



Nurse-Midwifery Advisory Committee Meeting

MEETING MATERIALS

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

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Agenda Item 2.0

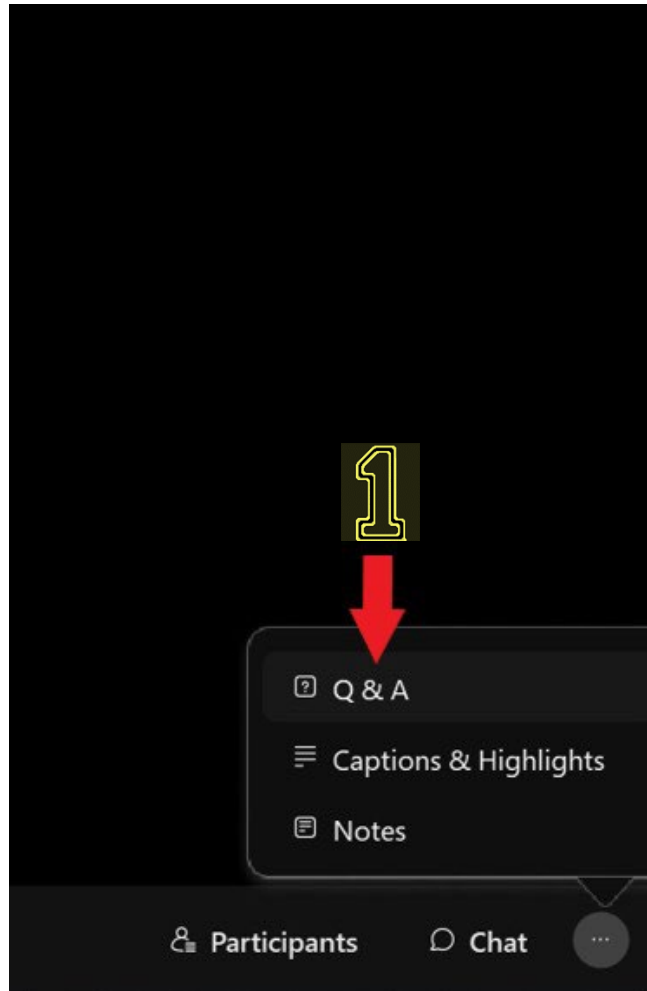
General instructions for the format of a teleconference meeting

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

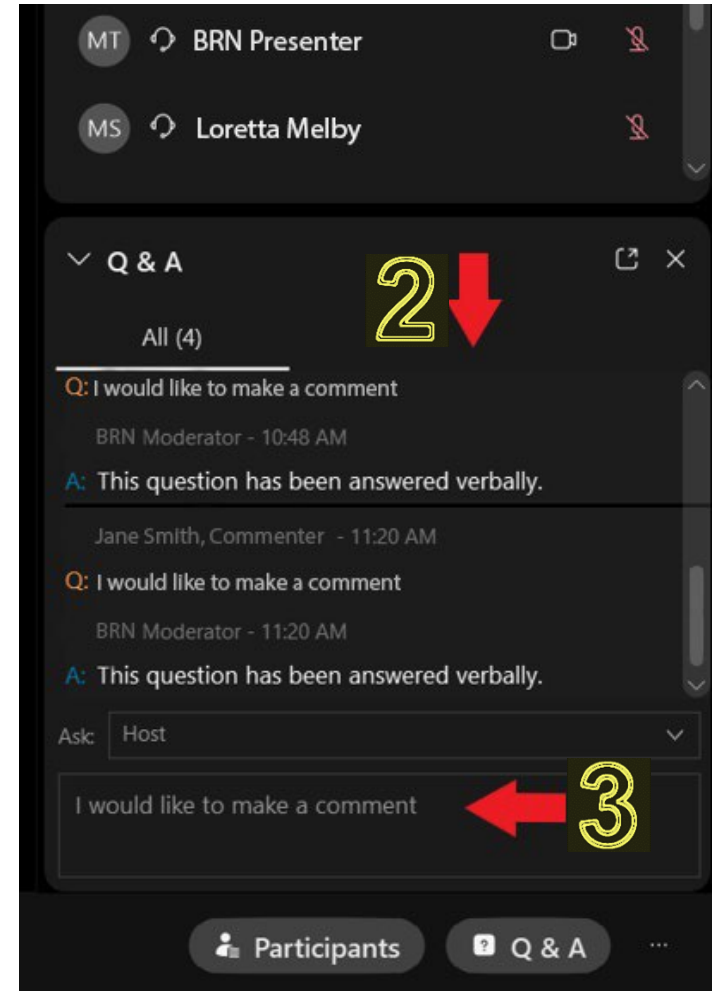
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have **two (2) minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

NOTE: Please submit a new request for each agenda item on which you would like to comment.



