

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

**Date:** November 14-15, 2022

**Start Time:** 9:01 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.**

**November 14-15, 2022 - 9:01 am BRN Board Meeting**

9:01

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

*Dolores Trujillo, President* called the meeting to order at: 9:01 am. All members present, except member Susan Naranjo, who arrived to the meeting at 9:35 am. Quorum was established at 9:03 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  
Vicki Granowitz  
Roi David Lollar  
Susan Naranjo (arrived at 9:35 am)  
Patricia “Tricia” Wynne, Esq.

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

9:04

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

9:05

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

**Note:** The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the

agenda of a future meeting. (Government Code, Sections 11125 and 11125.7(a)).

**Public Comment for  
Agenda Item 3.0:**

No public comments.

9:07

**4.0**

**Review And Vote on Whether to Approve Previous Meeting Minutes**

**4.1**

**Board Discussion:**

No comments or questions.

**Motion:**

Dolores Trujillo to accept Board Meeting Minutes from August 17, 2022, and allow BRN Staff to make non-substantive changes to correct name misspellings and/or typos that may be discovered in the document.

**Second:**

Patricia Wynne

**Public Comment for  
Agenda Item 4.0:**

No public comments.

**Vote:**

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

**Motion Passed**

9:10

**5.0**

**Report of the Administrative Committee**

**Presented by:** Dolores Trujillo, RN – President, California Board of Registered Nursing

**5.1 Executive Officer Report**

**Presented by:** Loretta Melby, MSN, RN, Executive Officer

**Board Discussion:**

Elizabeth Woods asked if recruitment has to do with salaries and if they can be increased. Loretta Melby said salaries are an issue with Nursing Education Consultants (NECs). She said the pay is not reflective of the job requirements of education and experience. She explained the state process for establishing salaries with unions. Elizabeth Woods acknowledged this is a complex process.

Dolores Trujillo thanked Loretta Melby and BRN staff for putting together five regulation packages in one year.

Patricia Wynne thanked the staff and for being open in public comment to changes needed. She asked if there were some changes made that resulted in less regulation packages since 2019 or deferred maintenance. Loretta Melby said deferred maintenance and new statutes going into effect. She also said the executive staff has only been in place since July 2019. She went on to say that there has been a focus on process improvements.

Mary Fagan asked if BRN anticipates any future audits. Loretta Melby said she has been given hints that there could be a future audit based on the whistle blower audit.

Susan Naranjo arrived at 9:35 am. Dolores Trujillo asked that she be elevated from the attendee list to a panelist.

After public comment:

Reza Pejuhesh said he saw a comment that said the phone line was not working and wondered if that is an issue.

BRN Moderator stated someone had the wrong meeting ID and listed the correct code.

**Public Comment for  
Agenda Item 5.1:**

No public comments.

9:38 **5.2 Information only:** Update on 2018-2021 and 2022-2025 Strategic Plan and goal progression  
**Board Discussion:** Patricia Wynne said it is very helpful to see the goals and the progress towards each one.

Mary Fagan agreed with Patricia Wynne's comment and thanked BRN staff.

**Public Comment for  
Agenda Item 5.2:**

No public comments.

9:46 **5.3 Information only:** Registered Nursing Fund Condition (presentation by DCA Budget Office) Suzanne Balkis  
**Board Discussion:** Dolores Trujillo asked if any of the funds in the budget go to support DCA. Suzanne Balkis said DCA ProRata is included in the budgeted funds.

**Public Comment for  
Agenda Item 5.3:**

No public comments.

9:50 **5.4 Information only:** Update on the Board's sunset bill, Assembly Bill 2684 (Reg. Sess. 2021-2022)  
**Board Discussion:** David Lollar asked about the uniform method to make changes to nursing program requirements and if there is a deadline to get it done. Loretta Melby said the bill goes into effect in January 2023. Her goal is to have that done in January or the first part of 2023.

David Lollar wished her luck. Loretta Melby said the package will be sent to Reza Pejuhesh for his review, hopefully before the holidays.

**Public Comment for  
Agenda Item 5.4:**

Garrett Chan, HealthImpact – Asked about the section in the bill about payment for clinical placement. Loretta Melby said this would

now be investigated by BRN or DOI investigators and is effective January 1, 2023, for the prelicensure programs.

10:06

**5.5 Information only:** Discussion of NCLEX pass rate for academic years 2018/2019 through 2021/2022

**Board Discussion:** David Lollar is curious why the schools consider this a new normal as opposed to a reaction to the pandemic. He asked for a longer comparison of exam scores over 20 years versus the four presented. Loretta Melby suggested 10 years since that is usually a standard period. She also said the exam is about to change to NextGen which could also have an effect. She discussed the changes made to nursing education since the pandemic began including methods of didactic training from in person to hybrid and the methods of clinical training available.

Dolores Trujillo stated concern with some of the graphs. She asked if there is any correlation with size of the university and if BRN plans to follow up next year with the schools close to 75. Loretta Melby said the assigned NECs are following along closely with their assigned schools on a quarterly basis. She said larger size can be a benefit versus the smaller schools that can dramatically decrease the pass rate. She said if a student fails the exam, they must wait three months to retake the exam. She said the accrediting agencies have a test pass rate of 80% versus BRN at 75%. She said the pass rate is a school indicator that can show risk in a school. Dolores Trujillo asked if there is a plan next year to continue to follow these reports. Loretta Melby said they will prepare charts with ten years as requested by David Lollar.

Mary Fagan asked if the number of students can be added to the charts to consider the information. Loretta Melby said enrollment numbers change based on BRN approvals as well as schools self-reducing but will see what can be done to add the numbers.

Patricia Wynne noted that some schools were doing tremendously well and dramatically changed. She asked what the NECs do to help or counsel a program that is in trouble. Loretta Melby gave an example of hiring staff at a public school versus private that can be problematic, and the NEC can be brought to the school president to help resolve this issue. NECs can identify curriculum issues, best practices, getting academic advisors, attrition rates, and obtaining different types of clinical sites, to name some examples.

David Lollar said looking years out at the future would be helpful too.

Elizabeth Woods asked about the students and if BRN reaches out to see what their issues might be that they did not pass the exam. Loretta Melby said in the past it was the BRN's fault that students were delayed taking the exam due to application processing delays. BRN has changed the process and staff have no part in that process any longer. NECs meet with students in a group setting to get feedback as well as asking students to attend individual meetings.

