# Agenda Item 7.0

## Report of the Nursing Practice Committee

BRN Board Meeting | November 14-15, 2022

# Nursing Practice Committee
## November 14-15, 2022

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# Agenda Item 7.1

**Information Only:** Presentation of Criminalization of Medical Errors

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**BOARD OF REGISTERED NURSING**
**Agenda Item Summary**

**AGENDA ITEM:** 7.1
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Information only:** Presentation of Criminalization of Medical Errors, Julie Morath

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

**BACKGROUND:**

Julie Morath will provide information on the criminalization of medical errors.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

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

# Criminalization of Medical Errors

Julie Morath

November 14, 2022

# Vanderbilt University Medical Center

Vanderbilt University Medical Center

# RaDonda Vaught Case Timeline 2017

**December 26**: Nurse RaDonda Vaught mistakenly administered IV Vecuronium to a patient in radiology, Charlene Murphey, who subsequently died.

Ms. Vaught reported her error to the treatment team and participated in the investigation.

# RaDonda Vaught Case Timeline 2018

**January 3:** Vanderbilt fired Ms. Vaught. It later negotiated an out-of-court settlement with the Murphey family but did not report the error to state or federal officials, as is required.

**January 10:** Two neurologists completed Ms. Murphey's death certificate, classifying her death as natural, due to a brain bleed. The medical examiner did not investigate the case.

# RaDonda Vaught Case Timeline 2018

**October:** An anonymous tipster alerted federal and state officials to the error.

The Tennessee Department of Health did not pursue disciplinary action, stating the case did not constitute a violation of statutes or rule, and sent Ms. Vaught a letter saying it did not merit further attention.

Centers for Medicare and Medicaid Services (CMS) conducted a surprise investigation of Vanderbilt and found a long list of deficiencies, which they required Vanderbilt to remedy.

# RaDonda Vaught Case Timeline

**2019**

**February**: Ms. Vaught was indicted for her role in Ms. Murphey's death and charged with reckless homicide.

**2021**

**July 23**: The Tennessee Board of Nursing revoked her license.

# RaDonda Vaught Case Timeline 2022

**March 25**: Ms. Vaught was convicted of criminally negligent homicide, with a potential prison sentence of up to eight years.

**May 13**: The court sentenced Ms. Vaught to three years' probation, with the possibility of having her conviction dismissed.

# Nurses Protest




Nurses await the sentencing decision for RaDonda Vaught in Tennessee, May 13 [Photo: WSWS]

# Nurses Advocate Just Culture

Nursing leaders have long been vocal about the priority to establish a culture of caring in all health care settings.

Criminalizing health care errors threatens years of efforts to establish a just and caring culture.

National League for Nursing

**MARCH 30, 2022**

## Source

Michael Keaton, Deputy Chief Communications Officer
mkeaton@nln.org

# NLN Promotes a Just Culture Approach with Health Care Errors

**Kathleen Poindexter, PhD, RN, CNE, AFEF, NLN Chair**
**Beverly Malone, PhD, RN, FAAN, President and CEO**
**National League for Nursing**

# What is a Just Culture?

In the delivery of care, processes may fail and mistakes occur. We believe it is vital to support a **"just culture"** where:

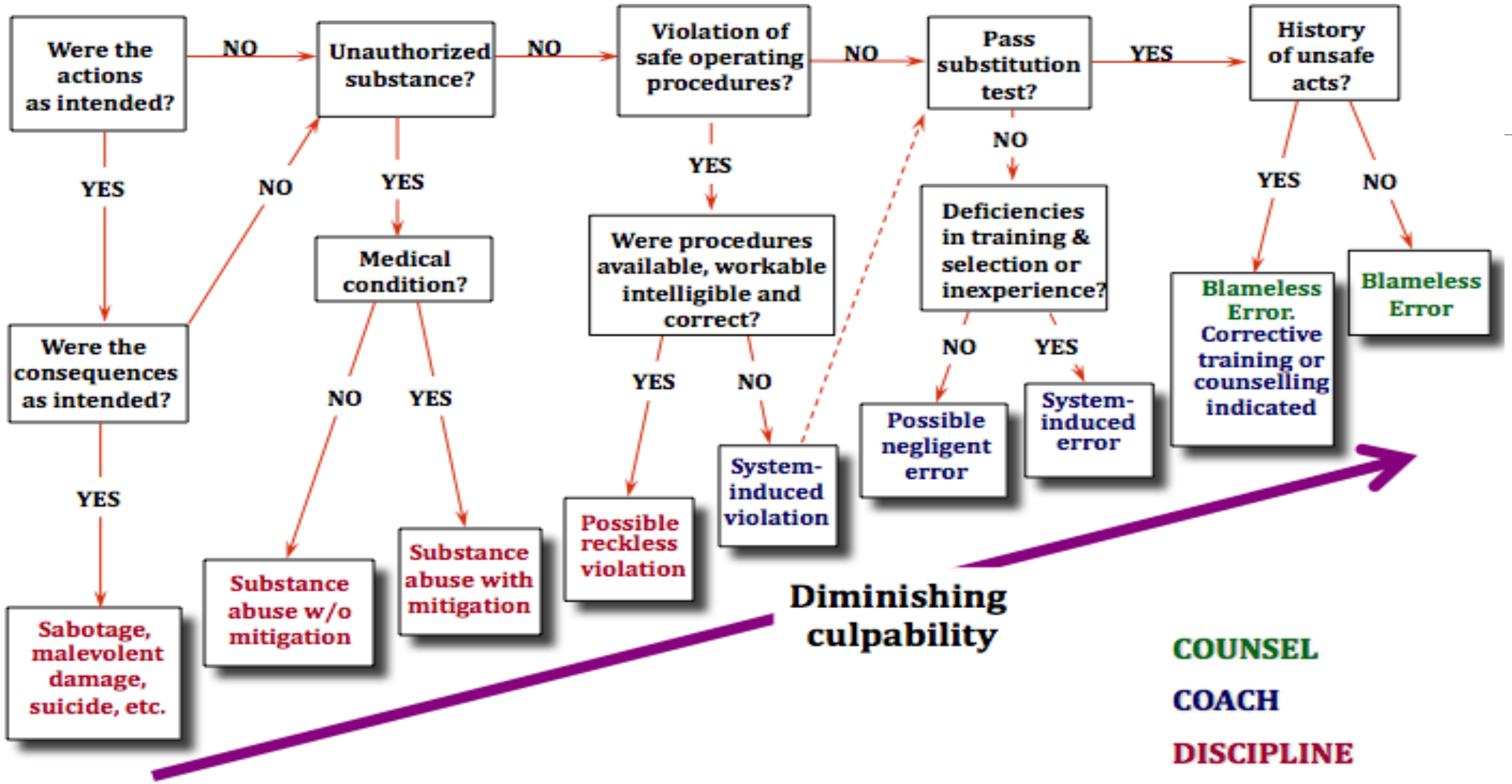
**individuals** are held accountable for misconduct or gross negligence, in an environment where individuals can report errors and **organizations** can improve processes to promote safe and quality health care delivery.

