURS 4920	Nursing Care II Adults & Older Adults Leadership Integration

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Medical-Surgical	NURS 3016 NURS 2821 NURS 3080 NURS 3082 NURS 3221 NURS 4833 NURS 4840 NURS 4920	Health Assessment Foundational Theory & Skills Pathophysiology Pharmacology Nursing Care I Adults & Older Adults Nursing Care II Adults & Older Adults Leadership Integration	
Obstetrical	NURS 3635	Women, Infant, & Families	
Pediatric	NURS 3633	Children & Families	
Psych/Mental Health	NURS 4415	Psych Mental Health	
Geriatrics	NURS 2821 NURS 3016 NURS 3221 NURS 3080 NURS 3082 NURS 4415 NURS 4833 NURS 4920	Foundational Theory & Skills Health Assessment Nursing Care I Adults & Older Adults Pathophysiology Pharmacology Psych Mental Health Nursing Care II Adults & Older Adults Integration	
BASIC SCIENCES			
Anatomy	BIOL 2230	Human Physiology & Anatomy I	
Physiology	BIOL 2240	Human Physiology & Anatomy II	
Microbiology	BIOL 220 CHEM 2070	Microbiology General Organic and Bio Chemistry	
Societal/Cultural Pattern	GE	World Language or Literature and other courses that meet the social science GE category	
Psychology	PSY 2201	Development through the Life-Span	
COMMUNICATION			
Oral	COMM 1006	Oral Communication	
Written	ENG 1007 A	English	
Group	COMM 1070	Critical Thinking	
* TOTAL UNITS			

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surgical	NURS 4833	Nursing Care Adults & Older Adults II	7
	NURS 3082	Pharmacology	3
Psych/Mental Health	NURS 4415	Psych Mental Health	5
Geriatrics	NURS 4833	Nursing Care Adults & Older Adults II	
Management/Leadership	NURS 4840	Leadership	3
BASIC SCIENCES			
Physiology	BIOL 2230	Human Physiology & Anatomy I	4
	BIOL 2240	Human Physiology & Anatomy II	4
Microbiology	BIOL 2200	Microbiology	4
TOTAL UNITS			30
Signature Program Director/Designee:		Date:	

Desert Regional Medical Center, Palm Springs, CA

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Acute Rehab		N1	N1 CSUSB 2821				
2 East (4) Ortho/Tele	N2	N2 AM N2 PM N1	N2 AM N1	CMC	CMC		
4 East SNF		N1	N1 CSUSB 2821				
4 Sinatra (4) Oncology	N3 AM N3 PM	N3 AM N3 PM	CSUSB 2821	CMC	CMC		
5 Sinatra (4) M/S – Trauma	CMC	N1	N1 CSUSB 2821	CMC	CMC		
3 East (4) Tele – Cardiac	N2	N2 AM N2 PM	N2 AM	CMC	CMC		
2 Sinatra (4) Tele – Cardiac	N3 AM N3 PM	N3 AM N3 PM	N4	N4	CMC		
3 Sinatra (4) Tele – Stoke	N3 AM N3 PM	N3 AM N3 PM	N4	N4			
ICU (4)	CMC	CMC	N4	N4	CMC		
ED (2)	CMC (1) N3 AM (1) N3 PM (1)	CMC (1) N3 AM (1) N3 PM (1)	N4	N4	CMC		
ED Psych (1)	N3 AM N3 PM	N3 AM N3 PM					
OB	N2	N2 AM N2 PM	N2 AM	CSUSB 3635 AM CSUSB 3635 PM			
Peds	N2	N2 AM N2 PM	N2 AM	CMC	CMC		
Cath Lab (1)	CMC	CMC	N4	N4	CMC		
OR (1)	CMC	N1	N1	CMC	CMC		
PACU (1)		CMC	N4	N4			

Eisenhower Medical Center, Rancho Mirage, CA

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2 East Ortho/Obs		N1	N1 CSUSB 2821	N1 CSUSB 3221	N1 CSUSB 3221		
4 East Surgical		N1	N1 CSUSB 2821	N1 CSUSB 3221	N1 CSUSB 3221		
3 East Oncology	N3 am N3 pm	N3 am N3 pm	CSUSB 2821	CSUSB 3221	CSUSB 3221		
4 North Ortho		N1	N1 CSUSB 2821	N1 CSUSB 3221	N1 CSUSB 3221		
3 North Tele – Neuro	CSUSB 4833		N4	CSUSB 3221/N4	CSUSB 4833		
3 South Tele – Hosp.	N3 am N3 pm	N3 am N3 pm	N4	N4	CSUSB 4833		
4 South Tele – Vasc	N3 am N3 pm	N3 am N3 pm	N4	N4	CSUSB 4833		
ICU	CSUSB 4833		N4	N4	CSUSB 4833		
OR (1)							
Cath Lab (1)	CSUSB 4833		N4	N4	CSUSB 4833		
ED (2)	CSUSB 4833	N3 am N3 pm	N4	N4	CSUSB 4833		
ED Psych (1)	N3 am N3 pm	N3 am N3 pm					
PACU (1)	CSUSB 4833		N4	N4	CSUSB 4833		
SDS/DOC		N1	N1	N1	N1		

John F. Kennedy Memorial Hospital, Indio, CA

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tower		N2 AM N2 PM	N2 AM N2 PM	PV PM	PV PM		
ACES		N2 AM N2 PM	N2 AM N2 PM	PV PM	PV PM		
Mother/Baby (PP)	CSUSB 3633 AM CSUSB 3633 PM	N2 AM N2 PM	N2 AM N2 PM	PV PM	PV PM		
ED	CSUSB 3633 AM CSUSB 3633 PM						
OB		N2 AM N2 PM	N2 AM N2 PM	CMC	CMC	CMC	
Peds	CSUSB 3633 AM CSUSB 3633 PM	N2 AM N2 PM	N2 AM N2 PM	PV PM	PV PM		
Nursery	CSUSB 3633 AM CSUSB 3633 PM	N2 AM N2 PM	N2 AM N2 PM	CMC PV PM	CMC PV PM	CMC	
ICU							
OR							

DON Philosophy

The Department of Nursing (DON) at California State University, San Bernardino (CSUSB) is committed to the university's broad mission of teaching and service, research excellence, and intellectual interaction and creativity included in the full range of programs offered through the DON.

The philosophy of the Department of Nursing is derived from a synthesis of beliefs and values shared by faculty, staff, students, alumni and clinical agencies, and community stakeholders concerning nursing, nursing education, nursing students and the university. This philosophy and purpose stems from the mission, vision, and core values of the department. The mission and vision speak to collaboration, innovation, and excellence. The core values are integrity, professionalism, and ethical accountability; excellence, innovation, and leadership; caring, respect, and cultural sensitivity; community collaboration and social justice.

Professional nursing is both an art and a science, entrusted by society to provide services to promote, maintain, and restore the health and well-being of individuals, families and communities from diverse backgrounds in a variety of settings. Nursing as a discipline is grounded in theory and research that directs and validates clinical practice decisions and actions, and generates knowledge for practice. Nursing as a profession derives its authentic authority over nursing education, research, practice and service from a social and ethical contract with the public. This contract mandates that the profession act responsibly in promoting person-centered, safe, evidence-based collaborative care, utilizing informatics with a focus on quality improvement for the public's health and well-being.

The faculty recognize that student-centered learning requires an environment which promotes strategies that encompass students learning styles and facilitates learning outcomes which are cognitive, affective and psychomotor and driven by the idea of continuous improvement. Rich and varied educational opportunities are an integral part of lifelong learning and demonstrating professionalism in partnership with communities. Successful CSUSB nursing students are expected to learn, to lead, and to transform themselves, the profession, and the community by fulfilling leadership roles and providing evidence-based nursing practice.

Graduate nursing education builds upon the baccalaureate curriculum to prepare nursing students for advanced nursing roles by promoting the development of advanced knowledge, concepts and skills.

DON Mission, Vision, Values

Our Mission

The mission of the CSUSB DON is to promote and support:

- development of students in preparation for professional practice, scholarship, leadership, and lifelong learning.
- collaboration to address health needs and promote health equity of diverse populations in the community.
- respect, inclusivity, and collegiality among diverse students, faculty, and staff.
- faculty professional development in teaching, scholarship, service and practice.
- wellness among students, faculty, staff, and the larger community whom we serve.

Our Vision

To be a center of collaboration and innovation in nursing education, scholarship, practice, and service.

Our Values

Integrity, Professionalism, and Ethical Accountability
Excellence, Innovation, and Leadership
Caring, Respect, and Cultural Sensitivity
Community Collaboration and Social Justice

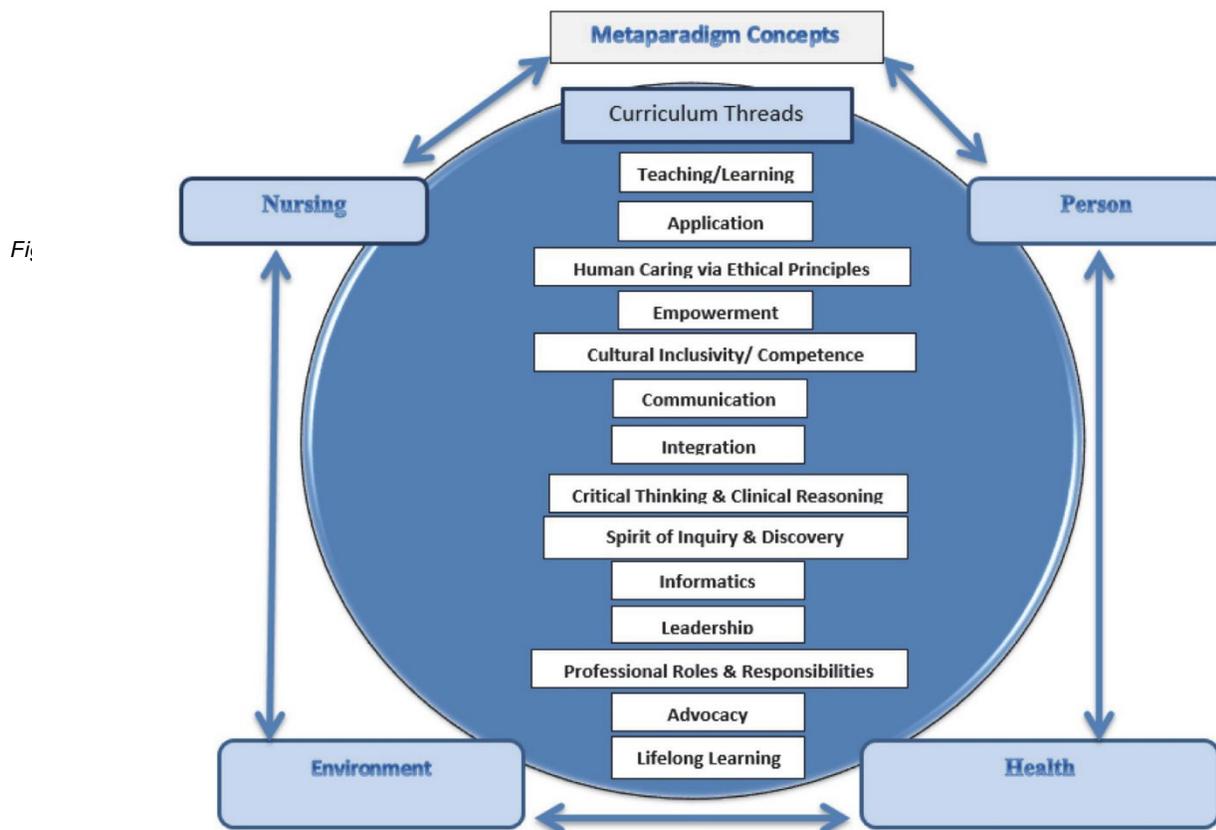
DON Conceptual Framework

Conceptual Framework of the Curriculum:

The conceptual framework for the nursing curriculum at California State University San Bernardino (CSUSB) is in accordance with the statement defining the scholarship of nursing by the American Association of Colleges of Nursing (AACN).

We subscribe to the theses of AACN's The Essentials of Baccalaureate Education for Professional Nursing Practice (2008), The Essentials of Master's Education in Nursing (2011). and Cultural Competencies Toolkit; Title 16 of the California Code of Regulations of the California Board of Registered Nursing (BRN); ANA's Code of Ethics with Interpretive Statements, QSEN (Quality, Safety in Education Nursing); the TIGER (Technology & Informatics Guiding Education Reform) Initiative, and the Code of Conduct of the National Student Nurses' Association (NSNA). As such, students and faculty alike subscribe to precepts of nationally-vetted sources of pedagogy, standardization, regulation, technological advances, service learning, and professional conduct.

METAPARADIGM CONCEPTS



Figure(1) : Conceptual Framework, Department of Nursing, California State University San Bernardino.

Nursing: is a practice discipline involving human caring that is concerned with improving quality of life and promoting, maintaining, and restoring health in partnership with persons, families, groups, populations, and communities. The art and science of caring in nursing consists of a unique body of knowledge based on theory, research, and practice. Nursing strives to improve the quality of life in institutional, community, regional, and global arenas. In particular, students teach and learn through a variety of course, program and volunteer activities with the underserved and vulnerable populations, which are at increased risk for a variety of medico-legal and socioeconomic problems.

Therapeutic nursing interventions are based upon a belief about the uniqueness of the human condition that is contextually and culturally relevant to both the receiver and the provider. These interventions are purposeful, strategic, and informed and are performed by a nurse for or with a person(s) using primary, secondary, or tertiary interventions or preventive measures. Evidence-based interventions are developed by synthesizing theory, research, and practice. The key elements for the provision of therapeutic nursing interventions include sound clinical reasoning, collaboration, and critical thinking. Therapeutic nursing interventions are implemented via psychomotor, psychosocial, and communication skills, both affective & cognitive. Additionally, a milieu that supports professional nursing practice exhibits: ethical principles, human caring, research, technology integration, information and health literacy, empowerment, cultural inclusivity/competence, leadership, and clarity of professional roles.

Person: An individual whose values and beliefs stem from a unique culture consciously and unconsciously learned and integrated through daily practice. Interactions with self, other individuals, families, populations, and communities continually impact the person holistically in an environment that expands from the self to the globe. The person is capable of self-actualization and decision-making within the context of rights, obligations, and desires.

Environment: The human and the environment comprise a constantly interactive and mutually influencing set of forces within a system that result in a lived experience. Subsystems shaping this lived experience include but are not limited to the: biological chemical, genetic, geographical, psychological, emotional, spiritual, socioeconomic, and technological. This internal and external environment is maintained by semipermeable boundaries between the subsystems across which data and information flow. The goal of these interactions is homeostasis or the sustaining of life. States of disequilibrium (known as illness and/or stress responses) occur in which the eventual outcomes are a return to a steady state or death.

Health: We subscribe to the definition of “health” from the Preamble to the Constitution of the World Health Organization adopted in 1946. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). In addition, we note that emotional and spiritual well-being are also essential to health, and ultimately, to self-actualization.

Curriculum Threads

Teaching/Learning: Where the teaching includes productive dialogue between students and teachers.

- Service
- Nursing Excellence
- Intellectual Interaction & Creativity

Application: Where new nursing knowledge is used to help solve local, community, and international health problems and encourage health promotion.

- Wellness Activities
- Responsiveness to Health Needs of Diverse Populations & Environments
- Commitment to Global Awareness
- Person-centered safe care
- Community engagement

Human Caring via Ethical Principles: in nursing includes value of person, respect for human dignity, compassion, nurturing and understanding the needs of the individual, family, and community. Respect for human dignity, a trusting relationship between nurse and client (patient), the right of the client to determine their own course of treatment, and a respectful relationship with colleagues and others (AACN, Code of Ethics for Nurses, 2015).

- Person-centered
- Respect, community collaboration, social justice, health disparities, promotion, prevention, health equity
- Legal Rights & Responsibilities
- Ethical Practice, Integrity, Ethical Accountability

Empowerment: Encouraging and supporting nurses in using their knowledge and skills to assist patients in making decisions regarding their care.

- Encouraging patients, consumers, families, communities to communicate interests and priorities for learning, needs, and change

Cultural Inclusivity/Competence: Delivery of care that is culturally appropriate while realizing own biases. Providing patient care that is in accordance with each patient's view of the world.

- Synthesis of beliefs and values
- Reflective learning and practice

Communication, within the context of nursing, is both the expression and reception of information that is clear and concise and respectful of all cultures and ethnicities.

- Civility in all interactions
- Confidentiality/information security
- Advanced Directives
- Collaboration with interdisciplinary team

- Informed consent

Integration: Building relationships among and across all health disciplines

- Validates clinical practice, decisions and actions (#14)
- Assist in role definition of various members of the health care team (5_7_2015)

Critical Thinking is a complex process that involves reflection, analysis, inference, synthesis, and being open-minded regarding affective and content information received in every situation.

Clinical Reasoning is “the process used to assimilate information, analyze data, and make decisions regarding patient care” (Simmons, Lanuza, Fonteyn, & Hicks, 2003, as cited in the Essentials of Baccalaureate Education in Nursing, 2008, p. 36). For nurses, clinical reasoning is based on the nursing process.

Spirit of inquiry & Discovery: the evidence-based and systematic inquiry used to ask questions, solve problems, and/or generate new knowledge. Students of the CSUSB nursing program are expected to critique and analyze evidence, apply it to patient care, and disseminate information to benefit local and global communities. Faculty-led activities result in the generation of cutting-edge and particular knowledge while students participate selectively in aspects of the research process in concert with the faculty.

- Scholarly Professionals
- Providing EBNP
- Continuous Improvement
- To Learn, To Lead, To Transform
- Excellence, Innovation, Leadership

Informatics: includes computer and information literacy as foundational to nursing practice in the domains of: data, information, knowledge, and wisdom.

- Information Literacy Recognizing when information is needed while having the ability to locate, evaluate and effectively use the information and an intellectual framework for same (McConigle & Mastrian, (2012).
- Computer Literacy Basic, nontechnical knowledge about computers and how to use them; familiarity and experience with computers, software, and computer systems. In health care, “devices” (portable hardware) constitute the conduit or throughput across which data and information are acquired, utilized, and managed by students and faculty in the process of nursing care and documentation in any patient setting. Technology contributes to all areas of nursing practice, making both care and documentation more safe, efficient, and easily disseminated to appropriate agencies or healthcare professionals. Nurses must therefore become competent in use of technology as well as the data and information derived therein.

Leadership evolves on a continuum from dynamic followership, collaboration, to leadership with cultural inclusivity/competence throughout.

- Dynamic followership, respect for self, others, wellness; chain of command
- Assignment, delegation, scope of practice, supervision
- Management of cases, people, budgets & equipment; continuity of care

Professional Roles and Responsibilities include delivering safe care, coordinating care, designing care using evidence-based practice as a member of the healthcare team. The professional nurse needs to evaluate one's own practice as well as contribute to the support and advancement of the profession. The professional nurse must focus on continuous self-evaluation and lifelong learning. The nurse who upholds professional roles and responsibilities advocates for quality health care and functions as a leader in the community, internationally and for the profession (AACN, 2015).

Advocacy (Health & Social Policy) is the compilation of decisions made within the governmental and quasi-governmental entities and sometimes-private entities, regarding health and health care. Policies influence health in areas such as access to care, patient care delivery, and financing. It is therefore incumbent upon the nursing profession to consider the impact of health policy on professional nursing practice and to participate in policy development as warranted.

Lifelong Learning: As an applied science, nursing requires that one pursue knowledge throughout one's working life and beyond. This pursuit of knowledge should be ongoing and voluntary. It is thought to enhance social inclusion and active nursing citizenship and forestall the aging process. Thus, the outcome of these activities exceeds the arena of employability to favor goals of life satisfaction.

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College of Natural Sciences

Department of Nursing

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Friday May 15, 2015

Approved 11.2016/

Revised by Faculty Organization 05.12.2017

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: April 16, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Acceptance of Program Progress Report and Discussion and Possible Action to Address Any Performance Gaps Including Actions Described in 16 CCR § 1423.2(a). East Los Angeles College Associate Degree Nursing Program (Present)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.

College Administration Report

Specific Corrective Measures to be Taken in response to outside evaluation - April 2020

- Outside liaison is facilitating the new curriculum development and implementation process. Guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of Spring 2020 semester.
- The ELAC Nursing Program will not accept students in the Summer 2020. The next cohort will be accepted beginning Fall 2020. This will allow for alignment with the proposed new curriculum.
- The college will look to hire a part time remediation faculty that is an MSN with teaching experience to be a dedicated remediation faculty to assist with curriculum remediation, NCLEX preparation, Kaplan remediation and management of test anxiety workshops
- The two Assistant Nursing Program Directors will lead the data collection for the program that includes an inclusive program evaluation that provides quantitative data assessment, analysis and recommendations with re- evaluations of all implementations.
- The faculty will only be assigned to instructional content areas that the BRN has approved for them to teach.
- Assistant Director #1 will take the lead with the integration of Kaplan resources and facilitate NCLEX pass rate improvements.
- Assistant Director #2 will take the lead with the program evaluation plan.
- The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
- The collect has identified a leadership succession plan. The current Program Director has submitted her retirement/resignation letter that will be effective in December 2020. In

January 2020, the college put in place two assistant directors. In December 2020, the college will potentially have two eligible assistant directors that may be able to assume the role of the program director.

Nursing Program Report

The program was found to be in non-compliance in six (6) areas at the time of this visit:

1. CCR Section 1424(b)(1) – Administration and Organization – Program Evaluation
 - Continuing – One Assistant Director has taken the lead for this project to develop (in conjunction with program faculty) and maintain the program’s evaluation plan.
2. CCR Section 1424(d) Resources; CCR Section (e) and (f) Director and Assistant Director ‘s dedicated sufficient time for Administration of the program
 - Complete
3. CCR Section 1424(h) Faculty type and number continuing for MS faculty and PMH faculty
 - Delayed due to impact of COVID19 looking forward to creating the process for interviewing M/S candidates in April
4. CCR Section 1425 – Faculty Qualifications and Changes. Content Experts are identified
 - Complete
5. CCR Section 1426(b) Required Curriculum
 - Working on a Major Curriculum Revision – New curriculum planning
 1. Continuing - Outside faculty liaison for curriculum development and implementation
 2. Anticipate completion of this task within the next 3-4 weeks.
6. CCR Section 1431–Licensing and Examination Pass rate Standard
 - Continuing – NCLEX data - Case manager is working with current seniors and alumni

Five (5) recommendations were given for:

1. CCR Section 1424(b) –Policies and Procedures
 - Complete
2. CCR Section 1424(c) Organizational Chart
 - Complete
3. CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert
 - Complete
4. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content
 - Continuing – Second Assistant Director is collaborating closely with Kaplan educator to develop and maintain ELAC use of supplemental resources
5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.
 - Complete

Workforce Development Report

- Identified 7 alumni who have confirmed passing NCLEX (NCLEX status previously unknown)
- Identified 2 alumni who are interested in NCLEX test prep and testing/retesting (since last reporting period)

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant

East Los Angeles College -Administration Monthly Progress Report
Board Meeting -April 2020
Submitted on March 27, 2020

Board Action Letter January 2020:

“Change Continue Approval Status to Warning Status with Intent to Close Program, East Los Angeles College, Associate Degree Nursing Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.”

Areas to be addressed:

1. Comprehensive Program Assessment

April '20:

On March 2, 2020, Ms. Cathy McJannet, RN completed a Comprehensive Program Assessment of ELAC's Nursing Program.

Feb. '20: East Los Angeles College (ELAC) successfully secured a contract with consultant Ms. Cathy McJannet, RN to conduct a comprehensive assessment of our Nursing Program. Ms. McJannet visited the college on January 13-15, 2020. She will return on February 18-20, 2020 to conclude her assessment of the Nursing Program.

2. Findings of the Comprehensive Program Assessment

April '20: On March 2, 2020, Ms. McJannet submitted an extensive report that included several helpful observations and recommendations that thoroughly elaborated on the major findings submitted in the February 2020 report. The primary recommendations centered around the thorough restructuring of the program's curriculum and the integration of NCLEX test-taking strategies through the curriculum.

In addition, the following primary recommendation was included in the final report:

- A change in ELAC's Nursing Program leadership.

Feb. '20: While Ms. McJannet will conclude her assessment in February 18-20, 2020, her initial findings are delineated below:

- Program required a minimum 2.0 GPA
- Program maintained a waitlist that was at least two years old
- Program used an admissions process that relied 100% on a lottery system
- Determined that the Curriculum currently in place will need to be completely replaced with a new curriculum

3. Variables Identified Contributing to the Substandard Pass Rate

April '20: Ms. McJannet identified the following variables that are contributing to the substandard NCLEX pass rate:

- Low standards in our admissions criterion
- Faculty not teaching in their BRN approved area of expertise
- Lack of collaboration and cohesiveness amongst the faculty
- Lack of a student case-management model
- Lack of follow-up with alumni who have not tested or not passed NCLEX exams
- Significant gaps in current curriculum
- Lack of integration of Kaplan tools
- Nursing director was teaching prior to January 2020
- Inefficient reassignment for assistant directors
- Lack of fully functional equipment and supplies in the nursing lab

Feb. '20: During the initial visit, Ms. McJannet identified the following variables that are contributing to the substandard NCLEX pass rate:

- Low standards in our admissions criterion
- Significant gaps in current curriculum
- Lack of integration of Kaplan tools
- Nursing director was teaching prior to January 2020
- Inefficient reassignment for assistant directors
- Lack of fully functional equipment and supplies in the nursing lab
- Lack of regular end-of-semester program evaluations completed by faculty

4. Plan for Increasing the Pass Rate from the College Level

April '20:

- Ms. Mary Cox is the outside faculty facilitator for new curriculum development and implementation. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of semester.
- Utilize Kaplan resources as recommended by the Kaplan educator. Assistant director Kimberly Knight is the point person for facilitating this process.
- Establish regular follow-up with alumni who have not tested or have not passed the NCLEX exam.
- Continue with plan submitted for February 2020 meeting.

Feb. '20: The College is currently waiting for Ms. McJannet's final comprehensive program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:

- Improving admissions criterion
- Hiring of at least two new faculty
- Implementation of Kaplan test-taking tools/strategies
- Nursing director dedicated to program at 100% (no teaching)
- Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty

members to work on the curriculum they decide on and the implementation of that curriculum.

