



**BOARD OF REGISTERED NURSING
 NURSING PRACTICE COMMITTEE MINUTES**

October 4, 2017

**Los Angeles Airport Marriott
 5855 West Century Blvd.
 Los Angeles, CA 90045
 (310) 641-5700**

MEMBERS PRESENT:

Michael Jackson, MSN, BSN, RN, CEN, MICN
 Elizabeth Woods, RN, FNP
 Trande Phillips, RN,
 Cynthia Klein, RN

STAFF PRESENT:

Janette Wackerly, MBA, BSN, RN, SNEC, Staff Liaison

October 4, 2017 Meeting called to order by Elizabeth Woods, RN, FNP Chair at 12:45 PM
 Member introductions: Michael Jackson RN, Cynthia Klein, RN, Elizabeth Woods, RN

10.0 Review and Vote on Whether to Approve Previous Meeting Minutes August 4, 2017

Motion: Michael Jackson			
Second: Trande Phillips			
TP: Yes	CK: Yes	MJ: Yes	EW: Yes

10.1 Information and Possible Action Regarding: Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198 Required Training of Nurse Practitioners and Physicians Assistants and Adding Section 2836.4 to Business and Professions Code

Legislation enacted during 2017 session, Senate Bill 554 (Stone) Chapter 242, signed by the Governor on September 11, 2017 becoming effective January 1, 2018 and is an act to add Section 2836.4 NP Nurse Practitioner and 3502.1.5 Physician Assistant. Buprenorphine ordering or furnishing by a nurse practitioner when done in compliance with the provisions of the Comprehensive Addition Recovery Act (Public Law 114-198) enacted July 22, 2016

CARA Act

On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law as [Public Law 114-198](#). One of CARA's important provisions expands access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs) until Oct. 1, 2021.

Proposed Learning Objectives

CARA requires that NPs and PAs complete 24 hours of training to be eligible for a prescribing waiver. SAMHSA has created a list of recommended learning objectives for the trainings. While we cannot require that the organizations listed in the CARA Act use these learning objectives, we are sharing them with the stakeholders. Access the [Proposed Learning Objectives for the NP and PA Waiver Training – 2017 \(PDF | 196 KB\)](#).

Sign Up for Courses

NPs and PAs are required to obtain no fewer than 24 hours of initial training addressing each of the topics in 21 USC 823(g)(2)(G)(ii)(IV) provided by one of the following organizations: The American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Nurses Credentialing Center, American Psychiatric Association, American Association of Nurse Practitioners, American Academy of Physician Assistants, or any other organization that the Secretary of Health and Human Services determines is appropriate.

NPs and PAs may take the eight-hour DATA-waiver course for treatment of opioid use disorder, designed by national experts, that physicians currently take. The course is offered for free by SAMHSA through the [Providers' Clinical Support System for Medication Assisted Treatment \(PCSS-MAT\)](#) ([link is external](#)).

For the additional 16 hours, SAMHSA will also offer the training for free through the PCSS-MAT once it has been developed. NPs and PAs who have completed the required training and seek to become DATA-waiver for up to 30 patients will be able to apply to do so beginning in early 2017. For more information on the upcoming launch of the application and SAMHSA-sponsored training opportunities, [sign up \(link is external\)](#) for the Buprenorphine Waiver Management email list.

Completing the Waiver NOI Form

NPs and PAs who have completed the 24 hours of required training may seek to obtain a DATA 2000 waiver for up to 30 patients by completing the [Waiver Notification Form](#). **Effective February 27, 2017**, SAMHSA will only accept electronic submissions of the NOI.

NPs and PAs may send copies of their training certificates to infobuprenorphine@samhsa.hhs.gov ([link sends e-mail](#)) or faxed them to 301-576-5237. These waiver applications are forwarded to the Drug Enforcement Administration (DEA), which will assign the NP or PA a special identification number. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid dependency treatment, along with the NP's or PA's regular DEA registration number. SAMHSA shall review waiver applications within 45 days of receipt. If approved, NPs and PAs will receive a letter via email that confirms their waiver and includes their prescribing identification number.

Motion: Michael Jackson

Second: Trande Phillips

TP: Yes	CK: Yes	MJ: Yes	EW: Yes
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10.2 Information and Possible Action Regarding: Medical Board of California’s Draft Guidelines for the Recommendation of Cannabis for Medical Purposes.

Medical Board voting at next Board meeting

October 26-27, 2017 on California’ Draft Guidelines for Recommendation of Cannabis for Medical Purposes. (attached)

SB 643 (McGuire) Chaptered 719 Medical Marijuana approved by the Governor October 09,2015. SB 643 contains the provisions related to physicians recommending medical cannabis.

The bill creates a new section in law related to recommending medical cannabis, which states physician recommending cannabis to a patient for medical purpose without an appropriate prior medical examination and a medical indication, constitutes unprofessional conduct. This bill prohibits a physician from recommending cannabis to a patient unless that physician is the patient’s attending physician, as defined by subdivision (a) of Section 11362.7 of the Health and Safety Code (HSC). The HSC defines an “attending physician” as an who possesses a license in good standing to practice medicine or osteopathy issued by the Board or Board of Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnoses, counseling, or referral of a patient. The physician also must have conducted a medical examination of that patient before recording in the patient’s medical record the physician’s assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.

The above information is taken from the following attached:

Medical Board of California, Legislative Analysis (Medical Board of California meeting February 8, 2017 Agenda Item 4)

Motion: Michael Jackson			
Second: Trande Phillips			
TP: Yes	CK: Yes	MJ: Yes	EW: Yes

10.3

Information: Update on the Application Process for the Advance Practice Advisory Committee

Update on call for applicants.

American Nurses Association of California
Association of California Nurse Leaders
California Action Coalition/Health Impact
California Association Clinical Nurse Specialist
California Association Nurse Anesthetist
California Association Nurse Practitioners
California Hospital Association
California Nurse Midwives Association
California Nurses Association
SEIU Nurse Alliance of California

Motion: Michael Jackson			
Second: Trande Phillips			
TP: Yes	CK: Yes	MJ: Yes	EW: Yes

10.4 Public Comment for Items Not on the Agenda

No Public Comment under 10.4

10.5 Adjournment at 1:10 pm

Submitted by:

Janette Wackerly RN

Janette Wackerly, MBA, BSN, RN, SNE-C
Supervising Nursing Education Consultant
NP Liaison

Accepted by:

Elizabeth Woods

Elizabeth Woods, RN, FNP, Chair