Effective peer review resulting in disciplinary actions, and civil proceedings must be utilized to promote public safety, as well as to provide restitution for harm due to errors.

National League for Nursing

# Medical Error Algorithm

Adapted from: James Reason, "Managing the Risks of Organizational Accidents", 1997



# A Better Way

The best ways to address human medical error include:

- Astute management
- Close scrutiny
- Ongoing oversight
- Continuous implementation of ever-evolving safeguards
- Confidential, transparent organizational channels that allow all parties involved
  - to come forward voluntarily
  - to honestly self-report mistakes

National League for Nursing

# 3 Take-Away Points

1. Culture
2. Accountability
3. Justice

# Discussion

# Thank you!

# Agenda Item 7.2

**Information Only:** Advisory Committee Updates

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**BOARD OF REGISTERED NURSING**
**Agenda Item Summary**

**AGENDA ITEM:** 7.2
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Advisory committee updates – informational only**

- Nurse Practitioner Advisory Committee (NPAC)
- Nurse-Midwifery Advisory Committee (NMAC)
- Nurse Education and Workforce Advisory Committee (NEWAC)
- Advanced Practice Registered Nursing Advisory Committee (APRNAC)

**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, NEWAC, and APRNAC.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

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

# Agenda Item 7.3

**Discussion and Possible Action**: Regarding the recommendation(s) from NPAC on the Department of Consumer Affairs, Office of Professional Examination Services report on the occupational analysis mandated under Business and Professions Code section 2837.105

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**BOARD OF REGISTERED NURSING**
**Agenda Item Summary**

**AGENDA ITEM:** 7.3
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Information only:** Update from the Department of Consumer Affairs, Office of Professional Examination Services (OPES), regarding occupational analysis mandated under Business and Professions Code section 2837.105.

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

**BACKGROUND:**

Tracy Montez with OPES will provide updates on the occupational analysis pursuant to Business and Professions Code section 2837.105 and the Committee may discuss the information presented.

On November 1, 2022, the Nurse Practitioner Advisory Committee discussed the OPES report.

**RESOURCES:**

OPES Report: https://rn.ca.gov/forms/reports.shtml

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:**

McCaulie Feusahrens
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

**OFFICE OF PROFESSIONAL EXAMINATION SERVICES**
2420 Del Paso Road, Suite 265, Sacramento, CA 95834
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# MEMORANDUM

| | |
|---|---|
| **DATE** | September 6, 2022 |
| **TO** | Loretta Melby, R.N., MSN, Executive Officer<br>California Board of Registered Nursing |
| **FROM** | *Heidi Lincer*<br>Heidi Lincer, Ph.D., Chief<br>Office of Professional Examination Services |
| **SUBJECT** | **Evaluation of Nurse Practitioner National Board Certification Examinations – OPES Summary and Recommendations** |

AB 890 (Wood, Chapter 265, Statutes of 2020) specifies the requirements through which nurse practitioners (NPs) in California may transition to independent practice. "Transitioning to independent practice" is defined as preparing to perform the functions specified in §§ 2837.103 and 2837.104 of the Business and Professions (B&P) Code without Standardized Procedures, first in specified settings and organizations and then outside of those settings or organizations.

The California Board of Registered Nursing (Board) currently uses 11 national board certification examinations to qualify NPs to practice in California under Standardized Procedures. These examinations are nationally recognized as evidence of specialization in the NP profession. In 2021, as mandated by AB 890, the Board contracted with the Office of Professional Examination Services (OPES) to evaluate whether these 11 examinations adequately assess the critical competencies required to practice safely and effectively as an NP in independent practice.

As required by B&P Code § 2837.105, OPES was also contracted to determine if a supplemental examination was needed to assess any additional competencies necessary to perform the functions specified in B&P Code § 2837.103 that were not adequately assessed by the NP certification examinations.

Specifically, OPES was contracted to:

1. Conduct an occupational analysis (OA) of California NP practice in eight specialty categories: family care, adult-gerontology care (primary and acute), neonatal care, pediatric care (primary and acute), women's health care, and psychiatric mental health care.
2. Perform a psychometric and security review of the 11 NP certification examinations.
3. Perform an analysis comparing NP practice in California as outlined by the California OA to the content of the 11 NP certification examinations (11 linkage studies).
4. Evaluate the results of the 11 linkage studies and make recommendations.

**Evaluation Process**

As required by B&P Code § 2837.105, OPES first completed the 2021 California *Occupational Analysis of the Nurse Practitioner Practice and Practice Specialties* (*California 2021 NP OA*) to define California practice for the eight NP specialty areas. OPES researched NP practice and practice specialties and conducted interviews and eight teleconference workshops with NPs certified in each specialty area serving as subject matter experts (SMEs). The SMEs were asked to identify the tasks they performed as NPs and the knowledge required to perform those tasks safely and competently. The results of the *California 2021 NP OA* provide a description of California practice for each specialty area. Each description of practice contains a list of task and knowledge statements and is organized into content areas and subareas. Each of the descriptions of practice includes legal requirements for practice in California.