**Public Comment for  
Agenda Item 6.3:**

Danilo Bernals – Wrote a comment asking if there are any stats about foreign educated students. Loretta Melby said BRN does not have jurisdiction over out of state or international programs.

Saengdau Phonxaylinkham – Asked if the pass rates have declined since going to online programs and if there is a correlation in the statistics that could be drawn out. Loretta Melby said education went completely online including simulation being used for clinical experiences. She said there was a large faculty exodus fearing contracting Covid. She also spoke to decreased clinical exposure and didactic education delivery changes. It is difficult to make a direct data correlation.

**Break 10:40 – 10:45**

**7.1 next then back to 6.1**

**Reconvene at 10:47, roll call to establish quorum, DT, MF, EW, SN, PW, DL, JD – VG absent**

**6.0 BRN future priorities and proposals for review and possible action**

12:08

**6.1 Discussion and possible action:** Consideration of public comments, discussion, and possible adoption of proposed regulatory text to amend CCR, title 16, section 1480, 1481, 1482.3, 1482.4, and 1487 (Categories and Scope of Practice of Nurse Practitioners)

**Board Discussion:** Patricia Wynne asked if there were any comments that were particularly controversial. Loretta Melby said there was particular concern from medical professionals saying/thinking NPs scope of practice is being expanded. She said there weren't many updates or changes to the NP scope of practice. NPs are not able to do surgery or expand into medicine. She thinks it is important to include this information in messaging to other health care practitioners and boards who license them. NPs must work in a healthcare facility within a group setting that has a minimum of one physician and surgeon before advancing to the 104 NP which cannot happen prior to 2026. Heather Hoganson said there were several comments that

wanted to change language in the statute that cannot be done with regulations. She also said there were comments requesting to eliminate transition to practice time and others to expand time to 5-7 years. Loretta Melby said some comments require legislative changes that could be made in the future.

David Lollar appreciates the detailed responses to the written comments. Loretta Melby explained the processes used by BRN to work with stakeholders before the regulatory package was submitted.

After public comment:

Loretta Melby asked if there are any additional issues that the board wants to address before the vote.

**Motion:** Dolores Trujillo 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

**Public Comment for  
Agenda Item 6.1:**

Dr. Stephanie Dittmer, MD – Calls out NPAC recommending to grandfather clinical experience prior to 2023 as outside the statute. The physician care and referral requirement currently in statute is not being adequately addressed by the recommendations right now which is discriminatory towards marginalized populations, especially undocumented migrant patients, or those without English as a primary language and expect them to voice concern that they need additional care or need to be referred out or need additional physician level care places the onus on the patient. The subject matter experts were NPs and is not the same as MDs and DOs and that no additional certification process outside of the national exam is insufficient but that the additional standardized criteria for clinical training and mentorship should be included in the NP transition to practice requirements and has not been accommodated in the current recommendations. She is very concerned with the safety of patients in California who do not understand what is being done and there is inadequate training for the mental health NP to be able to provide the same level of service outside of standardized procedure care. That 600 hours versus 17,000 hours is not the same. She does not think adequate safeguards have not been put into place. Reza Pejuhesh provided clarification regarding Dr. Dittmer's comment regarding prior NP experience being counted towards independent practice. Dr. Dittmer said the level of supervision was not at the level identified in the laws and regulations that are not in

effect yet. Reza Pejuhesh said the legislature contemplated this issue and said care provided beginning January 2021. Loretta Melby provided additional clarification regarding use of standardized procedures by NPs. She also explained that NPAC took into account additional training provided to a DNP over and above the master's degree training.

Adrian Shelton, California Alliance of Child Family Services, a statewide organization that represents non-profit community-based agencies servicing children, youth, and families in public human services systems including behavioral health – They are a strong supporter of AB 890, they know how difficult it is to recruit mental health care providers and the board should be doing everything possible to increase access as soon as possible to help close the provider gap.

Wendy Wang, represents Sycamore a nonprofit providing behavioral health services and child welfare programs in southern California – Worked with authors and strongly endorsed AB 890 when debated in legislature. Supports the BRN's proposed motion to move forward with the adoption of current regs with non-substantive changes so NPs can begin to increase access to care as envisioned by AB 890.

Dennis Cuevas-Romero, Vice President of Government Affairs at the California Primary Care Association – Worked with legislature regarding AB 890 and supports the regulations as proposed and is ready to continue to work with BRN on implementation of the regulations.

Surani Hayre-Kwan, NP – Works in rural California with homeless population and farm workers who know she is not a physician. She has worked with her clinic for 22 years. She appreciates the work of the board and NPAC regarding these regulations. She will not change her mode of practice once these regulations go into effect.

Ron Aldona, NP, Senior Care Clinic – Worked with legislature on AB 890 and appreciates work done so far implementing this important bill. They are impacted severely by California healthcare coverage limitations and urge the board to adopt the current regulations so NPs can practice and expand access to care.

Merry, DHS LA County, member of Nurse Alliance Committee – Strongly support AB 890 and appreciates work of board to implement the bill. She left private sector to work with county and

underserved communities. Urges board to adopt regulations as planned to go into effect by January 2023.

Sharon Vogan – Thanks NPAC and board as well as all commenters on both sides. She wants to ensure all listening that NPs are educated and trained to care for people within their professional and individual scope of practice and experience.

Margaret Parsons, MD – Works with NPs and understands the importance of what NPs can provide to expand care. She thinks the language to add clinical experience mentorship into transition to practice at a higher level than what is being applied for could be very helpful to guarantee safety.

Rudy Posadas - Spanish speaker comments in Spanish

Karen Sonnenthal, NP – Strongly disagrees with Dr. Dittmer's comments regarding previous supervision not being adequate to advance an NP practicing without the standardized procedures and move to a more independent practice. She has worked as an NP for 25 years at John Muir as NP director overseeing both new and experienced NPs and has seen the collaboration between NPs and MDs. She said it is difficult to hire NPs in remote areas because the MDs do not want the additional supervisory requirements of the NPs. The 103 NPs would be able to move into that clinic and increase access in overtaxed clinics. Supports passage of the package as stated.

Laurel Malea Raffetseder – She works at a high school health center for low-income underserved population who thinks it's very important to adopt the regulations to expand care as intended by AB 890.

Kathy Hughes, RN, Executive Director of SEIU Nurse Alliance of CA – Urges the board to adopt the regulations quickly as a key to alleviating the pressure on the healthcare system.

