

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

**Date:** April 20, 2023

**9:00 am**

**Start Time:** 9:00 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, April 20, 2023 - 9:00 a.m. BRN Board Meeting**

**9:00 a.m.**

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

Dolores Trujillo, President called the meeting to order at: 9:00 am. All members present. Quorum was established at 9:02 am.

**Board Members:** Dolores Trujillo, RN – President  
Mary Fagan, PhD, RN, NEA-BC – Vice President  
Elizabeth (Betty) Woods, RN, FNP, MSN  
Jovita Dominguez, BSN, RN  
Patricia “Tricia” Wynne, Esq.  
Vicki Granowitz  
Roi David Lollar

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

**9:02 a.m.**

**2.0 General instructions for the format of a teleconference call**

**9:04 a.m.**

**3.0 Public Comment for Items Not on the Agenda; Items for Future Agendas**

**Public Comment for  
Agenda Item 3.0:**

**Samantha Girard:** Stated an issue with the links on the Agenda, bill AB 1292 links to a different bill, AB 1028. She’s commenting on a legislative bill about health professions and facility adverse actions based on other state laws.

Loretta Melby interrupted to say that any comment about a legislative bill should be made during that portion of the meeting.

Samantha Girard said her comment is about displacement and competition for clinical placements and a general comment about the impact of what these bills could do.

Reza Pejuhesh asked her to continue with her comment.

**Samantha Girard:** Commented about clinical placements coming from outside San Diego County. She is from Southwestern College and has 300 students in nine programs. She said one third of her ADN program students are experiencing displacement from their specialty programs. They are no longer experiencing issues with faculty. She said there were about 20 students who were unable to be placed in preceptorships and adding more students from outside California would place more stress on the system.

9:14 a.m.

4.0

**Information Only:** Regarding the change of June committee meeting dates from June 22, 2023, to June 29, 2023.

**Board Discussion:** Loretta Melby said key staff would not be available for the meeting scheduled on June 22, 2023, met with the Administrative Committee, and needed to move the date one week later so key staff would be present.

\*\*June 22, 2023 meeting moved to June 29, 2023\*\*

**Public Comment for  
Agenda Item 4.0:**

No public comments.

9:17 a.m.

5.0

**Discussion and Possible Action** on the consideration of public comments on proposed regulatory text to amend CCR, title 16, section 1410.5, regarding course requirements in natural sciences (anatomy, physiology, and microbiology courses with a laboratory component) for endorsement applicants.

**Board Discussion:** Jovita Dominguez said she is in Salinas and there are students who come from out of state, and she has told them they have to comply with California's requirements.

**Public Comment for  
Agenda Item 5.0:**

No public comments.

**Motion:** **Dolores Trujillo:** Motion to Approve the proposed responses to public comments. Direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to

make any technical or non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the proposed text.

**Second: Patricia Wynne**

**Vote:**

	DT	MF	EW	JD	PW	VG	DL
Vote:	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

9:26 a.m.

6.0

**Discussion and Possible Action on bills relevant to the Board from the 2023-2024 legislative session**

The Sponsors of AB 1028 appeared at the meeting to present information and answer questions from the Board, so the bill was presented first.

**Direct Impact**

9:27 a.m.

**Board Discussion:**

- 4. AB 1028** (McKinnor) Reporting of crimes: mandated reporters. Krista Colon, California Partnership to End Domestic Violence, co-sponsor of the bill – The goal is that every survivor is able to seek care they need, and many survivors may not want to engage with law enforcement and a mandated report is a barrier to them seeking the healthcare they need. They want to change it from a mandated report to law enforcement; to instead brief counseling provided within the Affordable Care Act as a structure and referral and warm hand-off to domestic violence services so they can engage in the broad range of services they need. They are not saying that survivors who want to contact law enforcement or want to engage law enforcement shouldn't be an option. If the survivor wants to call law enforcement and include their healthcare team as part of the process, they can. Survivors should have the ability to make the choice to contact law enforcement.