- Invest in fully functional equipment and supplies for the nursing lab
- Consistently engage faculty in the program evaluation plan at the end of each semester

5. Specific Corrective Measures to be Taken

April '20:

- Ms. Mary Cox is facilitating the new curriculum development and implementation process. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of semester.
- The ELAC Nursing Program will not accept students in the Summer 2020. The next cohort will be accepted beginning Fall 2020. This will allow for alignment with the proposed new curriculum.
- The college will look to hire a part time remediation faculty that is an MSN with teaching experience to be a dedicated remediation faculty to assist with curriculum remediation, NCLEX preparation, Kaplan remediation and management of test anxiety workshops
- The two Assistant Nursing Program Directors will lead the data collection for the program that includes an inclusive program evaluation that provides quantitative data assessment, analysis and recommendations with re- evaluations of all implementations.
- The faculty will only be assigned to instructional content areas that the BRN has approved for them to teach.
- Assistant Director, Ms. Knight will take the lead with the integration of Kaplan resources and facilitate NCLEX pass rate improvements.
- Assistant Director, Ms. Garcia will take the lead with the program evaluation plan.
- The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
- The college has identified a leadership succession plan. Ms. Gaines, the current Program Director has submitted her retirement/resignation letter that will be effective in December 2020 (see attached document). In January 2020, the college put in place two assistant directors. In December 2020, the college will potentially have two eligible assistant directors that may be able to assume the role of the program director.

Feb. '20:

- The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)
- The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- The College has already eliminated the previously existing waitlist.
- One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors

and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.

- Lab equipment and supplies have already been ordered for the nursing lab.
- One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

6. Resources for Specific Corrective Measures to be Taken

April '20:

- Two new Assistant Dept. Chair (Garcia & Knight) assigned as of 1/1/2020, each with 40% release time.
- The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
- Ms. Mary Cox is the outside faculty facilitator for new curriculum development and implementation. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum.
- Resource personnel to continue to follow-up with alumni of the program who have not taken or passed the NCLEX exam.

Feb. '20:

- The College has already purchased Mountain Measurement Reports on January 15, 2020 to provide semi-annual NCLEX-RN program reports beginning with the 2019-2020 data.
- A second lab assistant was hired on January 13, 2020 to cover the lab through the weekends and ensure that the nursing lab is open seven days a week.
- College will hire at least two new faculty members and go through the hiring process in the Spring 2020 semester.
- The College has purchased lab equipment and supplies for the nursing lab.

7. Timeframe for Specific Corrective Measures to be Taken

April '20:

- The College is committed to implementing the corrective measures cited in item #5 by the end of the Fall 2020 semester.

Feb. '20:

- The College is committed to implementing the corrective measures cited in item #5 by the end of the Spring 2020 semester.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: April 16, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Changing Warning Status with Intent to Close to Continuing Approval of Prelicensure Nursing Program, Career Care Institute Associate Degree Nursing Program. (BPC 2788; CCR 1421, 1423) (Present)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: On October 1, 2019, Corrine Stevens, EdD, MSN/Ed, RN was named Interim Program Director at Career Care Institute (CCI) Associate Degree Nursing Program. Her Assistant Director is Kim Gore-Amador, EdD, MSN/Ed, RN, and she has been serving in that role since June 16, 2019. The CCI ADN program was approved by the BRN on September 7, 2017 with an enrollment of 32 students annually. All sixteen Cohort 1 students graduated from the program on December 6th. Currently, there are 30 Cohort 2 students and 32 Cohort 3 students for a total of 62 students enrolled.

On November 14, 2019, the Board placed CCI ADN Program on Warning Status with Intent to Close after a School Visit was conducted on August 19th, 2019 by Badrieh Caraway, Supervising NEC, and Donna Schutte, NEC. This School Visit, to finalize initial approval processes, had been moved up from September 7, 2019 in response to the resignation of a fifth Program Director.

The following 13 areas of non-compliance were identified:

Administration and Organization of the Nursing Program, CCR 1424(e) and 1424(j) - *High Program Director and Assistant Director turnover; Lack of mentoring and succession plan*
Sufficiency of Resources, CCR 1424(d) and Curriculum, CCR 1425.1(b) - *High faculty turnover; Allegations of missed clinical hours*

Total Program Evaluation, CCR 1424(b)(1) – *Incomplete; No evidence of implementation*
Administration and Organization of the Nursing Program, CCR 1424(b)(2) – *Grievance Policy and Financial Aid complaints*

Administration and Organization of the Nursing Program, CCR 1424 (c) – *Organizational Chart*
Faculty Responsibility, CCR 1425.1 (b) and 1424(j) - *Orientation; Supervision*

Faculty Responsibility, CCR 1424(g) - *Faculty participation in program*

Student Participation, CCR 1428 -*Student participation in curriculum*

Resources, CCR 1424(d) - *Equitable and available clinical experiences; Physical equipment*
Required Curriculum, CCR 1426(d) - *ATI grading practices*

Clinical Facilities, CCR 1427(a) and (c)(2) - *Prior BRN approval; Clinical orientation of faculty*
LVN 30-Unit Option, CCR 1429(b) - *Objective counseling*

Previous Education Credit, CCR 1430 – *LVN Advanced Placement Policy*

To resolve these areas of non-compliance, Dr. Corrine Stevens was hired by CCI with a one-year appointment. Dr. Gore-Amador has been oriented to the Assistant Director position. It is planned

that she will assume the Director position in June 2020. An Administrative Hiring, Succession, and Retention Plan is in place. CCI recently hired Terri Jackson, MSN, RN and she has been approved as an Assistant Director. Ms. Jackson is currently participating in orientation and it is planned that she will assume Assistant Director duties in June 2020. To address high turnover in theory and clinical faculty, a Faculty Hiring Plan, A New Faculty Orientation, and a Faculty Retention Plan that incorporates Exit Interviews are in place. A policy addressing both theory and clinical instructor absences and tardiness has been developed. Attendance including start and end times of theory and clinical sessions is being monitored daily and is reviewed by the Assistant Director on an ongoing basis.

An updated Total Program Evaluation Plan is being implemented. Current NCLEX Pass Rate is 92.8% with 13 of 14 Cohort 1 graduates successfully completing the exam and 2 students waiting to test. The attrition rate for the program is 5.9%. The program's Grievance Policy is available for review in Faculty and Student Handbooks. Grievance Policy signs are displayed in classrooms and serve as reminders of its importance. Issues regarding financial aid resolved.

All faculty and clinical facilities are BRN approved. CCI has 4 full-time faculty and 17 part-time faculty. Nine faculty are BRN approved as Instructors with four serving as course Lead Faculty and/or Content Experts. Twelve (12) faculty are BRN approved as Assistant Instructors. There are no plans to incorporate a preceptorship course in the curriculum at this time. The Program's Organizational/Communication Chart has been updated. A plan for course faculty communication throughout the semester is developed along with structure, function, and schedules for all program committees. A policy regarding student participation in the program is available in the Student Handbook. Minutes of meetings document student participation.

Newly contracted clinical facilities in pediatrics and med surg include Department of Health LA County, Caring Corner Day Care Center-Bakersfield, and Ellison John Transitional Care Center. Rotating clinical schedules ensure students with equitable learning opportunities. Air conditioning and drinking fountains are functional. ATI procedures are consistent with program policy with signed student acknowledgement forms on file. All clinical facilities are BRN approved. Faculty and students are receiving orientation at the identified clinical facility.

Information regarding the LVN 30 Unit Option is available on the CCI nursing website and Student Handbook along with information regarding the limitations on licensure. Credit for Prior Education Policy was reviewed with Cohort 2 and 3 LVNs with signed acknowledgement forms filed.

CCI was asked by the Board to return to the Education and Licensing Committee in a year or when all areas of non-compliance were rectified. All areas are now in compliance. CCI is requesting return to full continuing approval status. See Attachment #1- Program Response.

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Donna Schutte, DNSC, RN
Nursing Education Consultant



**Career Care
Institute**
for a better future!

February 27, 2020

Department of Consumer Affairs
Board of Registered Nursing
P.O. Box 944210
Sacramento, California 94244-2100
Dr. Donna Schutte, RN, Nurse Consultant

Dear Dr. Schutte,

It is with pleasure that Career Care Institute thanks you for your assistance in correcting our areas of non-compliance. The CCI team has worked very closely with you during this period to not only correct all deficiencies but to learn how to enhance our program and increase our knowledge of all new protocols and state guidelines. We are very proud to recognize our 2017 cohort graduates, of whom 13 of 16 have successfully passed the NCLEX and are now an integral part of our profession. Our pass rate for the 4th quarter 2019 was 100%, with 7 testers and 7 passed. For the current quarter, 7 tested and 6 passed with 2 waiting to test. These statistics give CCI an 85.7% pass rate for quarter 1 of 2020. Our overall pass rate for the cohort is 92.8%.

Having met all required corrections, Career Care Institute respectfully request to be removed from the Warning Status with Intent to close. We look forward to continuing our relationship with our nurse consultant and we strive to maintain compliance with all state and federal governors of our program.

Respectfully Submitted,

A handwritten signature in black ink that reads "Corrine O. Stevens RN MSN EdD". The signature is written in a cursive style.

Corrine O. Stevens, RN, BSN, MSN, PHN, EdD

Career Care Institute

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Branch Campus

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**Career Care Institute
Areas of Non-Compliance Action Plan
Dates of Compliance**

BRN Area of Noncompliance	CCI's Response	Date of Compliance
<p>1.CCR SECTION 1424(e), and 1424(j) Administration and Organization of the Nursing Program. <i>High turnover rate of Program Directors resulting in instability in the Administration of the Nursing Program and lack of mentoring/succession plan for the Assistant Nursing Program Director.</i></p>	<p>1. CCR SECTION 1424(e), and 1424(j) Administration and Organization of the Nursing Program.</p> <p>CCI hired Dr. Corrine Stevens as Interim Program Director with a one-year appointment to resolve program deficiencies and facilitate role development of the current Assistant Director. Effective date 10/01/2019.</p> <p>Assistant Director 90-day Orientation (training) period with Checklist in place.</p> <p>Director Handbook part of training for with assigned NEC on 11/06/2019.</p> <p>Retention Plan and Hiring Plan developed, implemented, and included in the Total Program Evaluation. Retention Plan includes salary merit increase and suggestions for improvement on Exit Interviews.</p> <p>Dr. Gore to become Program Director in June 2020</p> <p>Terri Jackson to assume role of Assistant Program Director in June 2020.</p>	<p>10/1/2019</p> <p>12/21/2019</p> <p>PD self-reviewed 11/5/2019 (Director Handbook is an on-going resource.)</p>

<p>2.CCR SECTION 1424(d) Sufficiency of Resources and 1425.1(b) Curriculum. <i>The high turnover rate of faculty negatively impacting student learning outcomes both in theory and clinical experiences. Half of the students present at our meetings voiced complaints/allegations of missed clinical hours in each course due to lack of available faculty. Cohort 1 student complaints/allegations regarding not having clinical faculty resulted in the need for make-up of clinical hours of up to 90 hours prior to their October graduation. Cohort 2 student complaints/allegations regarding ongoing clinical instructor tardiness (up to 1.5 hours) and having frequent changes in clinical instructors resulted in inadequate clinical supervision for them. Five out of 7 faculty spoken with at the School Visit were new with 1-3 months of CCI employment history. No orientation or faculty development was conducted.</i></p>	<p>2. CCR SECTION 1424(d) Sufficiency of Resources and 1425.1(b) Curriculum.</p> <p>CCI scheduled clinical hours and all students met the required number of clinical hours. Students were provided current documentation of their clinical hours on August 29, 2019.</p> <p>The Interim Program Director is ensuring that all new hires receive orientation.</p> <p>Faculty Retention and Hiring Plan Policy in place.</p> <p>A new policy addressing both class and clinical instructor tardiness has been developed</p> <p>New Policy: Record keeping procedure - Course theory and clinical hours including all absences (program or student). Monitored by Lead Instructor, AD, and PD.</p>	<p>10/18/2019</p> <p>10/8/2019</p> <p>09/11/2019</p> <p>09/11/2019</p>
<p>3.CCR SECTION 1424(b)(1) Total Program Evaluation. <i>The program did not have a mechanism for summarizing, on an annual basis, action taken related to the issues</i></p>	<p>3. SECTION 1424(b)(1) Total Program Evaluation.</p> <p>TPE revised and being implemented.</p>	<p>10/24/2019</p>

<p><i>identified by the data collected for the total program evaluation plan and from students' evaluations of theory and clinical courses. Questions from Administrative Team regarding use of the Total Program Evaluation (TPE) Plan (last revision 09-14-18). An incomplete TPE with outcomes not available for review such as end of course student survey summaries and ATI summary of test results/follow up.</i></p>	<p>CCI faculty evaluated the program in late October and will evaluate after each term. Evaluation will include results of student surveys, final exams, grades, skills competencies as well as ATI proctored exam scores.</p>	<p>02/27/20</p>
<p>4 & 5. CCR SECTION 1424(b)(2) and 1424(c) Administration and Organization of the Nursing Program. <i>Students not aware of the Grievance Policy/Chain of Communication for the nursing program. Fear of retaliation; students fearing being reported to Administration by class students. Cohort 1 student complaints/allegations regarding Financial Aid. Required payments increasing significantly at different times in the first year causing ongoing financial hardship. Cohort 2 students with no financial aid problems since problems worked out prior to their enrollment.</i></p>	<p>4 & 5. CCR Section 1424(b)(2) and 1424 (c) Administration and Organization of the Nursing Program.</p> <p>The Grievance Policy/Chain of Command has been posted in all classrooms and the student breakroom. Following the School Visit, the policy was reviewed with students and acknowledgement forms signed. Retaliatory behavior/bullying continues to not be tolerated in the student complaint and the resolution process.</p> <p>Financial aid payment amounts were consistent throughout the 2017-2018 school year. All 16 students in Cohort 1 received a scholarship of \$2,000 with a disbursement date of October 18, 2019</p>	<p>09/20/2019</p> <p>09/20/2019</p>

<p>6. CCR SECTION 1425.1 (b) and 1424 (j) Faculty Responsibility. <i>The number of full time and part time nursing faculty and names of Content Experts in the five clinical specialties not able to be verified by nursing administration at time of School Visit. BRN Reports of Faculty and Facilities not updated as requested by assigned NEC for review during School Visit. Pediatrics nursing course Lead Instructor not coordinating pediatric clinical experiences. A pediatrics Assistant Instructor identified as "Lead" and responsible for coordinating pediatric clinical rotations. NS250 Introduction to Community and NS 262 Nursing Role Transition and Leadership approved as preceptorship courses but not implemented.</i></p>	<p>6. CCR SECTION 1425.1 (b) and 1424(j) Faculty Responsibility.</p> <p>Faculty guidelines on Committee meetings developed with meetings being held routinely</p> <p>CCI has 4 full time faculty 17 per diem faculty; (9) BRN approved Instructors and (12) BRN approved Assistant Instructors. (2) FT faculty are content experts (3) PT faculty are content experts</p> <p>The pediatric clinical instructor was counseled on proper procedures for student clinical placements.</p> <p>Preceptorships will continue as not included in last semester courses.</p>	<p>11/11/2019</p> <p>02/21/2020</p> <p>10/19/2019</p> <p>08/29/2019</p>
<p>7. CCR Section 1424(g) Faculty Responsibility. <i>There is no mechanism for consistent communication throughout the semester between the course instructor and those faculty who are adjunct faculty for that course. Faculty present at our meeting not aware of nursing committees. Stated faculty meetings held on Thursday afternoons with curriculum discussed and few faculty members in attendance</i></p>	<p>7. CCR Section 1424(g) Faculty Responsibility.</p> <p>To facilitate consistent communication, the Program Evaluation and Curriculum Committees have scheduled a joint meeting at the end of each term. All faculty are welcomed to provide input.</p> <p>Faculty participation in the program committees have been reviewed, revised, updated and being implemented. Faculty are providing input to the meetings</p>	<p>10/24/2019 Meeting held</p> <p>01/15/2020</p>

<p>8. CCR SECTION 1428 Student Participation. <i>No student participation on nursing committees. There is no formalized mechanism for students to participate in meetings such as the Curriculum and Policy/Procedure Committees, and with the full faculty.</i></p>	<p>8. CCR SECTION 1428 Student Participation. Student policy and procedure for participation in the program committees, reviewed, revised, updated and being implemented. Students are providing input to the meetings</p>	<p>01/15/2020</p>
<p>9. CCR SECTION 1424(d) Resources. <i>Insufficiency of resources including the need for pediatric clinical experiences (issue identified in Initial Approval Visit) and acute medical surgical experiences. Cohort 2 student complaints/allegations of not having equitable clinical experiences within the four clinical groups. Other student complaints/allegations of not having open skills lab hours, the lack of air conditioning in a second-floor classroom and laboratory, and no running water in public drinking fountains</i></p>	<p>9. CCR SECTION 1424(d) Resources. On August 20, 2019, the Department of Health Services Los Angeles County was approved by the BRN for utilization of pediatric and medical surgical clinical. Other clinical affiliations with Dignity Health are being pursued. CCI created rotating clinical schedules to ensure all students have the same learning opportunities. Additional clinical facilities have been added, Caring Corners (Peds) and Ellison John Transitional Care (MS, Fundamentals, Geri) Students were notified that they may request through the Clinical Coordinator extra instruction in the simulation lab. Classrooms, and laboratory now have working air conditioning. The 4 drinking fountains are functioning</p>	<p>08/29/2019 09/11/2019 09/11/2019 10/21/2019 01/5/2020 08/29/2019 08/29/2019</p>

<p>10. CCR Section 1426 (d) Required Curriculum. <i>Cohort 1 student complaints/allegations that should they not attain 72% on the ATI Predictor Exam after three attempts, CCI administrators will submit their NCELX Licensing Applications as “non-graduating granting” even though all content required for graduation was completed successfully</i></p>	<p>10. CCR SECTION 1426(d) Required Curriculum. Students given the ATI Policy and signed acknowledgement form. Students were misinformed by the previous ATI Coordinator.</p>	<p>08/29/2019</p>
<p>11. CCR SECTION 1427(a) Clinical Facilities and 1427(c) (2). <i>Two clinical facilities in use not BRN approved: LA County, South Valley Health Center and Antelope Valley Community Clinic. Faculty complaints/allegations that staff at one clinical facility refuse to provide orientation for assigned CCI clinical faculty and students, a contractual requirement of facility agreements. No remedy instituted.</i></p>	<p>11. CCR SECTION 1427(a) (c) Clinical Facilities. Students have not been placed with LA County or Antelope Valley Community Clinic. BRN approval for LA County was received on 08-27-19 following the School Visit. Faculty and students received the orientation at the identified clinical facility.</p>	<p>08/29/2019</p>
<p>12. CCR SECTION 1429(b) LVN 30-Unit Option. <i>Nursing student handbook and other documents do not accurately reflect this option. No LVN 30 Unit Option students enrolled in the nursing program. Public access to LVN 30 Unit Option information not online on the Nursing Website although available in the Student Handbook given to students on enrollment with no</i></p>	<p>12. CCR SECTION 1429(b) LVN 30-Unit Option. The information regarding the 30 Unit Option has been added to the CCI Website and ADN Student Handbook, College Handbook, along with information regarding the limitations on licensure.</p>	<p>08/29/2019</p>

<p><i>statements regarding the limitations on licensure.</i></p>		
<p>13. CCR SECTION 1430 Previous Education Credit. <i>Cohort 2 student (9-10 LVN students) complaints/allegations of not being given credit for prior LVN education. All required to enroll in all nursing courses beginning with fundamentals and considered "generic" students. These same LVNs requested by Administration to enroll in the upcoming LVN Transition Course for Advanced Placement students with a cost of around \$1500 not taken by "generic" students</i></p>	<p>13. CCR SECTION 1430 Previous Education Credit.</p> <p>The Interim Program Director reviewed and revised the current policy. Interim Director reviewed the policy with students to ensure they understood it. Students acknowledged the new policy with signature. CCI has reduced the cost of this course from \$1200.00 to \$600.00" for students.</p>	<p>10/11/2019</p>



ADN Program Monthly Progress Report
November 2019

Cohort 1	<ul style="list-style-type: none"> • 16 students started in cohort 1, 16 students completed and passed Term 6. • Students have created Breeze and Pearson Vue accounts, submitted BRN application. Students utilizing VATI and U world to prepare for NCLEX-RN. • Pinning Ceremony planned for Nov 1, Graduation Ceremony scheduled for Dec. 6, location and time TBD • At the time of this report, we have no NCLEX data to report.
Cohort 2	<ul style="list-style-type: none"> • All 30 students successfully passed term 3 (medical- surgical 1, Sociology, Written communication) & started term 4; OB, Peds, & Oral Communications. • Students are scheduled for 9 hours of Skills Lab for both OB & Peds, 9 hours of Simulation for the first few weeks of term before attending community facilities. Antelope Valley Hospital, and of Caring Corner in Bakersfield • Liz Gonzales is teaching OB theory, skills lab & sim lab. Erika Talbot will be covering OB clinical as well as assisting with OB skills & sim lab. • Jinu Sebastian has been going through OB remediation with Liz Gonzales and has plans to complete OB clinical remediation with Erika Talbot in December. • Helen Frederickson will be teaching peds theory and Dr. Marcia Luna will be teaching peds clinical as well as assisting with peds skill & sim lab. • Ashley Demay is teaching Oral Communication
Cohort 3	<ul style="list-style-type: none"> • New cohort of 32 ADN students began term 1 10/21/19. • 10 LVNs entered into the program with only 3 LVN students meeting the requirements for Advanced Placement. These 3 students are still deciding if they want to challenge Fundamentals. If and when they make their decision to challenge Fundamentals, they will test the week of February 17, 2020. These students are not Advanced Placement until they take and pass Fundamentals, Med-Surg 1, OB & Peds. • As of this report, all 10 LVNs are considered generic and will not be taking the Transition course. • 20 enrolled in Ethics, 11 Anatomy, 9 Physiology and 8 enrolled in Algebra. • Many of the students received credit granting for term 1 and will begin term 2 in March. • Dr. Caroline Lazar is teaching both A & P • Dr. Sam Salehi is teaching Ethics • Ashley Demay is teaching Algebra
Hiring Plan	Continuation of running ads for FT/PT theory and clinical faculty for all specialties (med/surg, OB, Peds, Geri, Mental Health) on HigherEd and Indeed
Orientation/ Staff Development	<p>3 new hires utilized new faculty orientation handbook and checkoff sheet.</p> <ul style="list-style-type: none"> • Dr. Stevens and Dr. Gore are mentoring Tamika Merriwether, as well as Liz Gonzales for OB remediation. • Dr. Gore is mentoring Brent Brummert. • Helen Frederickson, Peds content expert, is mentoring Marica Harris Luna & Andrea Bagsby, both which are peds instructors.

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	<ul style="list-style-type: none"> Jinu Sebastain has also been involved with the mentoring of the new hires. <p>Discussed staff development ideas for faculty</p> <ul style="list-style-type: none"> ATI Virtual training for all faculty is being arranged through ATI for the beginning of January 2020. Waiting response from ATI to confirm dates. QSEN training by Dr. Annette Cannon PhD, MSN, RN February 2020 TBD As well as having faculty to train staff on topic related to their content area of expertise. Each faculty member will pick a month and prepare a topic of their choice. For the month of November, 11/25, Dr. Gore will present on the Student Centric classroom and various teaching strategies to engage the adult learner.
Faculty	<p>3 new faculty hires</p> <ul style="list-style-type: none"> Brent Brummert NP, RN AI, Med/Surg, PT Dr. Marcia Harris –Luna I Peds, PT Andrea Bagsby – AI, Peds, PT
Clinical Facility	<p>Jinu Sebastian visited several clinical facilities for peds & OB rotations</p> <ul style="list-style-type: none"> Bartz Altadonna Community Health Center: not taking students at this time Care Net Women’s Resources: not taking students at this time Ena Rideau Johnson Family Home: not taking students at this time Bakersfield Memorial Hospital Peds ED: not taking students at this time Caring Corner: under contract (expect to have approval in November)
Curriculum Review	<p>Monthly faculty meeting held on 10/24/19. 4 faculty present, 1 student rep present and 2 faculty in attendance via phone conference.</p> <p>Agenda Items:</p> <ul style="list-style-type: none"> Gradebooks SAP Reports Cohort 1 Pinning Ceremony Binders for Skills Checkoff Open Forum <p>End of Term Curriculum Review Meeting met before the Monthly Faculty Meeting. (Due to the work schedules of committee members, it was decided that this meeting would occur on this date to coincide with the monthly meeting). Future meetings will be scheduled separately.</p> <p>Curriculum review for Term 3 & Term 6</p> <p><u>Term 3</u></p> <ul style="list-style-type: none"> <i>Med/Surg I</i>: Student rep voiced concerns regarding MS1 that there was too much material and the class did not know what was really covered in MSI vs MSII. They would have liked to have that knowledge so it was not so overwhelming. Would like to have more time for MS instead of only 3 hours. <i>Sociology</i>: Student rep felt sociology course was ok. <i>Written Communication</i>: Student rep indicated that students were expected to know about APA format, but had never been exposed to APA. Would like to see APA taught at the beginning of the course. Also felt that written communication should be offered at the beginning of the program to allow the students to more experience for writing papers. The instructor for the class will

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	<p>make some minor changes such as discontinuing grammar quizzes because they did not seem to be a reliable measure of student knowledge.</p> <p><u>Term 6</u></p> <ul style="list-style-type: none">• <i>Med/Surg II</i>: Student concerns noted by instructor from students while in the class, 3 hours not a lot of class time to cover all material.• <i>Nursing Leadership</i>: students felt the textbook for the Leadership course was too hard to follow. When given the opportunity to view a different Leadership textbook, students felt that particular book would have been much better to use.(should be noted that Dr.Gore has already made the textbook change for the next Leadership class) <p>Students enjoyed Leadership simulation & felt this helped prepare them for the clinical setting.</p>
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Dr. Kim Gore, EdD, MSN/Ed, RN

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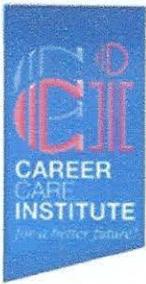
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ADN Program Monthly Progress Report
December 16, 2019

Cohort 1	<ul style="list-style-type: none"> • December 6, 2019 Graduation for first ADN cohort held • 15 students have received BRN eligibility to test and now waiting for ATT • 1 student working on completing Live scan • All students working with U world and/or ATI to review for NCLEX-RN
Cohort 2	<ul style="list-style-type: none"> • Term 4: OB, Peds, & Oral Communications. • Students have completed 9 hours of Skills Lab for both OB & Peds, 9 hours of Simulation. • No students are at risk at this time.
Cohort 3	<ul style="list-style-type: none"> • Term 1: General Education courses are being taught this term. • 20 students enrolled in Ethics, 11 Anatomy, 9 Physiology and 8 enrolled in Algebra. • No students at risk at this time.
Hiring Plan	Continuation of running ads for FT/PT theory and clinical faculty for all specialties (med/surg, OB, Peds, Geri, Mental Health) on HigherEd and Indeed
Orientation/ Staff Development	<p>Staff Development</p> <ul style="list-style-type: none"> • Due to the Thanksgiving Holiday, 11/25 presentation on the Student Centric classroom and various teaching strategies was cancelled. However, PowerPoint presentation was sent out to all faculty to review. Will address with faculty on 12/19 during monthly faculty meeting when would be a good date to schedule training for Student Centric classroom. • ATI is offering several virtual webinars during the month of December. Faculty are choosing 3 webinars of their choice to attend. • Staff orientation: Myaisha Moore was hired for clinical coordinator. Jinu Sebastian has been providing orientation and training for Myaisha.
Faculty	<ul style="list-style-type: none"> • Monthly ADN faculty meeting scheduled for 12/19. At this meeting one of the items we will address is creating our committees and calendars for 2020
Clinical Facility	<p>Clinical sites being pursued</p> <ul style="list-style-type: none"> • Ridgecrest Hospital: OB/PEDS/MS • Henry Mayo: OB/PEDS/MS • Tehachapi: MS • Adventist Health (San Joaquin): OB/MS • The Ellison John Center: MS • Penny Lane: Mental Health

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	<ul style="list-style-type: none"> • Tarzana: Mental Health • Mental Health America: Mental Health • Bakersfield Behavioral Health: Mental Health • Good Samaritan: Mental Health <p>Antelope Valley Hospital has implemented the process of using Pronto Wellness to assist with the onboarding of nursing students and faculty. This has delayed our PEDS rotation which was already scheduled and approved by AVH. We have had to delay our PEDS rotation. However, missed PEDS clinical days have been rescheduled. We anticipate clearance early next week from Pronto/AVH to have our students in the clinical site. Students are rotating through Caring Corners in Bakersfield.</p>
Curriculum Review	At the time of this report, no review of curriculum is due. Curriculum review is due March 5, 2020.