Dr. Cynthia Jovanov, NP, President of CANP – She looked at all 55 pages of comments and appreciates the detail in the rationale about why they were denied. She asks for consideration of 5-year to a 7-year recognition to give credit to educators who have been on medical leave and extend time to increase the pool of NPs going from 103 to 104. Moving NPs from standardized procedures to 103 could create close to 20,000 NPs eligible to move into communities that need care. Mentorship already exists between NPs and physician colleagues. She appreciates comments from both sides.



Dolores Trujillo asked if additional public comment could be limited to 30 more minutes. Loretta Melby asked for a lunch break after public comment ends. She asked how many more commenters are in the queue, BRN moderator said there are 15.

Catrina Reyes, CAFP – Urges the board to consider whether necessary measures have been put in place to ensure NPs have training and experience and competency to perform functions specified in the law without standardized procedures. Legislature gave the BRN express rulemaking authority to implement AB 890 with BRN's mission as a guiding principle to protect California's healthcare consumers. The OPES report recommends that rather than a supplemental exam, additional standardized criteria for training and mentorship should be included in the NP transition to practice requirements.

Marco Lizaraga – Loretta Melby read comment, he thanks the BRN for taking time to meet with some community groups. Many concerns were not addressed after comment letters were submitted. Their concerns are that Spanish speakers will not know the difference between NPs and physicians.

Sara Bridge, Association of California Health Care Districts – NPs are key to alleviating the pressure on the healthcare systems. NPs are needed to expand access to care. Adding unnecessary transition to practice will delay this access. They urge the board to adopt these regulations for implementation of AB 890.

Charlotte Tsui, CMA – Believes the regulatory package deserves additional attention because of significant implications it would have especially regarding transition to practice. The current draft lacks substantive guidance on the transition to practice requirements. Asks that the regulatory language include more formal requirements for clinical training and mentorship. Ask to specify what a 103 and 104 NP cannot do in practice.

Alejandro Soliz, Los Amigos de la Comunidad Coalicion, etc. – Primary concern with the regulations is that the BRN worked extremely fast, letters requesting meetings resulted in suggestions to introduce legislation. Concerned with disclosures made to Spanish speaking patients are made in writing without having to request it from the NP. Concerned with the adequacy of NP training.

Leslie Bloomquist, NP, member of CANP, Tulare chapter – Supports motion to move forward to adopt the regulations as soon as possible.

Margaret Johnston – Importance of increasing access to safe competent care. NPs understand scope of practice and already refer patients to higher level of care or specialist as appropriate. The overriding issue is to provide care for more people. She works in the DHS LA county health system. Patients are experiencing delays in care that can result in detrimental outcomes. Urges the board to move ahead and not add any more practice requirements.

Rebecca Goldfader, NP – Worked in women’s health for over 30 years. Urges the board to move these regulations forward and adopt them quickly so that NPs can begin to expand access to care as soon as possible. California lags behind many states in the US.

Elissa Brown, CNS – Believes all providers must identify who they are and what they do at all times to patients. She supports moving ahead with these regulations to improve access to healthcare to highly qualified providers. She hopes the concerns that have been voiced will continue to be listened to and responded to.

**Vote:**

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

**Motion Passed**

**Break at 1:18 return at 2:15**

**Reconvene at 2:16, roll call to establish quorum, DT, MF, EW, JD, PW, DL, VG – SN absent**

2:17

**6.2 Discussion and possible action:** Consideration of continuing education exemption for implicit bias training requirement established by AB 1407 (Burke, Chapter 445, Statutes of 2021)

**Board Discussion:** Dolores Trujillo asked about access to a computer for someone overseas. Loretta Melby said this also includes a handheld device.

Patricia Wynne says she doesn’t think carving out an exemption for one hour is necessary.

David Lollar thinks this requirement aligns with Just Culture. Teachers must do two full days of training on implicit bias so one hour is the least that can be done.

Loretta Melby said this is not the only requirement licensees have to do. Two bills passed in recent years requiring implicit bias training be a part of Continuing Education in direct patient care. If the board wants to exempt this requirement, then a package will need to be initiated.

**Motion:** Dolores Trujillo that we do not need to move forward with an exemption.

**Second:** Vicki Granowitz

**Public Comment for  
Agenda Item 6.2:**

Laura Haas – Agrees an exemption should not be made for this topic. Thinks it is insufficient to have someone only review materials online and that they should also have to discuss with a supervisor after the training.

**Vote:**

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

**Motion Passed**

**7.0**

**Report of the Nursing Practice Committee**

**Presented by:** Elizabeth Woods, RN, FPN, MSN, Chairperson

10:49

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

**Board Discussion:** Mary Fagan asked if there is any specific role for the Board of Nursing to take or put policies in place regarding decriminalization of nursing. Julie said accountability is necessary, learning vs. blame, remediation vs. criminalization, transparency. She said California is an exemplar and encourages other agencies to model the transparency.

David Lollar asked about Just Culture as a concept. He asked if this is something that can be maintained via policy. Julie said she thought it could be driven through policy. She said there is a document that includes information that can be downloaded. She is part of a six-member advisory group to the President of the United States who have been working feverishly towards developing legislation and standards regarding providing access to patients regarding patient harm with transparency and reconciliation. Accountability of leaders and agencies regarding transparency. Requiring use of human testing of processes being used. She said the Board of Nursing could be influential in looking at the top concerns and developing defined measures and focus with the alignment of practice to develop better practices.

David Lollar said this should look at not only the nurse but the hospital as one of the mitigating factors. Julie said nurses practice in a context (environment) that is created through its leaders. Loretta Melby spoke about the Department of Public Health overseeing hospitals in California. She went on to speak about the BRN's Intervention program rehabilitating nurses on probation to remediate practice. She said in her previous work life she used Just Culture. She said she spoke with the Executive Officer of the Tennessee Board of Nursing in Tennessee about this case.

Julie said in California there is a spirit of collaboration between the various agencies.

Loretta Melby spoke about Continuing Education regulations and a comment made by the California Hospital Association regarding off label use of non-FDA approved drugs. She said this comment was incorporated into the regulation language and went into effect in October.

**Public Comment for  
Agenda Item 7.1:**

Scott Shelf, RN – He has a YouTube channel that has a post where he disagreed with the nurse protesters in this case. He never supported criminally charging the RN but voiced an opinion many nurses share. He believes this is a time for nurses to rededicate themselves to safe care to reassure the public about the trust they place in nurses is not misplaced and to future nurses that this is a great responsibility and incredibly rewarding career choice.