Dr. Danisha Jenkins – Is a nationally certified sexual assault nurse examiner and board member on the American Nurses Association Center for Ethics and Human Rights which is responsible for oversight of the nursing code of ethics. Her body of research is in the intersection of law enforcement and nursing and has a decade of experience in forensic nursing environments and trauma settings. She said the non-consensual compulsory reporting of survivors of intimate partner violence is not supported by the code and may be interpreted to be in direct violation. Reporting survivors against their will violates the primary commitment to patients and overrides the nurse's obligation to protect the patient's privacy. A survivor of domestic violence is at risk for, and may have evidence of abuse,

but they if they are competent and capacitated, they maintain their rights and the nurse needs to honor and advocate for this. There is harm for violating the trust in the nursing profession, potentially leading to further harm for future victims. Many nurses practice in areas that they may be asked to work with or make reports to or act as proxies for law enforcement and the code does not specifically address when cooperation with law enforcement is ethically obligated. It doesn't guide nurses on the exigencies of navigating situations where nursing ethics and values conflict with legal policies and priorities. The code outlines the nurse's primary obligation to patients and specifies that this foundational commitment is to the health and care of the patient. We must carefully consider all legislation which risks harming a nurse's ability to prioritize the health and care of their patient. Given that this provision is foundational, she asserts that it supersedes all other obligations and requires nurses to promote, advocate for, and protect the rights, health, and safety of patients. She said ANA California is in support of AB 1028.

Dr. Jessica Draughon Moret – Faculty at UC Davis Betty Irene Moore School of Nursing but is speaking on her own behalf. She has been working clinically and in research in the field of forensic nursing since 2008. Her body of research looks at provisions of evidence based post-sexual assault care and specifically improving access to that care and ensuring it is as comprehensive as possible and supported by research. She practiced in two jurisdictions that did not have mandated reporting for intimate partner violence or domestic violence assault. She said she has not seen the issues brought up by the board in nursing practice such as if the patient was truly in danger that a clinician would not involve law enforcement, or that patients do not have access to advocacy or other resources.

Elizabeth Woods asked when an assault is considered reported, based on the severity of it.

Dr. Jessica Draughon Moret said that if the patient can make decisions for themselves about what they would like to happen then it would be their choice. However, if she as a nurse is concerned the person is in imminent danger of harm then she is still able to call the police on the patient's behalf due to that concern. Experience shows patients may seek healthcare multiple times before they are ready to take action like reporting to police or seeking a restraining order or any options, they have available to them by interacting with law enforcement.

Dolores Trujillo asked if this is not reported aren't we doing a disservice to the public.

Dr. Danisha Jenkins said California is only one of two states with mandated reporting for intimate partner violence. We must take an ethical look at what the nurse's role in acting as an arm of law enforcement is in this space. The nurse's primary obligation is to provide for care and safety of our patient and there are a lot of crimes that nurses are aware of or experience or see that are not legally mandated to report in that moment without risking criminalization, which is how the current legislation stands. The nurse's commitment is to the person in front of us and we want to make sure that we are supporting and cultivating a trusting relationship so that they can access the resources to make the report on their own behalf when it is the safest option for them to do so. Making a crime report does not automatically mean that justice is served or that this survivor is going to get access to justice and safety.

Vicki Granowitz asked if a nurse could be held liable if they do not report the crime and asked if this change would cause legal ramifications for a nurse.

Reza Pejuhesh said if someone had a duty to do something and they didn't do it, they can be held liable, which is the law currently. If this change is made, then he believes a nurse cannot be held liable.

Vicki Granowitz is concerned that the nurse be protected, and she isn't hearing anything to clarify that.

