



Agenda Item 7.0

Report of the Nursing Practice Committee

BRN Board Meeting | May 17-18, 2023

Nursing Practice Committee
May 17-18, 2023

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Agenda Item 7.1

Information only – Advisory Committee updates

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BOARD OF REGISTERED NURSING
Nursing Practice Committee
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AGENDA ITEM: 7.1
DATE: May 17-18, 2023

- ACTION REQUESTED:** **Advisory committee updates – informational only**
- Nurse Practitioner Advisory Committee (NPAC)
 - Nurse-Midwifery Advisory Committee (NMAC)
 - Clinical Nurse Specialist Advisory Committee (CNSAC)
 - Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
 - Nurse Education and Workforce Advisory Committee (NEWAC)

REQUESTED BY: Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

BACKGROUND:

Loretta Melby, Executive Officer and/or the Chairs/Vice Chairs of the advisory committees will provide updates on the activities of the NPAC, NMAC, CNSAC, CRNAAC and NEWAC.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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California Board of Registered Nursing
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Agenda Item 7.2

Discussion and possible action: Removal of Method Three equivalency for licensure for qualifying APRN applications

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BOARD OF REGISTERED NURSING
Nursing Practice Committee
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AGENDA ITEM: 7.2
DATE: May 17-18, 2023

ACTION REQUESTED: Discussion and possible action: Removal of Method Three equivalency for licensure for qualifying APRN applications

REQUESTED BY: Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

BACKGROUND:

Per the [APRN Consensus Model](#), “Advanced Practice Registered Nurses (APRNs) have expanded in numbers and capabilities over the past several decades with APRNs being highly valued and an integral part of the health care system. Because of the importance of APRNs in caring for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs need to be effectively aligned in order to continue to ensure patient safety while expanding patient access to APRNs.” In this model, NCSBN also states: “Currently, there is no uniform model of regulation of APRNs across the states. Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examinations accepted for entry-level competence assessment. This has created a significant barrier for APRNs to easily move from state to state and has decreased access to care for patients.”

This model additionally recommends “Foundational Requirements for Licensure Boards of nursing will:

1. license APRNs in the categories of Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist or Certified Nurse Practitioner within a specific population focus;
2. be solely responsible for licensing Advanced Practice Registered Nurses
3. only license graduates of accredited graduate programs that prepare graduates with the APRN core, role and population competencies;
4. require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure.
5. not issue a temporary license;
6. only license an APRN when education and certification are congruent;
7. license APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision;
8. allow for mutual recognition of advanced practice registered nursing through the APRN Compact;
9. have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles; and,
10. institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.”

The BRN has reviewed each APRN application to streamline its review and license issuance process. As part of that review process staff have recommended removal of the Method Three – Equivalency for the Nurse Practitioner (NP), Certified Nurse Midwife (CNM), and the Clinical Nurse Specialist (CNS) application. The Certified Registered Nurse Anesthetist (CRNA) can only be

recognized in California through National Certification or Method Two and has no equivalency pathway in California.

Each of these certifications have three (3) ways that you can apply for licensure:

- **Method One:** utilized by applicants who have completed a California approved NP or a reviewed CNM or CNS program that conforms with the Board’s rules and regulations.
- **Method Two:** utilized for applicants who completed a non-California Board-approved or non-conforming program and an APRN National Certification is required.
- **Method Three:** an equivalency review process where an applicant who did not complete a Board approved or reviewed program and who does not have a National Certification submits documentation for the purpose of validating their eligibility for these certifications.

The Method Three equivalency process has not granted a certificate to any applicant in five (5) years because of statutory, regulatory, organizational and educational updates.

- In January 2019, regulations section [16 CCR 1484](#) was adopted and since then no NP equivalency certifications have met the updated educational requirements.
- The American Midwifery Certification Board began requiring all certificants to recertify after January 1, 2011, regardless of their initial date of certification and no CNM equivalency applicants have met the Certification requirements.
- Effective January 1, 2017, [BPC 2838.2](#) defined a CNS as a RN with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership and it became quite difficult for CNS equivalency applicants to show they meet these requirements.

Please see the *APRN – Equivalency Method* data below:

	CNS	NMW	NP
Pending	3	0	1
Approved	60%	79%	85%
Received	379	85	279

Last Approval Date	07/06/2018	09/30/2010	05/14/2018

NEXT STEP:

Implement this update for CNM and CNS effective immediately. Pursue a regulatory update to amend the NP Application that was incorporated by reference in 16 CCR 1483 to reflect this change.

PERSON TO CONTACT:

Loretta Melby
 Executive Officer
 California Board of Registered Nursing
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Agenda Item 7.3

Discussion and possible action: Accepting only electronic submission of transcripts

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AGENDA ITEM: 7.3
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ACTION REQUESTED: Discussion and possible action: Accepting only electronic submission of transcripts

REQUESTED BY: Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

BACKGROUND:

Transcripts can be sent to our Board electronically (via email to BRN.eTranscripts@dca.ca.gov and/or BRN.APRN.eTranscripts@dca.ca.gov) from a certified third-party electronic transcripts vendor such as Parchment and National Student Clearinghouse, or directly from an applicant's school.

For applicants that attended a nursing program in another state, it was recommended to accept only the electronic delivery of transcripts from a certified third-party vendor as a means to decrease the probability of fraud. This process was discussed with Board staff and DCA and it is now being presented to the Board for consideration.

This process will not change the graduating California students who already use an alternate to paper transcript submission by utilizing the California Graduate Nursing Program Director Portal.

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
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