Flora Haus, AARP-CA – Worked with Mr. Shelf in her previous life. She worked at Cedar Sinai during the Dennis Quaid Heparin incident with Just Culture to look at what happened with a fine-tooth comb as well as every regulatory agency known to man. They learned how everyone in the health care team could work together could provide for a safer environment. Nurses are human beings and there can always be an inadvertent error. If all types of support can be provided during those times, then organizational accountability can be demonstrated.

Kathy Hughes, SEIU RN Nurse Alliance – Criminalization of med errors and filing a complaint about med errors is a slippery slope when facilities file these. She appreciates BRN complaint investigations where most nurses are found not to be responsible and cleared to return to practice, appreciates the presentation, need to look at remediation and education.

Saengdau Phonxaylinkham – RN since 2004, mentored a lot of new grads, gone into advance practice, she says she's going through

this situation, she is advocating for others and appreciates the presentation and wants to help new nurses, so they don't have to go through this type of situation.

Elissa Brown, CNS – She thinks the BRN has the best program to get a nurse back to work after recovering. She said she is hearing no one wants to report anything now and that we should work with Just Culture so nothing like this happens again.

Tiyesha Watts – Asked if this was public comment for 6.1 or 7.3. Loretta Melby said the commenter can speak for the agenda items when they are discussed by the board. Reza Pejuhesh corrected the commenter to say this is item 7.1. Commenter said she would comment at the appropriate time.

## **7.2 Information only – Advisory committee updates:**

11:44

**Board Discussion:** **7.2.1** Nurse Practitioner Advisory Committee (NPAC) 11:43 – Loretta Melby said Samantha Gambles-Farr asked to present this update before taking agenda item 6.1. Board agreed to this request.

Elizabeth Woods asked for clarification about NP not needing additional testing and not needing certification when California NPs do have to be certified. NPs do not need national certification. Loretta Melby clarified that NPs who want to seek independent practice must have national certification.

Dolores Trujillo congratulated Samantha Gambles-Farr and the vice chair on their leadership. Samantha Gamble-Farr said it is daunting and rewarding to stay true to the bill while being concerned about the safety of Californians.

### **Public Comment for Agenda Item 7.2.1:**

Dr. Cynthia Jovanov, NP – Point of clarification, Loretta Melby comment about creating subcommittee for mentoring NPs and creating a new regulatory package to address this. Loretta Melby said regulations can be changed if needed.

Kenny Chen, NP with LA County, member of SEIU – Encourages board to continue with current regulations, multi-lingual NPs like him increase access to care in Los Angeles. Loretta Melby said comments could be considered for item 6.1.

Margaret Johnston works with DHS, member of SEIU – Objective should be to diminish barriers and not erect them. Loretta Melby said this comment is more appropriate for item 6.1.

Dr. Stephanie Dittmer, MD – Is concerned that NPAC does not engage with groups or have voice regarding concerns with NP independent practice.

2:27

**7.2.2** Nurse-Midwifery Advisory Committee (NMAC)  
**Board Discussion:** No comments or questions.

2:32

**7.2.3** Advanced Practice Registered Nursing Advisory Committee (APRNAC)  
**Board Discussion:** No comments or questions.

2:35

**7.2.4** Nursing Education and Workforce Advisory Committee (NEWAC)  
**Board Discussion:** No comments or questions.  
**Public Comment for Agenda Item 7.2.2, 7.2.3, 7.2.4:** Pamela Jane Nye, CNS – She understands the APRN has been disbanded, asked to be corrected if she is incorrect. She speaks on behalf of the California Association of CNSs, associate professor to CNSs and NPs at UCLA. Reza Pejuhesh interjected to say that the APRNAC has not been disbanded yet but is another agenda item for this meeting 7.7. Speaker agreed to make comment at 7.7.

2:44

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

After motion:

Reza Pejuhesh said the motion does not mean the board is incorporating the recommendations regarding transition to practice. If the board wishes to implement them then a regulation package would need to be put forth in the future.

After public comments:

David Lollar asked for clarification. Are public commenters saying if NPs have passed a national exam and are being asked to do something else? Loretta Melby provided additional context regarding transition to practice. She also provided information regarding the education and exam process for physicians as comparison to the NPs. She said NPs take the national exam after graduation and can then do a six-year training program before being able to practice independently. David Lollar wonders why physicians are asking for additional clinical training if NPs already have six years of it. Loretta Melby said OPES recommends milestones be developed throughout the six years of clinical practice.

Elizabeth Woods asked what the language is around mentorship. How long is it, and where is it done? Loretta Melby said Business and Professions Code section 2837.101(c) defines the transition to practice. The regulation package defines the mentorship part.

**Public Comment for  
Agenda Item 7.3:**

Catrina Reyes, California Association of Family Physicians (CAFP) – Said OPES should not have compared current NP practice with the content of the NP certification exams, it should have compared the NP certification exams with the ability to perform the functions specified in section 2837.103(c) without physician supervision.

Charlotte Tsui, CMA – Believes a supplemental exam should be required to include a clinical requirement. There is also concern with the stakeholder groups who worked on the regulations not including any MD input.

Sharon McDaniel, NPMH – agrees with OPES recommendations regarding not adding any additional exams before being able to independently practice. They disagree with the recommendation for additional clinical supervision during the transition to practice. California needs to get on board with the 28 other states with independent practice.

Surani Hayre-Kwan, NP – She appreciates the complex review process done for this regulation. She's worked in rural northern California for over 20 years. Agrees no additional exam should be required. She has obtained and maintained her national certification like her physician colleagues who maintain their national certifications. She disagrees that additional supervised clinical experience is necessary.

Ron Aldona, NP – He agrees with the recommendation that no additional exam is needed for NPs before being able to practice independently. He disagrees with the recommendation that additional supervised clinical hours are needed to transition to practice.

Kenny Chen, NP – He graduated from Columbia University in New York and passed the national certification exam. He was able to round with physician residents and did not have to have a collaborative agreement. When he came to California, he was surprised with all the limitations on NP practice.

Margaret Parsons, MD – She is concerned over the lack of MD participation in the focus groups involved with this regulation since it increases the scope of practice for NPs. She encourages the

consideration of an exam, and the regulations are vague as to what the transition to practice looks like. She looks forward to amendments tightening what transition to practice looks like with additional clinical competencies evaluated and marked along the pathway.