Submitted by: Dr. Kim Gore, EdD, MSN/Ed, RN
 ADN Assistant Program Director

Reviewed by: Dr. Corrine Stevens, EdD, MSN/Ed, RN
 ADN Interim Program Director

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ADN Program Monthly Progress Report
January 16, 2020

Cohort 1	<ul style="list-style-type: none"> ● In the month of December, 7 students scheduled their first attempt for NCLEX-RN, all 7 students passed. ● In January, 5 students successfully passed their first attempt at NCLEX-RN. ● 3 students have scheduled test dates the last week of January to take NCLEX-RN ● 1 student is still reviewing in VATI
Cohort 2	<ul style="list-style-type: none"> ● Term 4: OB, Peds, & Oral Communications. ● Students currently in OB at Antelope Valley Hospital and Peds rotation at Caring Corner
Cohort 3	<ul style="list-style-type: none"> ● Term 1: General Education courses are being taught this term. ● 20 students enrolled in Ethics, 11 Anatomy, 9 Physiology and 8 enrolled in Algebra. ● No students at risk at this time. ● The class will choose class reps in March when the entire class convenes for Fundamentals.
Hiring Plan	<p>Continuation of running ads for FT/PT theory and clinical faculty for all specialties (med/surg, OB, Peds, Geri, Mental Health) ADON, on HigherEd and Indeed</p> <ul style="list-style-type: none"> ● There have been no faculty resignations ● New faculty hired Madhu Soni for OB. New hire orientation completed with Jinu Sebastin on 1/8/20. Ms. Soni is scheduled to attend AVH orientation on 1/20/20. ● New MS faculty hired, Aubrey Donaldson completing hiring process
Orientation/ Staff Development	<p>Staff Development</p> <ul style="list-style-type: none"> ● Faculty continue to attend ATI academy Webinars ● Concept Mapping (DTBD) ● ATI Training scheduled for 2/28/20
Faculty	<ul style="list-style-type: none"> ● Monthly ADN faculty meeting scheduled for 1/23. At this meeting one of the items we will address is creating our committees and calendars for 2020 (this item was on the agenda for December, however due to the holidays and few faculty, it was deferred to Jan.)

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	<ul style="list-style-type: none"> • Jan. 23 faculty meeting discussed committee assignments, exit interviews questions when employees resign. Selected Dorthea Orem as nursing theorist to add to curriculum. • Jan 13, TPE meeting with Dr. Dykehouse, Dr.Gore and Dr. Stevens • See Exhibit 7
Clinical Facility	<p>No new clinical facilities added. However, CCI continues to community outreach of facilities</p> <ul style="list-style-type: none"> • Jan. 17, met with Bakersfield Behavioral Health Administration to discuss possible contract. Waiting to hear from BBH. <p>Antelope Valley Hospital has implemented the process of using Pronto Wellness to assist with the onboarding of nursing students and faculty. This has delayed our PEDS rotation which was already scheduled and approved by AVH. We have had to delay our PEDS rotation. However, missed PEDS clinical days have been rescheduled. We anticipate clearance from Pronto/AVH to have our students in the clinical site after January 24, 2020. Pronto/AVH has notified us that our PEDS instructor can attend hospital orientation January 16, 2020. (Dr. Luna has completed AVH orientation and will begin PEDS clinical at AVH as soon as CCI is cleared through Pronto) This will give us 6 weeks to continue to complete PEDS clinical hours. This matter was discussed with our NEC and it was agreed upon that if we have to continue Peds clinical into Term 5, the students would receive a course grade for Peds but receive an incomplete for clinical until all Peds clinical are completed.</p> <p>Students are currently rotating through Caring Corners in Bakersfield*Caring Corners has given CCI an additional clinical day. We will utilize the extra day to make up PEDS clinical which were cancelled by AVH.</p>
Curriculum Review	<ul style="list-style-type: none"> • At the time of this report, no review of curriculum is due. Curriculum review is due March 5, 2020. • CCIs BRN approved Self Study, on page 26, states “The curriculum committee will meet initially a minimum of one time and as needed each month with an agenda established by the curriculum chair.” • The Curriculum Committee, if needed, will meet on the first Friday of the month • The Policy & Procedure Committee will meet on the second Friday of the month • The Program Evaluation Committee will meet on the third Friday of the month
Action Plan	<ul style="list-style-type: none"> • TPE is being updated: CCI attrition rate is 94.1% NCLEX-RN current pass rate 100% (13/13) • Program Website has been revised and updated 11/11/19. • Student Handbook (ADN Guidelines), has been updated on 11/11/19 and will be posted on CCI Website by 12/24/19.

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	<ul style="list-style-type: none">• School Handbook is in the process of being revised and updated.• The policy regarding Student Participation in the Nursing Program can be found on page 28-29 in the ADN Guidelines as well as page 15 in the BRN Self Study.• EDP-P-11 for next term is not completed at this time as we are waiting for faculty response as to what day(s) they are available. EDP-P-11 will be updated by 2/14/20• Student Services keeps track of students attendance for both theory and clinical. Copies are sent to the ADN Department (to be filed in cohorts attendance binders) and all instructors keep a copy as well.

Submitted by: Dr. Kim Gore, EdD, MSN/Ed, RN
ADN Assistant Program Director

Reviewed by: Dr. Corrine Stevens, EdD, MSN/Ed, RN
ADN Interim Program Director

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Exit Interview Questions

1. Why did you begin looking for another job?
2. If you could change anything about the organization, what would you choose?
3. Did you voice your concerns to Human Resources?
4. Did you think your orientation, work goals and responsibilities were clear?
5. Did you feel you had all the resources you needed to do your best work here?
6. Did you receive frequent, constructive feedback from your manager?
7. How would you describe the culture of our company?
8. What did you appreciate most about working here?
9. What could we have done to make you want to stay?
10. What recommendations would you like to give to your team? To the executive team?

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11. What would make this a better place to work?

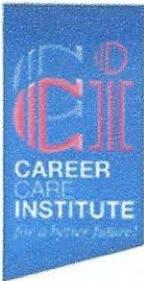
12. Would you ever consider working here again? Would you recommend others apply for a position here?

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ADN Program Monthly Progress Report
February 2020

Cohort 1	<ul style="list-style-type: none"> • 13 students took and passed NCLEX-RN first try • 1 student failed on first NCLEX-RN attempt and plans to retake in 45 days • 2 students still have not tested (one of which is still working with ATI through VATI)
Cohort 2	<ul style="list-style-type: none"> • OB: 3 students at risk. Students are being remediated by OB instructor Liz Gonzales. Ms Gonzales is confident that all 3 students will pass OB • PEDS: 5 students at risk. Helen Frederickson has been offering remediation for the students. • Oral Communication: Students doing well, no students at risk
Cohort 3	<ul style="list-style-type: none"> • 3 LVN students meet requirements to challenge exams. All three students challenged Fundamentals, 2 passed by achieving a level 2 on ATI Fundamentals Comprehensive Exam, the other student failed the exam. Both students then took the Dosage Calculation Exam for which a score of 100% was needed, neither student passed the exam. There will be no advance placement of LVNs in this cohort • Dr. Caroline Lazar is teaching both A & P all students are doing very well • Dr. Sam Salehi is teaching Ethics, no students are at risk. • Ashley Demay is teaching Algebra 1 student is at risk, however the instructor is working very hard with the student in remediation and feels the student will pass the course.
Hiring Plan	Continuation of running ads for FT/PT theory and clinical faculty for all specialties (med/surg, OB, Peds, Geri, Mental Health) on HigherEd and Indeed
Orientation/ Staff Development	<ul style="list-style-type: none"> • ATI training scheduled 2/27/20 • QSEN training scheduled 3/20/20 • As well as having faculty to train staff on topic related to their content area of expertise
Faculty	<ul style="list-style-type: none"> • Terri Jackson, MSN, RN hired as ADON and is currently in the onboarding process • Aubrey Donaldson RN hired for MS and Peds
Clinical Facility	<ul style="list-style-type: none"> • Ellison John approved for Fundamentals, MS I&II as well as Geriatric
Curriculum Review	<ul style="list-style-type: none"> • End of Term Curriculum Review Meeting scheduled for 2/27/20

Submitted by: Dr. Kim Gore, EdD, MSN/Ed, RN

Reviewed by: Dr. Corrine Stevens, EdD, MSN/Ed, RN

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**BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary**

**AGENDA ITEM: 7.6
DATE: April 16, 2020**

ACTION REQUESTED: *Information Only:* NCLEX Pass Rate Updates

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

**NCLEX RESULTS—FIRST TIME CANDIDATES
April 1, 2019-March 31, 2020****

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED (%)
California	12,112	91.54
United States and Territories	170,750	88.06

**CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES
By Quarters and Year April 1, 2019-March 31, 2020****

4/01/19- 6/30/19**		7/01/19- 9/30/19**		10/01/19- 12/31/19**		1/01/20- 3/31/20**		4/01/19-3/31/20	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
1,835	88.94	5,288	93.32	1,646	85.60	3,343	93.06	12,112	91.54

***Includes (0),(1),(1) and (2) “re-entry” candidates. Reflects pass rate results based on the 2019 Test Plan and Passing Standard of 0.00 logits effective April 1, 2019-March 31, 2022.
Data Source: NCSBN/Pearson VUE reports as of 4/1/20. Note, NCSBN Pearson VUE report numbers reflect the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the date the report is generated.*

****2019 NCLEX-RN Test Plan and Passing Standard:** *The detailed version of the 2019 NCLEX-RN Test Plan is now available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties. The Next Generation NCLEX (NGN) Project/FAQs/Resources/Talks & Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm. The NEXT GENERATION NCLEX EXAM will be implemented no sooner than 2023 according to the*

NCSBN website information. The Spring 2020 NGN NEWS-NGN Case Study publication is now available on the NCSBN website.

Current NCSBN information related to NCSBN/PearsonVUE NCLEX Testing and COVID-19 Impact to NCLEX Candidates to be effective March 25, 2020 until July 2020 can be accessed at www.ncsbn.org/14428.htm.

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. When a program's annual first-time candidate pass rate is below 75% for the academic year (July 1-June 30), the NEC sends the program written notice of non-compliance (per CCR 1431). The program submits a detailed written assessment of the factors contributing to the annual substandard pass rate along with a corrective action plan to improve the annual rate. The NEC summarizes the program's NCLEX assessment and improvement action plans in the ELC/Board meeting materials per the 3/16 revision of the Licensing Examination Passing Standard EDP-I-29 document. If a second consecutive year of annual substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance per EDP-I-29 as included in the Program Directors' Handbook Section 8.

NEXT STEP:

Continue to monitor results

PERSON TO CONTACT:

Katie Daugherty, MN, RN
Nursing Education Consultant

California Board of Registered Nursing

**NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type
Academic Year July 1, 2019-June 30, 2020^**

Academic Year July 1-June 30^	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass
National/US Educated; All degree types *	54,444 (88.2)	15,961 (79.1)	46,403 (89.5)	
CA Educated; All degree types**	5,288 (93.3)	1,646 (85.6)	3,343 (93.0)	
National-Associate Degree rates**	26,080 (85.6)	7,831 (72.4)	23,223 (86.4)	
CA-Associate Degree rates**	2,764 (93.0)	541 (82.8)	1,780 (92.5)	
National-BSN+ELM rates**/***	27,587 (90.6)	7,790 (85.7)	22,685 (92.7)	
CA-BSN+ELM rates**/***	2,523 (93.6)	1,104 (86.9)	1,561 (93.6)	

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight-year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or the combined BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

^Note: Numbers included in quarter to quarter reports reflect the most up-to-date and accurate numbers at the time the report was generated (4/1/20). Typically, the numbers/corrections have not significantly changed the previously reported quarterly pass rate. The data reflects pass rate results based on the 2019 NCLEX-RN Test Plan and Passing standard effective from 4/1/19-3/31/2022. The 2019 NCLEX RN Passing Standard for 4/1/19-3/31/22 remains at 0.00 logit.

Source: National Council of State Boards/PearsonVUE Pass Rate Reports

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: April 16, 2020

ACTION REQUESTED: Licensing Program Update, Information only.

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson Education/Licensing Committee

LICENSING UPDATE:

Telework:

As stated in the Executive Officer report the Licensing Division has implemented teleworking agreements for staff as of March 23, 2020. The transition has had some challenges, but staff have responded well and have been open to the change. I would like to thank our licensing staff for adapting to all the recent changes and working with the management and supervisory team to ensure we are successful. I would also like to take this opportunity to thank my manager and supervisory team for stepping up and ensuring we had everything in place to implement the telework option for all our staff. In addition to teleworking, they have had to adjust from in person interactions with their staff to communicating via email, instant messaging through skype and phone. They have been there for staff helping them troubleshoot the new environment we are all working in and send motivational emails to keep staff moral positive. Once again, thank you to all my Licensing Division staff, and to my management and supervisory team.

Application Processing:

The Licensing Division evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late February and early March and out-going verifications and Inactive to Active requests received in March.

Some California nursing programs have notified the Licensing program of their intent to have multiple graduation dates for their graduating classes and have started uploading small batches of student transcripts to the BRN CloudDrive. We will continue to monitor transcripts that are provided to the Board and will process applications accordingly.

Since the re-organization of the Board and redirection of some services to the Licensing Division, our top priority upon the unit consolidation was improving the timeframe and processes for outgoing license verifications and inactive to active requests. We continue to make improvements to both processes and are currently processing requests within 4-6 weeks of receipt. As staff are working from home and systems are slower, we are working to maintain these processing timeframes and ensuring no backlogs emerge.

Statistics:

The Board continues to use QBIRT and can create and run various reports upon request. The Board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date.

The average processing time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

Licensing Average Processing Time Statistics				
Application Type			2018-2019	Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	32.3
Endorsement	45.8	60.2	18.4	37.2

The average time from Exam to Licensure: Thus far in FY 19/20, on average 93% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

Number of days from Exam Date to Licensure (Applicants Licensed by Exam)				
Number of Days	Fiscal Year 2016/2017 Total: 11,080	Fiscal Year 2017/2018 Total: 11,868	Fiscal Year 2018/2019 Total: 12,878	Fiscal Year 2019/2020 Total: 11,622
1	886	1,261	5,448	4,342
2	7,036	7,723	3,931	4,479
3	1,494	1,089	2,242	1,982
4	1,375	1,559	769	632
5	172	194	187	100
6	62	31	241	12
7	54	11	60	75

The Licensing Applications Received table provides the total number of applications the Board has received by fiscal year:

Licensing Applications Received				
Application Type	Fiscal Year 2016-2017	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Exams	16,879	15,571	15,425	9,163
Endorsement	20,040	15,326	15,161	12,397
Repeat/Reapply	7,043	5,792	5,085	4,102
Advanced Practice	9,774	8,408	6,913	5,903
Total	53,736	45,097	42,584	31,565

The Additional Request Received table provides the total number of out-going verifications and Inactive to Active requests the Board has received by fiscal year:

Additional Requests Received				
Request Type	Fiscal Year 2016-2017	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Out of State Verification	37,209	48,305	55,018	45,826
Inactive to Active	1,012	1,572	2,667	2,161
Total	38,221	49,877	57,685	47,987

Staffing Updates:

Currently the Licensing Division has six (6) vacancies due to newly established positions and staff movement. We are in various stages of the recruitment process for all six vacancies.

NEXT STEPS: Continue to monitor business processes, timeframe improvement and staff hiring.

PERSON TO CONTACT: Christina Sprigg
Deputy Chief, Licensing Division
(916) 574-7614

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: April 16, 2020

ACTION REQUESTED: Licensing Program Update, Information only.

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson Education/Licensing Committee

LICENSING UPDATE:

Telework:

As stated in the Executive Officer report the Licensing Division has implemented teleworking agreements for staff as of March 23, 2020. The transition has had some challenges, but staff have responded well and have been open to the change. I would like to thank our licensing staff for adapting to all the recent changes and working with the management and supervisory team to ensure we are successful. I would also like to take this opportunity to thank my manager and supervisory team for stepping up and ensuring we had everything in place to implement the telework option for all our staff. In addition to teleworking, they have had to adjust from in person interactions with their staff to communicating via email, instant messaging through skype and phone. They have been there for staff helping them troubleshoot the new environment we are all working in and send motivational emails to keep staff moral positive. Once again, thank you to all my Licensing Division staff, and to my management and supervisory team.

Application Processing:

The Licensing Division evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late February and early March and out-going verifications and Inactive to Active requests received in March.

Some California nursing programs have notified the Licensing program of their intent to have multiple graduation dates for their graduating classes and have started uploading small batches of student transcripts to the BRN CloudDrive. We will continue to monitor transcripts that are provided to the Board and will process applications accordingly.

Since the re-organization of the Board and redirection of some services to the Licensing Division, our top priority upon the unit consolidation was improving the timeframe and processes for outgoing license verifications and inactive to active requests. We continue to make improvements to both processes and are currently processing requests within 4-6 weeks of receipt. As staff are working from home and systems are slower, we are working to maintain these processing timeframes and ensuring no backlogs emerge.

Statistics:

The Board continues to use QBIRT and can create and run various reports upon request. The Board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date.

The average processing time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

Licensing Average Processing Time Statistics				
Application Type			2018-2019	Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	32.3
Endorsement	45.8	60.2	18.4	37.2

The average time from Exam to Licensure: Thus far in FY 19/20, on average 93% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

Number of days from Exam Date to Licensure (Applicants Licensed by Exam)				
Number of Days				Fiscal Year 2019/2020 Total: 11,622
1	886	1,261	5,448	4,342
2	7,036	7,723	3,931	4,479
3	1,494	1,089	2,242	1,982
4	1,375	1,559	769	632
5	172	194	187	100
6	62	31	241	12
7	54	11	60	75

The Licensing Applications Received table provides the total number of applications the Board has received by fiscal year:

Licensing Applications Received				
Application Type				Fiscal Year 2019-2020
Exams	16,879	15,571	15,425	9,163
Endorsement	20,040	15,326	15,161	12,397
Repeat/Reapply	7,043	5,792	5,085	4,102
Advanced Practice	9,774	8,408	6,913	5,903
Total	53,736	45,097	42,584	31,565

The Additional Request Received table provides the total number of out-going verifications and Inactive to Active requests the Board has received by fiscal year:

Additional Requests Received				
Request Type	Fiscal Year 2016-2017	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Out of State Verification	37,209	48,305	55,018	45,826
Inactive to Active	1,012	1,572	2,667	2,161
Total	38,221	49,877	57,685	47,987

Staffing Updates:

Currently the Licensing Division has six (6) vacancies due to newly established positions and staff movement. We are in various stages of the recruitment process for all six vacancies.

NEXT STEPS: Continue to monitor business processes, timeframe improvement and staff hiring.

PERSON TO CONTACT: Christina Sprigg
Deputy Chief, Licensing Division
(916) 574-7614

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1

DATE: April 16, 2020

ACTION REQUESTED: **Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session, Including But Not Limited To the Following Bills:**

REQUESTED BY: Donna Gerber, Chair, Legislative Committee

BACKGROUND: Bills of interest for the 2019-2020 legislative session are listed on the attached tables.

Bold denotes a new bill for Committee or Board consideration, is one that has been amended since the last Committee or Board meeting, or is one about which the Board has taken a position and may wish to discuss further and restate or modify its position.

An analysis of and the bill text for these bills are included for further review.

NEXT STEPS: Present recommendations to the Board

FINANCIAL IMPLICATIONS, IF ANY: As reflected by the proposed legislation

PERSON TO CONTACT: Thelma Harris, RN, PHN, MSN
Chief of Legislation
(916) 574-7600

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 17** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 20** Martin Luther King, Jr. Day.
- Jan. 24** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

JANUARY							
	S	M	T	W	TH	F	S
				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Wk. 1	29	30	31				

APRIL							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Spring Recess	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No Hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

Mar. 27 Cesar Chavez Day observed.

- Apr. 2** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Apr. 13** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 24** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 1** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** Last day for **fiscal committees** to hear and report to the **floor** bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day.
- May 26-29** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to final approval by Rules Committee.

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

JUNE							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

- June 1** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 25** Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).
- June 26** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Summer Recess	5	6	7	8	9	10	11
Summer Recess	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

- July 2** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).
Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).
- July 3** Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

- Aug. 3** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 17 – 31** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 21** Last day to **amend** bills on the floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)).
Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).
- Nov. 3 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2021

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
April 16, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of March 12, 2020
AB 329	Rodriguez/ CENA	Hospitals: assaults and batteries	Watch 3/14/19	Watch 4/11/19	Senate PubSafety
AB 362	Eggman/ DPA; HRC	Controlled substances: overdose prevention program	Information 5/9/19	Watch 4/11/19	Senate Health
AB 613	Low	Professions and vocations: regulatory fees	Watch 3/14/19	Watch 4/11/19	Senate BP&ED
AB 732	Bonta	County jails: prisons: incarcerated pregnant persons	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 890	Wood	Nurse practitioners: scope of practice: unsupervised practice	Oppose unless amended 5/9/19	Oppose unless amended 6/13/19	Assembly APPR
AB 1145	Cristina Garcia	Child abuse: reportable conduct	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 1544	Gipson	Community Paramedicine or Triage to Alternate Destination Act	Oppose 8/15/19		Senate Inactive File
AB 1616	Low	Department of Consumer Affairs: boards: expunged convictions			
AB 1759	Salas	Health care workers: rural and underserved areas			
AB 1909	Gonzalez	Healing arts licensees: virginity examinations or tests			
AB 1917	Ting	Budget Act of 2020			
AB 1928	Kiley/Melendez	Employment standards: independent contractors and employees			
AB 1998	Low	Dental Practice Act: unprofessional conduct: patient of record			
AB 2028	Aguilar-Curry	State agencies: meetings			
AB 2185	Patterson/Gallagher	Professions and vocations: applicants licensed in other states: reciprocity			
AB 2549	Salas	Department of Consumer Affairs: temporary licenses			

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
April 16, 2020

<u>AB 2704</u>	Ting	Healing Arts: licenses: data collection			
<u>AB 3016</u>	Dahle	Board of Registered Nursing: online license verification			

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
April 16, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of March 12, 2020
<u>SB 3</u>	Allen/Glazer	Office of Higher Education Coordination, Accountability, and performance			
<u>SB 808</u>	Mitchell	Budget Act of 2020			
<u>SB 878</u>	Jones	Department of Consumer Affairs Licensing: applications: wait times			
<u>SB 1053</u>	Moorlach	Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact			
<u>SB 1237</u>	Dodd	Nurse-Midwives: scope of practice			

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY APRIL 3, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 890

Introduced by Assembly Member Wood
(Coauthors: Assembly Members Aguiar-Curry, Eggman, Friedman,
Gallagher, and Gipson)
(Coauthors: Senators Caballero, Hill, Leyva, and Stone)

February 20, 2019

An act to amend Sections 650.01 and 805 of, and to add ~~Sections 2837.1 and 2837.2 to,~~ *Article 8.5 (commencing with Section 2837.100) to Chapter 6 of Division 2 of,* the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 890, as amended, Wood. Nurse practitioners: scope of practice: unsupervised practice.

Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts that are in addition to other authorized practices, including certifying disability after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor.

This bill would *establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body*

recognized by the board who practices in certain settings *or organizations* to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

The bill would also authorize a nurse practitioner who holds ~~a~~ *an active certification as a nurse practitioner from a national certifying body recognized* issued by the board to practice without supervision by a physician and surgeon *outside of specified settings or organizations* in accordance with specified conditions and requirements if the nurse practitioner ~~has successfully completed~~ *meets specified education and other requirements, including completion of a transition to practice program, practice, as defined by the bill, and a supervising physician and surgeon at the facility at which the nurse practitioner completed the transition to practice program attests to the board that the nurse practitioner is proficient in competencies established by the board by regulation.* *bill. The bill would authorize the board, upon application, to issue an inactive certificate.*

Existing law makes it unlawful for specified healing arts practitioners, including physicians and surgeons, psychologists, and acupuncturists, to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician and surgeon or their immediate family has a financial interest with the person or in the entity that receives the referral. A violation of those provisions is a misdemeanor and subject to specified civil penalties and disciplinary action.

This bill would make those provisions applicable to a nurse practitioner practicing pursuant to the bill's provisions.

Existing law provides for the professional review of specified healing arts licentiates through a peer review process and defines "licentiate" for those purposes.

This bill would include as a licentiate a nurse practitioner practicing pursuant to the bill's provisions.