Agenda Item 4.0

Review and vote on whether to approve previous meeting's minutes.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

**BOARD OF REGISTERED NURSING
NURSE-MIDWIFERY ADVISORY COMMITTEE
COMMITTEE MEETING MINUTES**

DRAFT

DATE: March 7, 2023

START TIME: 9:04 am

LOCATION: **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133.

9:04 am

1.0

Call to Order/Roll Call/Establishment of a Quorum

Mary Kay Phillips, PhD, CNM – Chair, called the meeting to order at 9:04 am. All members present except Hillary Reyes. Quorum established at 9:05 am.

**Nurse-Midwifery
Advisory Committee
Members:**

Mary Kay Phillips, PhD, CNM – Chair
Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM – Vice Chair
James Byrne, MD
Rebecca DeSantis
Ruth Mielke, PhD, CNM, FACNM, WHNP-BC
Hillary Reyes - Absent
Kenneth James, MD

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

9:12 am

3.0

Public comment for items not on the agenda; items for future agendas.

**Public Comment for
Agenda Item 3.0:**

No public comments.

9:14 am

4.0

Review and vote on whether to approve previous meeting's minutes

4.1 November 1, 2022

Discussion: No comments or questions.

Motion: James Byrne to approve the November 1, 2022, meeting minutes.

Second: Rebecca DeSantis

**Public Comment for
Agenda Item 4.0:**

No public comments.

Vote:

Vote	MP	JSB	JB	RD	RM	HR	KJ
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	Y	Y	Y	Y	Y	AB	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

9:17 am

5.0

Discussion and possible action: Regarding the development of action plans with deliverables for the four NMAC subcommittees: Public Engagement and Website, Nurse Midwifery Scope of Practice, Regulations, and Nurse-Midwifery Education

Discussion: Mary Kay Phillips opened the agenda item and explained that she is the only committee member on the Public Engagement subcommittee due to an odd number of committee members. She was very active reviewing the BRN website for the past year to clean it up and update the information. She thinks it looks good and still periodically reviews it but wants to be careful about what new information is posted.

Loretta Melby: Explained why Mary Kay Phillips is the only member of the Public Engagement subcommittee and she further explained that another member could be added in a future meeting. She asked if this subcommittee will be doing any other duties besides website review.

Mary Kay Phillips: Stated that updating the entire website is a big ask and not her role. She thinks her role is to constantly review the website and look for anything outstanding. She is under the impression any changes to the website require Board approval.

Loretta Melby: Clarified that website changes do not need to go before the Board. She explained that there could be an advisory that needs a regulation change which would need to be brought to this committee, the Nursing Practice committee and then Board.

Kenneth James: Asked if this was about the BRN's website.

Loretta Melby: Explained it is and gave the web address.

Mary Kay Phillips: Asked if she would be a contact if anyone finds out of date information on the website.

Loretta Melby: Said Mary Kay Phillips can meet with whomever she wants from the public about the website; however, she did caution communication between NMAC members due to Bagley-Keene.

James Byrne: Asked if there are limitations about communication between members for issues that are not agendized currently or in the past.

Loretta Melby: Cautioned about serial communication between advisory committee members so as not to violate Bagley-Keene.

James Byrne: Explained that he has a lot of blind spots and likes to discuss issues to see them from other members' viewpoints.

Reza Pejuhesh: Explained that any communication with any public person is fine but communication between advisory committee members outside of agenda meetings is limited. If members serve on a subcommittee, then the two members can discuss their assigned topics together but not with any other committee members. Reza reiterated what was previously said about the website and bringing anything requiring revision to the full committee for discussion.

Mary Kay Phillips: Asked if deliverables can be identified for report out at the next meeting.

Reza Pejuhesh: Agreed that would be a good idea.

Kenneth James: Asked what the definition of public engagement is.

Reza Pejuhesh: Said it is whatever the advisory committee wants it to be, which wasn't done at the last meeting.

James Byrne: Said he recalled discussing public engagement as the value of having a public facing website available to increase awareness among the lay public but also the midwifery community and physician and hospital communities to help with some of the pushback and obstruction for making progress.