Dr. Merry Taheri, NP, member of SEIU, works on LA county’s skid row – She’s been a NP for 17 years. NPs are highly qualified, educated, and tested and does not feel an additional exam is needed. There is plenty of research that shows NPs are capable and qualified to practice independently. There are many states where NPs are practicing independently without issues. If there are great concerns it would be great if commenters could provide evidence.

Karen Sonnenthal, NP – She agrees with previous comments about no further exam. She does not understand the comments by physicians when there are 22 other states where NPs practice independently.

Laura Malea Raffetseder, NP – Does not see the need for a supplemental exam. She does not see a need for concerns regarding transition to practice.

Scott Shelf, RN – He is a student studying to be a FNP in a couple of years. He does not believe there is a change in scope of practice but sets up a system of various levels.

**Motion:** Dolores Trujillo to accept the Office of Professional Examination Services report on the occupational analysis.

**Second:** Jovita Dominguez

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

**Motion Passed**

**Break from 3:46 – 3:51**

**Reconvene at 3:51, roll call to confirm quorum, DT, EW, JD, MF, SN, DL, VG – PW absent**

3:52

**7.4 Discussion and possible action:** Regarding revisions to Board advisories NPR-B24 (“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)



**Board Discussion:** Mary Fagan said she isn't following what the issue is. Is the California Association of CNS's developing some regulatory language, but it isn't available yet? Loretta Melby said this is correct. Mary Fagan asked what the board is to do now. Loretta Melby said language in the agenda item summary in blue. The request is to remove the CNS advisory from the BRN website while regulations are being drafted.

Elizabeth Woods said this is a start to clear up the language. Loretta Melby said this is to develop regulatory language because none exists for CNS's.

**Motion:** Dolores Trujillo to accept the updates to Board Advisory NPR-I-29 and continue to implement the APRN consensus model as voted on by the Board in 2008.

**Second:** Elizabeth Woods

**Public Comment for Agenda Item 7.4:**

Elissa Brown, CNS – She was on the advisory committee when the legislation was passed. Preliminary regulation language was developed but disappeared when the staff member did. She is glad this is being taken up again. She looks forward to working with the board on the regulations.

Pamela Jane Nye, CNS – She's board certified as a CNS. She's an associate professor at UCLA who teaches CNSs and NPs in the dual role. She is asking if NPs are being asked to make the decisions about CNS's roles as they are very different. Loretta Melby spoke about the APRN committee and creation of a CNS committee.

Diane Tompkins, American Nurse Credentialing Center – Provided an update to the URL for them [www.nursingworld.com](http://www.nursingworld.com).

**Vote:**

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

**Motion Passed**

4:14

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

**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

**7.7 Discussion and possible action:** Regarding the annual review of the role and continuation of the APRNAC

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

Prior to Public Comment:

Reza Pejuhesh interjected public comment to say that each of the recommendations should be stated for the benefit of the members and public.

7.5 Nursing Practice Committee motioned to recommend approving the development of regulations for CNSs and CRNAs and direct staff to take all steps necessary to begin the rulemaking process.

7.6 Nursing Practice Committee motioned to recommend approving 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.

7.7 Nursing Practice Committee motioned to recommend to sunset the APRNAC and develop two new advisory committees for CNSs and CRNAs and move the CNS and CRNA members to the prospective new advisory committees.

After public comments:

Dolores Trujillo asked for clarification that the board is not discontinuing conversation or discussion for CRNA and CNS practice. Loretta Melby said this creates new committees for CRNAs and CNS's because they can develop regulations related to practice. She said that each of the four advisory committee chairs would report out to the NP committee. Dolores Trujillo is impressed with the work of NPAC and NMAC and would like to see same work for CRNAs and CNSs.

Mary Fagan is concerned with all the public comments about dissolving the APRN advisory committee. She understands the administrative support issues of BRN staff. Loretta Melby said support is possible but went on to explain the additional work by staff for each committee to report out to APRN. She gave the example of NPAC and NMAC having a joint meeting in January to resolve an issue. Mary Fagan asked if there are Bagley-Keene issues if all four committees met together. Loretta Melby said no. Reza Pejuhesh did not see this as an issue.

Dolores Trujillo asked how the four committees would report to the board. Loretta Melby said they'll report to Nursing Practice.

Vicki Granovitz said she recalled discussing this at length in August.

Reza Pejuhesh said this is not a new issue and has been discussed before but no action was taken. Today's item is to officially take action. Pejuhesh went on to explain that changes happened when NPAC and NMAC were created that took their issues from the APRN advisory committee.

Reza Pejuhesh recapped the three recommendations for 7.5, 7.6, and 7.7 again.

**Motion:** David Lollar to accept recommendations from the Nursing Practice Committee for Agenda Items 7.5, 7.6, and 7.7.

**Second:** Dolores Trujillo

**Public Comment for  
Agenda Item 7.5,7.6, and 7.7:**

**7.6, and 7.7:** Cheryl Goldfarb-Greenwood – Technical issues

Elissa Brown, CNS – CNS for 50 years and looks forward to developing the regulations.

Cheryl Goldfarb-Greenwood, CNS – She is a board member for CACNS. The CACNS board is an obvious choice to create the draft regulations. Regarding 7.7 – she advocates for the continuation of the APRN committee that is a collaborative model from the APRN consensus model from NCSBN. She said that the Nursing Practice Committee was to take on this role which does not include members from all advanced practice members.

Melanie Roe, CRNA, Practice director for California Association of Nurse Anesthetists – 7.5 looks forward to working with BRN on this issue, 7.6 supports the verbiage submitted, 7.7 supports the continuation of APRNAC as it is now but appreciates the suggestion that new committees come together to work towards common goals for serving Californians.

Mitchell Erickson, APRN Chair – Thanks the previous EO leadership for creating this committee pursuant to the APRN consensus model. This created a dialogue for all practice areas and the public. With the scope of practice changes the direction for APRNAC made changes. There are letters of support to preserve the APRN committee included in the packet.

Elissa Brown, CNS – 7.7 Supports maintaining the APRN advisory committee. She has enjoyed the collegiality and collaboration in the interest of providing the best healthcare possible. She believes the board would be going backward if it eliminates this committee as there are over 20 states that have an APRN advisory committee as outlined in the consensus model.