Because the bill would expand the scope of crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 650.01 of the Business and Professions
2 Code is amended to read:
3 650.01. (a) Notwithstanding Section 650, or any other
4 provision of law, it is unlawful for a licensee to refer a person for
5 laboratory, diagnostic nuclear medicine, radiation oncology,
6 physical therapy, physical rehabilitation, psychometric testing,
7 home infusion therapy, or diagnostic imaging goods or services if
8 the licensee or their immediate family has a financial interest with
9 the person or in the entity that receives the referral.
10 (b) For purposes of this section and Section 650.02, the
11 following shall apply:
12 (1) “Diagnostic imaging” includes, but is not limited to, all
13 X-ray, computed axial tomography, magnetic resonance imaging
14 nuclear medicine, positron emission tomography, mammography,
15 and ultrasound goods and services.
16 (2) A “financial interest” includes, but is not limited to, any
17 type of ownership interest, debt, loan, lease, compensation,
18 remuneration, discount, rebate, refund, dividend, distribution,
19 subsidy, or other form of direct or indirect payment, whether in
20 money or otherwise, between a licensee and a person or entity to
21 whom the licensee refers a person for a good or service specified
22 in subdivision (a). A financial interest also exists if there is an
23 indirect financial relationship between a licensee and the referral
24 recipient including, but not limited to, an arrangement whereby a
25 licensee has an ownership interest in an entity that leases property
26 to the referral recipient. Any financial interest transferred by a
27 licensee to any person or entity or otherwise established in any
28 person or entity for the purpose of avoiding the prohibition of this
29 section shall be deemed a financial interest of the licensee. For
30 purposes of this paragraph, “direct or indirect payment” shall not
31 include a royalty or consulting fee received by a physician and
32 surgeon who has completed a recognized residency training
33 program in orthopedics from a manufacturer or distributor as a
34 result of their research and development of medical devices and
35 techniques for that manufacturer or distributor. For purposes of

1 this paragraph, “consulting fees” means those fees paid by the
2 manufacturer or distributor to a physician and surgeon who has
3 completed a recognized residency training program in orthopedics
4 only for their ongoing services in making refinements to their
5 medical devices or techniques marketed or distributed by the
6 manufacturer or distributor, if the manufacturer or distributor does
7 not own or control the facility to which the physician is referring
8 the patient. A “financial interest” shall not include the receipt of
9 capitation payments or other fixed amounts that are prepaid in
10 exchange for a promise of a licensee to provide specified health
11 care services to specified beneficiaries. A “financial interest” shall
12 not include the receipt of remuneration by a medical director of a
13 hospice, as defined in Section 1746 of the Health and Safety Code,
14 for specified services if the arrangement is set out in writing, and
15 specifies all services to be provided by the medical director, the
16 term of the arrangement is for at least one year, and the
17 compensation to be paid over the term of the arrangement is set
18 in advance, does not exceed fair market value, and is not
19 determined in a manner that takes into account the volume or value
20 of any referrals or other business generated between parties.

21 (3) For the purposes of this section, “immediate family” includes
22 the spouse and children of the licensee, the parents of the licensee,
23 and the spouses of the children of the licensee.

24 (4) “Licensee” means a physician, as defined in Section 3209.3
25 of the Labor Code, or a nurse practitioner practicing pursuant to
26 Section ~~2837.1 or 2837.2~~ *2837.104 or 2837.105*.

27 (5) “Licensee’s office” means either of the following:

28 (A) An office of a licensee in solo practice.

29 (B) An office in which services or goods are personally provided
30 by the licensee or by employees in that office, or personally by
31 independent contractors in that office, in accordance with other
32 provisions of law. Employees and independent contractors shall
33 be licensed or certified when licensure or certification is required
34 by law.

35 (6) “Office of a group practice” means an office or offices in
36 which two or more licensees are legally organized as a partnership,
37 professional corporation, or not-for-profit corporation, licensed
38 pursuant to subdivision (a) of Section 1204 of the Health and Safety
39 Code, for which all of the following apply:

1 (A) Each licensee who is a member of the group provides
2 substantially the full range of services that the licensee routinely
3 provides, including medical care, consultation, diagnosis, or
4 treatment through the joint use of shared office space, facilities,
5 equipment, and personnel.

6 (B) Substantially all of the services of the licensees who are
7 members of the group are provided through the group and are
8 billed in the name of the group and amounts so received are treated
9 as receipts of the group, except in the case of a multispecialty
10 clinic, as defined in subdivision (l) of Section 1206 of the Health
11 and Safety Code, physician services are billed in the name of the
12 multispecialty clinic and amounts so received are treated as receipts
13 of the multispecialty clinic.

14 (C) The overhead expenses of, and the income from, the practice
15 are distributed in accordance with methods previously determined
16 by members of the group.

17 (c) It is unlawful for a licensee to enter into an arrangement or
18 scheme, such as a cross-referral arrangement, that the licensee
19 knows, or should know, has a principal purpose of ensuring
20 referrals by the licensee to a particular entity that, if the licensee
21 directly made referrals to that entity, would be in violation of this
22 section.

23 (d) No claim for payment shall be presented by an entity to any
24 individual, third party payer, or other entity for a good or service
25 furnished pursuant to a referral prohibited under this section.

26 (e) No insurer, self-insurer, or other payer shall pay a charge or
27 lien for any good or service resulting from a referral in violation
28 of this section.

29 (f) A licensee who refers a person to, or seeks consultation from,
30 an organization in which the licensee has a financial interest, other
31 than as prohibited by subdivision (a), shall disclose the financial
32 interest to the patient, or the parent or legal guardian of the patient,
33 in writing, at the time of the referral or request for consultation.

34 (1) If a referral, billing, or other solicitation is between one or
35 more licensees who contract with a multispecialty clinic pursuant
36 to subdivision (l) of Section 1206 of the Health and Safety Code
37 or who conduct their practice as members of the same professional
38 corporation or partnership, and the services are rendered on the
39 same physical premises, or under the same professional corporation
40 or partnership name, the requirements of this subdivision may be

1 met by posting a conspicuous disclosure statement at the
2 registration area or by providing a patient with a written disclosure
3 statement.

4 (2) If a licensee is under contract with the Department of
5 Corrections or the California Youth Authority, and the patient is
6 an inmate or parolee of either respective department, the
7 requirements of this subdivision shall be satisfied by disclosing
8 financial interests to either the Department of Corrections or the
9 California Youth Authority.

10 (g) A violation of subdivision (a) shall be a misdemeanor. The
11 Medical Board of California shall review the facts and
12 circumstances of any conviction pursuant to subdivision (a) and
13 take appropriate disciplinary action if the licensee has committed
14 unprofessional conduct. Violations of this section may also be
15 subject to civil penalties of up to five thousand dollars (\$5,000)
16 for each offense, which may be enforced by the Insurance
17 Commissioner, Attorney General, or a district attorney. A violation
18 of subdivision (c), (d), or (e) is a public offense and is punishable
19 upon conviction by a fine not exceeding fifteen thousand dollars
20 (\$15,000) for each violation and appropriate disciplinary action,
21 including revocation of professional licensure, by the Medical
22 Board of California or other appropriate governmental agency.

23 (h) This section shall not apply to referrals for services that are
24 described in and covered by Sections 139.3 and 139.31 of the
25 Labor Code.

26 (i) This section shall become operative on January 1, 1995.

27 SEC. 2. Section 805 of the Business and Professions Code is
28 amended to read:

29 805. (a) As used in this section, the following terms have the
30 following definitions:

31 (1) (A) "Peer review" means both of the following:

32 (i) A process in which a peer review body reviews the basic
33 qualifications, staff privileges, employment, medical outcomes,
34 or professional conduct of licentiates to make recommendations
35 for quality improvement and education, if necessary, in order to
36 do either or both of the following:

37 (I) Determine whether a licentiate may practice or continue to
38 practice in a health care facility, clinic, or other setting providing
39 medical services, and, if so, to determine the parameters of that
40 practice.

- 1 (II) Assess and improve the quality of care rendered in a health
2 care facility, clinic, or other setting providing medical services.
- 3 (ii) Any other activities of a peer review body as specified in
4 subparagraph (B).
- 5 (B) “Peer review body” includes:
- 6 (i) A medical or professional staff of any health care facility or
7 clinic licensed under Division 2 (commencing with Section 1200)
8 of the Health and Safety Code or of a facility certified to participate
9 in the federal Medicare program as an ambulatory surgical center.
- 10 (ii) A health care service plan licensed under Chapter 2.2
11 (commencing with Section 1340) of Division 2 of the Health and
12 Safety Code or a disability insurer that contracts with licentiates
13 to provide services at alternative rates of payment pursuant to
14 Section 10133 of the Insurance Code.
- 15 (iii) Any medical, psychological, marriage and family therapy,
16 social work, professional clinical counselor, dental, midwifery, or
17 podiatric professional society having as members at least 25 percent
18 of the eligible licentiates in the area in which it functions (which
19 must include at least one county), which is not organized for profit
20 and which has been determined to be exempt from taxes pursuant
21 to Section 23701 of the Revenue and Taxation Code.
- 22 (iv) A committee organized by any entity consisting of or
23 employing more than 25 licentiates of the same class that functions
24 for the purpose of reviewing the quality of professional care
25 provided by members or employees of that entity.
- 26 (2) “Licentiate” means a physician and surgeon, doctor of
27 podiatric medicine, clinical psychologist, marriage and family
28 therapist, clinical social worker, professional clinical counselor,
29 dentist, licensed midwife, physician assistant, or nurse practitioner
30 practicing pursuant to ~~Section 2837.1 or 2837.2.~~ *2837.104 or*
31 *2837.105.* “Licentiate” also includes a person authorized to practice
32 medicine pursuant to Section 2113 or 2168.
- 33 (3) “Agency” means the relevant state licensing agency having
34 regulatory jurisdiction over the licentiates listed in paragraph (2).
- 35 (4) “Staff privileges” means any arrangement under which a
36 licentiate is allowed to practice in or provide care for patients in
37 a health facility. Those arrangements shall include, but are not
38 limited to, full staff privileges, active staff privileges, limited staff
39 privileges, auxiliary staff privileges, provisional staff privileges,
40 temporary staff privileges, courtesy staff privileges, locum tenens

1 arrangements, and contractual arrangements to provide professional
2 services, including, but not limited to, arrangements to provide
3 outpatient services.

4 (5) “Denial or termination of staff privileges, membership, or
5 employment” includes failure or refusal to renew a contract or to
6 renew, extend, or reestablish any staff privileges, if the action is
7 based on medical disciplinary cause or reason.

8 (6) “Medical disciplinary cause or reason” means that aspect
9 of a licentiate’s competence or professional conduct that is
10 reasonably likely to be detrimental to patient safety or to the
11 delivery of patient care.

12 (7) “805 report” means the written report required under
13 subdivision (b).

14 (b) The chief of staff of a medical or professional staff or other
15 chief executive officer, medical director, or administrator of any
16 peer review body and the chief executive officer or administrator
17 of any licensed health care facility or clinic shall file an 805 report
18 with the relevant agency within 15 days after the effective date on
19 which any of the following occur as a result of an action of a peer
20 review body:

21 (1) A licentiate’s application for staff privileges or membership
22 is denied or rejected for a medical disciplinary cause or reason.

23 (2) A licentiate’s membership, staff privileges, or employment
24 is terminated or revoked for a medical disciplinary cause or reason.

25 (3) Restrictions are imposed, or voluntarily accepted, on staff
26 privileges, membership, or employment for a cumulative total of
27 30 days or more for any 12-month period, for a medical disciplinary
28 cause or reason.

29 (c) If a licentiate takes any action listed in paragraph (1), (2),
30 or (3) after receiving notice of a pending investigation initiated
31 for a medical disciplinary cause or reason or after receiving notice
32 that their application for membership or staff privileges is denied
33 or will be denied for a medical disciplinary cause or reason, the
34 chief of staff of a medical or professional staff or other chief
35 executive officer, medical director, or administrator of any peer
36 review body and the chief executive officer or administrator of
37 any licensed health care facility or clinic where the licentiate is
38 employed or has staff privileges or membership or where the
39 licentiate applied for staff privileges or membership, or sought the

1 renewal thereof, shall file an 805 report with the relevant agency
2 within 15 days after the licentiate takes the action.

3 (1) Resigns or takes a leave of absence from membership, staff
4 privileges, or employment.

5 (2) Withdraws or abandons their application for staff privileges
6 or membership.

7 (3) Withdraws or abandons their request for renewal of staff
8 privileges or membership.

9 (d) For purposes of filing an 805 report, the signature of at least
10 one of the individuals indicated in subdivision (b) or (c) on the
11 completed form shall constitute compliance with the requirement
12 to file the report.

13 (e) An 805 report shall also be filed within 15 days following
14 the imposition of summary suspension of staff privileges,
15 membership, or employment, if the summary suspension remains
16 in effect for a period in excess of 14 days.

17 (f) A copy of the 805 report, and a notice advising the licentiate
18 of their right to submit additional statements or other information,
19 electronically or otherwise, pursuant to Section 800, shall be sent
20 by the peer review body to the licentiate named in the report. The
21 notice shall also advise the licentiate that information submitted
22 electronically will be publicly disclosed to those who request the
23 information.

24 The information to be reported in an 805 report shall include the
25 name and license number of the licentiate involved, a description
26 of the facts and circumstances of the medical disciplinary cause
27 or reason, and any other relevant information deemed appropriate
28 by the reporter.

29 A supplemental report shall also be made within 30 days
30 following the date the licentiate is deemed to have satisfied any
31 terms, conditions, or sanctions imposed as disciplinary action by
32 the reporting peer review body. In performing its dissemination
33 functions required by Section 805.5, the agency shall include a
34 copy of a supplemental report, if any, whenever it furnishes a copy
35 of the original 805 report.

36 If another peer review body is required to file an 805 report, a
37 health care service plan is not required to file a separate report
38 with respect to action attributable to the same medical disciplinary
39 cause or reason. If the Medical Board of California or a licensing
40 agency of another state revokes or suspends, without a stay, the

1 license of a physician and surgeon, a peer review body is not
2 required to file an 805 report when it takes an action as a result of
3 the revocation or suspension. If the California Board of Podiatric
4 Medicine or a licensing agency of another state revokes or
5 suspends, without a stay, the license of a doctor of podiatric
6 medicine, a peer review body is not required to file an 805 report
7 when it takes an action as a result of the revocation or suspension.

8 (g) The reporting required by this section shall not act as a
9 waiver of confidentiality of medical records and committee reports.
10 The information reported or disclosed shall be kept confidential
11 except as provided in subdivision (c) of Section 800 and Sections
12 803.1 and 2027, provided that a copy of the report containing the
13 information required by this section may be disclosed as required
14 by Section 805.5 with respect to reports received on or after
15 January 1, 1976.

16 (h) The Medical Board of California, the California Board of
17 Podiatric Medicine, the Osteopathic Medical Board of California,
18 and the Dental Board of California shall disclose reports as required
19 by Section 805.5.

20 (i) An 805 report shall be maintained electronically by an agency
21 for dissemination purposes for a period of three years after receipt.

22 (j) No person shall incur any civil or criminal liability as the
23 result of making any report required by this section.

24 (k) A willful failure to file an 805 report by any person who is
25 designated or otherwise required by law to file an 805 report is
26 punishable by a fine not to exceed one hundred thousand dollars
27 (\$100,000) per violation. The fine may be imposed in any civil or
28 administrative action or proceeding brought by or on behalf of any
29 agency having regulatory jurisdiction over the person regarding
30 whom the report was or should have been filed. If the person who
31 is designated or otherwise required to file an 805 report is a
32 licensed physician and surgeon, the action or proceeding shall be
33 brought by the Medical Board of California. If the person who is
34 designated or otherwise required to file an 805 report is a licensed
35 doctor of podiatric medicine, the action or proceeding shall be
36 brought by the California Board of Podiatric Medicine. The fine
37 shall be paid to that agency but not expended until appropriated
38 by the Legislature. A violation of this subdivision may constitute
39 unprofessional conduct by the licentiate. A person who is alleged
40 to have violated this subdivision may assert any defense available

1 at law. As used in this subdivision, “willful” means a voluntary
2 and intentional violation of a known legal duty.

3 (l) Except as otherwise provided in subdivision (k), any failure
4 by the administrator of any peer review body, the chief executive
5 officer or administrator of any health care facility, or any person
6 who is designated or otherwise required by law to file an 805
7 report, shall be punishable by a fine that under no circumstances
8 shall exceed fifty thousand dollars (\$50,000) per violation. The
9 fine may be imposed in any civil or administrative action or
10 proceeding brought by or on behalf of any agency having
11 regulatory jurisdiction over the person regarding whom the report
12 was or should have been filed. If the person who is designated or
13 otherwise required to file an 805 report is a licensed physician and
14 surgeon, the action or proceeding shall be brought by the Medical
15 Board of California. If the person who is designated or otherwise
16 required to file an 805 report is a licensed doctor of podiatric
17 medicine, the action or proceeding shall be brought by the
18 California Board of Podiatric Medicine. The fine shall be paid to
19 that agency but not expended until appropriated by the Legislature.
20 The amount of the fine imposed, not exceeding fifty thousand
21 dollars (\$50,000) per violation, shall be proportional to the severity
22 of the failure to report and shall differ based upon written findings,
23 including whether the failure to file caused harm to a patient or
24 created a risk to patient safety; whether the administrator of any
25 peer review body, the chief executive officer or administrator of
26 any health care facility, or any person who is designated or
27 otherwise required by law to file an 805 report exercised due
28 diligence despite the failure to file or whether they knew or should
29 have known that an 805 report would not be filed; and whether
30 there has been a prior failure to file an 805 report. The amount of
31 the fine imposed may also differ based on whether a health care
32 facility is a small or rural hospital as defined in Section 124840
33 of the Health and Safety Code.

34 (m) A health care service plan licensed under Chapter 2.2
35 (commencing with Section 1340) of Division 2 of the Health and
36 Safety Code or a disability insurer that negotiates and enters into
37 a contract with licentiates to provide services at alternative rates
38 of payment pursuant to Section 10133 of the Insurance Code, when
39 determining participation with the plan or insurer, shall evaluate,

1 on a case-by-case basis, licentiates who are the subject of an 805
2 report, and not automatically exclude or deselect these licentiates.

3 ~~SEC. 3. Section 2837.1 is added to the Business and Professions
4 Code, to read:~~

5 ~~2837.1. (a) Notwithstanding any other law, a nurse practitioner
6 who holds a certification as a nurse practitioner from a national
7 certifying body recognized by the board may perform the functions
8 specified in subdivision (c) without supervision by a physician
9 and surgeon if the nurse practitioner meets all of the requirements
10 of this article and practices in one of the following settings in which
11 one or more physicians and surgeons are concurrently practicing
12 with the nurse practitioner:~~

13 ~~(1) A clinic, as defined in Section 1200 of the Health and Safety
14 Code.~~

15 ~~(2) A health facility, as defined in Section 1250 of the Health
16 and Safety Code.~~

17 ~~(3) A facility described in Chapter 2.5 (commencing with
18 Section 1440) of Division 2 of the Health and Safety Code.~~

19 ~~(4) A medical group practice, including a professional medical
20 corporation, as defined in Section 2406, another form of
21 corporation controlled by physicians and surgeons, a medical
22 partnership, a medical foundation exempt from licensure, or another
23 lawfully organized group of physicians and surgeons that provides
24 health care services.~~

25 ~~(b) An entity described in subdivisions (1) to (4), inclusive, of
26 subdivision (a) shall not interfere with, control, or otherwise direct
27 the professional judgment of a nurse practitioner functioning
28 pursuant to this section in a manner prohibited by Section 2400 or
29 any other law.~~

30 ~~(c) In addition to any other practices authorized by law, a nurse
31 practitioner who meets the requirements of this section may
32 perform the following functions without the supervision of a
33 physician and surgeon in accordance with their education and
34 training:~~

35 ~~(1) Conduct an advanced assessment.~~

36 ~~(2) Order and interpret diagnostic procedures.~~

37 ~~(3) Establish primary and differential diagnoses.~~

38 ~~(4) Prescribe, order, administer, dispense, and furnish therapeutic
39 measures, including, but not limited to, the following:~~

1 ~~(A) Diagnose, prescribe, and institute therapy or referrals of~~
2 ~~patients to health care agencies, health care providers, and~~
3 ~~community resources.~~

4 ~~(B) Prescribe, administer, dispense, and furnish pharmacological~~
5 ~~agents, including over-the-counter, legend, and controlled~~
6 ~~substances.~~

7 ~~(C) Plan and initiate a therapeutic regimen that includes ordering~~
8 ~~and prescribing nonpharmacological interventions, including, but~~
9 ~~not limited to, durable medical equipment, medical devices,~~
10 ~~nutrition, blood and blood products, and diagnostic and supportive~~
11 ~~services, including, but not limited to, home health care, hospice,~~
12 ~~and physical and occupational therapy.~~

13 ~~(5) After performing a physical examination, certify disability~~
14 ~~pursuant to Section 2708 of the Unemployment Insurance Code.~~

15 ~~(6) Delegate tasks to a medical assistant pursuant to Sections~~
16 ~~1206.5, 2069, 2070, and 2071, and Article 2 (commencing with~~
17 ~~Section 1366) of Chapter 3 of Division 13 of Title 16 of the~~
18 ~~California Code of Regulations.~~

19 ~~(d) A nurse practitioner shall refer a patient to a physician and~~
20 ~~surgeon or other licensed health care provider if a situation or~~
21 ~~condition of a patient is beyond the scope of the education and~~
22 ~~training of the nurse practitioner.~~

23 ~~(e) A nurse practitioner practicing under this section shall~~
24 ~~maintain professional liability insurance appropriate for the practice~~
25 ~~setting.~~

26 ~~SEC. 4. Section 2837.2 is added to the Business and Professions~~
27 ~~Code, to read:~~

28 ~~2837.2. (a) Notwithstanding any other law, a nurse practitioner~~
29 ~~who holds an active certification by a national certifying body~~
30 ~~recognized by the board may practice without supervision by a~~
31 ~~physician and surgeon if, in addition to satisfying the requirements~~
32 ~~of this article, the nurse practitioner satisfies both of the following~~
33 ~~requirements:~~

34 ~~(1) The nurse practitioner has successfully completed a transition~~
35 ~~to practice program.~~

36 ~~(2) A supervising physician and surgeon at the clinic, facility,~~
37 ~~or medical group attests under penalty of perjury to the board that~~
38 ~~the nurse practitioner has successfully completed the transition to~~
39 ~~practice program and is proficient in the competencies identified~~
40 ~~by the board to practice pursuant to this section.~~

1 (b) A nurse practitioner authorized to practice pursuant to this
2 section shall comply with all of the following:

3 (1) The nurse practitioner, consistent with applicable standards
4 of care, shall practice within the scope of their clinical and
5 professional training and within the limits of their knowledge and
6 experience.

7 (2) The nurse practitioner shall consult and collaborate with
8 other healing arts providers based on the clinical condition of the
9 patient to whom health care is provided.

10 (3) The nurse practitioner shall establish a plan for referral of
11 complex medical cases and emergencies to a physician and surgeon
12 or other appropriate healing arts providers.

13 (e) For purposes of this section, “transition to practice program”
14 means a program in which additional clinical experience and
15 mentorship are provided to prepare a nurse practitioner to practice
16 without the routine presence of a physician and surgeon. A
17 transition to practice program shall meet all of the following
18 requirements:

19 (1) The transition to practice program shall consist of a minimum
20 of three years or 4,600 hours.

21 (2) The transition to practice program shall require proficiency
22 in competencies identified by the board by regulation.

23 (3) The transition to practice program is conducted in one of
24 the settings specified in paragraphs (1) to (4), inclusive, of
25 subdivision (a) of Section 2837.1 in which one or more physicians
26 and surgeons practices concurrently with the nurse practitioner.

27 (d) A nurse practitioner practicing under this section shall
28 maintain professional liability insurance appropriate for the practice
29 setting.

30 SEC. 3. Article 8.5 (commencing with Section 2837.100) is
31 added to Chapter 6 of Division 2 of the Business and Professions
32 Code, to read:

33
34 *Article 8.5. Advanced Practice Registered Nurses*

35
36 2837.100. *It is the intent of the Legislature that the*
37 *requirements under this article shall not be undue or unnecessary*
38 *burden to licensure or practice. The requirements are intended to*
39 *ensure the new category of licensed nurse practitioners have the*

1 *least restrictive amount of education, training, and testing*
2 *necessary to ensure competent practice.*

3 2837.101. (a) *There is in the Department of Consumer Affairs*
4 *the Advanced Practice Registered Nursing Board consisting of*
5 *nine members.*

6 (b) *For purposes of this article, “board” means the Advanced*
7 *Practice Registered Nursing Board.*

8 (c) *This section shall remain in effect only until January 1, 2026,*
9 *and as of that date is repealed.*

10 2837.102. *Notwithstanding any other law, the repeal of Section*
11 *2837.101 renders the board or its successor subject to review by*
12 *the appropriate policy committees of the Legislature.*

13 2837.103. (a) (1) *Until January 1, 2026, four members of the*
14 *board shall be licensed registered nurses who shall be active as*
15 *a nurse practitioner and shall be active in the practice of their*
16 *profession engaged primarily in direct patient care with at least*
17 *five continuous years of experience.*

18 (2) *Commencing January 1, 2026, four members of the board*
19 *shall be nurse practitioners licensed under this chapter.*

20 (b) *Three members of the board shall be physicians and*
21 *surgeons licensed by the Medical Board of California or the*
22 *Osteopathic Medical Board of California. At least one of the*
23 *physician and surgeon members shall work closely with a nurse*
24 *practitioner. The remaining physician and surgeon members shall*
25 *focus on primary care in their practice.*

26 (c) *Two members of the board shall represent the public at large*
27 *and shall not be licensed under any board under this division or*
28 *any board referred to in Section 1000 or 3600.*

29 2837.104. (a) (1) *Notwithstanding any other law, a nurse*
30 *practitioner who holds a certification as a nurse practitioner from*
31 *a national certifying body recognized by the board may perform*
32 *the functions specified in subdivision (c) without supervision by a*
33 *physician and surgeon if the nurse practitioner meets all of the*
34 *requirements of this article and practices in one of the following*
35 *settings or organizations in which one or more physicians and*
36 *surgeons practice with the nurse practitioner:*

37 (A) *A clinic, as defined in Section 1200 of the Health and Safety*
38 *Code.*

39 (B) *A health facility, as defined in Section 1250 of the Health*
40 *and Safety Code.*

1 (C) A facility described in Chapter 2.5 (commencing with
2 Section 1440) of Division 2 of the Health and Safety Code.

3 (D) A medical group practice, including a professional medical
4 corporation, as defined in Section 2406, another form of
5 corporation controlled by physicians and surgeons, a medical
6 partnership, a medical foundation exempt from licensure, or
7 another lawfully organized group of physicians and surgeons that
8 provides health care services.

9 (2) In health care agencies that have governing bodies, as
10 defined in Division 5 of Title 22 of the California Code of
11 Regulations, including, but not limited to, Sections 70701 and
12 70703 of Title 22 of the California Code of Regulations, the
13 following apply:

14 (A) A nurse practitioner shall adhere to all bylaws.

15 (B) A nurse practitioner shall be eligible to serve on medical
16 staff and hospital committees. A nurse practitioner who is not the
17 holder of an active certificate pursuant to Section 2837.105 shall
18 not serve as chair of medical staff committees.

19 (C) A nurse practitioner shall be eligible to attend meetings of
20 the department to which the nurse practitioner is assigned. A nurse
21 practitioner who is not the holder of an active certificate pursuant
22 to Section 2837.105 shall not vote at department, division, or other
23 meetings.

