Agenda Item 4.2

Review and Possible Action: Approval of Prior Meeting Minutes from March 20, 2025

BRN Board Meeting | May 28-30, 2025

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

DRAFT

Date: March 20, 2025

11:00 a.m. **Start Time:** 11:00 a.m.

Location: **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not being provided.

The Board of Registered Nursing held a public meeting via a teleconference platform.

Thursday, March 20, 2025 - 11:00 a.m. Board Meeting

11:00 a.m. **1.0** **Call to Order/Roll Call/Establishment of a Quorum**

Dolores Trujillo, RN, President, called the meeting to order at: 11:00 a.m. All members present. Quorum established at 11:01 a.m.

Board Members: Dolores Trujillo, RN – President
Nilu Patel, DNAP, CRNA, FAANA – Vice President - Absent
Jovita Dominguez, BSN, RN
Patricia "Tricia" Wynne, Esq.
Roi David Lollar
Vicki Granowitz - Absent
Alison Cormack

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – DCA Legal Attorney

11:01 a.m. **2.0** **General instructions for the format of a teleconference call**

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

11:03 a.m. **3.0** **Public comment for items not on the agenda; items for future agendas**

Public Comment(s) for Agenda Item 3.0:

Bianca Stopani – She filed two complaints against nurses that were closed. She said Loretta Melby made a comment at another meeting that nurses are asked to report if they have issues with drugs or alcohol, but they may not know they have a problem. She said the enforcement board do their due diligence by doing a thorough investigation that includes drug testing and mental health evaluation and when they renew their license. She is willing to speak with legislators to increase accountability to ensure RNs are operating from a place of integrity.

Loretta Melby said there is no requirement for drug testing for licensure or at license renewal. Complaints are received where they are triaged and investigated, and she doesn't have any part of that process. If there was that type of ask, then it would have to go through the legislature.

Emily Frank, CRNA, on behalf of CANA – Here to urge the board's support of AB 1215, not on the agenda, that ensures CRNA, NP, and CNM can serve on hospital medical staffs. This directly affects patient safety, healthcare access, and professional recognition of APRNs. This all aligns with the BRN's mission to protect the public, promote access to care, and advance the nursing profession. For 2 years CANA has petitioned CDPH to update outdated regulations that limits hospital medical staff to only physicians, dentists, podiatrists, and clinical psychologists, excluding high qualified advance practice nurses. These restrictions are not only outdated but conflict with existing law. The California Business and Profession code already allows hospitals to grant medical staff membership to licensed, competent, and ethical providers. A 1990 California attorney general opinion confirmed that CDPHs restrictions lack legal support. Yet, hospitals hesitate to act out of fear of regulatory enforcement. In at least four rural counties in California, nurse anesthetists are the sole anesthesia providers. Yet without medical staff membership, they are excluded from critical hospital decision making, including credentialing policy development, and patient care oversight. This creates unnecessary barriers to safe, efficient anesthesia services. Since CDPH refuses to remove these unlawful restrictions, AB 1215 is necessary to ensure hospitals can recognize the full leadership role of advance practice nurses. We urge the BRN to support this bill by one, placing this issue on a future agenda, two, taking an official position in favor of AB 1215, and three, advocating for the rightful inclusion of nurse anesthetists and other APRNs on hospital medical staffs. This is an opportunity for the BRN to stand by its mission and help eliminate barriers that limit patient access to care, and we ask for your support.

Joshua Kemper, DNP, CRNA – Said he provides anesthesia services in hospitals and surgery centers in Visalia, California in the Central Valley. He has provided independent direct patient care since 2015, yet he has no voting rights on hospital medical staffs, and he would like to urge the

BRN to support Assembly Bill 1215 because it modernizes outdated title 22 regulations to better align with existing California law that ensures that nurse anesthesiologists and other APRNs can be recognized in hospital governance. California law already allows independent CRNA practice, but these outdated title 22 regulations exclude CRNAs from medical staff membership, even when they're the sole anesthesia providers in four different counties. Some administrators have been misled into thinking that CRNAs “must be supervised” or can't serve on medical staffs despite California law permitting full medical staff membership. Apparently for nurse practitioners under Business and Professions Code section 805.5 California Department of Public Health has ignored this issue for over 30 years since the DHS's opinion was issued in 1990 was upheld and affirmed by Attorney General John Van de Camp in an opinion number 90-0612 confirming that Title 22’s restrictions on non-physician medical staff membership were in fact unlawful. This harms patient care and provides for inconsistent credentialing that leaves hospital staff and administrators with regulatory uncertainty and situations like what unfolded in Modesto in 2024. If this bill had been in place, hospital bylaws would likely have been updated to reflect state law reducing credentialing delays that would have no longer been based on outdated Title 22 language. Assembly Bill 1215 does not dictate any staffing models in any way, but it does remove any legal uncertainty that leads to last minute administrative barriers like what happened in, in Modesto. He’d like to again urge the BRN to update Title 22 to match existing state law, prevent outdated bylaws from delaying care and ensure that all anesthesia providers have input and… (time ran out to comment)

Debra Varela – Said she is a CRNA for 34 years. Emily and Thomas covered AB 1215’s logistics well. She would like to put a real-life personal experience to this. She is currently employed at the Modesto facility that was had the interruption of care this past summer. She would like to emphasize that AB 1215 does not change the CRNA scope of practice but would allow them the opportunity to be involved at a level that could protect their patients and facility from such a disruption. The physicians and nurses were also interrupted in the work they do to ensure patient care and access. Consequences have resulted in a decreased ability to recruit CRNAs to an area that's already under served. They have not been allowed a position on the medical staff where again, they could be instrumental in seeing that they don't have disruption to a population that's already vulnerable and short of care. They're proud of the work they do, and they would greatly appreciate the support with AB 1215 that can ensure moving forward patient access is here for their patients.