Reza Pejuhesh spoke up to notify public this comment time is for items 7.5, 7.6, and 7.7.

Surani Hayre-Kwan, NP – 7.7 finds the APRNAC very useful to address items concerning all providers. She provided an example of recognition of APRNs with home health order concerns during Covid. 7.5 to encourage the Board to address regulations for CNS practice that are long overdue.

**Vote:**

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

**Motion Passed**

4:51

**8.0 Report of the Education/Licensing Committee (ELC)**

**Presented by:** Jovita Dominguez, BSN, RN, Chair

**8.1 Discussion and possible action regarding ELC recommendations on consent agenda items**

**8.1.1 Discussion and possible action regarding board approval of ELC recommendation to approve minor curriculum revisions (16 CCR § 1426), acknowledge program progress reports (16 CCR § 1423), and accept clinical facility approvals (16 CCR § 1427) (consent) (schools under consideration are identified in meeting materials)**

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo – Yes; Patricia Wynne – Yes

**8.1.2 Discussion and possible action regarding board approval of ELC recommendations to grant:**

**Continuing approval of prelicensure nursing programs (BPC § 2788; 16 CCR §§ 1421 & 1423)**

- Biola University Baccalaureate Degree Nursing Program
- California Career College Associate Degree Nursing Program
- Los Medanos College Associate Degree Nursing Program
- Monterey Peninsula Associate Degree Nursing Program
- San Diego City College Associate Degree Nursing Program

**Approval of prelicensure nursing program unit adjustment or other changes (16 CCR §§ 1426 & 1432) (substantive change) (no enrollment increase)**

College of the Sequoias Associate Degree Nursing Program  
Pacific College Associate Degree Nursing Program

**Approval of clinical practice experience required for nurse practitioner students enrolled in non-California based nurse practitioner education programs (16 CCR § 1486)**

George Mason University, Fairfax, Virginia

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo – Yes; Patricia Wynne Yes

**8.2**

**8.2.1 Discussion and possible action regarding board approval of ELC recommendation to accept program progress report, grant continuing approval with quarterly progress reports to NEC (16 CCR § 1423.2)**

East Los Angeles College Associate Degree Nursing Program

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo – Yes; Patricia Wynne – Yes

**8.2.2 Discussion and possible action regarding board approval of ELC recommendation for continuing approval of a prelicensure program. (BPC § 2788, 16 CCR §§ 1421, & 1423)**

Golden West College Associate Degree Nursing Program

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo – Yes; Patricia Wynne – Yes

**8.2.3 Discussion and possible action regarding board approval of ELC recommendation to defer action of an approved prelicensure program. (BPC § 2788, 16 CCR §§ 1421, & 1423)**

University of Massachusetts Global Baccalaureate Degree Nursing Program

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo – Yes; Patricia Wynne – Yes

**8.2.4 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved program, enrollment increase, addition of a new campus or location in Ontario CA, for Concordia University Irvine Baccalaureate Degree Nursing Program. Enrollment pattern: 72 students three times a year phasing in over 3 years. Fall2023 and Fall 2024 = 48 students, Summer 2024 = 64 students, Fall 2024 =**

**72 students, 2025 and forward = 72 students three times a year.  
(16 CCR § 1432)**

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo-AB; Patricia Wynne – Yes

**8.2.5 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved program, enrollment increase for Unitek College Baccalaureate Degree Nursing Program. Enrollment pattern 50 students two times a year, (Sierra View 15 students twice a year, Kaweah Health 25 students twice a year).(16 CCR §§ 1426 & 1432)**

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo-Yes; Patricia Wynne – Yes

**8.2.6 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved program, Allan Hancock College Associate Degree Nursing Program. Enrollment pattern 50 students annually starting spring 2023. (16 CCR §§ 1426 & 1432)**

ELC Vote: Jovita Dominguez – Yes; Mary Fagan – Yes; Susan Naranjo-Yes; Patricia Wynne – Yes

**8.2.7 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved program, to continue year-round track for College of the Sequoias Associate Degree Nursing Program. Enrollment pattern 20 students annually starting in May 2023. (16 CCR §§ 1426 & 1432)**

ELC Vote: Jovita Dominguez– Yes; Mary Fagan – Yes; Susan Naranjo-Yes; Patricia Wynne – Yes

**8.2.8 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved program, enrollment increase for Porterville College Associate Degree Nursing Program. Enrollment pattern 20 students two times per year, (total 40 students annually) starting January 2023. (16 CCR §§ 1426 & 1432)**

ELC Vote: Jovita Dominguez– Yes; Mary Fagan – Yes; Susan Naranjo-Yes; Patricia Wynne – Yes

**8.2.9 Discussion and possible action regarding board approval of ELC recommendation to accept initial self-study for a new prelicensure program, Palo Verde College Associate Degree Nursing program. Enrollment pattern 20 students annually starting spring 2023. (BPC § 2788; 16 CCR §§ 1421 & 1423)**

ELC Vote:Jovita Dominguez– Yes; Mary Fagan – Yes; Susan Naranjo-Yes; Patricia Wynne – Yes

**Board Discussion  
for Agenda Items**

**8.1 and 8.2:** No questions or comments.

**Motion:** Dolores Trujillo to accept the Education/Licensing Committee recommendations for agenda items 8.1 – 8.2 with a revision to the motion for 8.2.5 for Unitek changing the enrollment pattern from 50 students two times a year to 40 students two times a year, as requested by the school.

**Second:** Jovita Dominguez

**Public Comment for  
Agenda Items 8.1**

**and 8.2:** No public comments.

**Vote:**

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

**Motion Passed**

**Board recessed on November 14, 2022, at 4:59 pm**

**Tuesday, November 15, 2022-9:00 a.m. Board**

9:00

**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, except for Susan Naranjo who was absent. 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  
Vicki Granowitz  
Roi David Lollar  
Susan Naranjo  
Patricia “Tricia” Wynne, Esq.

**Absent:** Susan Naranjo

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

9:03

**8.3 Defer action from the October ELC meeting. Discussion and possible action regarding acceptance of substantive changes to an approved program enrollment increase for Concordia University Irvine Baccalaureate Degree Nursing Program.**

**Enrollment pattern 64 students three times per year. (16 CCR §§ 1426 & 1432)**

**Board Discussion:** Dolores Trujillo asked to hear from the school. Cheryl Smith-Padgham, program representative, gave additional program details as well information about support for the enrollment increase.