24 (b) An entity described in subparagraphs (A) to (D), inclusive,
25 of paragraph (1) of subdivision (a) shall not interfere with, control,
26 or otherwise direct the professional judgment of a nurse
27 practitioner functioning pursuant to this section in a manner
28 prohibited by Section 2400 or any other law.

29 (c) In addition to any other practices authorized by law, a nurse
30 practitioner who meets the requirements of this section may
31 perform the following functions without the supervision of a
32 physician and surgeon in accordance with their education and
33 training:

34 (1) Conduct an advanced assessment.

35 (2) Order and interpret diagnostic procedures.

36 (3) Establish primary and differential diagnoses.

37 (4) Prescribe, order, administer, dispense, and furnish
38 therapeutic measures, including, but not limited to, the following:

1 (A) Diagnose, prescribe, and institute therapy or referrals of
2 patients to health care agencies, health care providers, and
3 community resources.

4 (B) Prescribe, administer, dispense, and furnish
5 pharmacological agents, including over-the-counter, legend, and
6 controlled substances.

7 (C) Plan and initiate a therapeutic regimen that includes
8 ordering and prescribing nonpharmacological interventions,
9 including, but not limited to, durable medical equipment, medical
10 devices, nutrition, blood and blood products, and diagnostic and
11 supportive services, including, but not limited to, home health
12 care, hospice, and physical and occupational therapy.

13 (5) After performing a physical examination, certify disability
14 pursuant to Section 2708 of the Unemployment Insurance Code.

15 (6) Delegate tasks to a medical assistant pursuant to Sections
16 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with
17 Section 1366) of Chapter 3 of Division 13 of Title 16 of the
18 California Code of Regulations.

19 (d) A nurse practitioner shall refer a patient to a physician and
20 surgeon or other licensed health care provider if a situation or
21 condition of a patient is beyond the scope of the education and
22 training of the nurse practitioner.

23 (e) A nurse practitioner practicing under this section shall
24 maintain professional liability insurance appropriate for the
25 practice setting.

26 2837.105. (a) Notwithstanding any other law, the following
27 apply to a nurse practitioner who is actively licensed under this
28 article and who holds an active certification issued by the board
29 under this section:

30 (1) The nurse practitioner may practice without supervision by
31 a physician and surgeon outside of the settings or organizations
32 specified under subparagraphs (A) to (D), inclusive, of paragraph
33 (1) of subdivision (a) of Section 2387.104.

34 (2) Subject to subdivision (g) and any applicable conflict of
35 interest policies of the bylaws, the nurse practitioner shall be
36 eligible for membership of an organized medical staff.

37 (3) Subject to subdivision (g) and any applicable conflict of
38 interest policies of the bylaws, a nurse practitioner member may
39 vote at meetings of the department to which nurse practitioners
40 are assigned.

1 ***(b) The board shall issue a certificate to practice outside of the***
2 ***settings and organizations specified under subparagraphs (A) to***
3 ***(D), inclusive, of paragraph (1) of subdivision (a) if, in addition***
4 ***to satisfying the requirements of this article, the nurse practitioner***
5 ***satisfies all of the following requirements:***

6 ***(1) The nurse practitioner meets one of the following:***

7 ***(A) Holds a Doctorate of Nursing Practice degree (DNP) and***
8 ***holds active national certification in a nurse practitioner role and***
9 ***population foci by a national certifying body recognized by the***
10 ***board.***

11 ***(B) Holds a Master of Science degree in Nursing (MSN) and***
12 ***holds active national certification in a nurse practitioner role and***
13 ***population foci by a national certifying body recognized by the***
14 ***board and has two years of licensed practice as a nurse***
15 ***practitioner.***

16 ***(2) The nurse practitioner has successfully completed a***
17 ***transition to practice.***

18 ***(c) (1) Upon application of an applicant who meets the***
19 ***requirements for a certificate under this section, the board shall***
20 ***issue an inactive certificate.***

21 ***(2) Upon application of a holder of a certificate issued pursuant***
22 ***to this section, the board shall change the status of an active***
23 ***certificate to inactive.***

24 ***(3) The holder of an inactive certificate shall not engage in any***
25 ***activity for which an active certificate under this section is required***
26 ***and is not otherwise subject to the provisions of this section.***

27 ***(4) Upon application of the holder of a certificate issued***
28 ***pursuant to this section, the board shall change the status of an***
29 ***inactive certificate to active if the holder's license is in good***
30 ***standing and the holder pays the renewal fee.***

31 ***(d) A nurse practitioner authorized to practice pursuant to this***
32 ***section shall comply with all of the following:***

33 ***(1) The nurse practitioner, consistent with applicable standards***
34 ***of care, shall practice within the scope of their clinical and***
35 ***professional education and training and within the limits of their***
36 ***knowledge and experience.***

37 ***(2) The nurse practitioner shall consult and collaborate with***
38 ***other healing arts providers based on the clinical condition of the***
39 ***patient to whom health care is provided.***

1 (3) *The nurse practitioner shall establish a plan for referral of*
2 *complex medical cases and emergencies to a physician and surgeon*
3 *or other appropriate healing arts providers.*

4 (e) *For purposes of this section, “transition to practice” means*
5 *additional clinical experience and mentorship are provided to*
6 *prepare a nurse practitioner to practice without the routine*
7 *presence of a physician and surgeon. A transition to practice shall*
8 *meet all of the following requirements:*

9 (1) *The transition to practice shall consist of a minimum of three*
10 *years or 4,600 hours.*

11 (2) *The transition to practice shall require proficiency in*
12 *competencies identified by the board by regulation.*

13 (3) *The transition to practice is conducted in one of the settings*
14 *or organizations specified in subparagraphs (A) to (D), inclusive,*
15 *of paragraph (1) of subdivision (a) of Section 2837.104 in which*
16 *one or more physicians and surgeons practice with the nurse*
17 *practitioner.*

18 (4) *After the nurse practitioner satisfies paragraph (1) of this*
19 *subdivision, the nurse practitioner shall pass an objective*
20 *examination developed and administered by the board. The*
21 *examination shall test the competencies identified under paragraph*
22 *(2) of this subdivision.*

23 (f) *A nurse practitioner practicing under this section shall*
24 *maintain professional liability insurance appropriate for the*
25 *practice setting.*

26 (g) *For purposes of this section, corporations and other artificial*
27 *legal entities shall have no professional rights, privileges, or*
28 *powers.*

29 (h) *Subdivision (g) shall not apply to a nurse practitioner if any*
30 *of the following apply:*

31 (1) *The certificate issued pursuant to this section is inactive,*
32 *surrendered, revoked, or otherwise restricted by the board.*

33 (2) *The nurse practitioner is employed pursuant to the*
34 *exemptions under Section 2401.*

35 ~~SEC. 5.~~

36 *SEC. 4.* No reimbursement is required by this act pursuant to
37 Section 6 of Article XIII B of the California Constitution because
38 the only costs that may be incurred by a local agency or school
39 district will be incurred because this act creates a new crime or
40 infraction, eliminates a crime or infraction, or changes the penalty

1 for a crime or infraction, within the meaning of Section 17556 of
2 the Government Code, or changes the definition of a crime within
3 the meaning of Section 6 of Article XIII B of the California
4 Constitution.

O

ASSEMBLY BILL

No. 2185

Introduced by Assembly Members Patterson and Gallagher

February 11, 2020

An act to add Section 117 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2185, as introduced, Patterson. Professions and vocations: applicants licensed in other states: reciprocity.

Existing law establishes the Department of Consumer Affairs, which is composed of boards that license and regulate various professions and vocations to ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated. Existing law makes a violation of some of those licensure provisions a crime.

Existing law authorizes certain boards, for purposes of reciprocity, to waive examination or other requirements and issue a license to an applicant who holds a valid license in another state and meets specified other requirements, including, among others, a license to practice veterinary medicine.

This bill would require each board within the department to issue a license to an applicant in the discipline for which the applicant applies if the person currently holds a license in good standing in another state in the discipline and practice level for which the person applies and if the person meets specified requirements, including that the person has held the license and has practiced in the licensed field in the other state for at least 3 of the last 5 years and pays all applicable fees. By expanding the applicants who are authorized to be licensed and may be

prosecuted for a violation of those licensure provisions constituting a crime, the bill would impose a state-mandated program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 117 is added to the Business and
2 Professions Code, to read:

3 117. (a) Notwithstanding any law, each board within the
4 department shall issue a license in the discipline for which the
5 applicant applies if the applicant meets all of the following
6 requirements:

7 (1) The person is a resident in this state or is married to, or is
8 in a domestic partnership or other legal union with, an active duty
9 member of the Armed Forces of the United States who is assigned
10 to a duty station in this state under official active duty military
11 orders.

12 (2) The person currently holds a license in good standing in
13 another state in the discipline and practice level for which the
14 person is applying.

15 (3) The person has held the license and has practiced in the
16 licensed field in the other state for at least three of the last five
17 years.

18 (4) The person has not had any disciplinary actions imposed
19 against their license and has not had a license in the discipline for
20 which the person is applying revoked or suspended in any other
21 state.

22 (5) The person submits verification that they have satisfied all
23 education, work, examination, and other requirements for licensure
24 in the other state in which the person holds a license in good
25 standing.

26 (6) The person would not be denied licensure under any other
27 provision of this code, including, but not limited to, disqualification
28 for criminal history relating to the license sought.

1 (7) The person pays all applicable fees for licensure.

2 (8) If required by the board, the person has passed a California
3 jurisprudence and ethics examination or other examination
4 otherwise required for applicants by the board on the statutes and
5 regulations relating to the license.

6 (b) This section shall not supersede any other reciprocity
7 agreement, compact membership, or statute that provides
8 reciprocity for a person who holds a valid license in another state.

9 (c) Notwithstanding any law, the fees, fines, penalties, or other
10 money received by a board pursuant to this section shall not be
11 continuously appropriated and shall be available only upon
12 appropriation by the legislature.

13 SEC. 2. No reimbursement is required by this act pursuant to
14 Section 6 of Article XIII B of the California Constitution because
15 the only costs that may be incurred by a local agency or school
16 district will be incurred because this act creates a new crime or
17 infraction, eliminates a crime or infraction, or changes the penalty
18 for a crime or infraction, within the meaning of Section 17556 of
19 the Government Code, or changes the definition of a crime within
20 the meaning of Section 6 of Article XIII B of the California
21 Constitution.

ASSEMBLY BILL

No. 2549

Introduced by Assembly Member Salas

February 19, 2020

An act to amend Sections 115.6 and 5132 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2549, as introduced, Salas. Department of Consumer Affairs: temporary licenses.

Under existing law, the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, is comprised of various boards, as defined, that license and regulate various professions and vocations. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.

This bill would expand that requirement to issue temporary licenses to include licenses issued by the Dental Hygiene Board of California, the California State Board of Pharmacy, and the California Board of

Accountancy, and certain registered dental assistant licenses issued by the Dental Board of California. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 115.6 of the Business and Professions
2 Code is amended to read:
3 115.6. (a) A board within the department shall, after
4 appropriate investigation, issue the following eligible temporary
5 licenses to an applicant if the applicant meets the requirements set
6 forth in subdivision (c):
7 (1) Registered nurse license by the Board of Registered Nursing.
8 (2) Vocational nurse license issued by the Board of Vocational
9 Nursing and Psychiatric Technicians of the State of California.
10 (3) Psychiatric technician license issued by the Board of
11 Vocational Nursing and Psychiatric Technicians of the State of
12 California.
13 (4) Speech-language pathologist license issued by the
14 Speech-Language Pathology and Audiology and Hearing Aid
15 Dispensers Board.
16 (5) Audiologist license issued by the Speech-Language
17 Pathology and Audiology and Hearing Aid Dispensers Board.
18 (6) Veterinarian license issued by the Veterinary Medical Board.
19 (7) All licenses issued by the Board for Professional Engineers,
20 Land Surveyors, and Geologists.
21 (8) All licenses issued by the Medical Board of California.
22 (9) All licenses issued by the Podiatric Medical Board of
23 California.
24 (10) *Registered dental assistant license or registered dental*
25 *assistant in extended functions license issued by the Dental Board*
26 *of California.*
27 (11) *All licenses issued by the Dental Hygiene Board of*
28 *California.*

1 (12) All licenses issued by the California State Board of
2 Pharmacy.

3 (13) All licenses issued by the California Board of Accountancy.
4 Revenues from fees for temporary licenses issued under this
5 paragraph shall be credited to the Accountancy Fund in
6 accordance with Section 5132.

7 (b) The board may conduct an investigation of an applicant for
8 purposes of denying or revoking a temporary license issued
9 pursuant to this section. This investigation may include a criminal
10 background check.

11 (c) An applicant seeking a temporary license pursuant to this
12 section shall meet the following requirements:

13 (1) The applicant shall supply evidence satisfactory to the board
14 that the applicant is married to, or in a domestic partnership or
15 other legal union with, an active duty member of the Armed Forces
16 of the United States who is assigned to a duty station in this state
17 under official active duty military orders.

18 (2) The applicant shall hold a current, active, and unrestricted
19 license that confers upon the applicant the authority to practice,
20 in another state, district, or territory of the United States, the
21 profession or vocation for which the applicant seeks a temporary
22 license from the board.

23 (3) The applicant shall submit an application to the board that
24 shall include a signed affidavit attesting to the fact that the
25 applicant meets all of the requirements for the temporary license
26 and that the information submitted in the application is accurate,
27 to the best of the applicant's knowledge. The application shall also
28 include written verification from the applicant's original licensing
29 jurisdiction stating that the applicant's license is in good standing
30 in that jurisdiction.

31 (4) The applicant shall not have committed an act in any
32 jurisdiction that would have constituted grounds for denial,
33 suspension, or revocation of the license under this code at the time
34 the act was committed. A violation of this paragraph may be
35 grounds for the denial or revocation of a temporary license issued
36 by the board.

37 (5) The applicant shall not have been disciplined by a licensing
38 entity in another jurisdiction and shall not be the subject of an
39 unresolved complaint, review procedure, or disciplinary proceeding
40 conducted by a licensing entity in another jurisdiction.

1 (6) The applicant shall, upon request by a board, furnish a full
2 set of fingerprints for purposes of conducting a criminal
3 background check.

4 (d) A board may adopt regulations necessary to administer this
5 section.

6 (e) A temporary license issued pursuant to this section may be
7 immediately terminated upon a finding that the temporary
8 licenseholder failed to meet any of the requirements described in
9 subdivision (c) or provided substantively inaccurate information
10 that would affect the person's eligibility for temporary licensure.
11 Upon termination of the temporary license, the board shall issue
12 a notice of termination that shall require the temporary
13 licenseholder to immediately cease the practice of the licensed
14 profession upon receipt.

15 (f) An applicant seeking a temporary license as a civil engineer,
16 geotechnical engineer, structural engineer, land surveyor,
17 professional geologist, professional geophysicist, certified
18 engineering geologist, or certified hydrogeologist pursuant to this
19 section shall successfully pass the appropriate California-specific
20 examination or examinations required for licensure in those
21 respective professions by the Board for Professional Engineers,
22 Land Surveyors, and Geologists.

23 (g) A temporary license issued pursuant to this section shall
24 expire 12 months after issuance, upon issuance of an expedited
25 license pursuant to Section 115.5, or upon denial of the application
26 for expedited licensure by the board, whichever occurs first.

27 SEC. 2. Section 5132 of the Business and Professions Code is
28 amended to read:

29 5132. (a) All moneys received by the board under this chapter
30 from any source and for any purpose *and from a temporary license*
31 *issued under Section 115.6* shall be accounted for and reported
32 monthly by the board to the Controller and at the same time the
33 moneys shall be remitted to the State Treasury to the credit of the
34 Accountancy Fund.

35 ~~The~~

36 (b) *The* secretary-treasurer of the board shall, from time to time,
37 but not less than once each fiscal year, prepare or have prepared
38 on ~~his or her~~ *their* behalf, a financial report of the Accountancy
39 Fund that contains information that the board determines is
40 necessary for the purposes for which the board was established.

1 ~~The~~
2 (c) *The* report of the Accountancy Fund, which shall be
3 published pursuant to Section 5008, shall include the revenues and
4 the related costs from examination, initial licensing, license
5 renewal, citation and fine authority, and cost recovery from
6 enforcement actions and case settlements.

O

ASSEMBLY BILL

No. 3016

Introduced by Assembly Member Megan Dahle

February 21, 2020

An act to add Section 2718 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 3016, as introduced, Megan Dahle. Board of Registered Nursing: online license verification.

The Nursing Practice Act provides for the licensure and regulation of nurses by the Board of Registered Nursing within the Department of Consumer Affairs. Existing law also requires the board to issue temporary or expedited licenses to specified applicants who hold a current, active, and unrestricted license in another state, district, or territory of the United States, in the profession or vocation for which the applicant seeks a license from the board.

This bill would require the board, in consultation with the department, to develop recommendations for the implementation of the Nursys online license verification system in the licensure process for licenses administered by the board, and would require the board to implement those recommendations within a reasonable period.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 2718 is added to the Business and
- 2 Professions Code, to read:

1 2718. (a) The board, in consultation with the department, shall
2 develop recommendations for the implementation of the Nursys
3 online license verification system in the licensure process for
4 licenses administered by the board.

5 (b) The board shall implement the recommendations within a
6 reasonable period upon completion of the development of those
7 recommendations.

Introduced by Senator MoorlachFebruary 18, 2020

An act to add Article 1.5 (commencing with Section 2720) to Chapter 6 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1053, as introduced, Moorlach. Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The Vocational Nursing Practice Act provides for the licensure and regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

This bill would enact the Nurse Licensure Compact, under which the Board of Registered Nursing would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for purposes of the compact and would require the board to participate in a coordinated licensure information system that would include all of the licensure and disciplinary history of all licensed registered nurses and licensed vocational nurses. The bill would provide that the president of the Board of Registered Nursing shall be the administrator of the compact for the state and shall be a member of an entity known as the Interstate Commission of Nurse Licensure Compact Administrators. The bill would authorize the commission to adopt rules that have the force and effect of law.

By authorizing out-of-state licensees to practice in this state under the multistate compact privilege created by the bill, the bill would expand the scope of the criminal provisions of the Nursing Practice Act and Vocational Nursing Practice Act, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Article 1.5 (commencing with Section 2720) is
2 added to Chapter 6 of Division 2 of the Business and Professions
3 Code, to read:

4
5 Article 1.5. Nurse Licensure Compact
6

7 2720. The Nurse Licensure Compact is hereby enacted into
8 law with all other participating states.

9 2721. (a) The Board of Registered Nursing is hereby
10 designated as the licensing entity for purposes of the compact.

11 (b) The president of the Board of Registered Nursing shall be
12 the administrator of the compact for the state.

13 2722. If any provision in the compact is contrary to the United
14 States Constitution or the California Constitution, or conflicts with
15 any state or federal statute or regulation, the provision is void and
16 unenforceable.

17 2723. The provisions of the Nurse Licensure Compact are as
18 follows:

19
20 **ARTICLE I**
21 **Findings and Declaration of Purpose**
22

23 a. The party states find that:

1 1. The health and safety of the public are affected by the degree
2 of compliance with and the effectiveness of enforcement activities
3 related to state nurse licensure laws;

4 2. Violations of nurse licensure and other laws regulating the
5 practice of nursing may result in injury or harm to the public;

6 3. The expanded mobility of nurses and the use of advanced
7 communication technologies as part of our nation’s health care
8 delivery system require greater coordination and cooperation
9 among states in the areas of nurse licensure and regulation;

10 4. New practice modalities and technology make compliance
11 with individual state nurse licensure laws difficult and complex;

12 5. The current system of duplicative licensure for nurses
13 practicing in multiple states is cumbersome and redundant for both
14 nurses and states; and

15 6. Uniformity of nurse licensure requirements throughout the
16 states promotes public safety and public health benefits.

17 b. The general purposes of this Compact are to:

18 1. Facilitate the states’ responsibility to protect the public’s health
19 and safety;

20 2. Ensure and encourage the cooperation of party states in the
21 areas of nurse licensure and regulation;

22 3. Facilitate the exchange of information between party states
23 in the areas of nurse regulation, investigation and adverse actions;

24 4. Promote compliance with the laws governing the practice of
25 nursing in each jurisdiction;

26 5. Invest all party states with the authority to hold a nurse
27 accountable for meeting all state practice laws in the state in which
28 the patient is located at the time care is rendered through the mutual
29 recognition of party state licenses;

30 6. Decrease redundancies in the consideration and issuance of
31 nurse licenses; and

32 7. Provide opportunities for interstate practice by nurses who
33 meet uniform licensure requirements.

34
35 **ARTICLE II**
36 **Definitions**

37
38 As used in this Compact:

39 a. “Adverse action” means any administrative, civil, equitable
40 or criminal action permitted by a state’s laws which is imposed

1 by a licensing board or other authority against a nurse, including
2 actions against an individual’s license or multistate licensure
3 privilege such as revocation, suspension, probation, monitoring
4 of the licensee, limitation on the licensee’s practice, or any other
5 encumbrance on licensure affecting a nurse’s authorization to
6 practice, including issuance of a cease and desist action.

7 b. “Alternative program” means a non-disciplinary monitoring
8 program approved by a licensing board.

9 c. “Coordinated licensure information system” means an
10 integrated process for collecting, storing and sharing information
11 on nurse licensure and enforcement activities related to nurse
12 licensure laws that is administered by a nonprofit organization
13 composed of and controlled by licensing boards.

14 d. “Current significant investigative information” means:

15 1. Investigative information that a licensing board, after a
16 preliminary inquiry that includes notification and an opportunity
17 for the nurse to respond, if required by state law, has reason to
18 believe is not groundless and, if proved true, would indicate more
19 than a minor infraction; or

20 2. Investigative information that indicates that the nurse
21 represents an immediate threat to public health and safety
22 regardless of whether the nurse has been notified and had an
23 opportunity to respond.

24 e. “Encumbrance” means a revocation or suspension of, or any
25 limitation on, the full and unrestricted practice of nursing imposed
26 by a licensing board.

27 f. “Home state” means the party state which is the nurse’s
28 primary state of residence.

29 g. “Licensing board” means a party state’s regulatory body
30 responsible for issuing nurse licenses.

31 h. “Multistate license” means a license to practice as a registered
32 or a licensed practical/vocational nurse (LPN/VN) issued by a
33 home state licensing board that authorizes the licensed nurse to
34 practice in all party states under a multistate licensure privilege.

35 i. “Multistate licensure privilege” means a legal authorization
36 associated with a multistate license permitting the practice of
37 nursing as either a registered nurse (RN) or LPN/VN in a remote
38 state.

39 j. “Nurse” means RN or LPN/VN, as those terms are defined by
40 each party state’s practice laws.

- 1 k. “Party state” means any state that has adopted this Compact.
- 2 l. “Remote state” means a party state, other than the home state.
- 3 m. “Single-state license” means a nurse license issued by a party
- 4 state that authorizes practice only within the issuing state and does
- 5 not include a multistate licensure privilege to practice in any other
- 6 party state.
- 7 n. “State” means a state, territory or possession of the United
- 8 States and the District of Columbia.
- 9 o. “State practice laws” means a party state’s laws, rules and
- 10 regulations that govern the practice of nursing, define the scope
- 11 of nursing practice, and create the methods and grounds for
- 12 imposing discipline. “State practice laws” do not include
- 13 requirements necessary to obtain and retain a license, except for
- 14 qualifications or requirements of the home state.

15
16 **ARTICLE III**
17 **General Provisions and Jurisdiction**
18

- 19 a. A multistate license to practice registered or licensed
- 20 practical/vocational nursing issued by a home state to a resident
- 21 in that state will be recognized by each party state as authorizing
- 22 a nurse to practice as a registered nurse (RN) or as a licensed
- 23 practical/vocational nurse (LPN/VN), under a multistate licensure
- 24 privilege, in each party state.
- 25 b. A state must implement procedures for considering the
- 26 criminal history records of applicants for initial multistate license
- 27 or licensure by endorsement. Such procedures shall include the
- 28 submission of fingerprints or other biometric-based information
- 29 by applicants for the purpose of obtaining an applicant’s criminal
- 30 history record information from the Federal Bureau of Investigation
- 31 and the agency responsible for retaining that state’s criminal
- 32 records.
- 33 c. Each party state shall require the following for an applicant
- 34 to obtain or retain a multistate license in the home state:
 - 35 1. Meets the home state’s qualifications for licensure or renewal
 - 36 of licensure, as well as, all other applicable state laws;
 - 37 2. i. Has graduated or is eligible to graduate from a licensing
 - 38 board-approved RN or LPN/VN prelicensure education program;
 - 39 or

- 1 ii. Has graduated from a foreign RN or LPN/VN prelicensure
2 education program that (a) has been approved by the authorized
3 accrediting body in the applicable country and (b) has been verified
4 by an independent credentials review agency to be comparable to
5 a licensing board-approved prelicensure education program;
- 6 3. Has, if a graduate of a foreign prelicensure education program
7 not taught in English or if English is not the individual's native
8 language, successfully passed an English proficiency examination
9 that includes the components of reading, speaking, writing and
10 listening;
- 11 4. Has successfully passed an NCLEX-RN® or NCLEX-PN®
12 Examination or recognized predecessor, as applicable;
- 13 5. Is eligible for or holds an active, unencumbered license;
- 14 6. Has submitted, in connection with an application for initial
15 licensure or licensure by endorsement, fingerprints or other
16 biometric data for the purpose of obtaining criminal history record
17 information from the Federal Bureau of Investigation and the
18 agency responsible for retaining that state's criminal records;
- 19 7. Has not been convicted or found guilty, or has entered into
20 an agreed disposition, of a felony offense under applicable state
21 or federal criminal law;
- 22 8. Has not been convicted or found guilty, or has entered into
23 an agreed disposition, of a misdemeanor offense related to the
24 practice of nursing as determined on a case-by-case basis;
- 25 9. Is not currently enrolled in an alternative program;
- 26 10. Is subject to self-disclosure requirements regarding current
27 participation in an alternative program; and
- 28 11. Has a valid United States Social Security number.
- 29 d. All party states shall be authorized, in accordance with existing
30 state due process law, to take adverse action against a nurse's
31 multistate licensure privilege such as revocation, suspension,
32 probation or any other action that affects a nurse's authorization
33 to practice under a multistate licensure privilege, including cease
34 and desist actions. If a party state takes such action, it shall
35 promptly notify the administrator of the coordinated licensure
36 information system. The administrator of the coordinated licensure
37 information system shall promptly notify the home state of any
38 such actions by remote states.
- 39 e. A nurse practicing in a party state must comply with the state
40 practice laws of the state in which the client is located at the time

1 service is provided. The practice of nursing is not limited to patient
2 care, but shall include all nursing practice as defined by the state
3 practice laws of the party state in which the client is located. The
4 practice of nursing in a party state under a multistate licensure
5 privilege will subject a nurse to the jurisdiction of the licensing
6 board, the courts and the laws of the party state in which the client
7 is located at the time service is provided.