Next, OPES reviewed documentation from the following 11 NP certification examinations:

- American Academy of Nurse Practitioners Certification Board (AANPCB)
  - AANPCB Family Nurse Practitioner (FNP)
  - AANPCB Adult Gerontology Primary Care Nurse Practitioner (A-GNP)
- American Association of Critical-Care Nurses (AACN)
  - AACN Acute Care Nurse Practitioner - Adult Gerontology (ACNPC-AG)
- American Nurses Credentialing Center (ANCC)
  - ANCC Family Nurse Practitioner (FNP-BC)
  - ANCC Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP-BC)
  - ANCC Adult-Gerontology Acute Care Nurse Practitioner (AGACNP-BC)
  - ANCC Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC)
- National Certification Corporation (NCC)
  - NCC Women's Health Care Nurse Practitioner (WHNP-BC)
  - NCC Neonatal Nurse Practitioner (NNP-BC)
- Pediatric Nursing Certification Board (PNCB)
  - PNCB Certified Pediatric Nurse Practitioner - Acute Care (CPNP-AC)
  - PNCB Certified Pediatric Nurse Practitioner - Primary Care (CPNP-PC)

OPES evaluated the documentation from AANPCB, AACN, ANCC, NCC, and PNCB to determine whether the 11 NP certification examinations meet professional guidelines and technical standards as outlined in:

1. The *Standards for Educational and Psychological Testing* (*2014 Standards*).
2. B&P Code § 139.
3. Associated DCA policy *OPES 20-01 Participation in Examination Development Workshops* (*OPES 20-01*).
4. DCA Departmental Procedures Memorandum (DPM) on Examination Security (OPES 22-01).

Specifically, OPES evaluated the following examination components: (a) OA, (b) examination development and scoring, (c) passing scores and passing rates, (d) test administration and score reporting, and (e) test security procedures.

Finally, OPES used the OA results for each specialty area to determine if the 11 NP certification examinations assessed the competencies required for NP independent practice in California. OPES conducted 11 linkage studies across the eight specialty areas with the input of SMEs certified in each specialty area. During teleconference workshops, the SMEs were asked to compare the competencies identified in the *California 2021 NP OA* with the competencies assessed by each NP certification examination. As part of the workshop, OPES test specialists facilitated a discussion of the scope of practice for each NP specialty area and the implications of the transition to independent practice requirements.

**Summary of the Evaluation**

OPES determined that for each of the examinations, the procedures used to establish and support the validity and defensibility of the components listed above generally meet professional guidelines and technical standards. OPES identified and documented specific findings for each of the components for each of the examinations. OPES included recommendations for each of the examination providers, when appropriate, to fully comply with professional guidelines and technical standards.

The results of the evaluation and linkage studies indicate that the existing NP certification examinations appear to adequately assess the critical competencies required to perform safe and effective independent NP practice in California. Although the examinations do not assess knowledge related to California-specific laws and regulations, OPES does not believe a supplemental examination is necessary to address additional competencies. However, OPES believes that additional standardized criteria for clinical training and mentorship should be included in the NP transition to practice requirements.

**General Recommendations for Certification Examination Providers**

***Occupational Analysis***

An OA may also be known as a job analysis, practice analysis, task analysis, or role delineation study. Regardless of its title, the OA is the defining source of validation for the content of a credentialing examination. The OA may also be used as a defining document for the scope of practice for a profession.

According to the *2014 Standards,* “Evidence of validity based on test content requires a thorough and explicit definition of the content domain of interest” (Standard 11.2). The *2014 Standards* also provide the following “*Comment on Standard 11.2*: … For credentialing tests, the target content domain generally consists of the knowledge, skills, and judgment required for effective performance. The target content domain should be clearly defined so it can be linked to test content” (p. 178).

OPES recommends that NP examination providers ensure that future OA results are detailed and comprehensive. The final description of practice and examination outline should be well-organized into descriptive content areas, provide tasks or competencies in sufficient detail, and include specific knowledge areas. In addition, OPES recommends that examination providers ensure that newly licensed SMEs participate in the validation process to maintain the focus on entry level tasks and knowledge.

Detailed OAs help ensure that item writers create test questions assessing the breadth and depth of practice. Item writing should be focused on critical thinking and challenging case studies. A detailed examination outline also provides candidates with specific information related to the competencies that will be assessed on the examination. Finally, detailed task and knowledge statements provide specific information that is necessary for evaluating the adequacy of the competencies being assessed.

### *Selection of Subject Matter Experts*

The selection of SMEs critically affects the quality, defensibility, and security of credentialing examinations. Although educators and board members may appear to be uniquely qualified and are motivated to participate in examination development activities, OPES strongly discourages their service in this role. This is due to potential conflict of interest, perceived conflict of interest, undue influence, and security considerations (*OPES 20-01*).

OPES recommends that all NP examination providers allowing the participation of educators, instructors, or board members phase out their service as SMEs in examination development processes. The pool of SMEs involved in examination development should comprise practitioners who hold the applicable credential, actively work in the profession, possess specialized knowledge in the field, and represent the credentialed population in terms of relevant variables (such as years of experience, gender, ethnicity, and geographic area).

## Rationale for Not Requiring Supplemental Examination

### *Results of Linkage Studies*

The results of the linkage studies indicate that the 11 NP examinations adequately assess critical competencies required for safe and effective independent NP practice in California. The examinations do not, however, assess knowledge related to California-specific NP laws and regulations. During the workshops, NP SMEs indicated that this information was thoroughly taught and assessed during the extensive education process required to become an NP and could be an ongoing continuing education (CE) requirement.

For many health care professions (such as therapists and dentists), laws and regulations are tested as part of the California licensure process. This decision is typically made by the regulatory board, often in consultation with OPES. OPES believes that, for the most part, the general settings in which NPs work provide sufficient administrative oversight to ensure compliance with California laws and regulations. OPES is also sensitive to the legislative

intent that the independent practice NP requirements should ensure competency without creating an undue or unnecessary burden to licensure or practice.

### *Recertification Requirements*

The NP examinations evaluated by OPES have recertification requirements, including passing the current certification examination again, or completing CE coursework. OPES believes that the recertification requirements are an important safeguard to ensure that NPs maintain current knowledge and skills. As stakeholders in the health care industry, NP examination and continuing education providers are responsible for addressing current methods, equipment, and psychosocial issues in NP practice.

Other stakeholders, such as the National Organization of Nurse Practitioner Faculties (NONPF), are essential to ensuring that NP competencies stay abreast of current practice.

### *Transition to Practice Requirements*

As part of the evaluation process, and to obtain additional perspective related to NP independent practice, OPES also solicited input from physicians. Physicians expressed concerns about the insufficiency of existing NP education and training to prepare NPs for independent practice. While core competencies can be assessed with an examination, more complex competencies like clinical decision-making may be better assessed through on-the-job supervised clinical experience and mentoring programs. The Board should also consider if specialized CE coursework is necessary. OPES strongly recommends that the Board consider these concerns and recommendations as the Board finalizes the transition to practice requirements.