Gina Yan – She is a CRNA currently practicing at Kern Medical Center in Bakersfield, California. Her group consists of 25 CRNAs and four anesthesiologists. They all practice independently alongside each other to provide anesthesia services to surgical and obstetric patient

populations at this level two trauma center and its associated outpatient surgery center. This is the only trauma center in the area and a safety net hospital for the surrounding populations. In 2024, she and her colleagues administered about 6,000 anesthetics in the operating rooms and procedure areas, as well as 2,000 anesthetic service procedures in the obstetric service. About 90% of those anesthetics are administered by her CRNA colleagues and herself in the independent practice setting as well as all the obstetric services including epidurals and C sections. She is here to urge the board to support AB 876 is a crucial bill that saves patient access to anesthesia care in the critical areas such as where she works by reinforcing the long-established practice of CRNAs in California. Like many have has spoken about the incident at Modesto Hospital last year, over a thousand surgeries were canceled or delayed due to the interference from CDPH where she works. These are very vulnerable patient populations at these safety net hospitals. They do not have a lot of options to access anesthesia care. She truly believes that AB 876 eliminates unnecessary regulations and codifies and solidifies the long-standing practice that CRNAs have established in the state.

Loretta Melby said AB 876 is on the agenda and will not be taking any more public comment related to that bill until it is discussed later in the agenda. If public commenters still want to make a comment about AB 1215 that is not on the agenda, they are welcome to. However, she wants to let them know that it is scheduled to be on the May agenda. The board members cannot take any motion of support or against the bill today. Commenters are welcome to continue to make public comments today or they can hold their public comment until the May board meeting. They will not be taking any further public comment on AB 876.

Sharon French – She said she won't reiterate everything people have said so far. She wants to thank the board for considering the bills from the CRNA organization with California, with CANA. She'll hold her comment until the May meeting for AB 1215, but she looks forward to discussing 876 when it comes up on the agenda.

Jake Sareerak, DNP CRNA - He works with Debbie, and he would like to ask the board to put AB 876 and AB 1215 on the agenda. He knows how they are affected by their role, not being clearly defined, and not having the voting right on the medical staff can affect their role and ability to practice to the fullest of their scope.

Loretta Melby again said AB 876 is on the agenda today and AB 1215 will be on the May agenda.

Ashley Banks – She said she’s a nurse anesthesia resident in Fresno California, and she’s here today to voice her strong support for AB 1215, which would allow advanced practice providers like a nurse anesthetist to be fully recognized as members of hospital staff. This bill would

ensure that hospitals can function as truly interdisciplinary teams where all qualified professionals have a seat at the table and can advocate for the best patient centered care.

Julia Harris - She urges the board's support for AB 1215, a critical bill that enhances patient safety by ensuring nurse anesthesiologists are included in hospital medical staff governance. This bill not about professional recognition, it's about protecting public access to safe, uninterrupted anesthesia care. She has worked in hospitals where nurse anesthesiologists were the only anesthesia providers, yet outdated regulations exclude them from hospital decision making. This creates barriers, delays credentialing, disrupts services, and impacts patient care. In 2024, nearly 1,000 surgeries were canceled as several of these other speakers have noted and it was because hospital bylaws fail to recognize CRNAs disproportionately and which disproportionately affected Medi-Cal and Medicaid care patients. AB 1215 prevents this from happening again by allowing hospitals to formally include CRNAs in governance ensuring anesthesia services remain accessible and ensures that practice within the hospital matches with the bylaws of the hospital allows. CRNAs undergo rigorous education and training. However, without representation in governance, these safety policies and workforce decisions are made without input from those delivering the anesthesia care. This is especially dangerous in underserved areas where CRNAs often are the only providers ensuring access to surgical care. California hospitals already include other advanced practice nurses in governance, yet CRNAs remain excluded. AB 1215 modernizes outdated regulations, ensuring hospital's recognition, the professional safeguarding patient lives daily. She respectfully urges the BRN to support AB 1215 and help protect access to safe anesthesia care.

Loretta Melby said she would like to reiterate for those that may not have been on the call earlier that the board cannot support a bill that is not on the agenda. AB 1215 is not on the agenda today but will be added to the May agenda if the public wants to wait until that meeting to take a position on the bill. The board cannot act on this today but will consider it at the May meeting.

Dr. Kristen Roman – She is calling about AB 1215. She knows it'll be on the May agenda, but figures, let's get the ball rolling now. She's in support of AB 1215. She works in a hospital with an ACT full supervision model series and advanced practice nurses provide core services at this hospital, yet they're not allowed to join the medical staff, which is solely physician led. This form of exclusionary leadership is outdated and does not reflect the reality of today's health care system. Business and professions code allows nurse practitioners to serve on hospital medical staffs, yet the CDPH has not updated its regulations to reflect these changes. On numerous occasions, the CDPH has ignored petitions directed at this discrepancy to update their restrictive regulations.