Loretta Melby stated the language in the bill says a health practitioner shall not be civilly or criminally liable for any report. She said there is a line that says if they don't or do make a report, they would not be liable. Loretta Melby asked about Penal Code section 11160.3 that includes specific crimes such as murder, mayhem, aggravated mayhem, torture, assault, etc. which is proposed to sunset January 1, 2025, and the new section would start January 1, 2025, where one through 23 were not carried over into the new section with the listings of battery and sexual battery not carried into the new section and wondered why that is.

Krista Colon said many of these code sections are still covered under other reporting requirements. Child abuse is mandated under code sections as is elder abuse. If a homicide has occurred and a patient has died there are reporting mechanisms in place. The focus on eliminating this definition of assaultive and abusive conduct could

make that change while not disrupting many of the other places where mandatory reporting in different context still lives for a healthcare practitioner.

Loretta Melby asked if this affects all healthcare practitioners so physicians could not mandate report either.

Krista Colon said that is correct.

Loretta Melby asked if intimate partner crime or domestic violence involved pediatric patients, or the elderly would that be an issue.

Krista Colon said they checked with legal counsel and if there is co-occurrence then healthcare providers would need to report the remaining mandatory reporting crimes.

Reza Pejuhesh asked to speak after doing some quick research and said Penal Code (PC) section 11165.9 says this bill does not affect off duty reporting.

Krista Colon said firearms and injury reporting in PC 11160 remains in effect. She said this affects healthcare practitioners in their professional on duty capacity and not off duty.

Mary Fagan asked if there is any objective data that speaks to the outcomes of domestic abuse in the other states that don't have mandated reporting and asked if victims suffered abuse again or were possibly murdered.

Krista Colon said she doesn't think she's ever seen any sort of comparative data like that.

Dr. Jessica Draughon Moret said outcomes of patients feeling empowered to make decisions for themselves would be something she would expect to be improved. One of the biggest concerns she has is that many intimate partner violence assaults involve strangulation that is very serious and can lead to tissue swelling, traumatic brain injury from lack of oxygen to the brain and terrified to get care because they aren't ready to interact with law enforcement. This is a significant concern with immigrant populations who do not want any kind of interaction with the legal system. She wants survivors to be able to get healthcare, images of soft tissue injuries and look for life-threatening injuries.

Krista Colon stated that she wants to make sure survivors are connected to the whole range of services they need and connecting

them through a warm referral and hand off to programs that can help them with their housing needs, can help facilitate a restraining order to keep the abusive person away from them and their children, and can help walk them through future legal proceedings. All the economic needs, the counseling and mental health needs that they may have can be powerful and under the current system it is hoped this happens and they partner with law enforcement to make sure they're providing information about resources to programs to survivors. They recognize the criminal system alone would never fully adjust the whole range of needs for survivors. It is hoped that survivors can seek care and be open and honest with healthcare providers about what's causing the injuries they're experiencing and connect them with the whole range of services they need, which can still include the criminal system when and if they choose.

Patricia Wynne thanked the experts for coming and speaking to the board. She opposed the bill last year and explained her connection to the original language 40 years ago. She has been listening to the experts saying it's not beneficial to victims and there's another approach. She is persuaded by the evidence to change her mind about this bill. She's spent way too much time thinking about this bill over the last year and is ready to support the bill.

Loretta Melby asked if any provisions could be added into the bill for rural areas that don't have a good supply of advocacy programs and asked what the thoughts on advocacies are in general. She asked about training mandates for advocates that get the referrals.

Krista Colon thanked Patricia Wynne for her thoughts. She said the language includes handoff to local services or to national advocacy services such as the national domestic violence hotline recognizing that local programs are few and far between especially in rural communities which can be small and close knit. She said they may add language to clarify the referral can be made via email if services are not immediately available.

Vicki Granowitz again said she wanted to see language added about protecting people who don't make reports and a way to keep track of what isn't reported if they come back later.

Krista Colon said she would bring this to the co-sponsor group. She said if the board would like any language changes, they are open to it. They would talk with the author's office and the co-sponsors. She thinks the data tracking piece is interesting but is mindful of how much data people are asked to keep track of and how that would be done.