## Conclusion

OPES completed a comprehensive study to evaluate the suitability of using the existing NP board certification examinations as part of the regulatory transition to independent practice. OPES conducted the *California 2021 NP OA* for eight NP specialties, psychometric and security reviews of 11 NP certification examinations, and 11 linkage studies. Overall, OPES supports the use of the 11 NP certification examinations to assess the critical competencies required for NP independent practice in California. These competencies can be adequately assessed by the existing NP certification examinations. OPES has, however, provided recommendations for improving the NP certification examinations.

While OPES does not recommend the use of a supplemental examination, OPES is in favor of additional clinical experience and mentorships as part of the transition to practice.

In accordance with B&P Code § 139, the Board is mandated to ensure that all examinations used for credentialing/licensure undergo periodic review. OPES will work collaboratively with the Board to conduct these reviews to ensure ongoing oversight of NP examination programs. OPES will also be available to provide any other evaluation studies related to changes to NP classification requirements.

# Agenda Item 7.4

**Discussion and Possible Action:** Regarding Revisions to Board Advisories NPR-B-24 (“Certification of Clinical Nurse Specialist,” 09/1999, rev. 12/2002 and 11/2008) and NPR-I-29 (“General Information for Clinical Nurse Specialist Regarding National Certification,” 12/2002, rev. 11/2008)

BRN Board Meeting | November 14-15, 2022

**AGENDA ITEM:** 7.4
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Discussion and possible action:** Regarding revisions to Board advisories NPR-B-24 ("Certification of Clinical Nurse Specialist," 09/1999, rev. 12/2002 and 11/2008) and NPR-I-29 ("General Information for Clinical Nurse Specialist Regarding National Certification," 12/2002, rev. 11/2008)

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

**BACKGROUND:**

In 1999, Certification of Clinical Nurse Specialist (NPR-B-24) advisory was created and approved by the Board. In 2002, the Board approved a revised NPR-B-24 and added the document General Information for Clinical Nurse Specialist Regarding National Certification (NPR-I-29). Both documents were later revised in 2008 and reapproved when the Board voted to approve and adopt the Consensus Model for APRN Regulation: Licensure, Accreditation, and Certification and Education.

The Board adopted these Board Advisories and the APRN Consensus Model and have used these to approve CNS nursing education programs in California and license Clinical Nurse Specialists. However, these advisories were never developed into regulation.

Currently, there are no uniform models of regulation for APRNs across the states (APRN Consensus Model by State as of September 2022). The consensus model defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialties, described the emergency of new roles and population foci, and presents strategies for implementation. NCSBN had a target date for full implementation of the Regulatory Model and all recommendations of 2015. Each state board of nursing independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examination accepted for entry-level competence assessment based on statute and regulation.

Article 9 of the BPC (sections 2838-2838.4) addresses Clinical Nurse Specialists and was added in 1997. In 2016, BPC section 2838.2 was updated to address the application process and reflect a fee; however, the CNS specialty does not have regulations to provide any specific guidance or clarification of the statute requirements. On October 26, 2022, the Nursing Practice Committee voted to approve on the development of regulations for CNSs and CRNAs and direct staff to take all steps necessary to begin the rulemaking process.

**RESOURCES:**

Certification of Clinical Nurse Specialist (NPR-B-24): https://www.rn.ca.gov/pdfs/regulations/npr-b-24.pdf

General Information for Clinical Nurse Specialist Regarding National Certification (NPR-I-29): https://www.rn.ca.gov/pdfs/regulations/npr-i-29.pdf

Consensus Model for APRN Regulation: Licensure, Accreditation, and Certification and Education: https://ncsbn.org/public-files/Consensus_Model_Report.pdf

APRN Consensus Model by State as of September 2022: https://ncsbn.org/public-files/aprn_consensus_model_by_state.pdf

**ARTICLE 9. Clinical Nurse Specialists [2838 - 2838.4]**
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=9.

BPC Section 2838
No person shall advertise or hold himself or herself out as a "clinical nurse specialist" unless he or she is a nurse licensed under this chapter, and meets the standards for a clinical nurse specialist established by the board.

BPC Section 2838.1
(a) On and after July 1, 1998, any registered nurse who holds himself or herself out as a clinical nurse specialist or who desires to hold himself or herself out as a clinical nurse specialist shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit his or her education, experience, and other credentials, and any other information as required by the board to determine that the person qualifies to use the title "clinical nurse specialist."
(b) Upon finding that a person is qualified to hold himself or herself out as a clinical nurse specialist, the board shall appropriately indicate on the license issued or renewed that the person is qualified to use the title "clinical nurse specialist." The board shall also issue to each qualified person a certificate indicating that the person is qualified to use the title "clinical nurse specialist."

BPC Section 2838.2
(a) A clinical nurse specialist is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role.
(b) The board may establish categories of clinical nurse specialists and the standards required to be met for nurses to hold themselves out as clinical nurse specialists in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, experience, or both needed to practice safety at those levels. In setting the standards, the board shall consult with clinical nurse specialists, physicians and surgeons appointed by the Medical Board of California with expertise with clinical nurse specialists, and health care organizations that utilize clinical nurse specialists.
(c) A registered nurse who meets one of the following requirements may apply to become a clinical nurse specialist:
(1) Possession of a master's degree in a clinical field of nursing.
(2) Possession of a master's degree in a clinical field related to nursing with coursework in the components referred to in subdivision (a).
(3) On or before July 1, 1998, meets the following requirements:
(A) Current licensure as a registered nurse.
(B) Performs the role of a clinical nurse specialist as described in subdivision (a).
(C) Meets any other criteria established by the board.
(d) (1) A nonrefundable fee of not less than five hundred dollars ($500), but not to exceed one thousand five hundred dollars ($1,500) shall be paid by a registered nurse applying to be a clinical nurse specialist for the evaluation of his or her qualifications to use the title "clinical nurse specialist."
(2) The fee to be paid for a temporary certificate to practice as a clinical nurse specialist shall be not less than thirty dollars ($30) nor more than fifty dollars ($50).
(3) A biennial renewal fee shall be paid upon submission of an application to renew the clinical nurse specialist certificate and shall be established by the board at no less than one hundred fifty dollars ($150) and no more than one thousand dollars ($1,000).
(4) The penalty fee for failure to renew a certificate within the prescribed time shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than seventy-five dollars ($75) nor more than five hundred dollars ($500).
(5) The fees authorized by this subdivision shall not exceed the amount necessary to cover the costs to the board to administer this section.

BPC Section 2838.3
This article shall become operative on July 1, 1998.