Loretta Melby gave information regarding clinical placement issues in the nursing program's area for other programs.

Dolores Trujillo reiterated that the third cohort currently has 24 students who are completing the program right now. She asked the program representative if there is a waiting list and the cost of the program. Cheryl Smith-Padgham said the cost of the program is \$55,000 for an accelerated bachelor's degree that takes 15 months. She said there is no waiting list, but they turn away a very large number of applicants. The applicants are qualified but there aren't enough seats available. Dolores Trujillo asked about the length of the program and Loretta Melby said it is equivalent to a two-year program which is the statutory minimum. Loretta Melby gave an explanation about NursingCAS (nursing application portal) that an applicant can use to apply to multiple schools at one time.

David Lollar gave comparison of Common app used by high school seniors. He asked about the increase of students being added to the cohort with 24 students. He asked questions about the program and Cheryl Smith-Padgham said this is an accelerated second bachelors' program. She said that employers have reached out to them about the extensive vacancy rate. She said over 300 applicants apply and they can screen to accept the cream of the crop applicants. David Lollar asked about simulation in comparison to in person clinicals. Cheryl Smith-Padgham said Concordia only uses about 7-10% simulation and explained their program. David Lollar asked if students use financial aid to offset the tuition. Cheryl Smith-Padgham explained that some students have some type of aid or loans but may have used their FAFSA during their first bachelor's degree program.

Elizabeth Woods asked about the applicants who are not accepted in the program and what the process is. Cheryl Smith-Padgham explained the application process for those who are not accepted initially.

Patricia Wynne asked for clarification on the enrollment increase whether it was 40 more for all three cohorts. Cheryl Smith-Padgham said it is 40 for the third cohort. Patricia Wynne wondered about the placements and whether they affect other program's placements.



Cheryl Smith-Padgham said they are part of the consortium for Los Angeles and Orange counties which are very robust in Los Angeles and Orange is improving their consortium. She said they try to expand training in the community and take night shifts so as not to step on other program's toes.

Vicki Granowitz asked if the consortiums include all nursing schools in the area. Cheryl Smith-Padgham gave information about the consortium process and that it does not include all schools or facilities in the process. She said San Diego has one of the best consortiums. Vicki Granowitz is concerned that Concordia could be taking seats that other nursing schools could use. Cheryl Smith-Padgham said she contacts their hospital and community partners who let them know what is available for their students and use their guidance. Vicki Granowitz said she is still confused on whether there is availability for 40 more students.

Loretta Melby discussed clinical placements of several nursing programs in the vicinity of Concordia. She said it is unfortunate that it is unknown how many clinical placements are available. She said this is an audit item that BRN is working on. She commented on the San Diego consortium. She talked about the functionality or lack thereof for other consortiums. She also gave examples of other nursing programs and their clinical placement numbers in the surrounding areas. She also brought up AB 1015 discussing statutory changes to implement audit recommendations. She spoke about Concordia's ability to place 64 students in the two other cohorts and that they have 24 students in the third cohort but could accommodate the additional 40 students. She apologized for not having robust information to assist the board. Vicki Granowitz said that was a lot of information but she thinks she has enough information to make a decision.

Reza Pejuhesh brought up changes in SB 2684 (sunset bill) that go into effect January 1, 2023, about enrollment increases, Business and Professions Code section 2786.2(b)(1)(f). Loretta Melby clarified that this change only effects schools that are nationally accredited which creates a two-tier educational system which is unfortunate since most schools that are not accredited are the associate degree programs. She explained that this will cause a divide in the nursing programs. She said the board could make changes, but they're required to be done through regulations which take 1-2 years.

Mary Fagan said she is seeing the highest vacancy rates in her entire career. She said there is new data coming out all the time

about nurses who may stay in the profession. She discussed the recency of UCSF's data in developing the workforce data projections (2021 and early 2022). She said her facility is re-looking at how to expand clinical placements. She is not concerned with this particular increase request going from 24 to 64 that would be different if it was going from 64 to 104. She looked at the NCLEX pass rates which are at 96% consistently which is quite good when compared with the data reviewed yesterday which showed many school scores dropping significantly. She asked Reza Pejuhesh and Loretta Melby if there is a way to mandate all communities have consortiums, so the board is not making assumptions based on incomplete data. Loretta Melby said a law would have to be introduced to mandate consortiums. She said there is a document NECs use, EDP-I-01, when looking at feasibility of a new program or campus. Existing programs are regulated by California Code of Regulations section 1427. Prior to the recent audit, schools were required to reach out to other nursing programs regarding any enrollment increases and clinical placements, but the auditor said the board must immediately stop this practice. She also said there is recent data that 30% of nurses plan to leave the profession within two years of graduation.

Dolores Trujillo asked if Concordia is using state of emergency provisions or are they fully back in clinicals. Cheryl Smith-Padgham said they have been back in clinicals for some time. They use very little simulation when compared to other programs. Dolores Trujillo commended them on NCLEX pass rates and asked if the students are tracked after graduation for employment in California or outside. Cheryl Smith-Padgham said they try to track graduates, but the majority find work in California.

*After public comment:*

Dolores Trujillo said the board has been concerned with the impact to community colleges and hear the public comments.

Patricia Wynne asked for a future agenda item to be added to look at the enrollment issues.

Loretta Melby said an agenda item would be added and then went over all enrollment increases approved on November 14, 2022, by the board. She said the board has approved all enrollment increases since 2019.

Dolores Trujillo said most of the increases approved yesterday are in areas that were needed. Loretta Melby went on to say there are

areas of need, but Los Angeles, Orange, and San Diego are highly impacted.

Dolores Trujillo asked why Concordia was approved for 24 versus 64. Mary Ann McCarthy said Concordia originally asked for 64 for all three cohorts but because of the clinical placement concern they were only approved at 64, 64, 24 with the understanding Concordia would return to request an increase for the full cohort.

Dolores Trujillo said she stands behind her motion, but the board needs to do a better job at looking at enrollment increases and not be afraid to say no.

Mary Fagan appreciates adding an agenda item to discuss this issue. She asked Loretta Melby to consult with colleagues at NCSBN for best practices. Loretta Melby said Nevada has a statewide consortium based on San Diego's, but it grew so big that it had to be contracted out. She also said Texas is using San Diego's as well.

Jovita Dominguez is having technical issues.