There's even an Attorney General opinion which confirms that these restrictions enforced by the CDPH are not supported by law. Yet the CDPH remains steadfast in its refusal to update its regulations. AB 1215 will put a stop to this roadblock by putting in statute what CDPH refuses to update in regulations. Rural counties served primarily by nursing providers are unable to update anesthesia credentialing and policies because there's no anesthesia input on the hospital staff. This is a major problem. Healthcare facilities must be able to update policies and facility bylaws to reflect their practice needs to ensure safe care delivery to their patients. Inability to ensure their practice and safety needs match hospital bylaws puts the facility at risk of facing CDPH sanctions and can greatly limit the care hospital can provide to its community. She encourages the BRN to consider the importance of AB 1215 in their future discussions. She is concerned this issue was not already on the BRN agenda for this meeting of legislative issues under consideration. This issue is critical not only to APRNs, but most importantly to their patients who deserve safe, timely and accessible care no matter where they live or how they pay for services.

Nancy Smith – She said her question necessary given how important this issue is that everyone has been talking about. She wonders how the bills are selected for the agenda to talk about because there has been so much discussion about enforcement and discipline. In the committee meetings that were a few days ago, you were talking about the actual numbers with advanced practice nurses and since 2018, just going from memory, she thinks there were like 419 advanced practice NPs total disciplined of all discipline and 42% of them gave up or revoked or surrendered their licenses right away. Half of the advanced practice nurses are already giving up their licenses. She feels like a person is getting disciplined, they're not going back to practice. So, why doesn't the board put their efforts more towards this bill that is far more about protecting the health, safety, and wellbeing of the public through a fair and consistent application of the statutes and regulations governing nursing practice and education in California? Because there has been inconsistent interpretation of the regulations. She feels like the board is putting a lot of time and effort towards a lot of enforcement and discipline challenges where this is important and she’s wondering how bills are prioritized for the agenda.

Loretta Melby said this bill, AB 1215, does not affect the Nursing Practice Act, and the Board of Registered Nursing comes under the Nursing Practice Act. Therefore, the bills that are typically put on the agenda are bills that specifically talk to the Nursing Practice Act. When there are bills that affect nursing practice that aren’t directly under the jurisdiction of the BRN, sometimes they are left off agendas, sometimes the board will take a watch position because they don’t have authority over it, and other times the bills will be put on the agenda to have a discussion around it and take a position. Most of the bills that are on the

agenda and the board takes a position on don't directly affect the Nursing Practice Act and are ones the board tends to take action on.

Robert Augat – He's served for the past five years as the sole anesthesia provider at Mountains Community Hospital, which is a remote critical access hospital in the San Bernadino mountains. A few months ago, he stepped out of a medical executive community meeting where critical decisions like crafting policies to address post op complications and better heart committee initiatives were deferred. Why? Because under current regulations he's barred from participating in closed session forums, even though he develops anesthesia policies and reviews cases daily for his hospital. Across California, these outdated regulations are forcing rural facilities to delay care and strain already limited resources. This isn't about scope creep as the objection comes up. It's about patient safety and common sense. CRNAs like himself are often the only anesthesia providers in rural counties yet were excluded from medical staff decisions that directly impact the anesthesia care they deliver. He wants to be clear that physicians are their partners, but when his colleague told him last week that he has a three-hour committee meeting and he's lucky he gets to go home, it underscored a systemic problem. They've practiced competently for over a hundred years in California and should not only share governance responsibilities but be held to the same level of scrutiny as his colleagues if official medical staff membership is allowed. Modernizing these statutes isn't just about workload though, it's about ensuring that people who travel to, live, or vacation in rural areas aren't left behind. The reality is as much as some may wish that a physician anesthesiologist be available at all rural hospitals, the fact is that this is not possible as they know, there simply aren't enough anesthesia providers available to fill the need and demand at all facilities. When you travel for vacation to rural areas to go skiing, hiking, camping, and you break your leg, it is almost certain that your anesthesia will be provided by an independently practicing CRNA at the hospital you're transported to. He thinks all would agree you'd want the facility expert in all matters related to have strong input regarding the anesthesia policies instead of what currently happens, which is anesthesia policies being crafted by podiatrists, the pediatrician or the resident psychologist. This is a no brainer. Pass these bills to strengthen interdisciplinary collaboration, preserve physician leadership… (time ran out to comment)

11:36 a.m. **4.0** **Report on Legislation**

Marissa Clark provided additional context around what bills are included on the agenda when they are not specifically affecting the Nursing Practice Act.

11:37 a.m. **AB 667** **(Solache) Professions and vocations: license examinations: interpreters**

Board Discussion: Patricia Wynne likes the intent behind the bill. There are 11 different languages requiring interpreters and thinks that might be costly to the board going forward.

Loretta Melby said this bill implementation would be required to be provided by PearsonVUE who has locations throughout the world. The contract would have to be updated to include the interpreters for California applicants. This could be similar to a testing accommodation. She said when NCSBN had to translate the test from English to French it took a couple of years to complete. She spoke about the interactive nature of the exam and how the exam questions are selected for an applicant. She spoke about the Spanish words previously included in the Nurse Practitioner statutory language that is not accurate. She read out the five-step process used by NCSBN to translate the exam from English to Canadian French from the NCSBN website. She said she and Marissa Clark spoke with NCSBN staff to see if the exam could be translated for this bill, and they were told no they could not. She does not think this bill is implementable at this point.