BPC Section 2838.4
Nothing in this article shall be construed to limit, revise, or expand the current scope of practice of a registered nurse.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**

**PERSON(S) TO CONTACT:**

McCaulie Feusahrens
Chief of the Licensing Division
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## General Information for Clinical Nurse Specialists Regarding National Certification

The following national organizations/associations met the recommendations of the Advanced Practice Registered Nursing (APRN) Consensus Model where licensure occurs at the level of the population foci. Specialty practice areas certifications are not population focus. These certificates do not replace the national certification and do not expand the scope of practice beyond the role or population.

**American Association of Critical Care Nurses (AACN)**
101 Columbia
Aliso Viejo, CA 92655-1491
(800) 899-2226
http://www.aacn.org

AACN offers CNS population focus national certification in the following areas:

- Adult-Gerontology CNS
- Pediatric CNS
- Neonatal CNS

**American Nurses Association – American Nurses Credentialing Center (ANCC)**
8515 Georgia Avenue, Suite 400
Silver Springs, MD 20910-3492
(800) 284-2378
http://www.ana.org/ancc

ANCC offers initial CNS certification in the following areas:

- Adult-Gerontology CNS

ANCC offers renewal-only (legacy) certification for CNSs who hold existing population focus national certification in the following areas:

- Adult Health CNS
- Adult Psychiatric-Mental Health CNS
- Child/Adolescent Psychiatric-Mental Health CNS
- Gerontological CNS
- Pediatric CNS

# Agenda Item 7.5

**Discussion and Possible Action:** Regarding development of regulations for Clinical Nurse Specialists (CNS) and Certified Registered Nurse Anesthetists (CRNA)

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**AGENDA ITEM:** 7.5
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Discussion and possible action:** Regarding development of regulations for Clinical Nurse Specialists (CNS) and Certified Registered Nurse Anesthetists (CRNA).

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

**BACKGROUND:**

Article 7 of the Business and Professions Code (BPC) (sections 2825-2833.6) addresses Certified Registered Nurse Anesthetists. This section was added in 1983 and was cited as the Nurse Anesthetist Act. In 1991, BPC sections 2831 and 2833 were updated to address the application process and in 2016, BPC section 2830.7 was updated to reflect a fee for this application process. Apart from a 2018 change that addressed BPC section 2827 regarding supervision updates, there has been no other scope of practice updates, guidance, etc.

Article 9 of the BPC (sections 2838-2838.4) addresses Clinical Nurse Specialists and was added in 1997. In 2016, BPC section 2838.2 was updated to address the application process and reflect a fee.

These two Advance Practice Registered Nurse specialties do not have regulations to provide any specific guidance or clarification of the statute requirements. Stakeholders including academia, applicants, and other representatives have sought additional guidance and are requesting the development of regulations to provide clarity.

On October 26, 2022, the Nursing Practice Committee voted to approve on the development of regulations for CNSs and CRNAs and direct staff to take all steps necessary to begin the rulemaking process.

**RESOURCES:**

**ARTICLE 7. Nurse Anesthetists [2825 - 2833.6]**
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=7.

BPC Section 2825
This article may be cited as the Nurse Anesthetists Act.

BPC Section 2826
As used in this article:
(a) “Nurse anesthetist” means a person who is a registered nurse, licensed by the board and who has met standards for certification from the board. In the certification and recertification process the board shall consider the standards of the Council on Certification of Nurse Anesthetists and the Council on Recertification of Nurse Anesthetists and may develop new standards if there is a public safety need for standards more stringent than the councils’ standards. In determining the adequacy for public safety of the councils’ standards or in developing board standards, the board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.
(b) “Accredited Program” means a program for the education of nurse anesthetists which has received approval from the board. In the approval process the board shall consider the standards of the Council on Accreditation of Nurse Anesthesia Education Programs and Schools and may develop new standards if the councils’ standards are determined to be inadequate for public safety. In determining the adequacy for public safety of the councils’ standards or in developing board standards, the board shall comply with the

provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.
(c) “Appropriate committee” means the committee responsible for anesthesia practice which is responsible to the executive committee of the medical staff.
(d) “Trainee” means a registered nurse enrolled in an accredited program of nurse anesthesia.
(e) “Graduate” means a nurse anesthetist who is a graduate of an accredited program of nurse anesthesia awaiting initial certification results for not more than one year from the date of graduation.

BPC Section 2827
The utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If a general anesthetic agent is administered in a dental office, the dentist shall hold a permit authorized by Article 2.7 (commencing with Section 1646) of Chapter 4 or, commencing January 1, 2022, Article 2.75 (commencing with Section 1646) of Chapter 4.

BPC Section 2828
In an acute care facility, a nurse anesthetist who is not an employee of the facility shall, nonetheless, be subject to the bylaws of the facility and may be required by the facility to provide proof of current professional liability insurance coverage. Notwithstanding any other provision of law, a nurse anesthetist shall be responsible for his or her own professional conduct and may be held liable for those professional acts.

BPC Section 2829
It is unlawful for any person or persons to advertise, use any title, sign, card, or device, or to otherwise hold himself or herself out as a “nurse anesthetist” unless the person meets the requirements of subdivision (a) of Section 2826 and has been so certified under the provisions of this article.

BPC Section 2830
The board shall issue a certificate to practice nurse anesthesia to any person who qualifies under this article and is licensed pursuant to the provisions of this chapter.

BPC Section 2830.5
Every applicant shall show by evidence satisfactory to the board that he or she has met the requirements of this article.

BPC Section 2830.6
Notwithstanding Section 2830, the board shall certify all applicants who can show certification by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists as of the effective date of this chapter. This certification shall be documented to the board in a manner to be determined by the board. Proof of certification shall be filed with the board within six months from the effective date of this article and the board shall, within one year from the effective date of this article, issue a certificate to applicants who have filed proof of certification within that six-month period.

BPC Section 2830.7
The amount of the fees prescribed by this chapter in connection with the issuance of certificates as nurse anesthetists is that fixed by the following schedule:
(a) The fee to be paid upon the filing of an application for a certificate shall be fixed by the board at not less than five hundred dollars ($500) nor more than one thousand five hundred dollars ($1,500).
(b) The biennial fee to be paid upon the application for a renewal of a certificate shall be fixed by the board at not less than one hundred fifty dollars ($150) nor more than one thousand dollars ($1,000).
(c) The penalty fee for failure to renew a certificate within the prescribed time shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than seventy-five dollars ($75) nor more than five hundred dollars ($500).
(d) The fee to be paid for a temporary certificate shall be fixed by the board at not less than one hundred fifty dollars ($150) nor more than five hundred dollars ($500).