8 f. Individuals not residing in a party state shall continue to be
9 able to apply for a party state’s single- state license as provided
10 under the laws of each party state. However, the single-state license
11 granted to these individuals will not be recognized as granting the
12 privilege to practice nursing in any other party state. Nothing in
13 this Compact shall affect the requirements established by a party
14 state for the issuance of a single-state license.

15 g. Any nurse holding a home state multistate license, on the
16 effective date of this Compact, may retain and renew the multistate
17 license issued by the nurse’s then-current home state, provided
18 that:

19 1. A nurse, who changes primary state of residence after this
20 Compact’s effective date, must meet all applicable Article III.c.
21 requirements to obtain a multistate license from a new home state.

22 2. A nurse who fails to satisfy the multistate licensure
23 requirements in Article III.c. due to a disqualifying event occurring
24 after this Compact’s effective date shall be ineligible to retain or
25 renew a multistate license, and the nurse’s multistate license shall
26 be revoked or deactivated in accordance with applicable rules
27 adopted by the Interstate Commission of Nurse Licensure Compact
28 Administrators (“Commission”).

29
30 **ARTICLE IV**

31 **Applications for Licensure in a Party State**

32
33 a. Upon application for a multistate license, the licensing board
34 in the issuing party state shall ascertain, through the coordinated
35 licensure information system, whether the applicant has ever held,
36 or is the holder of, a license issued by any other state, whether
37 there are any encumbrances on any license or multistate licensure
38 privilege held by the applicant, whether any adverse action has
39 been taken against any license or multistate licensure privilege

1 held by the applicant and whether the applicant is currently
2 participating in an alternative program.

3 b. A nurse may hold a multistate license, issued by the home
4 state, in only one party state at a time.

5 c. If a nurse changes primary state of residence by moving
6 between two party states, the nurse must apply for licensure in the
7 new home state, and the multistate license issued by the prior home
8 state will be deactivated in accordance with applicable rules
9 adopted by the Commission.

10 1. The nurse may apply for licensure in advance of a change in
11 primary state of residence.

12 2. A multistate license shall not be issued by the new home state
13 until the nurse provides satisfactory evidence of a change in
14 primary state of residence to the new home state and satisfies all
15 applicable requirements to obtain a multistate license from the
16 new home state.

17 d. If a nurse changes primary state of residence by moving from
18 a party state to a non-party state, the multistate license issued by
19 the prior home state will convert to a single-state license, valid
20 only in the former home state.

21

22 **ARTICLE V**

23 **Additional Authorities Invested in Party State Licensing**
24 **Boards**

25

26 a. In addition to the other powers conferred by state law, a
27 licensing board shall have the authority to:

28 1. Take adverse action against a nurse’s multistate licensure
29 privilege to practice within that party state.

30 i. Only the home state shall have the power to take adverse action
31 against a nurse’s license issued by the home state.

32 ii. For purposes of taking adverse action, the home state licensing
33 board shall give the same priority and effect to reported conduct
34 received from a remote state as it would if such conduct had
35 occurred within the home state. In so doing, the home state shall
36 apply its own state laws to determine appropriate action.

37 2. Issue cease and desist orders or impose an encumbrance on a
38 nurse’s authority to practice within that party state.

39 3. Complete any pending investigations of a nurse who changes
40 primary state of residence during the course of such investigations.

1 The licensing board shall also have the authority to take appropriate
2 action(s) and shall promptly report the conclusions of such
3 investigations to the administrator of the coordinated licensure
4 information system. The administrator of the coordinated licensure
5 information system shall promptly notify the new home state of
6 any such actions.

7 4. Issue subpoenas for both hearings and investigations that
8 require the attendance and testimony of witnesses, as well as, the
9 production of evidence. Subpoenas issued by a licensing board in
10 a party state for the attendance and testimony of witnesses or the
11 production of evidence from another party state shall be enforced
12 in the latter state by any court of competent jurisdiction, according
13 to the practice and procedure of that court applicable to subpoenas
14 issued in proceedings pending before it. The issuing authority shall
15 pay any witness fees, travel expenses, mileage and other fees
16 required by the service statutes of the state in which the witnesses
17 or evidence are located.

18 5. Obtain and submit, for each nurse licensure applicant,
19 fingerprint or other biometric-based information to the Federal
20 Bureau of Investigation for criminal background checks, receive
21 the results of the Federal Bureau of Investigation record search on
22 criminal background checks and use the results in making licensure
23 decisions.

24 6. If otherwise permitted by state law, recover from the affected
25 nurse the costs of investigations and disposition of cases resulting
26 from any adverse action taken against that nurse.

27 7. Take adverse action based on the factual findings of the remote
28 state, provided that the licensing board follows its own procedures
29 for taking such adverse action.

30 b. If adverse action is taken by the home state against a nurse's
31 multistate license, the nurse's multistate licensure privilege to
32 practice in all other party states shall be deactivated until all
33 encumbrances have been removed from the multistate license. All
34 home state disciplinary orders that impose adverse action against
35 a nurse's multistate license shall include a statement that the nurse's
36 multistate licensure privilege is deactivated in all party states during
37 the pendency of the order.

38 c. Nothing in this Compact shall override a party state's decision
39 that participation in an alternative program may be used in lieu of
40 adverse action. The home state licensing board shall deactivate

1 the multistate licensure privilege under the multistate license of
2 any nurse for the duration of the nurse’s participation in an
3 alternative program.

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ARTICLE VI
Coordinated Licensure Information System and Exchange
of Information

9 a. All party states shall participate in a coordinated licensure
10 information system of all licensed registered nurses (RNs) and
11 licensed practical/vocational nurses (LPNs/VNs). This system will
12 include information on the licensure and disciplinary history of
13 each nurse, as submitted by party states, to assist in the
14 coordination of nurse licensure and enforcement efforts.

15 b. The Commission, in consultation with the administrator of
16 the coordinated licensure information system, shall formulate
17 necessary and proper procedures for the identification, collection
18 and exchange of information under this Compact.

19 c. All licensing boards shall promptly report to the coordinated
20 licensure information system any adverse action, any current
21 significant investigative information, denials of applications (with
22 the reasons for such denials) and nurse participation in alternative
23 programs known to the licensing board regardless of whether such
24 participation is deemed nonpublic or confidential under state law.

25 d. Current significant investigative information and participation
26 in nonpublic or confidential alternative programs shall be
27 transmitted through the coordinated licensure information system
28 only to party state licensing boards.

29 e. Notwithstanding any other provision of law, all party state
30 licensing boards contributing information to the coordinated
31 licensure information system may designate information that may
32 not be shared with non-party states or disclosed to other entities
33 or individuals without the express permission of the contributing
34 state.

35 f. Any personally identifiable information obtained from the
36 coordinated licensure information system by a party state licensing
37 board shall not be shared with non-party states or disclosed to other
38 entities or individuals except to the extent permitted by the laws
39 of the party state contributing the information.

1 g. Any information contributed to the coordinated licensure
2 information system that is subsequently required to be expunged
3 by the laws of the party state contributing that information shall
4 also be expunged from the coordinated licensure information
5 system.

6 h. The Compact administrator of each party state shall furnish
7 a uniform data set to the Compact administrator of each other party
8 state, which shall include, at a minimum:

- 9 1. Identifying information;
10 2. Licensure data;
11 3. Information related to alternative program participation; and
12 4. Other information that may facilitate the administration of
13 this Compact, as determined by Commission rules.

14 i. The Compact administrator of a party state shall provide all
15 investigative documents and information requested by another
16 party state.

17
18 **ARTICLE VII**

19 **Establishment of the Interstate Commission of Nurse**
20 **Licensure Compact Administrators**

21
22 a. The party states hereby create and establish a joint public
23 entity known as the Interstate Commission of Nurse Licensure
24 Compact Administrators.

25 1. The Commission is an instrumentality of the party states.

26 2. Venue is proper, and judicial proceedings by or against the
27 Commission shall be brought solely and exclusively, in a court of
28 competent jurisdiction where the principal office of the
29 Commission is located. The Commission may waive venue and
30 jurisdictional defenses to the extent it adopts or consents to
31 participate in alternative dispute resolution proceedings.

32 3. Nothing in this Compact shall be construed to be a waiver of
33 sovereign immunity.

34 b. Membership, Voting and Meetings

35 1. Each party state shall have and be limited to one administrator.
36 The head of the state licensing board or designee shall be the
37 administrator of this Compact for each party state. Any
38 administrator may be removed or suspended from office as
39 provided by the law of the state from which the Administrator is
40 appointed. Any vacancy occurring in the Commission shall be

1 filled in accordance with the laws of the party state in which the
2 vacancy exists.

3 2. Each administrator shall be entitled to one (1) vote with regard
4 to the promulgation of rules and creation of bylaws and shall
5 otherwise have an opportunity to participate in the business and
6 affairs of the Commission. An administrator shall vote in person
7 or by such other means as provided in the bylaws. The bylaws may
8 provide for an administrator’s participation in meetings by
9 telephone or other means of communication.

10 3. The Commission shall meet at least once during each calendar
11 year. Additional meetings shall be held as set forth in the bylaws
12 or rules of the commission.

13 4. All meetings shall be open to the public, and public notice of
14 meetings shall be given in the same manner as required under the
15 rulemaking provisions in Article VIII.

16 5. The Commission may convene in a closed, nonpublic meeting
17 if the Commission must discuss:

18 i. Noncompliance of a party state with its obligations under this
19 Compact;

20 ii. The employment, compensation, discipline or other personnel
21 matters, practices or procedures related to specific employees or
22 other matters related to the Commission’s internal personnel
23 practices and procedures;

24 iii. Current, threatened or reasonably anticipated litigation;

25 iv. Negotiation of contracts for the purchase or sale of goods,
26 services or real estate;

27 v. Accusing any person of a crime or formally censuring any
28 person;

29 vi. Disclosure of trade secrets or commercial or financial
30 information that is privileged or confidential;

31 vii. Disclosure of information of a personal nature where
32 disclosure would constitute a clearly unwarranted invasion of
33 personal privacy;

34 viii. Disclosure of investigatory records compiled for law
35 enforcement purposes;

36 ix. Disclosure of information related to any reports prepared by
37 or on behalf of the Commission for the purpose of investigation
38 of compliance with this Compact; or

39 x. Matters specifically exempted from disclosure by federal or
40 state statute.

1 6. If a meeting, or portion of a meeting, is closed pursuant to
2 this provision, the Commission's legal counsel or designee shall
3 certify that the meeting may be closed and shall reference each
4 relevant exempting provision. The Commission shall keep minutes
5 that fully and clearly describe all matters discussed in a meeting
6 and shall provide a full and accurate summary of actions taken,
7 and the reasons therefor, including a description of the views
8 expressed. All documents considered in connection with an action
9 shall be identified in such minutes. All minutes and documents of
10 a closed meeting shall remain under seal, subject to release by a
11 majority vote of the Commission or order of a court of competent
12 jurisdiction.

13 c. The Commission shall, by a majority vote of the
14 administrators, prescribe bylaws or rules to govern its conduct as
15 may be necessary or appropriate to carry out the purposes and
16 exercise the powers of this Compact, including but not limited to:

- 17 1. Establishing the fiscal year of the Commission;
- 18 2. Providing reasonable standards and procedures:
 - 19 i. For the establishment and meetings of other committees; and
 - 20 ii. Governing any general or specific delegation of any authority
21 or function of the Commission;
- 22 3. Providing reasonable procedures for calling and conducting
23 meetings of the Commission, ensuring reasonable advance notice
24 of all meetings and providing an opportunity for attendance of
25 such meetings by interested parties, with enumerated exceptions
26 designed to protect the public's interest, the privacy of individuals,
27 and proprietary information, including trade secrets. The
28 Commission may meet in closed session only after a majority of
29 the administrators vote to close a meeting in whole or in part. As
30 soon as practicable, the Commission must make public a copy of
31 the vote to close the meeting revealing the vote of each
32 administrator, with no proxy votes allowed;
- 33 4. Establishing the titles, duties and authority and reasonable
34 procedures for the election of the officers of the Commission;
- 35 5. Providing reasonable standards and procedures for the
36 establishment of the personnel policies and programs of the
37 Commission. Notwithstanding any civil service or other similar
38 laws of any party state, the bylaws shall exclusively govern the
39 personnel policies and programs of the Commission; and

- 1 6. Providing a mechanism for winding up the operations of the
2 Commission and the equitable disposition of any surplus funds
3 that may exist after the termination of this Compact after the
4 payment or reserving of all of its debts and obligations;
- 5 d. The Commission shall publish its bylaws and rules, and any
6 amendments thereto, in a convenient form on the website of the
7 Commission.
- 8 e. The Commission shall maintain its financial records in
9 accordance with the bylaws.
- 10 f. The Commission shall meet and take such actions as are
11 consistent with the provisions of this Compact and the bylaws.
- 12 g. The Commission shall have the following powers:
- 13 1. To promulgate uniform rules to facilitate and coordinate
14 implementation and administration of this Compact. The rules
15 shall have the force and effect of law and shall be binding in all
16 party states;
- 17 2. To bring and prosecute legal proceedings or actions in the
18 name of the Commission, provided that the standing of any
19 licensing board to sue or be sued under applicable law shall not
20 be affected;
- 21 3. To purchase and maintain insurance and bonds;
- 22 4. To borrow, accept or contract for services of personnel,
23 including, but not limited to, employees of a party state or nonprofit
24 organizations;
- 25 5. To cooperate with other organizations that administer state
26 compacts related to the regulation of nursing, including but not
27 limited to sharing administrative or staff expenses, office space or
28 other resources;
- 29 6. To hire employees, elect or appoint officers, fix compensation,
30 define duties, grant such individuals appropriate authority to carry
31 out the purposes of this Compact, and to establish the
32 Commission's personnel policies and programs relating to conflicts
33 of interest, qualifications of personnel and other related personnel
34 matters;
- 35 7. To accept any and all appropriate donations, grants and gifts
36 of money, equipment, supplies, materials and services, and to
37 receive, utilize and dispose of the same; provided that at all times
38 the Commission shall avoid any appearance of impropriety or
39 conflict of interest;

1 8. To lease, purchase, accept appropriate gifts or donations of,
2 or otherwise to own, hold, improve or use, any property, whether
3 real, personal or mixed; provided that at all times the Commission
4 shall avoid any appearance of impropriety;

5 9. To sell, convey, mortgage, pledge, lease, exchange, abandon
6 or otherwise dispose of any property, whether real, personal or
7 mixed;

8 10. To establish a budget and make expenditures;

9 11. To borrow money;

10 12. To appoint committees, including advisory committees
11 comprised of administrators, state nursing regulators, state
12 legislators or their representatives, and consumer representatives,
13 and other such interested persons;

14 13. To provide and receive information from, and to cooperate
15 with, law enforcement agencies;

16 14. To adopt and use an official seal; and

17 15. To perform such other functions as may be necessary or
18 appropriate to achieve the purposes of this Compact consistent
19 with the state regulation of nurse licensure and practice.

20 h. Financing of the Commission

21 1. The Commission shall pay, or provide for the payment of, the
22 reasonable expenses of its establishment, organization and ongoing
23 activities.

24 2. The Commission may also levy on and collect an annual
25 assessment from each party state to cover the cost of its operations,
26 activities and staff in its annual budget as approved each year. The
27 aggregate annual assessment amount, if any, shall be allocated
28 based upon a formula to be determined by the Commission, which
29 shall promulgate a rule that is binding upon all party states.

30 3. The Commission shall not incur obligations of any kind prior
31 to securing the funds adequate to meet the same; nor shall the
32 Commission pledge the credit of any of the party states, except
33 by, and with the authority of, such party state.

34 4. The Commission shall keep accurate accounts of all receipts
35 and disbursements. The receipts and disbursements of the
36 Commission shall be subject to the audit and accounting procedures
37 established under its bylaws. However, all receipts and
38 disbursements of funds handled by the Commission shall be audited
39 yearly by a certified or licensed public accountant, and the report

1 of the audit shall be included in and become part of the annual
2 report of the Commission.

3 i. Qualified Immunity, Defense and Indemnification

4 1. The administrators, officers, executive director, employees
5 and representatives of the Commission shall be immune from suit
6 and liability, either personally or in their official capacity, for any
7 claim for damage to or loss of property or personal injury or other
8 civil liability caused by or arising out of any actual or alleged act,
9 error or omission that occurred, or that the person against whom
10 the claim is made had a reasonable basis for believing occurred,
11 within the scope of Commission employment, duties or
12 responsibilities; provided that nothing in this paragraph shall be
13 construed to protect any such person from suit or liability for any
14 damage, loss, injury or liability caused by the intentional, willful
15 or wanton misconduct of that person.

16 2. The Commission shall defend any administrator, officer,
17 executive director, employee or representative of the Commission
18 in any civil action seeking to impose liability arising out of any
19 actual or alleged act, error or omission that occurred within the
20 scope of Commission employment, duties or responsibilities, or
21 that the person against whom the claim is made had a reasonable
22 basis for believing occurred within the scope of Commission
23 employment, duties or responsibilities; provided that nothing herein
24 shall be construed to prohibit that person from retaining his or her
25 own counsel; and provided further that the actual or alleged act,
26 error or omission did not result from that person’s intentional,
27 willful or wanton misconduct.

28 3. The Commission shall indemnify and hold harmless any
29 administrator, officer, executive director, employee or
30 representative of the Commission for the amount of any settlement
31 or judgment obtained against that person arising out of any actual
32 or alleged act, error or omission that occurred within the scope of
33 Commission employment, duties or responsibilities, or that such
34 person had a reasonable basis for believing occurred within the
35 scope of Commission employment, duties or responsibilities,
36 provided that the actual or alleged act, error or omission did not
37 result from the intentional, willful or wanton misconduct of that
38 person.

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ARTICLE VIII

Rulemaking

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- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.
- b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 - 1. On the website of the Commission; and
 - 2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- d. The notice of proposed rulemaking shall include:
 - 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
 - 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 - 3. A request for comments on the proposed rule from any interested person; and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time and date of the scheduled public hearing.
 - 1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.
 - 2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the

1 convenience of the Commission at hearings required by this
2 section.

3 h. If no one appears at the public hearing, the Commission may
4 proceed with promulgation of the proposed rule.

5 i. Following the scheduled hearing date, or by the close of
6 business on the scheduled hearing date if the hearing was not held,
7 the Commission shall consider all written and oral comments
8 received.

9 j. The Commission shall, by majority vote of all administrators,
10 take final action on the proposed rule and shall determine the
11 effective date of the rule, if any, based on the rulemaking record
12 and the full text of the rule.

13 k. Upon determination that an emergency exists, the Commission
14 may consider and adopt an emergency rule without prior notice,
15 opportunity for comment or hearing, provided that the usual
16 rulemaking procedures provided in this Compact and in this section
17 shall be retroactively applied to the rule as soon as reasonably
18 possible, in no event later than ninety (90) days after the effective
19 date of the rule. For the purposes of this provision, an emergency
20 rule is one that must be adopted immediately in order to:

- 21 1. Meet an imminent threat to public health, safety or welfare;
- 22 2. Prevent a loss of Commission or party state funds; or
- 23 3. Meet a deadline for the promulgation of an administrative
24 rule that is required by federal law or rule.

25 1. The Commission may direct revisions to a previously adopted
26 rule or amendment for purposes of correcting typographical errors,
27 errors in format, errors in consistency or grammatical errors. Public
28 notice of any revisions shall be posted on the website of the
29 Commission. The revision shall be subject to challenge by any
30 person for a period of thirty (30) days after posting. The revision
31 may be challenged only on grounds that the revision results in a
32 material change to a rule. A challenge shall be made in writing,
33 and delivered to the Commission, prior to the end of the notice
34 period. If no challenge is made, the revision will take effect without
35 further action. If the revision is challenged, the revision may not
36 take effect without the approval of the Commission.

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ARTICLE IX
Oversight, Dispute Resolution and Enforcement

1 a. Oversight

2 1. Each party state shall enforce this Compact and take all actions
3 necessary and appropriate to effectuate this Compact’s purposes
4 and intent.

5 2. The Commission shall be entitled to receive service of process
6 in any proceeding that may affect the powers, responsibilities or
7 actions of the Commission, and shall have standing to intervene
8 in such a proceeding for all purposes. Failure to provide service
9 of process in such proceeding to the Commission shall render a
10 judgment or order void as to the Commission, this Compact or
11 promulgated rules.

12 b. Default, Technical Assistance and Termination

13 1. If the Commission determines that a party state has defaulted
14 in the performance of its obligations or responsibilities under this
15 Compact or the promulgated rules, the Commission shall:

16 i. Provide written notice to the defaulting state and other party
17 states of the nature of the default, the proposed means of curing
18 the default or any other action to be taken by the Commission; and

19 ii. Provide remedial training and specific technical assistance
20 regarding the default.

21 2. If a state in default fails to cure the default, the defaulting
22 state’s membership in this Compact may be terminated upon an
23 affirmative vote of a majority of the administrators, and all rights,
24 privileges and benefits conferred by this Compact may be
25 terminated on the effective date of termination. A cure of the
26 default does not relieve the offending state of obligations or
27 liabilities incurred during the period of default.

28 3. Termination of membership in this Compact shall be imposed
29 only after all other means of securing compliance have been
30 exhausted. Notice of intent to suspend or terminate shall be given
31 by the Commission to the governor of the defaulting state and to
32 the executive officer of the defaulting state’s licensing board and
33 each of the party states.

34 4. A state whose membership in this Compact has been
35 terminated is responsible for all assessments, obligations and
36 liabilities incurred through the effective date of termination,
37 including obligations that extend beyond the effective date of
38 termination.

39 5. The Commission shall not bear any costs related to a state
40 that is found to be in default or whose membership in this Compact

1 has been terminated unless agreed upon in writing between the
2 Commission and the defaulting state.

3 6. The defaulting state may appeal the action of the Commission
4 by petitioning the U.S. District Court for the District of Columbia
5 or the federal district in which the Commission has its principal
6 offices. The prevailing party shall be awarded all costs of such
7 litigation, including reasonable attorneys’ fees.

8 c. Dispute Resolution

9 1. Upon request by a party state, the Commission shall attempt
10 to resolve disputes related to the Compact that arise among party
11 states and between party and non-party states.

12 2. The Commission shall promulgate a rule providing for both
13 mediation and binding dispute resolution for disputes, as
14 appropriate.

15 3. In the event the Commission cannot resolve disputes among
16 party states arising under this Compact:

17 i. The party states may submit the issues in dispute to an
18 arbitration panel, which will be comprised of individuals appointed
19 by the Compact administrator in each of the affected party states
20 and an individual mutually agreed upon by the Compact
21 administrators of all the party states involved in the dispute.

22 ii. The decision of a majority of the arbitrators shall be final and
23 binding.

24 d. Enforcement

25 1. The Commission, in the reasonable exercise of its discretion,
26 shall enforce the provisions and rules of this Compact.

27 2. By majority vote, the Commission may initiate legal action
28 in the U.S. District Court for the District of Columbia or the federal
29 district in which the Commission has its principal offices against
30 a party state that is in default to enforce compliance with the
31 provisions of this Compact and its promulgated rules and bylaws.
32 The relief sought may include both injunctive relief and damages.
33 In the event judicial enforcement is necessary, the prevailing party
34 shall be awarded all costs of such litigation, including reasonable
35 attorneys’ fees.

36 3. The remedies herein shall not be the exclusive remedies of
37 the Commission. The Commission may pursue any other remedies
38 available under federal or state law.

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ARTICLE X

Effective Date, Withdrawal and Amendment

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a. This Compact shall become effective and binding on the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or December 31, 2018. All party states to this Compact, that also were parties to the prior Nurse Licensure Compact, superseded by this Compact, (“Prior Compact”), shall be deemed to have withdrawn from said Prior Compact within six (6) months after the effective date of this Compact.

b. Each party state to this Compact shall continue to recognize a nurse’s multistate licensure privilege to practice in that party state issued under the Prior Compact until such party state has withdrawn from the Prior Compact.

c. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state’s withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

d. A party state’s withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state’s licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

e. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.

f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

g. Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

**ARTICLE XI
Construction and Severability**

1 This Compact shall be liberally construed so as to effectuate the
2 purposes thereof. The provisions of this Compact shall be
3 severable, and if any phrase, clause, sentence or provision of this
4 Compact is declared to be contrary to the constitution of any party
5 state or of the United States, or if the applicability thereof to any
6 government, agency, person or circumstance is held invalid, the
7 validity of the remainder of this Compact and the applicability
8 thereof to any government, agency, person or circumstance shall
9 not be affected thereby. If this Compact shall be held to be contrary
10 to the constitution of any party state, this Compact shall remain in
11 full force and effect as to the remaining party states and in full
12 force and effect as to the party state affected as to all severable
13 matters.

14 SEC. 2. No reimbursement is required by this act pursuant to
15 Section 6 of Article XIII B of the California Constitution because
16 the only costs that may be incurred by a local agency or school
17 district will be incurred because this act creates a new crime or
18 infraction, eliminates a crime or infraction, or changes the penalty
19 for a crime or infraction, within the meaning of Section 17556 of
20 the Government Code, or changes the definition of a crime within
21 the meaning of Section 6 of Article XIII B of the California
22 Constitution.

Introduced by Senator Dodd
(Principal coauthor: Assembly Member Burke)

February 20, 2020

An act to amend Sections 650.01, 2746.2, 2746.5, 2746.51, and 2746.52 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1237, as introduced, Dodd. Nurse-midwives: scope of practice.

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a certified person, under the supervision of licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Existing law requires all complications to be referred to a physician immediately. Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery.

The bill would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon and would

instead authorize a certified nurse-midwife to attend cases of normal pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including gynecologic and family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would delete the above-described provisions defining the practice of nurse-midwifery, and instead would provide that the practice of nurse-midwifery includes consultation, comanagement, or referral, as those terms are defined by the bill, as indicated by the health status of the patient and the resources and medical personnel available in the setting of care, subject to specified conditions, including that a patient is required to be transferred from the primary management responsibility of the nurse-midwife to that of a physician and surgeon for the management of a problem or aspect of the patient's care that is outside the scope of the certified nurse-midwife's education, training, and experience. The bill would authorize a certified nurse-midwife to attend pregnancy and childbirth in an out-of-hospital setting if specified conditions are met, including that the gestational age of the fetus is within a specified range. Under the bill, a certified nurse-midwife would not be authorized to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version. The bill would require a certified nurse-midwife to maintain clinical practice guidelines that delineate the parameters for consultation, comanagement, referral, and transfer of a patient's care, and to document all consultations, referrals, and transfers in the patient record. The bill would require a certified nurse-midwife to refer all emergencies to a physician and surgeon immediately, and would authorize a certified nurse-midwife to provide emergency care until the assistance of a physician and surgeon is obtained.