Elizabeth Woods still has concerns about this, as a physical and sexual assault examiner for several years, knows abuse doesn't stop after one time, it can go on and on unless there is some intervention. She's very concerned about this. She doesn't think most women go and find all the things in the community that can help them and personally thinks there needs to be an intervention that opens the possibility of something happening where the violence is less. She knows that reporting to the police does not mean the abuse stops. At least there's an input there where the abuser is now faced with something that may happen to them now. She knows it can cause more abuse to the person that made the report. She's concerned about the patient that's being beat up is going to continue.

Dr. Jessica Draughon Moret asked Member Woods if a mandated report to law enforcement helps the patient in front of the nurse move forward in a way that enhances their safety.

Elizabeth Woods said it's not the only way and explained that she was on a sexual assault team, and they had people who would come in to talk with the patient to make whatever intervention they could with some in the criminal justice system and she had to appear in court and talk about it. She's completely against eliminating any type of good documentation of what happens to the patient because there is a lot more that has happened to the patient and maybe there is a chance to deal with it when they come in if the nurse can talk to the patient separately. She said there needs to be some legal way to document this.

Dr. Jessica Draughon Moret said abuse doesn't stop without a change. She said the documentation required to make a mandatory report is minimal whereas the documentation a clinician would make in the chart about the injuries and conversations had with somebody, the electronic health record, is a legal document that could include all the information Member Woods describes. She would do a comprehensive assessment of the experiences the person had related to intimate partner violence from the family perspective and if a child under 18 was involved in any of these things, then she would make a mandated report. If the person is of age and competent to make decisions for themselves, she provides the documentation and connecting them to advocacy and encouraging a report to law enforcement. But it is the patient's choice to decide which route to take. She said the literature shows it could take more than one event to make a report. If she thinks the



patient is in imminent harm, then she can make a report regardless of what the patient has chosen.

Elizabeth Woods asked who makes the determination of the severity of abuse that is reported.

Reza Pejuhesh said the bill does not have a trigger to require reporting. The language says assaultive, or abuse conduct and the reporter makes the subjective determination. He continued that it qualified that public comment would be made on this specific bill before the other bills would be addressed.

*Dolores Trujillo asked to have separate public comment for this bill.*

Additional Discussion After public comment:

Krista Colon said they changed the implementation date to 2025 to allow one more year for implementation.

Vicki Granowitz asked if the motion could be to Watch the bill since there is still some information that needs to come back to the board. She doesn't necessarily say she doesn't support the bill but if that position is taken then the board will have the ability to give more input.

Patricia Wynne agreed.

Reza Pejuhesh asked what the amendments are.

Dolores Trujillo said to clarify liability if a report is not made.

Vicki Granowitz mentioned the discussion of exploring documentation and tracking of incidents.

**Motion: Dolores Trujillo:** Motion to Support if Amended to clarify whether providers will face liability for not making the report if the bill is passed and to explore documentation and tracking of incidents

**Second: Patricia Wynne**

**Public Comment for**

**AB 1028: Sierra Shepard, from Asm. McKinnor's office:** Appreciated the robust conversation about this. They are happy to consider any changes to the bill that might elevate the intent as well as clarify there's no repercussions for nurses. They will circle back and confirm this.

**Kathy Hughes, Executive Director of Nurse Alliance of SEIU, CA:** Her organization has not taken a position on this bill because they were waiting to hear this conversation. She is going to make a recommendation to her union that represents 700,000 members in California. There are many members and patients who do not seek healthcare in an abusive situation because of law enforcement involvement.

**Laura Starrh, NP:** She strongly supports this bill, and the current law puts nurses in a difficult spot between violating ethical principles of patient autonomy and the law that puts nurses at risk of disciplinary action.

**Kita Lastra, PMHNP, CSU-LB faculty:** She works at UCLA in the sexual assault department and has 11 students with her watching the meeting.