Loretta Melby: Reminded the committee that the Board's mission is public protection which must be separate from promotion of the profession.

Mary Kay Phillips: Agrees with Dr. Byrne about accurate information on the website and she believes there are three points to the action plan and a deliverable and would like to move to the next subcommittee.

Jenna Shaw-Battista: Asked if the next is clinical or policy for scope of practice as she recalls there was a discussion at the last meeting.

Loretta Melby: Provided the definition of scope of practice and explained that if the subcommittee finds there needs to be changes made for scope of practice via legislation/regulation then it could be brought to the NMAC.

Jenna Shaw-Battista: Explained that this would be nurse midwifery clinical practice.

Mary Kay Phillips: Explained that she thinks this subcommittee will be the most robust because you're going to identify limits or perceived limits for issues that may come out of CDPH that isn't really within the regulations.

Jenna Shaw-Battista: Explained that she and Ruth will need to figure out how to proactively identify some of those issues or maybe they will start to flow to them. She thinks it would be nice to partner or join with Rebecca on the education subcommittee since she is a former educator.

Loretta Melby: Reminded the group that any committee changes need to be handled at the next meeting in the fall.

Ruth Mielke: Asked when SB 1237 was officially signed.

Mary Kay Phillips: Explained it was signed in November 2019 and became law in January 2020.

Ruth Mielke: Explained their roles are to look at the bill to see how midwives are practicing and whether there are inconsistencies, an example is independently ordering genetic testing as an action item.

Loretta Melby: Said this could be part of it, but you don't need to limit yourselves to SB 1237. There are entire statutory and regulatory sections when looking at scope of practice. Any clarifications to statute can be made through regulations or website updates. This could result in new subcommittee assignments.

Mary Kay Phillips: Asked Jenna Shaw-Battista and Ruth Mielke to identify three action items for their subcommittee to work on.

Jenna Shaw-Battista: Explained one would be to respond to questions or issues about CNM scope of practice with review of current regulations to the Board as necessary. She thought issues might be brought by the public to them.

Mary Kay Phillips: Thought investigate and respond might be an action item.

Reza Pejuhesh: Explained that he advises against advisory committee members formally responding to the public on behalf of the Board.

Ruth Mielke: Asked if they would be a liaison regarding scope of practice.

Loretta Melby: Said it would be good to bring that information to BRN staff. She further explained that one of the primary responsibilities of NECs outside of education is to answer scope of practice questions from the public so bringing that information to

these meetings would help the NECs provide that information to the public.

Ruth Mielke: Asked if the committee members' names would be added to the website for the public to reach out to them if necessary.

Loretta Melby: Explained that this information will be added to the website.

Discussion about referring questions to the Board for response to the public ensued.

James Byrne: Clarified that if any committee member is contacted with a question or issue that it should be referred to Loretta Melby and/or McCaulie for staff response versus responding with personal opinions.

Mary Kay Phillips: Clarified that subcommittee members will evaluate and make recommendations.

James Byrne: Explained that these issues do not go back to individuals who contact the NMAC members.

Reza Pejuhesh: Explained that, after researching issues in the subcommittee, subcommittees may bring forward issues and/or recommendations for a decision to be made by the full committee on recommendations to the Board.

Loretta Melby: Stated that staff can keep track of issues brought and what the outcome was (i.e. Issue X went to regulations subcommittee, issue Y went to the website subcommittee, etc.)

Jenna Shaw-Battista: Proposed identifying trends, to know if something is a one-off issue or repeatedly being reported.

Loretta Melby: Suggested this being added as a deliverable that could be reported on at meetings in the materials.

Jenna Shaw-Battista and Reza Pejuhesh discussed that this could be more of a general nature.

Ruth Mielke: Said create a tracking mechanism to identify trends and scope of practice issues needing NMAC's attention.

Mary Kay Phillips: Asked if these need to be verbalized for minutes.

Loretta Melby: Said yes and they must be voted on by NMAC.

Regulations

James Byrne: Explained that it's just him since Hillary is absent. He said the regulatory side would be a conduit from what was said earlier to help identify emerging issues related to implementation of SB 1237 and any future legislation and other existing legislation for consistent interpretation and administration.

Loretta Melby: Provided clarification between regulations and legislation and the length of time to complete the regulatory process which is currently about two years. Provided further information about the existing nurse midwifery regulations at CCR, title 16, sections 1460-1467.