Alison Cormack said the NCLEX is the foundation for licensing. She spoke about some of the language in the bill. She has worked with translators versus interpreters. She looked at the steps used by NCSBN in their exam translation and said mistakes could be made when making the interpretation. She said the most common language translated could be Spanish. She said she is familiar with Cantonese and Mandarin, but the language says Chinese and wonders what that means. She thinks there are many languages that could be considered Chinese.

Motion: **Dolores Trujillo motion to watch**

Loretta Melby said if the bill passes it would not be implementable. She would ask for the Board to consider an amendment to exempt BRN from the bill.

Marissa Clark said the options are Support if Amended or Oppose unless Amended.

Patricia Wynne said the problem is that this is not enforceable, and this bill says it must be done by July 2027.

Reza Pejuhesh asked if the board would handle each bill with public comment or joint for all bills.

Dolores Trujillo said they should go to public comment now.

After Public Comment:

Dolores Trujillo amended motion from Watch to Oppose Unless Amended.

Loretta Melby, Patricia Wynne, and Marissa Clark discussed removing BRN from the bill.

Dolores Trujillo asked if NCSBN would be affected by the bill.

Loretta Melby said they are not affected as California BRN has a contract with them and they can decide what they do with different languages.

Motion: **Dolores Trujillo motion to watch to Oppose Unless Amended with amendment to remove the BRN from the bill.**

Second: **David Lollar**

Public Comment(s) for AB 667: No public comments in any location.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

11:58 a.m. **AB 742** **(Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves**

Board Discussion: Alison Cormack asked what the other bill is – AB 518 was confirmed by Marissa Clark. She asked about the change of wording from prioritize to expedite.

Patricia Wynne supports the intent of this bill and righting the wrongs of the past. She wonders about the secondary bill to establish the new department, and this seems like putting the cart before the horse due to the time it could take to stand up a new department.

Marissa Clark spoke about the two time frames associated with the bill.

Patricia Wynne spoke about the race grid provided and there are underrepresented communities. She's inclined to support but worries about the timeline to implement.

Alison Cormack asked to offer a friendly amendment to change word prioritize to expedite.

Motion: **Dolores Trujillo to Support if Amended – Amendment to change prioritize to expedite.**

Second: **David Lollar**

Public Comment(s) for Agenda Item AB 742: Sandra – She did her NCLEX and graduated in Mexico. She said their program was different and some words would be challenging to translate.

No public comment in Sacramento.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

12:08 p.m. **AB 876** **(Flora) Nurse anesthetists: scope of practice**

Board Discussion: Loretta Melby read a letter of support from Nilu Patel, CRNA, board member, who could not attend the meeting.

David Lollar supports the bill. He said when he read the bill, he thought they already do this.

Loretta Melby said they already do this but there have been issues about CRNA practice and interpretation of statute since there are no regulations. She said she did research about the board and said letters were sent out in 1980, 1988, 1990, and 2010 about CRNA practice. The CRNA advisory committee was created, and they are looking to develop regulations. The CRNAC said the statutory language was limited. This change codifies what they do.

Patricia Wynne supports the bill. On page 6 of the analysis, she asked about the bullet saying a CRNA does not work under the supervision of the MD, podiatrist, or dentist who requested the anesthesia. Is this to clarify this is independent practice?

Marissa Clark said it has been ruled in the courts that CRNAs do not have to be supervised. They have the authority to administer without supervision.

Patricia Wynne spoke about another bullet that said the MD, podiatrist, dentist or other healthcare provider shall not assume supervision. She talked about a dentist in a dental office with a patient not assuming supervision of a CRNA. She does not understand how that would work.

Marissa Clark said that is to clarify that a surgeon has expertise, but it is not in anesthesia.

Patricia Wynne said that's fair.

Alison Cormack appreciates the letter and service of Nilu Patel and information from the association. She is supportive. She has two things to ask. The part that says ordering and administering controlled substances shall not constitute a prescription. She would like to know how that works. In a related bullet, the CRNA may select and administer medication. She used to work in tax policy and there were certain words used. How does ordering and selecting differ. She would like more clarity with selecting, prescribing, and administering.

Marissa Clark spoke about pre, during, and post, the CRNA has the ability to select the appropriate medications based on the patient.

Alison Cormack asked if there is a word for that besides prescription.

Loretta Melby said there isn't. It is based on Pharmacy law. She spoke about the different types of situations a patient might experience while undergoing a procedure. She spoke about NP and CNM having furnishing (prescribing) abilities that CRNAs do not have. She said the CRNA would be able to select medications during the specific times periods of care. CRNAs use a hospital's DEA license for this.

Alison Cormack thanked them for the information. Another issue on page five in the middle, "In accordance with the policies of the facility or office, initiating orders to registered nurses and other appropriate staff,". She asked if this normally occurs or is this a change in hierarchy of staff.

Loretta Melby said this currently occurs. In BPC 2725, it outlines the physician, podiatrist, and dentist but doesn't mention CRNA.

Alison Cormack said this role is very important. A CRNA or anesthesiologist cares for us and our loved ones is very important and appreciated.