BPC Section 2831

An applicant for certification pursuant to this article shall submit a written application in the form prescribed by the board, accompanied by the fee prescribed by Section 2830.7 which shall also apply to the issuance of a certificate under the provisions of this article.

BPC Section 2832
Every applicant for a certificate to practice nurse anesthesia shall comply with all the provisions of this article in addition to the provisions of this chapter.

BPC Section 2833
Each certificate issued pursuant to this article shall be renewable biennially, and each person holding a certificate under this article shall apply for a renewal of his or her certificate and pay the biennial renewal fee required by Section 2830.7 every two years on or before the last day of the month following the month in which his or her birthday occurs, beginning with the second birthday following the date on which the certificate was issued, whereupon the board shall renew the certificate.
Each certificate not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the biennial renewal fee and penalty fee required by Section 2830.7 and upon submission of such proof of the applicant's qualifications as may be required by the board, except that during that eight-year period no examination shall be required as a condition for the reinstatement of any expired certificate which has lapsed solely by reason of nonpayment of the renewable fee. After the expiration of the eight-year period the board may require as a condition of reinstatement that the applicant pass an examination as it deems necessary to determine his or her present fitness to resume the practice of nurse anesthesia.

BPC Section 2833.3
Nothing in this article shall be construed to limit a certified nurse anesthetist's ability to practice nursing.

BPC Section 2833.5
Except as provided in Section 2725 and in this section, the practice of nurse anesthetist does not confer authority to practice medicine or surgery.

BPC Section 2833.6
This chapter is not intended to address the scope of practice of, and nothing in this chapter shall be construed to restrict, expand, alter, or modify the existing scope of practice of, a nurse anesthetist.

**ARTICLE 9. Clinical Nurse Specialists [2838 - 2838.4]**
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=9.

BPC Section 2838
No person shall advertise or hold himself or herself out as a "clinical nurse specialist" unless he or she is a nurse licensed under this chapter, and meets the standards for a clinical nurse specialist established by the board.

BPC Section 2838.1
(a) On and after July 1, 1998, any registered nurse who holds himself or herself out as a clinical nurse specialist or who desires to hold himself or herself out as a clinical nurse specialist shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit his or her education, experience, and other credentials, and any other information as required by the board to determine that the person qualifies to use the title "clinical nurse specialist."
(b) Upon finding that a person is qualified to hold himself or herself out as a clinical nurse specialist, the board shall appropriately indicate on the license issued or renewed that the person is qualified to use the title "clinical nurse specialist." The board shall also issue to each qualified person a certificate indicating that the person is qualified to use the title "clinical nurse specialist."

BPC Section 2838.2
(a) A clinical nurse specialist is a registered nurse with advanced education, who participates in expert

clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role.
(b) The board may establish categories of clinical nurse specialists and the standards required to be met for nurses to hold themselves out as clinical nurse specialists in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, experience, or both needed to practice safety at those levels. In setting the standards, the board shall consult with clinical nurse specialists, physicians and surgeons appointed by the Medical Board of California with expertise with clinical nurse specialists, and health care organizations that utilize clinical nurse specialists.
(c) A registered nurse who meets one of the following requirements may apply to become a clinical nurse specialist:
(1) Possession of a master's degree in a clinical field of nursing.
(2) Possession of a master's degree in a clinical field related to nursing with coursework in the components referred to in subdivision (a).
(3) On or before July 1, 1998, meets the following requirements:
(A) Current licensure as a registered nurse.
(B) Performs the role of a clinical nurse specialist as described in subdivision (a).
(C) Meets any other criteria established by the board.
(d) (1) A nonrefundable fee of not less than five hundred dollars ($500), but not to exceed one thousand five hundred dollars ($1,500) shall be paid by a registered nurse applying to be a clinical nurse specialist for the evaluation of his or her qualifications to use the title "clinical nurse specialist."
(2) The fee to be paid for a temporary certificate to practice as a clinical nurse specialist shall be not less than thirty dollars ($30) nor more than fifty dollars ($50).
(3) A biennial renewal fee shall be paid upon submission of an application to renew the clinical nurse specialist certificate and shall be established by the board at no less than one hundred fifty dollars ($150) and no more than one thousand dollars ($1,000).
(4) The penalty fee for failure to renew a certificate within the prescribed time shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than seventy-five dollars ($75) nor more than five hundred dollars ($500).
(5) The fees authorized by this subdivision shall not exceed the amount necessary to cover the costs to the board to administer this section.

BPC Section 2838.3
This article shall become operative on July 1, 1998.

BPC Section 2838.4
Nothing in this article shall be construed to limit, revise, or expand the current scope of practice of a registered nurse.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**

**PERSON(S) TO CONTACT:**

McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

# Agenda Item 7.6

**Discussion and Possible Action:** Regarding Updates to Business and Professions Code Section 2830.6 to Amend the Name of the National Certifying Body for CRNAs

BRN Board Meeting | November 14-15, 2022

**BOARD OF REGISTERED NURSING**
**Agenda Item Summary**

**AGENDA ITEM:** 7.6
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Discussion and possible action:** Regarding updates to Business and Professions Code section 2830.6 to amend the name of the national certifying body for CRNAs.

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

**BACKGROUND:**

During the September 22, 2022, Advanced Practice Registered Nurse Advisory Committee (APRNAC) meeting, the following issue was identified.

Currently Business and Professions Code (BPC) section 2830.6 references the Council on Certification of Nurse Anesthetists and the Council on Recertification of Nurse Anesthetists as the national certifying body for CRNAs. However, in 2007, the Council on Certification of Nurse Anesthetists and the Council on Recertification of Nurse Anesthetists became independent of the American Association of Nurse Anesthesiology and incorporated together as an autonomous organization, the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). NBCRNA is currently the only national certifying body for CRNAs in the United States. This statute will need to be updated to allow for continued application and renewal. The request will go out to update the statute to reflect this change and allow for future changes by requesting to add the text “or its successor national professional organization, as approved by the Board.”

On October 26, 2022, the Nursing Practice Committee voted to approve on updating Business and Professions code section 2830.6 to amend the name of the national certifying body for CRNAs. Delegate authority to the Executive Officer to work with legislative staff to amend statute, including making any technical or non-substantive changes required.

**RESOURCES:**

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2830.6.