*Theresa Neal made a written comment and is unable to unmute. The comment speaks about sex trafficking, mandatory reporting and may cause confusion.*

**Valerie Albano, Dean of Allied Health, Merced College:** Asked if removal of reporting would cause equity issues regarding disadvantaged groups. Somebody who would normally have representation and whether that could that be a problem.

**Vote:**

	DT	MF	EW	JD	PW	VG	DL
Vote:	Y	Y	N	Y	Y	N	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

**11:01 a.m.**

- Board Discussion:**
- AB 19** (Patterson, Joe) Pupil health: opioid antagonists. Dolores Trujillo said they will take motions with seconds and then open for public comment at the end of the legislation presentation.

Jovita Dominguez said she is pro this because young people are not understanding the implications of their life with taking opiates.

**Motion:** Dolores Trujillo: Motion to Support  
**Second:** David Lollar

**11:04 a.m.**

- AB 689** (Carrillo) Community colleges: enrollment and registration: incumbent health care workers.  
**Board Discussion:** Dolores Trujillo asked if this is only for less than three students.

Marissa Clark stated in the affirmative.

**Motion: Dolores Trujillo:** Motion to Support

**Second: Jovita Dominguez**

**11:08 a.m.**

- 3. AB 996** (Low) Department of Consumer Affairs: continuing education: conflict-of-interest policy.  
**Board Discussion:** Dolores Trujillo asked if this was a result of the board's sunset bill.

Marissa Clark said this is from many sunset bills.

Mary Fagan asked about approving a course that conflict of interest but would have to be explicit that it is disclosed.

Marissa Clark said this might toe the line in the middle where it says we discourage you from having a conflict, but if there is one, then it needs to be disclosed up front.

**Motion: Dolores Trujillo:** Motion to Support

**Second: Jovita Dominguez**

**Break at 10:43 – 11 am**

**Quorum re-established at 11 am**

**11:10 a.m.**

- 5. AB 1283** (Chen) Pupil health: emergency stock albuterol inhalers.  
**Board Discussion:** Jovita Dominguez asked if this bill is motivated by COVID-19 or the asthmatic community.

Marissa Clark believes it's based on community demand. She also said this is a benefit to schools if they apply for federal grants.

Dolores Trujillo asked if parents would be notified.

Marissa Clark said the bill has emergency follow-up procedures to include calling 911, then notifying parents and physician.

Elizabeth Woods asked if this could be any student who needs it or who already has this prescribed.

Marissa Clark said a person reasonably believed to be suffering respiratory distress. It is a single use disposable cartridge.

Dolores Trujillo asked if they would have to adequately determine that the child was in asthmatic crisis.

Loretta Melby said there is a difference between adult and pediatric patients. Pediatrics is typically respiratory and rarely cardiac. Asthma is a silent killer, and a lot of people don't realize they have it until something triggers it.

**Motion: Dolores Trujillo:** Motion to Support

**Second: Jovita Dominguez**

**11:19 a.m.**

**6. AB 1292 (Flora) Nursing:** distance education nursing program students.

**Board Discussion:** Dolores Trujillo asked if this was out of state programs with California students completing clinicals in California.

Loretta Melby said this bill was sponsored by a for profit institution in Utah that wants to provide distance learning to California residents who want to attend nursing school. Students would attend program virtually or through distance learning for theory and would do clinical practice in California. This institution approached board staff several times and were provided a pathway in and then a bill was introduced. She said the BRN approves programs not academic institutions. Bureau of Private Postsecondary Education approves for profit, non-profit private institutions. She said Utah does not require board approval for their education. Utah's Board of Nursing does not approve their nursing programs. They are one of the rare states that do not do this. She said the Florida investigation about fraud which brings up a lot of public protection issues that happen outside of clinical impaction. We do not know the curriculum they're teaching. This bill only speaks to accreditation.

David Lollar asked if the students would be licensed in Utah or California.