Motion: **Dolores Trujillo to Support**

Second: **Patricia Wynne**

Public Comment(s) for Agenda Item AB 876:

Joshua Kemper – CRNA in the central valley commenting again. He appreciates the excellent review of the issues surrounding the need for this assembly bill. He'd like to continue along those same lines. This is highly targeted to address certain regulatory overreach. In this case he believes the California Department of Public health imposing unnecessary restrictions and sewing discontent and uneasiness amongst hospital administrators and surgeons because of the lack of clear statutory language. It's not changing anything about the way they practice right now but making it crystal clear exactly how CRNAs practice in California right now. He urges your support for AB 876.

Elizabeth Bamgbose - She wanted to thank the board for the time that they've invested in getting to know a bit more about their practice over this past year plus. She's completely humbled by the comments today, the deeper understanding of where they're coming from, and the practice they carry out every day in California. As she mentioned prior, they've been practicing for greater than 150 years across the nation. She wanted to reiterate that having practiced 18 plus years herself and doing thousands and thousands of cases, and now practicing as a full time educator to the profession that the degree of rigor that their education holds across the nation and of course in all six of their California schools is commensurate with the level of work and care they are able to provide to every California patient who they interact with. She thinks this does nothing except reaffirm what they are doing out there every day and what they are educating the future CRNAs to do. Allowing the many administrators who help them credential and work within their facilities with their clients and patients make sure they're all on the same page in understanding what their role is in a patient's surgical and anesthesia journey. She appreciates the support and time invested into helping them reaffirm this and make this very well-articulated within the language that the BRN holds for them.

Julia Harris – She urges support for AB 876, a bill that protects the public safety and access to anesthesia care by clarifying the role of nurse anesthesiologists in California. This bill ensures that patients receive safe, timely, and uninterrupted anesthesia services by preventing unnecessary restrictions on nurse anesthesiologist scope or practice. Nurse anesthesiologists are highly trained anesthesia providers. They deliver anesthesia independently across hospital surgery centers and critical care settings ensuring safe and effective anesthesia care. Despite their proven track record, misrepresentation of the nurse anesthetist act has been exploited to change nurse anesthesiologists or to challenge nurse anesthesiologists' ability to practice, creating barriers that delay and deny patient care. These actions not only restrict access to anesthesia, but also jeopardize patient safety, particularly in rural and underserved communities where nurse anesthesiologists often are the only anesthesia providers. AB 876 prevents these unnecessary disruptions by reaffirming that nurse anesthesiologists can administer anesthesia independently and clarifies that their role extends across the full continuum of anesthesia care from preoperative assessment to post operative recovery. This bill protects patients by eliminating legal uncertainty and ensures anesthesia services remain available and allow hospitals to utilize nurse anesthesiologists effectively to meet patient needs. Without AB 876, facilities may face increased surgical delays staffing shortages and reduced anesthesia availability ultimately putting patient's lives at risk. By supporting AB 876, the Board of Registered Nursing can help ensure that all Californian's regardless of location have access to safe high quality anesthesia care without unnecessary restrictions. She respectfully urges your support for this.

Loretta Melby said before moving to the next comment, she wants to make sure that public commenters are aware the board is taking a position of support on this bill. So for those asking to support the bill, it was supported so that there's no clarification needed.

Dr. Kristen Roman, DNAP, CRNA – She thanks the board for their support. She practices in an ACT full supervision model at a large hospital in Los Angeles. She also practices independently with no physician oversight at a number of surgery centers in the greater Los Angeles area. She provided over 2,500 anesthetics annually. She wants to emphasize that special interest groups have purposely exploited the language and the Nurse Anesthesia Act to challenge the right of CRNAs to practice in California that interpretations of the nurse Anesthesia Act and a seemingly willful ignorance of CRNA practice as legally established time and again throughout the past 40 years has become weaponized to threaten the closure of healthcare

facilities when CRNAs practice to their full and lawful scope. Over a thousand cases of primarily Medicare and Medi Cal recipients were canceled by the CDPH survey team led by a physician and a physiologist misinterpreted CRNA practice. The ramifications of this action have been felt throughout the state as confidence in CRNAs has eroded. At her hospital in Los Angeles, she's been personally affected as the ability of CRNAs to safely train their own nurse anesthesia residents is being called into question and challenged. She appreciates the board's support and urges members to continue to support AB 876 as this field is essential to safeguard patient access to anesthesia care by codifying and clarifying existing CRNA practice.

Kevin Valentine – He's a CRNA student at Samuel Merritt University in Oakland California. He wants to attest to Dr. Bamgbose when she stated the rigors of nurse anesthesia school. He can attest to these rigors through his blood, sweat, and many tears. He wants to thank the board for supporting AB 876 because it ensures that the rigorous education he's currently enduring will be preserved upon graduation. Thank you for your time, support, and commitment.

Debra Varela, CRNA – She thanks the board for, not only the support they're hearing, but more importantly evidence of the work the board puts into fully understanding the bills and all that goes behind it. She's been a nurse for 40 years, a CRNA for 34 years, and personally have always felt very supported by the Board of Nursing. Of her 34 years as a CRNA, 28 years has been in CRNA only practice. Four of those years were abroad in the 67th combat support hospital and then two years spent in rural facilities. She's currently employed in Central Valley hospitals that were impacted this past summer. All of that was explained well and she appreciates the support. As the board knows, at the heart of all the things that nurses do is patient care. One impact of this has been difficulty recruiting or facility hesitation to use CRNAs due to the events that occurred. Something that is difficult for her after 34 years is to see this has resulted in mental anguish for their patients. She wanted to express her gratefulness and appreciation that this could help alleviate patient concern when they're already worried about surgery. She appreciates all the board's work.