BPC Section 2830.6:
Notwithstanding Section 2830, the board shall certify all applicants who can show certification by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists as of the effective date of this chapter. This certification shall be documented to the board in a manner to be determined by the board. Proof of certification shall be filed with the board within six months from the effective date of this article and the board shall, within one year from the effective date of this article, issue a certificate to applicants who have filed proof of certification within that six-month period.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**

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

# Agenda Item 7.7

**Discussion and Possible Action:** Regarding the Annual Review of the Role and Continuation of the APRNAC.

BRN Board Meeting | November 14-15, 2022

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

**AGENDA ITEM:** 7.7
**DATE:** November 14-15, 2022

**ACTION REQUESTED:** **Discussion and possible action:** Regarding the annual review of the role and continuation of the APRNAC.

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

**BACKGROUND:**

The APRNAC was established in 2017 and formed in 2018 on request of the Senate Committee on Business, Professions and Economic Development and the Assembly Business and Professions Committee with a goal to survey existing laws and regulations to determine what is lacking for regulation of Advance Practice Registered Nurses (APRNs) including the direction to seek legislation, promulgate regulations, and develop advisories to ensure APRNS have sufficient guidance in all practice settings. In August 2021, the Board reviewed the role of the Advanced Practice Registered Nursing Advisory Committee (APRNAC) and discussed the continuation of this advisory committee. The Board motion was made to maintain the APRNAC with focus on Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and issues that affect all APRN groups to exclude Nurse Practitioner (NP) and Certified Nurse Midwife (CNM) issues. This change in direction was in response to the newly statutorily mandated advisory committees; the Nurse Practitioner Advisory Committee (NPAC), created by Assembly Bill 890, and the Nurse Midwife Advisory Committee (NMAC), created by Senate Bill 1237, that address NP and CNM practice.

With the passage of the Board sunset bill this year, the Board has three advisory committees required by statute the Nurse Practitioner Advisory Committee (NPAC), the Nurse Midwife Advisory Committee (NMAC), and the Nurse Education and Workforce Advisory Committee (NEWAC). At this time, the APRNAC, is the only non-mandated advisory committee.

The Board's Strategic Plan reflects the Board's desire to ensure all stakeholder voices are heard and given equal consideration for better informed polices, review statutes and regulation and advocate for updates as appropriate to ensure currency and that they are based on evidence and best practices. Currently CRNA and CNS are the two APRN specialties who do not have their own advisory committee consisting of at four qualified similarly licensed providers. If the Board elects to sunset the APRNAC, it is asked to consider the formation of CRNA and CNS advisory committees to allow for equitable representation in line with the NPAC and NMAC. Separation of the four APRN groups into individual committees representing the four APRN specialties would allow the respective committees to consider and address different goals, clearly define responsibility, streamline communication, and address needed regulation and statutory updates. There are a variety of practice settings, practice types, and practice issues specific to the APRN groups represented. Discontinuing the current APRNAC structure and/or committee may better serve all APRN groups, allow more focused representation by the respective advisory committees and encourage discussion and collaboration through public comment and presentations at the other committee meetings.

Additionally, there was concern regarding the consideration of joint APRN statements and related scope of practice issues. This concern can be addressed through the existing Board committee on Nursing Practice that advises the Board on matters related to nursing practice, including common nursing practice and advanced practice issues related to nurse-midwife, nurse anesthetist, clinical nurse specialist and nurse practitioner practice. The Nursing Practice Committee also reviews staff responses to proposed regulation changes that may affect nursing practice.

On October 26, 2022, the Nursing Practice Committee voted to sunset the APRNAC and develop two new

advisory committees for CNSs and CRNAs.

**RESOURCES:**

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2837.102.
Business and Professions Code section 2837.102 (added by AB 890, Reg. Sess. 2019-20)

(a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board. The committee shall provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner.
(b) The committee shall consist of four qualified nurse practitioners, two physicians and surgeons with demonstrated experience working with nurse practitioners, and one public member.

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2746.2.
Business and Professions Code Section 2746.2 (as amended by SB 1237, Reg. Sess. 2019-20)
…
(b) (1) The board shall appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee.
(2) The committee shall make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.
(3) The committee shall consist of four qualified nurse-midwives, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.
…

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2684
Business and Professions Code Section 2785.6 (as amended by AB 2684, Reg. Sess. 2021-22)

There is created within the jurisdiction of the board a Nursing Education and Workforce Advisory Committee, which shall solicit input from approved nursing programs and members of the nursing and health care professions to study and recommend nursing education standards and solutions to workforce issues to the board.
…

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**

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

To: California Board of Registered Nursing, BRN Executive Officer, and Director of DCA

From: Chair, APRN Advisory Committee

Date: October 6, 2022

Annual Committee Report 2022

The APRNAC met on two occasions during the 2022 calendar year, March 29th, and September 22nd. The committee continued to focus on reviewing and revising both the FAQs on the BRN website and other resource information important to all APRNs and to the public. With ever changing regulation at the State and Federal level in the health care delivery space and ensuring the public has access to and an opportunity to discuss this evolution is essential. Ensuring resources, guidance, and information are as up to date as possible. This work was also the result of a request from BRN staff as they continue to align and build the BRN website as resource to licensees and the public. Ensuring the public's ease and accuracy of access to information influencing their understanding of APRN practice and licensee's need for guidance on practice overseen by the BRN remain a priority.

Over the two meetings, there was much discussion regarding the BRN's role in sharing guidance affecting APRNs but outside the legal statute of the BRN's oversight but reconcile this with the ease of public access. Much of the discussion led to a conclusion the BRN could consider sharing direct links to State and Federal regulation and law without interpretation but outside the BRN and the California Nursing Practice Act and other statutes guiding nursing practice. This would improve public access to APRN relevant information, permitting the public to interpret it and return to the BRN Board meetings and other committee meetings if additional clarification was necessary.