James Byrne: Explained that he understands the subcommittee cannot take unilateral action but can facilitate communications and review by staff and other regulatory/legislative stakeholders to impact patient care throughout the state to help identify barriers that are not anticipated or are already on the radar and anticipated. This subcommittee might be able to create better conditions for success.

Reza Pejuhesh: Provided context that this subcommittee could work with the regulation attorney and other staff offline when regulation packages are being developed to serve as a representative of this committee.

Mary Kay Phillips: Asked if this subcommittee would be a conduit or point of contact for a member of the public or if a public agency had a question associated with regulations.

Loretta Melby: Explained that there is BRN staff under the Chief of Legislative Affairs to work on regulations. Any information should be forwarded to her for staff to look at and provide an answer or direction.

Mary Kay Phillips: Asked if issues involving regulations would need to be reported out at the two annual meetings because the committee members cannot communicate with each other outside of NMAC meetings.

Loretta Melby: Said issues involving regulations can be brought to Board staff (Loretta, Reza, and McCaulie).

James Byrne: Asked if the subcommittees report to BRN staff then an issue can be forwarded to another subcommittee for discussion.

Reza Pejuhesh: Explained that this could not be done as this could be considered a hub and spoke serial communication violation of Bagley-Keene. The subcommittees do their respective work offline while overlapping issues are brought to the NMAC meetings.

Loretta Melby: Clarified that there is no delay if issues are brought to BRN staff to immediately begin taking action.

James Byrne: Asked a question about an example of a nurse midwife who is unable to get on a payer plan in network because the payer has an interpretation of statute that is blocking it then it would be communicated in to BRN staff and wait until the next NMAC meeting.

Loretta Melby: Explained that is a complex issue, and the BRN does not deal with payer issues because they are outside the jurisdiction of the BRN.

Discussion ensued about what issues the BRN has jurisdiction and authority, and references of issues can be made to the agencies who have jurisdiction and authority.

Reza Pejuhesh: Provided an example of an issue about outdated materials on another agency's website.

Mary Kay Phillips: The following deliverables/topics will be reported to NMAC: help identify emerging issues about SB 1237 and other existing or future legislation; identify whether there are needs for more legislation, regulations, updates, etc.; and, work with staff and processes that are required to move regulations through the process.

Nurse-Midwifery Education

Rebecca DeSantis: Explained their responsibility is to evaluate concerns and bring to NMAC the concerns of nurse-midwives and stakeholders regarding education requirements, and then provide potential verbiage for consideration and approval for updated regulations.

Kenneth James: Asked if this committee's responsibility is to discuss requirements needed for licensing and does not have to do with educating midwives.

Loretta Melby: Explained that is partially true and said there are regulations for nurse-midwife education and there are also statutory requirements around nurse-midwife education. But if clarification is needed and nurse-midwife education programs are running into some issues, they can reach out to the group who will bring it forward. She further explained this committee can also review education renewal requirements having to do with continuing education since it has been brought up at the last three sunset hearings.

Mary Kay Phillips: Asked if Kenneth James was willing to be a part of this subcommittee and he agreed to serve.

Jenna Shaw-Battista: Asked if a former or current midwifery educator could be added to this committee since they can't communicate with each other outside the two meetings per year.

Loretta Melby: Explained that cannot be discussed right now because it is not on the agenda, but she stated that this can be added to a future agenda. She said she would work with Mary Kay Phillips and Jenna Shaw-Battista offline about this issue before the next meeting.

Jenna Shaw-Battista: Explained that she thought this committee could provide some insight if this is needed at the next NMAC meeting.

Mary Kay Phillips: Said maybe someone in the community could work with the subcommittee.

Motion: Rebecca DeSantis: Motioned to assign the following tasks to the four subcommittees:

- Public Engagement and Website: Review website and look for items out of date or needing to be updated or removed; work on anything new that should be added; be available as a point of contact. Deliverable: Report back to NMAC.
- CNM Scope of Practice: Create a tracking mechanism to identify trends in scope of practice issues needing NMAC attention with recommendations and resolutions; to evaluate clinical issues raised by stakeholders and make recommendations.
- Regulations: Help identify emerging issues related to SB 1237 and other existing and future legislation to identify whether there is a need for more regulation updates, etc.; work with people and processes that are required to move regulations through the process. Deliverable: Report back to NMAC.
- CNM Education: Evaluate concerns and bring to NMAC concerns of nurse midwives and stakeholders regarding educational requirements; provide potential verbiage to NMAC for consideration and approval for the website on new and existing educational requirements; needs for nurse midwives including existing regulation and updated regulation.