Gina Yan – She truly appreciates the board's support on this matter and would like to tell the board a little bit about her anesthesia group that she's currently practicing with. She's a resident of Bakersfield, California, and her anesthesia group consists of about 25 CRNAs and four anesthesiologists. In the last year they provided about 6,000 anesthetics and 2,000 obstetric anesthetics, in sole CRNA practice.

In addition, they provide preoperative assessment, order certain tests such as laboratory exams, EKGs during their pre op screening with the surgeon's office in case something is missed that's necessary for anesthetic care. They perform regional anesthesia such as peripheral nerve blocks in a preoperative, interoperative, and post operative setting as well as the ICU for trauma patients that require pain management. They manage pain for the entire hospital outside of the emergency rooms such as intubation that's required in ICU. They always provide emergency anesthesia assistance to procedural areas such as endoscopy suites, obstetric services, epidurals and C sections are provided by CRNA. She is a relatively new provider who graduated last year from Kaiser Permanente's anesthesia program. The reason she relocated from Los Angeles, which has been her home for the last 25 years, to Bakersfield is because of the incredible group of CRNAs that she works with. She rotated there as a student and she was truly wowed by their knowledge, expertise, compassion, and overall care they provide to the very vulnerable patient populations. That is why she decided to relocate her entire life to work there and believes this bill is a direct step in the right direction in clarifying the language in the Nurse Practice Act to provide protection to the CRNAs and support their practice and all the good work they've done for the vulnerable patient populations as well as protecting their access to anesthesia care.

John Williams dropped off but typed a comment in that says he has worked as a nurse anesthetist for nine years primarily in the underserved Central Valley. He strongly supports this to increase healthcare access quality and equity.

Melanie Roe, CRNA – She’s Practice Director for the California Association of Nurse Anesthesiology. She thanks her colleagues who made comments and thanks the board as well. She’s a little emotional, but very appreciative of the work that they've done in the last couple of years and the board has helped them, so thank you so much. She wants to address board member Cormack’s questions, and she thinks this definitely exemplifies why this bill is so necessary because over the years they continue to try and explain the difference between a prescription and an order and select and administer. Because the Nurse Practice Act, has a word order, but then there's a code of federal regulations part that she will email to Miss Clark. Part 1300, a prescription means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user. In anesthesia administration, that's what they're doing every day, and also the select and administer. Wording is used in many other statutes of other states, but it's also their scope of

practice language from the American Association of Anesthesiology and the accreditation, COA (Council on Accreditation) that accredits all of their schools and how CRNAs are educated that is the same language to select and administer. All the pharmacology classes they take, two semesters of pharmacology just in CRNA education on top of their RN pharmacology education is how they have the knowledge and experience to be able to select the medications and then their nursing experience is how they deliver and administer the medications on a daily basis. As the board remembers with their previous attempts at being able to provide more anesthesia in dental offices, the confusion was completely about the difference between a dentist ordering the anesthesia versus a dentist ordering medications to use in their offices. This is exactly what they are trying to solve in this situation for this bill.

Loretta Melby/Marissa Clark asked for the repeat of the code of regulations that they're referencing?

Melanie Roe said section 1300 in the Federal Regulations on definitions.

Emily Frank – For the California Association of Nurse Anesthesiology. She's the current president and is a practicing CRNA as well. She wants to reiterate she had a whole statement ready, but she's not going to bore the board with all the details because all seem to get it. She wants to start by thanking the board member for a lot of hard work, a lot of time and effort has been put into understanding what their practice is, which is why they are there and why they have this bill in the first place. It is difficult to understand in part because it is so piecemeal, it's all over the place. This is their attempt to put it in one place, make it really clear, and then build regulations on that because that's how things have to go. She wants to go back to supporting what their previous president, several presenters ago, Liz Bamgbose mentioned and apologize for not being able to pronounce her last name because we can't even say our own title most of the time, but this is not an expansion of scope. This is a clarification of their current scope and current practice as was stated. All these things they do currently, which includes pre op'ing patients and optimizing them for surgery, which means placing orders for x rays, placing orders for EKGs, all those things to have other people carry out. That is very much part of their normal practice currently. They want to avoid the misinterpretation and things the survey has caused in the Central Valley, and the chilling effect it's had on having CRNAs practice independently in these underserved communities that don't have the manpower to begin with and make sure that they emphasize because we know we

have a shortage in California. It's key that they can continue to work independently as they have and serve these areas that have no other providers in them so there is no shortage of providers. They see a common layering effect of multiple providers for one patient, which is the supervision model, which not only is pointless, as we have evidence to show, but is also extremely expensive especially in these areas that are already burdened by hospital expenses. Thank you again for all the time you've taken on these issues in the past and in the future.