Specific issues:

1. Clarification and guidance regarding CNS/NP ordering of home care services. This was particularly important to ensuring the public access to home care services, by qualified California licensees, was not impeded by lack of guidance to agencies supplying these services. The public and health care systems sought guidance regarding changes to CMS in which these two professionals may now certify and recertify home care services. The ruling would not supersede state practice statute and therefore required clarification. FAQ with resource links to the federal CMS guidance was developed because current California statute for CNS/NP licensees required the certification and recertification practice to continue under a standardized procedure. Licensees would need to have this listed as a privilege in their work setting. Confusion existed given AB890 regulation had not been completed by the BRN and therefore questions from the public persisted. The language was approved by the APRNAC and forwarded to BRN staff but required additional revision internally secondary to link validation and confusing language.
2. The committee discussed the future of the APRNAC based on the BRN Board's differing views on whether to sunset the committee given the new NPAC/NMAC committees in statute and any redundancy. A series of formal letters of support from state professional organizations representing NPs, CNMs, CRNAs, and CNSs were collected and presented with a four-year review of the APRNAC's work to the DCA Director for sunset determination. It was decided the

BRN Board would review the APRNAC's value annually in November each year. The APRNAC would align with all other advisory committees regarding meeting date frequency and committee member terms. In the September meeting the committee determined the member's alternating terms of office in alignment with the other advisory committees.

3. Over both meetings, a persistent request for clarification was brought before the APRNAC related to national certification for CRNAs. It was discovered the certifying and recertifying agencies for this professional group had joined into a single certification agency. Certification is required for CRNA licensure in California. Additionally, the old certifying agency title was listed in statute and therefore not within the BRN's jurisdiction to update this change. The change opportunity in statute could have been a potential update in the BRN's Sunset Review but this was missed by all involved. The discussion then pivoted to a need to change the statue with the assistance of a legislator who would support such a bill with essential wording to permit the BRN to update these minor changes in the future without legislation or Sunset Review since they have no impact on any other government agency and the BRN determines and oversees licensee requirements.
4. Clarifying discussion regarding telenursing services and how there might be a requirement for a standardized procedure and/or guidance to APRN students or licensees regarding ordering this type of service for registered nurses in any clinical practice setting. Telenursing services are already listed within the professional scope of practice for registered nurses, and it was clarified that is a service modality and would not violate scope of practice for a registered nurse and therefore require no special order. Each institution or health system would need to define what the licensee's privilege would be if providing medical advice or care that might encroach on the practice of medicine and the necessity for it to be added to the licensee's standardized procedure.
5. BRN website FAQs regarding CNS practice which had been approved in a prior meeting were clarified and revised internally with the BRN staff and legal counsel. Additional language clarification and discussion was required based on committee approved language but internally to ensure it reflected accurate guidance and stable external links could be used as resources to avoid BRN staff's need to periodically check for changes. In the September meeting additional future CNS related practice guidance was reviewed. Primarily this was related to mental health CNS services and qualifying BRN mental health licensees. The varying federal guidance and its intersection with California statue was presented and will be reviewed internally by BRN staff and legal counsel as resource links for the public but presented at a future APRNAC by a CNS committee representative.
6. Hospice Certification by CNS/NP licensees was presented as a future agenda item since it meets the mandate of the APRNAC regarding practice guidance affecting all or more than one APRN. Any guidance discovery by the APRNAC affecting NPs would be forwarded to the NPAC for consideration and their approval.
7. Public participation at the APRNAC meetings continues to support both the continuation of the APRNAC and its mandate to create a forum of practice guidance involving representatives of all APRN professionals and the public, collectively. This serves to limit additional committee oversight by BRN staff for four separate Advanced Practice Committees, 2 in statute and 2 at the behest of the BRN board for CRNAs and CNS'.

This report is graciously submitted as a summary of the activities of the APRNAC over the 2022 committee year.

Thanks

Mitchel Erickson, DNP (electronic signature)

Chair of the BRN APRN Advisory Committee

CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS (CANA)
*CANA advances patient safety, fosters access to the highest quality anesthesia and supports the nurse anesthesia profession in California.*

June 10th, 2021

Dear Members of the Board of Registered Nursing,

On behalf of the California Association of Nurse Anesthetists (CANA), representing over 2,700 Certified Registered Nurse Anesthetists (CRNAs), we urge the Board of Registered Nursing (BRN) to maintain the existing BRN Advanced Practice Registered Nurse (APRN) Advisory Committee.

CRNAs are one of four advanced practice nursing specialties and we are aligning with our three APRN colleagues, clinical nurse specialists (CNS), nurse practitioners (NP), and certified nurse-midwives (CNW), to request for the continuation of this committee since it represents each of our best interests and ensures appropriate care is provided to the public. All 4 APRN groups provide and share vital information by way of this committee, thus ensuring that the public has access to health care provided by qualified APRNs. Each ARPN specialty makes valuable contributions to the health care delivery system, and together we safely support the public, provide needed health care and treatment especially in areas that are underserved.

Moreover, each of the four APRN specialties share knowledge pertaining to state and national trends and make recommendations to the BRN with regards to scope of practice, regulations, and statutes as recommended by the Joint Sunset Review Committee. To date, the APRN Advisory Committee has addressed issues pertaining to all California APRNs and has made significant contributions to the BRN, advanced practice nurses and the communities they serve.

The BRN Sunset Review conducted in 2017 by the Assembly Business and Professions Committee and the Senate Committee on Business, Professions and Economic Development, the Joint Sunset Review Committee delineated “Issue #2: The BRN regulates four categories of APRNs, but laws and regulations governing each are uneven and should be examined to ensure they are accurate and up-to-date.[1]” The 2017 review by the Joint Sunset Review Committee made the recommendation for the BRN to establish an APRN Committee, separate from the Nursing Practice Committee, with the goal of surveying existing laws and regulations to determine if regulations for APRNs are sufficient. Also, the BRN was advised to seek legislation, promulgate regulations, and develop advisories to ensure APRNs have sufficient guidance in all practice settings.



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The BRN thus created the APRN Advisory Committee in 2017 and meetings were initiated in 2018. The goals for the advanced practice registered nurse advisory committee are as follows: 1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules; 2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions; 3. Review national trends in the regulation of advance practice nurses and make recommendations to the board; 4. Collaborate with other Board committees on matters of mutual interest.

In closing, CANA humbly requests that the BRN maintain the APRN Advisory Committee. This committee is a collaborative model that ensures a unified voice across the four APRN disciplines, and addresses issues of common interest to all of the APRN groups and the communities we serve.

If you have questions, please do not hesitate to contact me.

Sincerely,

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



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Dear Board of Registered Nursing Members:

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

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

The BRN did create the APRN Advisory Committee in 2017 and they began meeting in 2018. The goals of the advanced practice registered nurse advisory committee are:
1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules;
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions;
3. Review national trends in the regulation of advanced practice nurses and make recommendations to the board;
4. Collaborate with other Board committees on matters of mutual interest.

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

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

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

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

Respectfully,

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

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

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

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

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