Loretta Melby said it would depend on what state the student applies for licensure in. Because we do not know what the curriculum is, the student may need to complete additional coursework to become licensed in California. There is a Supreme Court decision about Excelsior College in New York that does not allow us to accept any students past a certain year because their nursing program does not include a clinical component.

Elizabeth Woods said we should remind people there is also a problem with California nursing programs and clinical rotations.

Loretta Melby spoke about the public comment earlier where 20 preceptor placements were lost.

Jovita Dominguez spoke about students in California traveling to other areas of the state to complete clinicals.

**Motion: Elizabeth Woods:** Motion to Oppose

**Second: Dolores Trujillo**

**11:38 a.m.**

**7. AB 1577 (Low)** General acute care hospitals: clinical placements: nursing.

**Board Discussion:** Mary Fagan 100% supports transparency in terms of clinical placements. It would help us in terms of making decisions about new programs or program growth. She supports protecting spots for community colleges. She's worried about the requirements it places on hospitals but not on long term care facilities and outpatient settings. She supports the theory, but it is not going to be helpful and could be detrimental to hospitals.

Patricia Wynne appreciates Mary Fagan's comments. She worries about Mary Fagan's comments about shutting down a hospital over this and asked if conversations have been going on with the author's office.

Marissa Clark has not spoken with the author yet but has requested a fact sheet to get more insight in the background and hasn't heard back yet. She is happy to reach out if the board makes that request.

Loretta Melby spoke about working with Low's office on AB 2288 which was introduced during COVID-19 regarding clinical placements and the difficulty of implementing it. Many of the requirements in that bill have been implemented.

Mary Fagan stated that all health care facilities should be mandated to participate in clinical placements and this bill needs further work. Additionally, she stated it is extreme to lose licensure of a hospital.

David Lollar is opposed to it but is asking if this should have a Watch position.

Loretta Melby said it is helpful as written now except for removing licensure of a hospital. This is in line with what the audit asks for as there are still institutions that refuse to provide information.

**Motion: Mary Fagan:** Motion to Watch

**Second: Patricia Wynne**

**11:35 a.m.**

8. **AB 1707** (Pacheco) Health professionals and facilities: adverse actions based on another state's law.

**Board Discussion:** Vicki Granowitz thinks this is timely and essential and supports it.

Patricia Wynne agrees.

**Motion: Dolores Trujillo:** Motion to Support

**Second: Mary Fagan**

**11:49 a.m.**

9. **AB 1722** (Dahle) Pupil health: credentialed school nurses, registered nurses, and licensed vocational nurses.

**Board Discussion:** Elizabeth Woods asked how many facilities the Certified School Nurse (CSN) will oversee.

Marissa Clark said it will depend on the Local Education Agency (LEA) and the geographic distribution.

Loretta Melby said it is typically eight schools at a minimum. If there are open positions, then no nurses are at the schools.

David Lollar said this is a catch 22. The bill still does not address the fact that a CSN still has six schools under their supervision or worse. The LVNs would not have supervision like they would in a hospital setting and are not credentialed. He has issues with this bill.

Patricia Wynne has issue with not having RNs and LVNs may not be able to provide the right care due to their qualifications.

Marissa Clark said funding is an issue with school nurse salaries being an issue.

Loretta Melby said health aids are doing much of the work now and they aren't LVNs which this bill would be a step up from that. The bachelor's degree requirement is higher than that of a hospital.

Mary Fagan asked if there is a way for the bill to be amended to address the degree requirements.

Loretta Melby said that would be a Commission on Teacher Credentialing requirement for all their credentialing.

Mary Fagan thought it interesting that the bill goes to LVN instead of the associate degree RN.

Loretta Melby said the LVN does not have an associate degree.

Reza Pejuhesh said the board could oppose the bill and suggest that change as an alternative, or support and suggest an addition.