Second: Ruth Mielke

Public Comment for Agenda Item 5.0: No public comments.

Vote:

Vote	MP	JSB	JB	RD	RM	HR	KJ
	Y	Y	Y	Y	Y	AB	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

the Board is considering disciplinary action against a certified nurse-midwife

Discussion: Mary Kay Phillips requested public comment first since time is limited to discuss this agenda item. There were no public comments.

Loretta Melby: Gave a brief overview of the joint meeting and this agenda item and asked Reza to discuss his statement at the joint meeting about NMAC providing recommendations to the Board for a final decision and not participating in the adjudicatory process.

Reza Pejuhesh: Read information from the Administrative Procedures Act (APA) which says the function of the Board shall be separated from the investigative and prosecutorial functions. He explained that Loretta Melby is the complainant in a disciplinary matter, the AG represents the Board to fulfill the prosecutorial and advocacy function. The Board sits as a neutral trier of fact as a neutral arbitrator to determine the final outcome of a case. When NMAC provides recommendations on whether a case should be filed then NMAC is dabbling in the investigatory phase. When NMAC provides guidance after the case is filed then you are participating in the advocacy process.

Ruth Mielke: Asked who chooses a reviewer during the investigation and Reza explained the process.

Loretta Melby: Provided information regarding the expert reviewer process: application, criteria, and that the CNM must currently be practicing for five years. She said the CNM must be practicing within the same related field (i.e. in hospital, home birth, etc.) as the person who is under investigation.

Jenna Shaw-Battista: Asked what the NMAC role is for the discipline process.

Loretta Melby: Explained that it is the disciplinary guidelines. The guidelines need updating and NMAC can help do this for nurse midwives.

Mary Kay Phillips: Asked when NMAC interjects in a nurse-midwife discipline case.

Rebecca DeSantis: Stated that NMAC is not to be told when to participate, that the NMAC committee is to decide.

Loretta Melby: Explained that there is conflict between the APA requirements that Reza explained and the view that SB 1237 requires NMAC to individually review investigations or cases involving nurse midwives and directly advising the Board.

Rebecca DeSantis: Stated that she is frustrated that BRN is allowed to use a paid expert outside the Board to opine but NMAC cannot do that as well.

Loretta Melby: Explained that the outside expert is considered a contractor for the complainant; and NMAC serves in the capacity of advising the Board.

Reza Pejuhesh: Stated that he understands the frustration of the committee members saying the language in SB 1237 is open to various interpretations. He explained the expert review process similarities between administrative and criminal cases. He further explained how respondent (licensee) can cross examine the expert presented by the Board which would not be the case if the NMAC is the expert reviewer and poses a due process problem.

Rebecca DeSantis: Wanted to know how the NMAC fixes this review process for the committee to look at each nurse midwife case.

Reza Pejuhesh: Stated that the legislature needs to fix this interpretation issue, so it does not violate a licensee's due process constitutional rights.

Jenna Shaw-Battista: Said the APA was consulted prior to the language being added in the bill.

Rebecca DeSantis: Said NMAC wants to do this a certain way, but Reza is saying NMAC cannot do it that way.

Reza Pejuhesh: Explained that his advice is based on the laws. He further explained that while this committee has an important role it is an advisory committee to the Board and if the Board says the committee will do this a certain way, then the Board controls the decision.

Mary Kay Phillips and Jenna Shaw-Battista want to know if there is any role the NMAC can play during the discipline process.

Mary Kay Phillips: Asked if the disciplinary guidelines could mandate that NMAC be made aware of it.

Rebecca DeSantis: Asked that this item be placed on the next agenda for a full discussion and not be rushed in a vote.

The committee opened for a second public comment period.

Motion: No motion made.

Public Comment for No public comments for the first public comment period.

Agenda Item 6.0:

Second public comment:

Ali Smith, health policy chair for CNMA: She said Senator Dodd considered the APA when the language was drafted. The specificity was intended so that individual cases could somehow be part of NMAC discussions related to that case depending on how the Board could do that. She said providing guidance in the disciplinary guidelines dabbles in the advocacy part of the process so why couldn't the committee be involved during the investigative process. Reza discussed the issues with the commenter. Ali Smith asked if the Board would bring this issue to the legislature for better guidance.