(2) Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including, but not limited to, obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. Existing law, additionally, authorizes the committee to include family physicians.

This bill would specify the name of the committee as the Nurse-Midwifery Advisory Committee. The bill would delete the provision including obstetricians on the committee, and would require a majority of the members of the committee to be nurse-midwives. The bill would delete the provision including ratios of nurse-midwives to

supervising physicians and associated matters in the standards developed by the committee, and would instead include standards related to all matter related to the practice of midwifery.

(3) Existing law authorizes a certified nurse-midwife to furnish drugs or devices, including controlled substances, in specified circumstances, including if drugs or devices are furnished or ordered incidentally to the provision of care in specified settings, including certain licensed health care facilities, birth centers, and maternity hospitals provided that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision.

This bill would delete the condition that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision, and would authorize a certified nurse-midwife to furnish drugs or devices when care is rendered in a out-of-hospital setting, as specified. The bill would authorize a certified nurse-midwife to procure supplies and devices, obtain and administer diagnostic tests, order laboratory and diagnostic testing, and receive reports, as specified. The bill would make it a misdemeanor for a certified nurse-midwife to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the certified nurse-midwife or their immediate family member has a financial interest with the person receiving a referral. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law authorizes a certified nurse-midwife to perform and repair episiotomies and repair lacerations of the perineum in specified health care facilities only if specified conditions are met, including that the protocols and procedures ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse midwife, or emergency care for times when the supervising physician and surgeon is not on the premises.

This bill would delete those conditions, and instead would require a certified nurse-midwife performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse midwife, or emergency care when a physician and surgeon is not on the premises.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature hereby finds and declares the
2 following:

3 (a) There is a maternity care workforce crisis in California. At
4 least nine counties have no obstetrician at all, and many more
5 counties fall below the national average for obstetricians. This will
6 worsen to the point of critical shortage if the state refuses to take
7 steps to innovatively address this issue.

8 (b) While California has made great strides in reducing maternal
9 mortality overall, there still remains a large disparity for Black
10 and indigenous birthing people, and other birthing people of color.
11 The maternal mortality rate for black women in California is still
12 three to four times higher than white women. One avoidable death
13 or near miss is one too many.

14 (c) Structural, systemic, and interpersonal racism, and the
15 resulting economic and social inequities are the root cause of racial
16 disparities in health care. This is a complex problem requiring
17 multiple, innovative strategies in order to turn the tide. Midwifery
18 care has been named by leading organizations as one of these
19 innovative strategies.

20 (d) National and international studies show that wherever
21 midwifery is scaled up and integrated successfully into the overall
22 health system, regardless of the country or region’s income level,
23 the well-being of birthing people and babies is increased, including
24 reductions in racial disparities, maternal mortality and morbidity,
25 and neonatal mortality and prematurity.

26 (e) A study supported by the California Health Care Foundation
27 shows that increasing the percentage of pregnancies with
28 midwife-led care from the current level of about 9 percent to 20
29 percent over the next 10 years could result in \$4 billion in cost
30 savings and 30,000 fewer preterm births.

1 (f) Nurse-midwives attend 50,000 births a year in California
2 and are currently underutilized and prevented from expanding.
3 Reducing unnecessary cesarean section alone could save \$80
4 million to \$440 million annually in California.

5 (g) Outdated laws around the supervision of nurse-midwives
6 and other regulatory barriers directly prevent the expansion of the
7 nurse-midwifery profession, and have resulted in concentrating
8 nurse-midwives in geographic areas where physicians physically
9 practice. This severely reduces access and worsens “maternity
10 deserts” and health provider shortage areas.

11 (h) California is the only western state that still requires
12 nurse-midwives to have physician permission to practice and one
13 of only four states in the nation that still requires this. Forty-six
14 other states have removed the outdated requirement for physician
15 supervision.

16 (i) Bodily autonomy including the choice of health care provider
17 and the personalized, shared involvement in health care decisions
18 is key to reproductive rights. Racial and other disparities in health
19 care cannot be reduced without adherence to this concept.

20 (j) Every person is entitled to access dignified, person-centered
21 childbirth and health care, regardless of race, gender, age, class,
22 sexual orientation, gender identity, ability, language proficiency,
23 nationality, immigration status, gender expression, religion,
24 insurance status, or geographic location.

25 (k) The core philosophy of nurse-midwifery is to provide
26 patient-centered, culturally sensitive, holistic care, all of which
27 are key to reducing disparities in maternal health care.

28 SEC. 2. Section 650.01 of the Business and Professions Code
29 is amended to read:

30 650.01. (a) Notwithstanding Section 650, or any other
31 provision of law, it is unlawful for a licensee to refer a person for
32 laboratory, diagnostic nuclear medicine, radiation oncology,
33 physical therapy, physical rehabilitation, psychometric testing,
34 home infusion therapy, or diagnostic imaging goods or services if
35 the licensee or ~~his or her~~ *their* immediate family has a financial
36 interest with the person or in the entity that receives the referral.

37 (b) For purposes of this section and Section 650.02, the
38 following shall apply:

39 (1) “Diagnostic imaging” includes, but is not limited to, all
40 X-ray, computed axial tomography, magnetic resonance imaging

1 nuclear medicine, positron emission tomography, mammography,
2 and ultrasound goods and services.

3 (2) A “financial interest” includes, but is not limited to, any
4 type of ownership interest, debt, loan, lease, compensation,
5 remuneration, discount, rebate, refund, dividend, distribution,
6 subsidy, or other form of direct or indirect payment, whether in
7 money or otherwise, between a licensee and a person or entity to
8 whom the licensee refers a person for a good or service specified
9 in subdivision (a). A financial interest also exists if there is an
10 indirect financial relationship between a licensee and the referral
11 recipient including, but not limited to, an arrangement whereby a
12 licensee has an ownership interest in an entity that leases property
13 to the referral recipient. Any financial interest transferred by a
14 licensee to any person or entity or otherwise established in any
15 person or entity for the purpose of avoiding the prohibition of this
16 section shall be deemed a financial interest of the licensee. For
17 purposes of this paragraph, “direct or indirect payment” shall not
18 include a royalty or consulting fee received by a physician and
19 surgeon who has completed a recognized residency training
20 program in orthopedics from a manufacturer or distributor as a
21 result of ~~his or her~~ *their* research and development of medical
22 devices and techniques for that manufacturer or distributor. For
23 purposes of this paragraph, “consulting fees” means those fees
24 paid by the manufacturer or distributor to a physician and surgeon
25 who has completed a recognized residency training program in
26 orthopedics only for ~~his or her~~ *their* ongoing services in making
27 refinements to ~~his or her~~ *their* medical devices or techniques
28 marketed or distributed by the manufacturer or distributor, if the
29 manufacturer or distributor does not own or control the facility to
30 which the physician is referring the patient. A “financial interest”
31 shall not include the receipt of capitation payments or other fixed
32 amounts that are prepaid in exchange for a promise of a licensee
33 to provide specified health care services to specified beneficiaries.
34 A “financial interest” shall not include the receipt of remuneration
35 by a medical director of a hospice, as defined in Section 1746 of
36 the Health and Safety Code, for specified services if the
37 arrangement is set out in writing, and specifies all services to be
38 provided by the medical director, the term of the arrangement is
39 for at least one year, and the compensation to be paid over the term
40 of the arrangement is set in advance, does not exceed fair market

1 value, and is not determined in a manner that takes into account
2 the volume or value of any referrals or other business generated
3 between parties.

4 (3) For the purposes of this section, “immediate family” includes
5 the spouse and children of the licensee, the parents of the licensee,
6 and the spouses of the children of the licensee.

7 (4) “Licensee” means a physician as defined in Section 3209.3
8 of the Labor Code or a certified nurse-midwife as described
9 in Article 2.5 (commencing with Section 2746) of Chapter 6.

10 (5) “Licensee’s office” means either of the following:

11 (A) An office of a licensee in solo practice.

12 (B) An office in which services or goods are personally provided
13 by the licensee or by employees in that office, or personally by
14 independent contractors in that office, in accordance with other
15 provisions of law. Employees and independent contractors shall
16 be licensed or certified when licensure or certification is required
17 by law.

18 (6) “Office of a group practice” means an office or offices in
19 which two or more licensees are legally organized as a partnership,
20 professional corporation, or not-for-profit corporation, licensed
21 pursuant to subdivision (a) of Section 1204 of the Health and Safety
22 Code, for which all of the following apply:

23 (A) Each licensee who is a member of the group provides
24 substantially the full range of services that the licensee routinely
25 provides, including medical care, consultation, diagnosis, or
26 treatment through the joint use of shared office space, facilities,
27 equipment, and personnel.

28 (B) Substantially all of the services of the licensees who are
29 members of the group are provided through the group and are
30 billed in the name of the group and amounts so received are treated
31 as receipts of the group, except in the case of a multispecialty
32 clinic, as defined in subdivision (l) of Section 1206 of the Health
33 and Safety Code, physician services are billed in the name of the
34 multispecialty clinic and amounts so received are treated as receipts
35 of the multispecialty clinic.

36 (C) The overhead expenses of, and the income from, the practice
37 are distributed in accordance with methods previously determined
38 by members of the group.

39 (c) It is unlawful for a licensee to enter into an arrangement or
40 scheme, such as a cross-referral arrangement, that the licensee

1 knows, or should know, has a principal purpose of ensuring
2 referrals by the licensee to a particular entity that, if the licensee
3 directly made referrals to that entity, would be in violation of this
4 section.

5 (d) No claim for payment shall be presented by an entity to any
6 individual, third party payer, or other entity for a good or service
7 furnished pursuant to a referral prohibited under this section.

8 (e) No insurer, self-insurer, or other payer shall pay a charge or
9 lien for any good or service resulting from a referral in violation
10 of this section.

11 (f) A licensee who refers a person to, or seeks consultation from,
12 an organization in which the licensee has a financial interest, other
13 than as prohibited by subdivision (a), shall disclose the financial
14 interest to the patient, or the parent or legal guardian of the patient,
15 in writing, at the time of the referral or request for consultation.

16 (1) If a referral, billing, or other solicitation is between one or
17 more licensees who contract with a multispecialty clinic pursuant
18 to subdivision (l) of Section 1206 of the Health and Safety Code
19 or who conduct their practice as members of the same professional
20 corporation or partnership, and the services are rendered on the
21 same physical premises, or under the same professional corporation
22 or partnership name, the requirements of this subdivision may be
23 met by posting a conspicuous disclosure statement at the
24 registration area or by providing a patient with a written disclosure
25 statement.

26 (2) If a licensee is under contract with the Department of
27 Corrections or the California Youth Authority, and the patient is
28 an inmate or parolee of either respective department, the
29 requirements of this subdivision shall be satisfied by disclosing
30 financial interests to either the Department of Corrections or the
31 California Youth Authority.

32 (g) A violation of subdivision (a) shall be a misdemeanor. ~~The~~
33 *In the case of a licensee who is a physician and surgeon, the*
34 *Medical Board of California shall review the facts and*
35 *circumstances of any conviction pursuant to subdivision (a) and*
36 *take appropriate disciplinary action if the licensee has committed*
37 *unprofessional conduct. In the case of a licensee who is a certified*
38 *nurse-midwife, the Board of Registered Nursing shall review the*
39 *facts and circumstances of any conviction pursuant to subdivision*
40 *(a) and take appropriate disciplinary action if the licensee has*

1 *committed unprofessional conduct.* Violations of this section may
2 also be subject to civil penalties of up to five thousand dollars
3 (\$5,000) for each offense, which may be enforced by the Insurance
4 Commissioner, Attorney General, or a district attorney. A violation
5 of subdivision (c), (d), or (e) is a public offense and is punishable
6 upon conviction by a fine not exceeding fifteen thousand dollars
7 (\$15,000) for each violation and appropriate disciplinary action,
8 including revocation of professional licensure, by the Medical
9 Board of ~~California~~ *California, the Board of Registered Nursing,*
10 or other appropriate governmental agency.

11 (h) This section shall not apply to referrals for services that are
12 described in and covered by Sections 139.3 and 139.31 of the
13 Labor Code.

14 (i) This section shall become operative on January 1, 1995.

15 SEC. 3. Section 2746.2 of the Business and Professions Code
16 is amended to read:

17 2746.2. ~~Each~~ *An* applicant shall show by evidence satisfactory
18 to the board that they have met the educational standards
19 established by the board or have at least the equivalent thereof.
20 The board may appoint ~~a committee of qualified physicians and~~
21 ~~nurses, including, but not limited to, obstetricians and~~
22 ~~nurse-midwives,~~ *the Nurse-Midwifery Advisory Committee* to
23 develop the necessary standards relating to educational
24 ~~requirements, ratios of nurse-midwives to supervising physicians,~~
25 ~~and associated matters.~~ *requirements and all matters related to*
26 *the practice of nurse-midwifery.* The committee may ~~also include~~
27 *include, but not be limited to, qualified nurses and qualified*
28 *physicians and surgeons, including, but not limited to, family*
29 *physicians. A majority of the members of the committee shall be*
30 *nurse-midwives.*

31 SEC. 4. Section 2746.5 of the Business and Professions Code
32 is amended to read:

33 2746.5. (a) *For purposes of this section, the following*
34 *definitions apply:*

35 (1) *“Consultation” means a request for the professional advice*
36 *or opinion of a physician or another member of a health care team*
37 *regarding a patient’s care while maintaining primary management*
38 *responsibility for the patient’s care.*

39 (2) *“Comanagement” means the joint management by a certified*
40 *nurse-midwife and a physician and surgeon, of the care of a patient*

1 *who has become more medically, gynecologically, or obstetrically*
2 *complicated.*

3 (3) *“Referral” means the direction of a patient to a physician*
4 *and surgeon or healing arts licensee for management of a*
5 *particular problem or aspect of the patient’s care.*

6 (4) *“Transfer” means the transfer of primary management*
7 *responsibility of a patient’s care from a certified nurse-midwife*
8 *to another healing arts licensee or facility.*

9 (b) *The certificate to practice nurse-midwifery authorizes the*
10 ~~*holder, under the supervision of a licensed physician and surgeon,*~~
11 *holder to attend cases of normal pregnancy and childbirth and to*
12 *provide prenatal, intrapartum, and postpartum care, including*
13 ~~*gynecologic and family-planning care, for the mother, services,*~~
14 ~~*interconception care, and immediate care for the newborn.*~~
15 *newborn, consistent with the Core Competencies for Basic*
16 *Midwifery Practice adopted by the American College of*
17 *Nurse-Midwives, or its successor national professional*
18 *organization, as approved by the board.*

19 (c) *A certified nurse-midwife shall, in the practice of*
20 *nurse-midwifery, emphasize informed consent, preventive care,*
21 *and early detection and referral of complications to physicians*
22 *and surgeons.*

23 ~~(b)~~

24 (d) ~~*As used in this chapter, the practice of nurse-midwifery*~~
25 ~~*constitutes the furthering or undertaking by any certified person,*~~
26 ~~*under the supervision of a licensed physician and surgeon who has*~~
27 ~~*current practice or training in obstetrics, to assist a woman in*~~
28 ~~*childbirth so long as progress meets criteria accepted as normal.*~~
29 ~~*All complications shall be referred to a physician immediately.*~~
30 ~~*The practice of nurse-midwifery does not include the assisting of*~~
31 ~~*childbirth by any artificial, forcible, or mechanical means, nor the*~~
32 ~~*performance of any version.*~~ *includes consultation, comanagement,*
33 *or referral as indicated by the health status of the patient and the*
34 *resources and medical personnel available in the setting of care,*
35 *subject to the following:*

36 ~~*(e) As used in this article, “supervision” shall not be construed*~~
37 ~~*to require the physical presence of the supervising physician.*~~

38 ~~*(d) A certified nurse-midwife is not authorized to practice*~~
39 ~~*medicine and surgery by the provisions of this chapter.*~~

1 ~~(e) Any regulations promulgated by a state department that~~
2 ~~affect the scope of practice of a certified nurse-midwife shall be~~
3 ~~developed in consultation with the board.~~

4 (1) (A) *The certificate to practice nurse-midwifery authorizes*
5 *the holder to work collaboratively with a physician and surgeon*
6 *to comanage care for a patient with more complex health needs.*

7 (B) *The scope of comanagement may encompass the physical*
8 *care of the patient, including birth, by the certified nurse-midwife,*
9 *according to a mutually agreed upon plan of care with the*
10 *physician and surgeon.*

11 (C) *If the physician and surgeon must assume a lead role in the*
12 *care of the patient due to an increased risk status, the certified*
13 *nurse-midwife may continue to participate in physical care,*
14 *counseling, guidance, teaching, and support, according to a*
15 *mutually agreed upon plan.*

16 (2) *After a certified nurse-midwife refers a patient to a physician*
17 *and surgeon, the certified nurse-midwife may continue care of the*
18 *patient during a reasonable interval between the referral and the*
19 *initial appointment with the physician and surgeon.*

20 (3) (A) *A patient shall be transferred from the primary*
21 *management responsibility of the nurse-midwife to that of a*
22 *physician and surgeon for the management of a problem or aspect*
23 *of the patient's care that is outside the scope of the certified*
24 *nurse-midwife's education, training, and experience.*

25 (B) *A patient that has been transferred from the primary*
26 *management responsibility of a certified nurse-midwife may return*
27 *to the care of the certified nurse-midwife after resolution of any*
28 *problem that required the transfer or that would require transfer*
29 *from the primary management responsibility of a nurse-midwife.*

30 (e) *The certificate to practice nurse-midwifery authorizes the*
31 *holder to attend pregnancy and childbirth in an out-of-hospital*
32 *setting if all of the following conditions apply:*

33 (1) *Neither of the following are present:*

34 (A) *A preexisting maternal disease or condition creating risks*
35 *higher than that of a low-risk pregnancy or birth, based on current*
36 *evidence and accepted practice.*

37 (B) *Disease arising from or during the pregnancy creating risks*
38 *higher than that of a low-risk pregnancy or birth, based on current*
39 *evidence and accepted practice.*

40 (2) *There is a singleton fetus.*

- 1 (3) *There is cephalic presentation at the onset of labor.*
2 (4) *The gestational age of the fetus is at least 37 completed*
3 *weeks of pregnancy and less than 42 completed weeks of pregnancy*
4 *at the onset of labor.*
5 (5) *Labor is spontaneous or induced in an outpatient setting.*
6 (f) *The certificate to practice nurse-midwifery does not authorize*
7 *the holder of the certificate to assist childbirth by vacuum or*
8 *forceps extraction, or to perform any external cephalic version.*
9 (g) *A certified nurse-midwife shall maintain clinical practice*
10 *guidelines that delineate the parameters for consultation,*
11 *comanagement, referral, and transfer of a patient's care.*
12 (h) *A certified nurse-midwife shall document all consultations,*
13 *referrals, and transfers in the patient record.*
14 (i) (1) *A certified nurse-midwife shall refer all emergencies to*
15 *a physician and surgeon immediately.*
16 (2) *A certified nurse-midwife may provide emergency care until*
17 *the assistance of a physician and surgeon is obtained.*

18 SEC. 5. Section 2746.51 of the Business and Professions Code
19 is amended to read:

20 2746.51. (a) Neither this chapter nor any other ~~provision of~~
21 law shall be construed to prohibit a certified nurse-midwife from
22 furnishing or ordering drugs or devices, including controlled
23 substances classified in Schedule II, III, IV, or V under the
24 California Uniform Controlled Substances Act (Division 10
25 (commencing with Section 11000) of the Health and Safety Code),
26 when all of the following apply:

27 (1) The drugs or devices are furnished or ordered incidentally
28 to the provision of any of the following:

29 (A) Family planning services, as defined in Section 14503 of
30 the Welfare and Institutions Code.

31 (B) Routine health care or perinatal care, as defined in
32 subdivision (d) of Section 123485 of the Health and Safety Code.

33 (C) Care rendered, consistent with the certified nurse-midwife's
34 educational preparation or for which clinical competency has been
35 established and maintained, to persons within a facility specified
36 in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the
37 Health and Safety Code, a clinic as specified in Section 1204 of
38 the Health and Safety Code, a general acute care hospital as defined
39 in subdivision (a) of Section 1250 of the Health and Safety Code,
40 a licensed birth center as defined in Section 1204.3 of the Health

1 and Safety Code, or a special hospital specified as a maternity
2 hospital in subdivision (f) of Section 1250 of the Health and Safety
3 Code.

4 *(D) Care rendered in an out-of-hospital setting pursuant to*
5 *subdivision (e) of Section 2746.5.*

6 (2) The ~~furnishing or ordering of~~ drugs or devices ~~are furnished~~
7 ~~or ordered~~ by a certified nurse-midwife *are* in accordance with
8 standardized procedures or protocols. For purposes of this section,
9 standardized procedure means a document, including protocols,
10 developed *in collaboration with*, and approved ~~by the supervising~~
11 *by a* physician and surgeon, the certified nurse-midwife, and the
12 facility administrator or ~~his or her~~ *their* designee. The standardized
13 procedure covering the furnishing or ordering of drugs or devices
14 shall specify all of the following:

15 (A) Which certified nurse-midwife may furnish or order drugs
16 or devices.

17 (B) Which drugs or devices may be furnished or ordered and
18 under what circumstances.

19 ~~(C) The extent of physician and surgeon supervision.~~

20 ~~(D)~~

21 (C) The method of periodic review of the certified
22 nurse-midwife's competence, including peer review, and review
23 of the provisions of the standardized procedure.

24 (3) If Schedule II or III controlled substances, as defined in
25 Sections 11055 and 11056 of the Health and Safety Code, are
26 furnished or ordered by a certified nurse-midwife, the controlled
27 substances shall be furnished or ordered in accordance with a
28 patient-specific protocol approved ~~by the treating or supervising~~
29 *a* physician and surgeon. For Schedule II controlled substance
30 protocols, the provision for furnishing the Schedule II controlled
31 substance shall address the diagnosis of the illness, injury, or
32 condition for which the Schedule II controlled substance is to be
33 furnished.

34 ~~(4) The furnishing or ordering of drugs or devices by a certified~~
35 ~~nurse-midwife occurs under physician and surgeon supervision.~~
36 ~~For purposes of this section, no physician and surgeon shall~~
37 ~~supervise more than four certified nurse-midwives at one time.~~
38 ~~Physician and surgeon supervision shall not be construed to require~~
39 ~~the physical presence of the physician, but does include all of the~~
40 ~~following:~~

1 ~~(A) Collaboration on the development of the standardized~~
2 ~~procedure or protocol.~~

3 ~~(B) Approval of the standardized procedure or protocol.~~

4 ~~(C) Availability by telephonic contact at the time of patient~~
5 ~~examination by the certified nurse-midwife.~~

6 (b) (1) The furnishing or ordering of drugs or devices by a
7 certified nurse-midwife is conditional on the issuance by the board
8 of a number to the applicant who has successfully completed the
9 requirements of paragraph (2). The number shall be included on
10 all transmittals of orders for drugs or devices by the certified
11 nurse-midwife. The board shall maintain a list of the certified
12 nurse-midwives that it has certified pursuant to this paragraph and
13 the number it has issued to each one. The board shall make the list
14 available to the California State Board of Pharmacy upon its
15 request. Every certified nurse-midwife who is authorized pursuant
16 to this section to furnish or issue a drug order for a controlled
17 substance shall register with the United States Drug Enforcement
18 Administration.

19 (2) The board has certified in accordance with paragraph (1)
20 that the certified nurse-midwife has satisfactorily completed a
21 course in pharmacology covering the drugs or devices to be
22 furnished or ordered under this section, including the risks of
23 addiction and neonatal abstinence syndrome associated with the
24 use of opioids. The board shall establish the requirements for
25 satisfactory completion of this paragraph.

26 ~~(3) A physician and surgeon may determine the extent of~~
27 ~~supervision necessary pursuant to this section in the furnishing or~~
28 ~~ordering of drugs and devices.~~

29 ~~(4)~~

30 (3) A copy of the standardized procedure or protocol relating
31 to the furnishing or ordering of controlled substances by a certified
32 nurse-midwife shall be provided upon request to any licensed
33 pharmacist who is uncertain of the authority of the certified
34 nurse-midwife to perform these functions.

35 ~~(5)~~

36 (4) Certified nurse-midwives who are certified by the board and
37 hold an active furnishing number, who are currently authorized
38 through standardized procedures or protocols to furnish Schedule
39 II controlled substances, and who are registered with the United
40 States Drug Enforcement Administration shall provide

1 documentation of continuing education specific to the use of
2 Schedule II controlled substances in settings other than a hospital
3 based on standards developed by the board.

4 (c) Drugs or devices furnished or ordered by a certified
5 nurse-midwife may include Schedule II controlled substances
6 under the California Uniform Controlled Substances Act (Division
7 10 (commencing with Section 11000) of the Health and Safety
8 Code) under the following conditions:

9 (1) The drugs and devices are furnished or ordered in accordance
10 with requirements referenced in paragraphs (2) ~~to (4)~~, inclusive,
11 *and* (3) of subdivision (a) and in paragraphs (1) ~~to (3)~~, inclusive,
12 *and* (2) of subdivision (b).

13 (2) When Schedule II controlled substances, as defined in
14 Section 11055 of the Health and Safety Code, are furnished or
15 ordered by a certified nurse-midwife, the controlled substances
16 shall be furnished or ordered in accordance with a patient-specific
17 protocol approved by ~~the treating or supervising~~ a physician and
18 surgeon.

19 (d) Furnishing of drugs or devices by a certified nurse-midwife
20 means the act of making a pharmaceutical agent or agents available
21 to the patient in strict accordance with a standardized procedure
22 or protocol. Use of the term “furnishing” in this section shall
23 include the following:

24 (1) The ordering of a drug or device in accordance with the
25 standardized procedure or protocol.

26 (2) Transmitting an order of a supervising physician and
27 surgeon.

28 (e) “Drug order” or “order” for purposes of this section means
29 an order for medication or for a drug or device that is dispensed
30 to or for an ultimate user, issued by a certified nurse-midwife as
31 an individual practitioner, within the meaning of Section 1306.03
32 of Title 21 of the Code of Federal Regulations. Notwithstanding
33 any other provision of law, (1) a drug order issued pursuant to this
34 section shall be treated in the same manner as a prescription of the
35 supervising physician; (2) all references to “prescription” in this
36 code and the Health and Safety Code shall include drug orders
37 issued by certified nurse-midwives; and (3) the signature of a
38 certified nurse-midwife on a drug order issued in accordance with
39 this section shall be deemed to be the signature of a prescriber for
40 purposes of this code and the Health and Safety Code.

1 (f) Notwithstanding any other law, a certified nurse-midwife
2 may directly procure supplies and devices, obtain and administer
3 diagnostic tests, order laboratory and diagnostic testing, and
4 receive reports that are necessary to their practice as a certified
5 nurse-midwife within their scope of practice.