**Motion: Mary Fagan:** Motion to Watch

**Second: Patricia Wynne**

**12:02 p.m.**

**10. SB 345 (Skinner) Health care services: legally protected health care activities.**

**Board Discussion:** Elizabeth Woods asked if the bill spells out legally affirmative care.

Marissa Clark read the definition in her bill summary and stated there are many definitions in the bill.

**Motion: Patricia Wynne:** Motion to Support

**Second: David Lollar**

**12:07 p.m.**

**11. SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.**

**Board Discussion:** Loretta Melby asked if an urgency clause could be added.

Marissa Clark said it could be but warned it would raise the threshold for votes. Typical timeline for bills is that they go to the Governor in the fall so this wouldn't go into effect until then.

Patricia Wynne thinks this is a great idea and supports asking for an urgency clause.

**Motion: David Lollar:** Motion to Support, seeking amendment to incorporate an urgency clause

**Second: Patricia Wynne**

**12:13 p.m.**

**12. SB 887 (Senate Business and Professions) Consumer affairs.**

**Board Discussion:** No comments or questions.

**Motion: Dolores Trujillo:** Motion to Support

**Second: David Lollar**

**Public Comment for All Bills, Except AB 1028:** Reza Pejuhesh asked about length of public comment since this is for all bills presented.

Dolores Trujillo said she thinks two minutes is good.

Loretta Melby said the commenters could be asked how many bills are being commented on to decide length of time. Each bill should be two minutes.

**Mary Steckler, Director of Nursing Santa Ana College:** Supports AB 1577 and encourages the board to support it with some amendments and remove the licensure revocation.

**Carla Guard:** Thanks the board for opposing AB 1292 since there are problems placing current California students without out of state students.

**Kathy Hughes, Nurse Alliance of SEIU, California:** She will be making a recommendation to their board to Support AB 1028. She agrees with AB 1292 recommendation to Oppose. AB 1577 regarding clinical placement to Support if Amended to address the concerns regarding scope applying only to general acute care hospitals and removing the license revocation. AB 1722 regarding complications with LVNs in schools but believes it is better than having school secretaries doing the work.

**Carmen Comsti, CNA:** Opposed to AB 1292, BRN should maintain oversight of schools in California, AB 1722, shares the concerns of BRN members to address too few nurses in schools and look at potential alternatives to expanding use of LVNs in school settings. AB 1577 shares the questions raised today about the recent amendment and BRN should maintain a role in determining clinical placement requirements at facilities rather than CDPH.

**Samantha Girard: *Written comment:*** Please consider the impact of our out of state programs placing clinical students within California. California programs are suffering displacement and had 30% of their preceptors rejected this spring and last spring and anticipate if clinical groups are single student precepts within our state for out of state nursing programs, they will further limit ability to place current and future California students.



**Dr. Ronnie Knabe, Dean for Nursing:** AB 1292, she thanks the board for taking the position it did and understanding what's going on. AB 689 spoke about the multi criteria admission policy of community colleges and the difficulty of specifying a percentage of incumbent health care workers, by creating a special protected class.

Reza Pejuhesh asked how the voting would be handled individually or as a block.

Dolores Trujillo said there would be a vote as a block with the exception of AB 1028 which was already voted on.

**Vote for All Bills,  
Except AB 1028:**

Vote:	DT	MF	EW	JD	PW	VG	DL
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

**Recess for Lunch at 12:39, Board reconvened for Closed Session  
after the Education Licensing Committee Meeting**

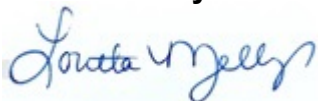
4:38 p.m.                      7.0                      **Closed Session**

**7.1 Disciplinary matters** The Board convened in closed session pursuant to Government Code section 11126, subdivision (c)(3) to deliberate on disciplinary matters, including stipulations and proposed decisions.

4:53 p.m.                      8.0                      **Adjourn**

Dolores Trujillo, President, adjourned the meeting at 4:53 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