**Motion:** Dolores Trujillo to accept substantive changes to an approved program enrollment increase for Concordia University Irvine Baccalaureate Degree Nursing Program. Enrollment pattern 64 students three times per year.

**Second:** Vicki Granowitz

**Public Comment for  
Agenda Item 8.3:**

Mary Steckler, Associate Dean of Nursing, Santa Ana College – Said there has been little mention of the community colleges located in the Irvine area that she believes are impacted by Concordia's clinical placements. She said Santa Ana College is only able to get 50% of their clinical placements. She said they receive 600 applications but can only accept 60 in the fall and 40 in the spring. The students who apply to community college cannot afford \$55,000 tuition. She said their students stay in the area to practice because they cannot afford to move out of state. She said Stanton was recently approved for 72 students and they do not participate in the consortium. She said only about four facilities participate in the consortium and the schools go directly to the facility to place students. She said the ADN programs are being pushed out and asks the board to consider this as they make their decision.

Peter Senkbeil, Vice President and special assistant to the President of Concordia – In support of the motion, emphasizes quality of the program, NCLEX pass rate, completion rates are very high, they do an excellent job of sending nursing students into the

community. They serve a diverse population that serve the California community. The 64, 64, 24, students cause disruptions for both the school and the facilities that host their clinicals.

**Vote:**

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

**Motion Passed**

**Break 10:22 – 10:40**

**Reconvened at 10:42, roll call to establish quorum, DT, MF, EW, JD, PW, DL, VG – SN absent**

10:43

**8.4 Information only:** NCLEX update

**8.5 Information only:** Licensing Program update

**Board Discussion  
for 8.4 and 8.5:  
Public Comment for  
Agenda Items 8.4  
and 8.5:**

No comments or questions.

No public comments.

10:46

**9.0**

**Report of the Enforcement/Intervention Committee**

**9.1 Information only:** Enforcement and Investigations Unit Update

**9.2 Discussion and possible action regarding appointment and reappointment of Intervention Evaluation Committee (IEC) members**

Name	Member Type	IEC	Type	Term Expiration
Dean Rischel, PhD	Public	2	New Appointment	30-Jun-26
Jhonna Porter, RN	Nurse	3	New Appointment	30-Jun-26
James Luzano, MD	Physician	3	New Appointment	30-Jun-26
Gia Gittleson, RN	Nurse	4	New Appointment	30-Jun-25
Randolph Holmes, MD	Physician	4	New Appointment	30-Jun-26
Judy Speak, RN	Nurse	6	New Appointment	30-Jun-26
Richard Skaff, PhD	Public	6	New Appointment	30-Jun-26
Julius Musenze, MD	Physician	6	New Appointment	30-Jun-26
Andrew Berger, PhD	Public	7	New Appointment	30-Jun-25

Joseph Ortiz, PhD	Public	9	New Appointment	30-Jun-26
David Liu, MD	Physician	9	New Appointment	30-Jun-26
Bradley Webster, RN	Nurse	10	New Appointment	30-Jun-24
Victoria Pon Tell, RN	Nurse	10	New Appointment	30-Jun-25
Dean Rischel, PhD	Public	2	New Appointment	30-Jun-26
Jhonna Porter, RN	Nurse	3	New Appointment	30-Jun-26
James Luzano, MD	Physician	3	New Appointment	30-Jun-26
Gia Gittleson, RN	Nurse	4	New Appointment	30-Jun-25

**Board Discussion  
for 9.1 and 9.2:**

**Motion:** Patricia Wynne to accept the recommendations from the Enforcement Intervention Committee.

**Second:** Dolores Trujillo

**Public Comment for  
Agenda Item 9.1  
and 9.2:**

**Vote:** No public comments.

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

**Motion Passed**

10:50

10.0

**Report of the Legislative Committee**

**Legislative update and discussion of bills relevant to the Board from the 2021-2022 legislative session**

**DIRECT IMPACT BILLS**

- 1. AB 657 (Cooper), Healing arts: expedited licensure process: applicants providing abortion services**
- 2. AB 852 (Wood), Health care practitioners: electronic prescriptions: nurse practitioner scope of practice: practice without standardized procedures**
- 3. AB 858 (Jones-Sawyer), Employment: Health Information Technology: Clinical Practice Guidelines: Worker Rights**

4. **AB 1604 (Holden), The Upward Mobility Act of 2022: Boards and Commissions: Civil Service: Examinations: Classifications**
5. **AB 1711 (Seyarto), Privacy: Breach**
6. **AB 2188 (Quirk), Discrimination in Employment: Use of Cannabis**
7. **AB 2626 (Calderon), Medical Board of California: Licensee Discipline: Abortion**
8. **AB 2684 (Committee on Business and Professions), Nursing**
9. **SB 1237 (Newman), Licenses: Military Service**
10. **SB 1375 (Atkins), Nursing: Nurse Practitioners and nurse-midwives: abortion and practice standards**

#### **INDIRECT IMPACT BILLS**

1. **AB 1120 (Irwin), Clinical Laboratories: Blood Withdrawal**
2. **AB 1810 (Levine), Pupil Health: Seizure Disorders**
3. **AB 1914 (Davies), Resource Family Approval: Training**
4. **AB 2107 (Flora), Clinical Laboratory Testing**
5. **SB 731 (Durazo) Criminal Records: Relief**
6. **SB 1334 (Bradford), Meal and Rest Periods: Hospital Employees**
7. **SB 1475 (Glazer), Blood Banks: Collection**

**Board Discussion:** No comments or questions.  
**Public Comment for  
Agenda Item 10.0:** No public comments.

#### **11.0 Closed Session**

##### **11.1 Disciplinary Matters**

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

### 11.2 Pending Litigation

The Board will convene in closed session pursuant to Government Code section 11126, subdivision (e), to discuss pending litigation: *Selase Mensa Foster v. Board of Registered Nursing, Department of Consumer Affairs, State of California*, Superior Court of California, County of Alameda, Case No. 22CV014625

### 11.3 Personnel Matters

The Board will meet in closed session pursuant to Government Code section 11126, subdivision (a)(1), to conduct the annual performance evaluation and consider the salary of its Executive Officer.

4:30

12.0

### Adjourn

Dolores Trujillo, President, adjourned the meeting at 4:30.

Submitted by:



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

Accepted by:



**Dolores Trujillo, RN**  
President  
California Board of Registered Nursing