6 SEC. 6. Section 2746.52 of the Business and Professions Code
7 is amended to read:

8 2746.52. (a) Notwithstanding Section 2746.5, the certificate
9 to practice nurse-midwifery authorizes the holder to perform and
10 repair episiotomies, and to repair first-degree and second-degree
11 lacerations of the perineum, in a licensed acute care hospital, as
12 defined in subdivision (a) of Section 1250 of the Health and Safety
13 Code, and a licensed alternate birth center, as defined in paragraph
14 (4) of subdivision (b) of Section 1204 of the Health and Safety
15 Code, but only if all of the following conditions are met: *perineum*.

16 (a) ~~The supervising physician and surgeon and any backup~~
17 ~~physician and surgeon is credentialed to perform obstetrical care~~
18 ~~in the facility.~~

19 (b) ~~The episiotomies are performed pursuant to protocols~~
20 ~~developed and approved by all of the following:~~

21 (1) ~~The supervising physician and surgeon.~~

22 (2) ~~The certified nurse-midwife.~~

23 (3) ~~The director of the obstetrics department or the director of~~
24 ~~the family practice department, or both, if a physician and surgeon~~
25 ~~in the obstetrics department or the family practice department is~~
26 ~~a supervising physician and surgeon, or an equivalent person if~~
27 ~~there is no specifically identified obstetrics department or family~~
28 ~~practice department.~~

29 (4) ~~The interdisciplinary practices committee, if applicable.~~

30 (5) ~~The facility administrator or his or her designee.~~

31 (e) ~~The protocols, and the procedures which shall be developed~~
32 ~~pursuant to the protocols, shall relate to the performance and repair~~
33 ~~of episiotomies and the repair of first-degree and second-degree~~
34 ~~lacerations of the perineum, and shall do all of the following:~~

35 (b) *A certified nurse-midwife performing and repairing*
36 *first-degree and second-degree lacerations of the perineum shall*
37 *do both of the following:*

38 (1) Ensure that all complications are referred to a physician and
39 surgeon immediately.

1 (2) Ensure immediate care of patients who are in need of care
2 beyond the scope of practice of the certified nurse midwife, or
3 emergency care for times when ~~the supervising~~ a physician and
4 surgeon is not on the premises.

5 ~~(3) Establish the number of certified nurse-midwives that a~~
6 ~~supervising physician and surgeon may supervise.~~

7 SEC. 7. No reimbursement is required by this act pursuant to
8 Section 6 of Article XIII B of the California Constitution because
9 the only costs that may be incurred by a local agency or school
10 district will be incurred because this act creates a new crime or
11 infraction, eliminates a crime or infraction, or changes the penalty
12 for a crime or infraction, within the meaning of Section 17556 of
13 the Government Code, or changes the definition of a crime within
14 the meaning of Section 6 of Article XIII B of the California
15 Constitution.

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ENFORCEMENT INTERVENTION COMMITTEE MEETING

Teleconference Board Meeting

April 16, 2020

AGENDA

**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF
THE LEGISLATIVE COMMITTEE MEETING**

Thursday, April 16, 2020

- 9.1 Information Only:** Complaint Intake and Intervention/Cite & Fine/Legal Support Update
- 9.2 Information Only:** Investigations Update
- 9.3 Information Only:** Discipline and Probation Program Update
- 9.4 Information Only:** Enforcement and Intervention Statistics

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297.) Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: April 16, 2020

ACTION REQUESTED: **Information Only:** Complaint Intake, Intervention, Citation and Legal Desk

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

COMPLAINT INTAKE UNIT UPDATE:

The Complaint Intake Units have implemented teleworking agreements for their staff. The transition has had some challenges, but staff has responded well, and complaints are being processed within historically average timeframes.

Since the Governor’s COVID-19 stay at home Executive Order began to be implemented Statewide in March, the weekly volume of complaints has dropped approximately 25%. This has been a major factor in the unit staying up to date on incoming complaints.

Nearly all public complaints are already received online. For Subsequent Arrest and Applicant cases, the Complaint Intake Unit Managers, Sonya Wilson and Jessica Perry have partnered with the fingerprint processing staff to develop effective procedures for communicating issues and moving workload electronically between Enforcement and Licensing divisions. The new procedures are proving to be effective. Since telework was initiated, all incoming complaints are being processed, on average, within two days of receipt by the BRN.

AB 2138 UPDATE

Unit Managers Jessica Perry and Sonya Wilson are leading BRN’s preparations for the Implementation of AB 2138. Passed in September 2018, AB 2138 changes how BRN evaluates applicants for licensure with prior criminal convictions and prior professional license discipline. These changes will go into effect on July 1, 2020.

Although the law will significantly change the internal Enforcement procedures for applicants, most applicants for licensure will not be affected by these changes in law. For any future applicant for licensure with a prior criminal conviction, as of July 1, changes the process includes but is not limited to the following:

- The application for licensure will no longer ask the applicant if they have a prior criminal conviction. The BRN will rely on fingerprint results from the CA DOJ and FBI.
- BRN shall not consider criminal convictions which occurred more than seven years from the date of application. The seven-year limitation does not apply to “Serious Felonies” as defined in the law.

- BRN shall not consider any criminal conviction that has been dismissed or expunged pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the fingerprint report furnished by the Department of Justice.
- The BRN shall not require the applicant to disclose any information or documentation regarding the applicant's criminal history.
 - o The board may request mitigating information from an applicant regarding the applicant's criminal history provided the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

Beginning July 1, applicants will no longer be required to send the Board documentation regarding their past convictions. For all convictions falling within the AB 2138 timeframes, the BRN Enforcement division will conduct investigations to obtain Law Enforcement and Court records prior to making applications decisions. BRN anticipates this new process to take several weeks. However, the BRN will accept certified arrest and court records voluntarily submitted by the applicant.

COMPLAINT INTAKE UNIT STAFFING

The unit has one (1) AGPA, one (1) SSA, and one (1) OT vacancy.

INTERVENTION, CITATION, AND LEGAL SUPPORT UPDATE:

GENERAL UPDATE

Beginning March 2, the Attorney General's Office has taken over the service of all pleadings, including Accusations and Petitions to Revoke Probation. This greatly affects the Legal Support desk. New procedures for staff have been developed and distributed. As of the date of this report, the Enforcement Management team is working to assess the long-term impact this change will have, and to determine the full extent of changes to our internal business process. We are also collaborating with our AG Liaisons to fine-tune interagency procedures, ensure timely service of legal pleadings, and posting public notice pleadings to the web.

Intervention referrals from Complaint Intake remain at historically average levels. The participant census has remained steady for the past two years.

INTERVENTION, CITATION AND LEGAL SUPPORT STAFFING

The unit has one OT vacancy at this time.

INTERVENTION EVALUATION COMMITTEES (IEC)

There are currently four physician member vacancies

1. Physician, IEC 2 (Bay Area)
2. Physician, IEC 3 (Los Angeles)
3. Physician, IEC 5 (Fresno)
4. Physician, IEC 7 (San Jose)

There is one public member vacancy

5. Public, IEC 6 (Palm Springs)

There is one nurse member vacancy

6. Nurse, IEC 5 (Fresno)

OUTREACH

The BRN Intervention Program would like to thank Virginia Matthews, Maximus Recovery Program Manager, for her February presentation “Substance Use Disorders in the Health Professions” at the Sacramento Sierra Nurse Leaders meeting on February 26th. Lorraine Clarke, Intervention Unit Manager, and I also attended the meeting at UC Davis Medical Center in Sacramento. The audience included approximately 60 Sacramento region nurse leaders. The information was well received with an informative Q&A afterward.

On February 7th, Shannon Johnson and I gave a BRN Enforcement presentation at Sierra Nevada Hospital in Grass Valley to an audience of RN’s.

At the February Recovery Program Manager meeting, Maximus previewed a new informational video on Substance Use Disorder in the Health Professions and the services provided through their recovery programs, including the BRN Intervention Program. Maximus plans to release the final version in March, and the Intervention Unit will link the video on the BRN website.

PERSON TO CONTACT:

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.2
DATE: April 16, 2020

ACTION REQUESTED: **Information Only:** Investigations Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

INVESTIGATION PROGRAM UPDATE:

The Investigation Unit Supervisors continue to work very closely to coordinate policy and procedure updates, especially during the coronavirus so cases continue to move as smooth as possible to meet the unit goals of completion within 240 days. However, the day to day operations have changed as a result of the stay at home orders and the coronavirus. Investigators are not conducting face to face interviews, they have developed a process to conduct interviews via Skype, Zoom and Microsoft Teams. Requests for records are also difficult to complete since staff in facilities who are responsible for fulfilling these requests may no longer be working on site any longer.

Before the pandemic, investigation staff developed a scanning process for cases to continue to move towards a green approach. The southern California team volunteered to develop and work out any kinks in the scanning process. They were quite successful in developing the process and procedures and conducted phone training with the northern and central teams during the week of March 16, 2020 and all staff began March 23, 2020. All investigators are now scanning their cases so they can be moved forward in the enforcement process much more expeditiously. The paper cases are mailed to HQ on a flow basis and handled by investigation support staff.

In an effort to continue to make improvements, the investigation supervisors recently adapted all forms requesting records be provided electronically instead of allowing facilities to provide paper copies. This includes the subpoena process which appears to be a positive change even though we have only issued a handful of subpoenas thus far. This could be a highly beneficial change for the new report scanning process.

STAFFING UPDATE

The vacant Special Investigator position in our Northern CA Unit was filled by Laura Callison. Laura was a Probation Monitor with BRN and started as Special Investigator on March 2, 2020.

An investigator in the Central Unit began using her leave credits at the end of March and is scheduled to retire in early July 2020. We already advertised to fill behind this investigator as it looks like it will take longer to fill the position due to the circumstances effecting California now.

The BRN Investigation Unit has the following vacancy:

1 Supervising Special Investigator II position to oversee all BRN Investigations. The recruitment process was initiated in July 2019 and first interviews were held in August 2019. Second level

executive interviews were held in October 2019. It was decided that a second statewide recruitment would be initiated. Recruitment efforts continue. It is unknown when this position will be filled.

BRN DOI CASE PRIORITIZATION PILOT PROJECT

BRN and DCA's Division of Investigation (DOI) continue to follow the one-year Pilot Program initiated in September 2019 that changed case referral guidelines for urgent priority Quality of Care complaints alleging significant patient harm and/or patient death.

Since April 14, 2020, approximately 61 cases that meet the new case referral guidelines have been referred to BRN Investigations.

The Pilot Program includes case tracking accountability measures so that BRN and DCA can closely monitor this critical caseload. The EIC requested an update by DOI at the May Committee meeting.

SUMMARY INVESTIGATION STATISTICS

As of March 16, 2020, the BRN Investigations staff have been assigned approximately 69% of all formal investigation case referrals while DOI are referred 31%. Specific information can be found in agenda item 9.4.

BRN Investigation staff closed 95 cases in March 2020 which is by far the highest number on record.

As of April 1, 2020, BRN has 13 and DOI has 123 open investigation cases over one year old.

NEXT STEP: Continue monitoring workload and investigative timeframes.

PERSON TO CONTACT: Stacie Berumen
Enforcement Chief
(916) 574-7678

BOARD OF REGISTERED NURSING
Enforcement and Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.3

DATE: April 16, 2020

ACTION REQUESTED: **Information Only: Discipline and Probation Update**

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

PROBATION UNIT

Currently the probation unit is teleworking successfully and only returning to the office once a week to take care of any administrative items that can't be done at home.

The unit has 1 AGPA vacancy. Laura has been hired as the newest investigator for N. California. We are reviewing applications and will be scheduling interviews when appropriate.

Year to date;

- 185 RN's completed probation successfully by either early termination or completing their full term.
- 64 RN's were unsuccessful in completing their term, resulting in 24 revocations and 40 surrenders.

There are currently 71 probation cases pending at the AG's. Of the 71, only 11 cases are over 1 year and none are over 2 years.

DISCIPLINE UNIT

Currently the Discipline unit is teleworking successfully and only returning to the office once a week to take care of any administrative items that can't be done at home. The Discipline unit is fully staffed.

We continue to focus our efforts on aging cases, striving to meet the CPEI guideline of 540 days. Approximately half of our cases are completed within this timeframe. Overall average is 610 days, which is only 70 days shy of our goal.

The AG's office has also decreased their aging cases by 60 days in the last 6 months.

Currently the Discipline Unit has only 7 cases over 2 years old and 88 that are 1-2 years old (approx. 14% of our overall pending Discipline Cases). At this time last year, we had 38 over 2 years old and 126 that were 1-2 years old.

	FY 2019/20 to Date
PC23s Requested	27
PC23s Ordered*	8
PC23s Denied*	7
PC23s Pending	9

** The Numbers represented in the Ordered and Denied sections may include PC23s that were requested prior to the beginning of the current Fiscal Year.*

Discipline staff have been actively working with the AG's office in preparation for the change to B&P § 480, which takes effect on July 1, 2020.

Discipline staff are working on updating the Discipline Procedure Manual and Unit overview presentations. These are expected to be completed by mid-May 2020.

NEXT STEP:	Follow directions given by committee and/or board.
FISCAL IMPACT, IF ANY:	AG's budget line item will be monitored for Discipline and Probation.
PERSON TO CONTACT:	Shannon Johnson, Deputy Chief Discipline and Probation (916) 515-5265

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: April 16, 2020

ACTION REQUESTED: **Information Only:** Enforcement and Intervention Statistics

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

BACKGROUND:

Attached you will find data representing the entire enforcement process to include intake, intervention, investigation, citation and fine, discipline and probation.

Staff is prepared to answer any questions you may have.

PERSON TO CONTACT:

Stacie Berumen
Enforcement Chief
(916) 574-7678

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

Shannon Johnson, Deputy Chief
Discipline and Probation
(916) 515-5265

Board of Registered Nursing
Enforcement Process Statistics
Fiscal Year 19/20
July 1, 2019 – April 7, 2020

Complaint Intake	Complaints Received	3,156	
	Convictions/Arrest	1,047	
	Applicants	2,443	
	Total Complaints Received	6,646	
	Desk Investigations Pending	919	
	Over 1 year	107	
	Applications Pending	284	
	Over 1 year	21	
	Expert Review Pending	54	
Intervention	Referrals – Fiscal Year to date	775	
	Referrals – Last full month referrals (Mar)	59	
	Referrals – Since Program Effective Date (1/1/1985)	18,169	
Investigations	Non-Sworn Cases Initiated	637	
	Rejected	17	
	Sworn Cases Initiated	315	
	Rejected	8	
	Cases Initiated Percentage Breakout		
	Non-Sworn	67%	
	Sworn	33%	
	Non-Sworn Cases Pending	495	
	Sworn Cases Pending	450	
Citation and Fine	Citations Issued	241	
	Dollar Amount Ordered	\$ 173,527.42	
	Dollar Amount Received	\$ 122,628.57	
Discipline	AG Referrals – Individuals	865	
	AG Referrals – Cases	999	
	Cases Pending	702	
	Pending 1-2 Years	101	
	Pending More Than 2 Years	8	
	Cases Pending More Than 1 Year Without Pleading Filed	7	
	Cases Awaiting Hearing	168	
	Number of Days to Process Discipline Cases (DCA Goal 540 Days)	625	
	> 540 Days	52%	
	< 540 Days	48%	
	Average Days at AG	355	
	Legal Support	*Fiscal Year to Date	

Board of Registered Nursing
Enforcement Process Statistics
Fiscal Year 19/20
July 1, 2019 – April 7, 2020

Pleadings Served	748
Petitions to Revoke Probation	62
Stipulated Surrenders Signed by EO	213
Withdrawals of Statement of Issues	6
Decisions Adopted	1,029
Average Days from Default to Board Vote	25
*Last Calendar Month (Mar)	
Pleadings Served	71
Petitions to Revoke Probation	12
Stipulated Surrenders Signed by EO	20
Withdrawals of Statement of Issues	1
Decisions Adopted	94
Average Days from Default to Board Vote	12

Probation as of 4/7/2020	Numbers	% of Active
<i>Male</i>	251	30%
<i>Female</i>	576	70%
<i>Chemical Dependency</i>	432	52.2%
<i>Required Drug-Screening</i>	382	46.2%
<i>Practice</i>	274	33.1%
<i>Mental Health</i>	12	1.5%
<i>Conviction - excluding chemical dependency/alcohol use</i>	96	11.6%
<i>Advanced Certificates</i>	48	6%
<i>Southern California</i>	454	55%
<i>Northern California</i>	365	44%
<i>Tolled Probationers</i>	3	0%
<i>Pending AG</i>	71	9%
<i>License Revoked Fiscal YTD</i>	24	
<i>License Surrendered Fiscal YTD</i>	40	
<i>Deceased Fiscal YTD</i>	1	
<i>Terminated Fiscal YTD</i>	81	
<i>Successfully Completed Fiscal YTD</i>	104	
<i>Active In-State Probationers</i>	827	
<i>Completed/Revoked/Terminated/Surrendered YTD</i>	250	
<i>Tolled Probationers</i>	427	
<i>Active and Tolled Probationers</i>	1,254	
<i>Subsequent Cases Pending at AG</i>	64	
<i>Pending 1-2 Years</i>	7	
<i>Pending More Than 2 Years</i>	0	

Board of Registered Nursing
 Enforcement Process Statistics
 Fiscal Year 19/20
 July 1, 2019 – April 7, 2020

Disciplinary Actions Summary	Public Reproval	Probation	Suspension, Probation	Revocation	Surrender	Voluntary Surrender	Total Fiscal Year 19/20
Registered Nurse	131	211	20	256	176	32	826
Public Health Nurse	15	27		17	18	5	82
Psych/Mental Health							0
Nurse Practitioner	6	14		5	11	1	37
NP- Furnishing	6	13		5	7	1	32
Nurse- Midwife		3			1	1	5
NM- Furnishing		2			1	1	4
Nurse Anesthetist	1			1	4	1	7
Clinical Nurse Specialist	1			1	2		4

*Specialty certifications are a subset of the Registered Nurse license. When enforcement action is taken on an RN license, all advanced certifications a nurse holds is also included in the action. More than one enforcement action may be taken (thus counted here) against an RN during the time period.

CA BRN Intervention Program Statistics
FY2016/17 - FY2019/20

Board Referral Activity					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Complaints sent to Intervention*	1225	995	1047	745	18138
Program offer letters mailed	803	815	869	622	
RNs calling BRN about program (respond to offer letter)			491	402	
RNs calling BRN about program (no program offer letter)			5	5	
Others calling BRN about program (employer referrals, coworkers, attorneys)			25	14	

* As of 3/17/20. An RN may have multiple complaints referred to Intervention

Participant Population					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Intakes	159	109	115	89	5609
Closures	178	147	122	90	5148
Participants enrolled at end of FY	381	343	336	335	

Case Closures					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Applicant: Clinically Inappropriate	-	-	1	-	32
Applicant: No Longer Eligible	3	-	-	-	13
Applicant: Not Accepted by DEC	1	1	-	1	63
Applicant: Public Risk	8	3	3	1	105
Applicant: Sent to Board - Pre DEC	-	-	-	-	2
Applicant: Withdrawn - Pre DEC	20	13	10	9	581
Applicant: Withdrawn - Pre DEC (Due to Costs)	5	3	2	1	11
Completed	113	107	88	62	2454
Clinically Inappropriate - Post DEC	-	3	-	-	6
No Longer Eligible - Post DEC	-	-	-	-	7
Withdrawn - Failure to Sign Contract	-	-	-	-	1
Withdrawn - Post DEC	3	2	3	6	353
Withdrawn - Post DEC (Due to Costs)	2	2	3	1	8
Terminated - Deceased	-	-	1	-	42
Terminated - Failure to Receive Benefit	2	1	-	-	126
Terminated - Moved	-	-	1	-	53
Terminated - Non Compliant	7	4	1	1	991
Terminated - Public Risk	14	8	9	8	300
Totals	178	147	122	90	5148

Intake Demographics - Referrals					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Board	125	83	94	74	4185
Self	34	26	21	15	1424
Total	159	109	115	89	5609

CA BRN Intervention Program Statistics
FY2016/17 - FY2019/20

Intake Demographics - Presenting Problem					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Substance Use Disorder (SUD)	111	80	77	55	3540
Mental Illness (MI)	6	3	8	3	188
Dual (SUD and MI)	41	25	28	28	1790
Undetermined	1	1	2	3	91
Total	159	109	115	89	5609

Intake Demographics - Drug of Choice				
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)
Alcohol (Beer, Wine, Hard Liquor)	56	47	44	42
Opioids (Oxycodone, Morphine, Fentanyl, Heroin, etc.)	65	39	43	25
Depressants (Xanax, Valium, Ambien, etc.)	5	6	4	-
Stimulant (Adderall, Cocaine, Methamphetamine, etc.)	4	2	8	8
Cannabinoids	8	3	1	3
Other (Hallucinogens, Inhalants, etc.)	2	1	-	2
None/Denies DOC	19	11	15	9
Totals	159	109	115	89

Intake Demographics - Gender					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Female	126	87	81	66	4370
Male	33	22	34	23	1212
Unknown	-	-	-	-	27
Totals	159	109	115	89	5609

Intake Demographics - Age					
Category	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
20-24	1	-	-	-	35
25-29	11	10	9	7	455
30-34	25	14	14	17	933
35-39	36	21	20	11	1157
40-44	22	21	20	14	1140
45-49	30	16	15	15	902
50-54	15	13	14	12	582
55-59	12	11	13	8	281
60-64	3	2	8	4	93
65+	3	-	2	-	15
DOB Error/Not Entered	1	1	-	1	16
Totals	159	109	115	89	5609

CA BRN Intervention Program Statistics
FY2016/17 - FY2019/20

Intake Demographics - Ethnicity					
Type	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
American Indian/Alaska Native	-	2	-	-	41
Asian/Asian Indian	4	9	7	4	148
African American	6	6	7	3	187
Hispanic	15	18	15	12	279
Native Hawaiian/Pacific Islander	1	1	6	-	38
Caucasian	108	59	74	61	4519
Other	7	5	2	4	95
Not Reported	18	9	4	5	302
Totals	159	109	115	89	5609

Intake Demographics - Worksite					
Worksite	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Case Management	-	1	2	2	11
Clinic	-	6	5	11	146
Clinical - Public, non-profit	-	3	2	-	8
Corporation	-	-	2	1	13
Doctor's Office	-	-	-	-	46
Government Agency	-	-	-	-	8
Group Practice - profit	-	-	-	1	17
Health Maintenance Organization	-	-	-	1	10
HMO	-	2	-	-	2
Home Health Care	-	11	5	1	39
Hospital	11	77	89	65	2921
Inpatient Pharmacy	-	1	1	-	2
Not Working in Nursing	-	3	-	1	8
Nursing Home	1	1	1	1	13
Other	-	3	-	4	259
Prison/Jail	-	-	-	-	14
Private Practice	1	-	2	-	11
Registry	-	1	3	-	187
Retail	-	-	1	-	2
School of Nursing	1	-	-	1	10
Telephone Advice	-	-	-	-	2
Temporary Service	-	-	-	-	4
Undetermined	107	-	2	-	569
Unemployed	38	-	-	-	1307
Totals	159	109	115	89	5609

CA BRN Intervention Program Statistics
FY2016/17 - FY2019/20

Intake Demographics - Specialty					
Specialty	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Chemical Dependency	-	-	-	-	9
Critical Care	6	15	19	8	972
Dental Public Health	-	-	-	-	1
Doctor's Office	-	1	-	1	29
Emergency Department	4	9	18	12	653
Gerontology	-	1	1	-	30
Home Care	2	9	4	2	119
Hospital	12	15	14	6	391
Insurance	-	-	1	2	8
Medical Surgical	6	18	17	14	1054
None	-	1	-	1	76
Nurse Anesthesia	2	1	1	1	59
Nurse Midwife	-	-	-	-	7
Nurse Practitioner	-	2	1	3	114
Nursing Home	-	1	1	1	19
Obstetrics/Gynecology	1	7	4	11	315
Oncology	4	4	2	3	174
Operating Room	-	7	5	4	196
Other/Other Specialty	6	13	11	14	547
Pediatrics	2	2	4	3	151
Psychiatry	5	-	5	1	155
Recovery Room	3	3	5	2	115
Undetermined	106	-	2	-	415
Totals	159	109	115	89	5609

Intake Demographics - Counties					
County	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 (As of 3/31/20)	Program to Date
Alameda	6	1	2	5	172
Alpine	-	1	-	-	2
Amador	-	-	-	-	3
Butte	2	1	-	1	65
Calaveras	1	-	-	-	8
Colusa	-	-	-	-	5
Contra Costa	3	5	3	2	214
Del Norte	-	-	-	-	6
El Dorado	5	2	-	-	47
Fresno	5	-	8	6	153
Glenn	-	-	-	-	2
Horry	-	-	-	-	1
Humboldt	2	-	-	1	55
Imperial	1	1	1	-	14
Inyo	-	-	-	-	2
Jackson	-	-	-	-	1
Kern	-	3	5	4	122
Kings	-	-	-	1	17
Lake	-	1	-	1	16
Lassen	-	-	-	1	5
Los Angeles	25	25	33	18	1104
Madera	-	1	-	-	16
Marin	2	2	2	-	96
Mariposa	-	-	-	1	4

CA BRN Intervention Program Statistics
FY2016/17 - FY2019/20

Intake Demographics - Counties					
Mendocino	1	2	-	-	16
Merced	1	-	1	-	23
Modoc	-	-	-	-	1
Mono	-	-	-	-	8
Monterey	4	1	-	2	83
Napa	-	-	1	2	37
Nevada	-	-	3	1	30
None	2	1	-	-	3
Orange	5	7	10	1	373
Placer	6	4	1	4	84
Plumas	1	-	-	-	4
Riverside	9	9	5	4	286
Sacramento	7	5	2	1	265
San Benito	1	-	-	-	6
San Bernardino	4	4	8	1	303
San Diego	14	7	8	6	490
San Francisco	3	2	3	4	168
San Joaquin	3	1	1	3	96
San Luis Obispo	3	2	1	-	83
San Mateo	1	2	2	3	91
Santa Barbara	1	-	1	-	59
Santa Clara	5	3	4	1	186
Santa Cruz	4	2	2	2	91
Shasta	2	3	2	-	63
Siskiyou	2	-	-	-	12
Solano	5	2	2	2	81
Sonoma	7	3	2	1	133
Stanislaus	3	2	-	3	92
Sutter	-	1	-	1	14
Tehama	-	-	-	-	9
Trinity	-	-	-	-	1
Tulare	4	2	-	-	67
Tuolumne	-	1	1	1	20
Ventura	8	-	1	4	165
Yolo	1	-	-	-	26
Yuba	-	-	-	1	10
Totals	159	109	115	89	5609