Danny Bell – He's a practicing CRNA and an educator at Samuel Merritt University. As most educators know, they always like to get the last word, so he's grateful for maybe being able to get the last word today. He was a pediatric ICU nurse for four years and in his practice as a nurse anesthetist, one common denominator is that uncertainty harms patients, a lot of their work is to try to make the uncertain certain and then they can care for the patients better. As true as that is in clinical practice, that's true in regulatory practice as well. Another thing as an educator he likes to bring receipts and evidence to everything he says. While he believes there is uncertainty within the state of California, he doesn't believe that BRN has done its job. BRN has done its job repeatedly. The BRN sent letters going back to September 12, 1988, July 11, 2002, January 24, 2003, November 23, 2004, and January 20, 2005, emphasizing over and over again that CRNAs can practice independently. In addition to the BRN's good work, the state of California, through their court system, has also established that going back to 1984, there was an Attorney General opinion to the California courts since September 28, 2010, an Appellate court in March 15, 2012, and the California Supreme Court in June 13, 2012, all reaffirmed that the CRNA scope of practice as they have outlined in the current statute that they're proposing, the reason that all those letters had to be written, the reason all those things had to be taken to court is because there were other entities that had confusion, whether it was California Department of Public Health, DHS, or there's JACO (Joint Commission) or other entities or organizations, they all tried to challenge or were upset or confused about what our scope of practice is, and every single one of those times was a clarification of what they already established. He's grateful for the California Supreme Court and for the BRN and all the work they've done to clarify that over and over again. The unfortunate part is every single time that happens, it can cause a delay, that uncertainty can cause a delay to patient care, like was seen recently in doctor's Hospital Modesto where thousands of cases were canceled, and care was delayed. The uncertainty is what they're trying to solve. This is exactly what the scope of practice is in the state of California, and

they believe a California Association of Nurse Anesthesiologist that by providing that clarity by being more certain it will provide more reliable access to care and decrease the kind of patient harm that happens when we have delays because of that uncertainty. As an educator, he can always go over time and he's not used to having somebody say stop, is that your academic freedom? His students don't get to tell him that.

Ashley Banks – She's a critical care nurse and a current CRNA resident. She wanted to sincerely thank the board for their support of AB 876. As a current resident in the Central Valley, she's grateful for the commitment to protect CRNA autonomy and ensuring that nursing anesthesia providers can continue to deliver safe and high-quality care without any unnecessary barriers.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

Break 12:53 p.m. – 1:15 p.m.

Quorum re-established at 1:16 p.m. (5 members present)

1:16 p.m. **AB 938:** **(Bonta) Criminal procedure: sentencing**

Board Discussion: Alison Cormack finds it concerning that this is for a violent offense. The softening of result to direct result is concerning too. She asked if AB 479 could be amended based on this bill.

Marissa Clark said she doesn't think a position could be contingent based on another bill. She isn't sure if the author would be open to amendment of AB 479 or this bill. She said this is a tricky place to be.

Alison Cormack thinks it is far outside their area.

Marissa Clark said the bill was brought based on the other bill.

Patricia Wynne is concerned about the violence too but without taking in the entirety of the situation should not prohibit someone who was trafficked to petition.

David Lollar is not grappling with this. He said victims of human trafficking can have them result in violence. He gave an example of someone breaking into a house and someone being harmed. His

concern or the thing that catches a loophole is being exonerated of all violent crime if he's a victim, did he get permission to kill his abuser.

Marissa Clark spoke of providing evidence for any of the three sections in the bill. The bill removes "direct."

Loretta Melby said this bill was brought because of the BRN sponsored bill. The BRN has been affected by this when complaints were filed but no action was available because of sealing the information. She said if this bill turns into a two-year bill, it would be a good idea to modify the other bill, as suggested by Alison Cormack.

Alison Cormack is nervous about taking a Support position when there should be an amendment to provide information to the board to make a decision.

Dolores Trujillo asked if this should be a motion to support if amended.

Patricia Wynne said a support position does not have to be taken to suggest amendments.

Alison Cormack asked if they could recommend an amendment.

Marissa Clark said in a previous job they gave a bill position of neutral seeking amendments.

Alison Cormack is comfortable with the suggestion.

Dolores Trujillo is also comfortable with this.

Motion: **Alison Cormack: Neutral with amendments to incorporate the intent of AB 479**

Second: **Patricia Wynne**

Public Comment(s) for Agenda Item AB 938: No public comments in any location.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:29 p.m. **AB 985** **(Ahrens) Health care practitioners: titles: name tags**

Board Discussion: Patricia Wynne said she would like to discuss this bill since Marissa Clark will be out on leave. She spoke about the use of doctor and understands that those who earn a doctorate degree should be able to use the title. She values the input from the nurses and public members on the board.

David Lollar defers to the nurses and spoke about the DNP and professors who are DNPs use of doctor in the classroom. He doesn't know why there should be a nuance to this.

Marissa Clark said SB 1451 in the previous session was codified into law. She said the use of doctor in the healthcare setting is prohibited. This bill prohibits the use on a name tag.

Loretta Melby said the name tag could say doctor but also identify person as MD or RN. That seems to be clear in a healthcare setting. She has never walked into a healthcare setting and been confused about the role of the person. She said if the person introduces themselves or holds themselves out then that could be confusing.

Dolores Trujillo said there is a separate badge under the name tag that specifies role such as RN, Nurse Leader, etc.

Loretta Melby said this came out many years ago to reduce confusion. She said nurses have worked hard for the terminal degree. She thinks it could still be used on an ID and not be seen as a physician.

Alison Cormack said this could be in a hospital or some other setting. She asked about the author's intent for this bill.