Reza Pejuhesh: Explained that this would need to be brought to the Board, possibly during the "Public comment for items not on the agenda" since neither the committee, Loretta Melby, nor he can speak on behalf of the Board. He said he does not have a stake in this issue either way except for the legal issues it creates.

Loretta Melby: Explained that there does not need to be a motion or vote on this agenda item.

Mary Kay Phillips: Said this issue is not resolved and we will carry on adjourning the meeting.

Adjournment: Mary Kay Phillips, PhD, CNM- Chair, adjourned the meeting at 11:48 am.

11:48 am 7.0

Submitted by:

McCaulie Feusahrens
Chief of Licensing
Licensing Division
California Board of Registered Nursing

Accepted by:

Mary Kay Phillips, PhD, CNM
Chair
Nurse-Midwifery Advisory Committee

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



Agenda Item 5.0

Discussion and Possible Action: Regarding election of Chair and Vice-Chair positions

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

**BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary**

**AGENDA ITEM: 5.0
DATE: March 26, 2024**

ACTION REQUESTED: **Discussion and Possible Action:** Regarding election of Chair and Vice Chair positions

REQUESTED BY: Loretta Melby, MSN, RN
Executive Officer

BACKGROUND:

NMAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NMAC meetings in collaboration with the Board's Executive Officer (EO). The NMAC Chair will develop the meeting agendas in collaboration with the Board's EO, NMAC staff liaison, and other Board support staff. Only appointed NMAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The NMAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NMAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

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



Agenda Item 6.0

**Discussion and Possible Action: Report from the four NMAC subcommittees:
Public Engagement and Website, Nurse-Midwifery Scope of Practice,
Regulations, and Nurse-Midwifery Education**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: March 26, 2024

ACTION REQUESTED: **Discussion and Possible Action:** Report from the four NMAC subcommittees: Public Engagement and Website, Nurse-Midwifery Scope of Practice, Regulations, and Nurse-Midwifery Education

REQUESTED BY: Loretta Melby, MSN, RN
Executive Officer

BACKGROUND:

The four NMAC subcommittees will provide updates on work conducted; subcommittees are as follows:

- Public Engagement and Website
- Nurse-Midwifery Scope of Practice
- Regulations
- Nurse-Midwifery Education

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

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



Agenda Item 7.0

Discussion and possible action: Regarding input from NMAC on possible changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a certified nurse-midwife

Nurse-Midwifery Advisory Committee (NMAC) Meeting | March 26, 2024

BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: March 26, 2024

ACTION REQUESTED: **Discussion and possible action:** Regarding input from NMAC on possible changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a certified nurse-midwife

REQUESTED BY: Loretta Melby, MSN, RN
Executive Officer

BACKGROUND:

The NMAC members will review the proposed regulation text to update Probation Condition #8 under the “Introductory Language and Standard Probation Conditions” section of the current [Disciplinary Guidelines](#) document.

The draft regulatory text is after this AIS on page 24 of these meeting materials.

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

[https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

§ 1444.5. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (10/02), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation--for example: the presence of mitigating factors; the age of the case; evidentiary problems.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2746.2.

BPC 2746.2(b)(2):

The committee shall make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.

Nursing Practice Act - Business and Professions Code, Division 2, Chapter 6:

https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=6.&article=

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

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

Probation Condition #8 – Supervision

[proposed added text is denoted in underline formatting at subdivision (e)]

(8) SUPERVISION - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each workday. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each workday. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(e) Independent Practitioner - If the respondent is certified by the Board as an advanced practice registered nurse and authorized to practice without standardized procedures in an independent setting, the Board may, upon review of pertinent information, require the respondent, during probation, to establish a practice setting where a Board-approved advanced practice registered nurse or physician and surgeon can provide supervision to the respondent, as specified by the Board. The respondent shall not resume practice in an independent setting until the Board confirms in writing this requirement has been met.

In its approval of a supervising practitioner, the criteria considered by the Board may include, but is not limited to, the following:

1. The practitioner is trained in the same specialty or content area as the respondent.
2. The practitioner's license is in good standing (no current or pending discipline) with the issuing board.
3. The practitioner does not have a close personal or familial relationship with the licensee.

The respondent's level of supervision may include, but is not limited to the following:

1. Maximum - The individual providing supervision is present in the independent setting at all times.
2. Moderate - The individual providing supervision is present in the independent setting at least half the hours respondent works.
3. Minimum - The individual providing supervision has person-to-person communication with respondent at least twice during each shift worked.