Marissa Clark said she contacted author's office for fact sheet and was told it is a spot bill and there is an intent to substantively amend it down the road.

Alison Cormack asked if the bill language will be in this vicinity or is it a gut and amend.

Marissa Clark said she is uncertain. She has seen it both ways and it is kind of tricky to know how it will go. Sometimes they are clear in the introduced language what the intent is but sometimes it is not.

David Lollar asked if it is best to not take a position at this point.

Marissa Clark said it is up to the board to decide. Her best guess is it will change significantly but she does not know that for sure.

Loretta Melby said there was a spot bill last year and it was changed at the last minute and the board did not have the chance to take a position until late.

David Lollar said it is March and the bill should not go anywhere by May.

Marissa Clark said spot bills will be amended in first policy committee. She has seen instances where it isn't amended until second house. If the board takes a position and the bill changes then it would cancel out.

Dolores Trujillo asked what the position was last year.

Marissa Clark said the bill last year included AB 890 changes too. She thinks it was a Support if Amended seeking removal or clarification of doctor language.

Loretta Melby said she remembers Nilu Patel bringing this up and it affects her while she teaches.

Marissa Clark confirmed it was a Support if Amend. The bill was an omnibus bill with a lot of different language in it.

Dolores Trujillo asked if anyone wanted to make a motion.

Motion: **Patricia Wynne to Watch**

Second: **Alison Cormack**

Public Comment(s) for Agenda Item AB 985: Valsala Zachariah – She asked if a RN could abbreviate their name on a name tag for safety reasons.

Marissa Clark said she's not sure that's under the board's jurisdiction. She said the code section in this bill is Business and Professions Code section 680. She read the language, and it says it must state the name.

Reza Pejuhesh said there is a BPC section 680 that says the name tag must show the name as it reads on the RN license. Section

680(a) said if a practitioner is working in a psychiatric facility, or one not licensed by the state then the practitioner can modify the name for safety. This is a narrow way to modify the name. The commenter may want to follow up on their facility and see if that is possible.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:48 p.m. **AB 1082** **(Flora) Nursing: students in out-of-state nursing programs**

Board Discussion: Patricia Wynne asked how many schools are accredited in California.

Marissa Clark said she thinks it's around the halfway mark. She did research last year for bills. She said there are two states that allow accreditation without board approval. All other states require board approval. She said the concern with clinical impaction remains an issue. She spoke about the language not allowing a facility to displace California schools. However, the board does not have any oversight authority over healthcare facilities.

Loretta Melby shared her screen to show NCLEX data of approved or accredited programs. There are two states that do not approve their nursing programs.

Marissa Clark said in 2024, 86 programs in California were accredited.

Loretta Melby said that is not for programs outside of California. She asked if the board wanted to include language about the Department of Education.

Alison Cormack said she would like to use language for board approval and accreditation and their differences.

Loretta Melby said when Marissa Clark went to the legislative hearing last session, the California residents spoke up that they wanted to attend community colleges but were unable due to clinical impaction. That still exists today. She said the sponsor of the bill had 3,000 residents and now has 5,000 residents who favor this bill as they attend this school. She also said they are looking at the out of state nurse practitioner approval process. She said the rigorous process for schools to be reviewed and approved in California would not be in place for a process such as this. She said it comes down to being

board approved while controlling the number of students and therefore clinical impaction. She said if a school in California doesn't meet the approval standards the board could put them in warning status with intent to close but what authority would the board have over out of state schools. If NCLEX scores are below the California thresholds then the board stops enrollments, but the board would not have any control over those programs.

Patricia Wynne asked why a facility would take these students without any idea what their coursework or faculty are.

Loretta Melby said students might already be employed by the facility as a CNA or other employee. The facility wants to retain the staff member and will work with the employees. Hospitals contract with academic institutions but rely on the institution to tell them if something isn't okay. They are used to having relationships with sister schools but would not have relationships with out of state programs.

Alison Cormack said the letter could include the number of nursing programs and students approved by the board in the last three years. There are a lot of people who want to be nurses but there aren't enough spots available.

Motion: **Patricia Wynne to Oppose**

Second: **David Lollar**

Public Comment(s) for Agenda Item AB 1082: Susan Engle – Said the prior bill addressed non-acute care settings but this bill includes all settings. This is a great conversation.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

2:04 p.m. **5.0** **Discussion and Possible Action:** Regarding proposed regulatory text to incorporate statutory changes from SB 1451 (Ashby, Chapter 481, Statutes of 2024) and other related updates.

Board Discussion: No comments or questions.

Motion: **Dolores Trujillo**: Motion to ***adopt*** the proposed regulatory text to incorporate statutory changes from SB 1451 (Ashby, Chapter 481, Statutes of 2024) and other related updates, direct staff to continue with the rulemaking file and proceed with review by the Director of the Department of Consumer Affairs and the Secretary of the Business, Consumer Services, and Housing Agency. Upon their approvals, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulatory text as noticed.

Second: **Alison Cormack**

Public Comment for Agenda Item 5.0: No public comments in any location.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	AB	Y	AB
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

2:10 p.m. **6.0** **Adjournment**

- Dolores Trujillo, President, adjourned the meeting at 2:10 p.m.

Submitted by:

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

Accepted by:

Dolores Trujillo, RN
President
California Board of Registered Nursing