



Nurse Practitioner Advisory Committee Meeting

MEETING MATERIALS

April 28, 2026

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Agenda Item 2.0

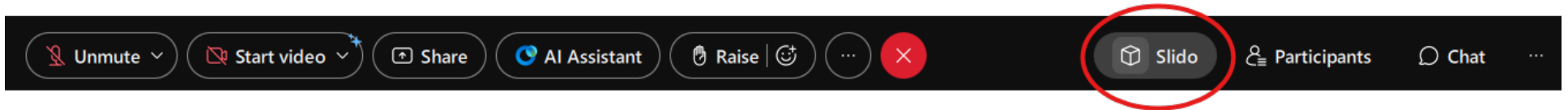
General instructions for the format of a teleconference meeting

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

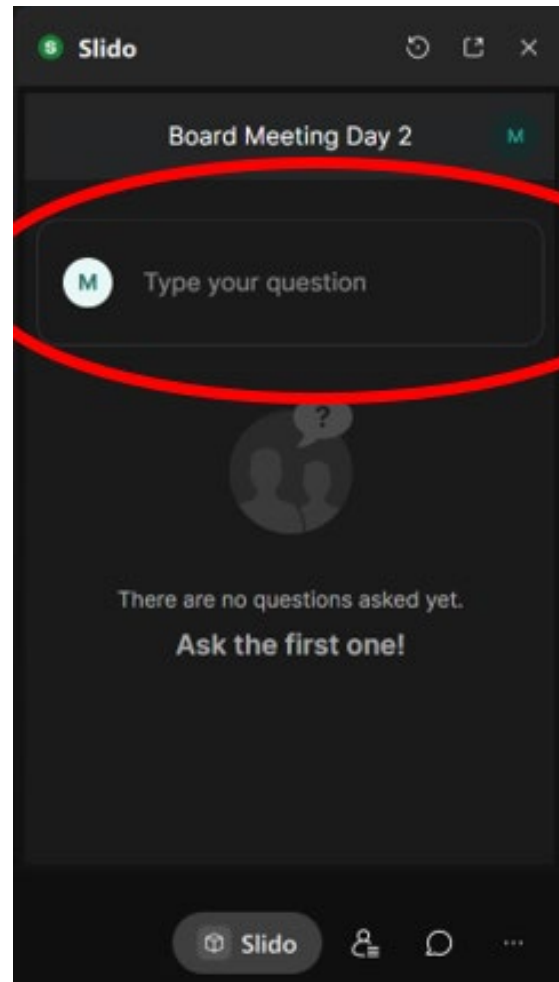
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

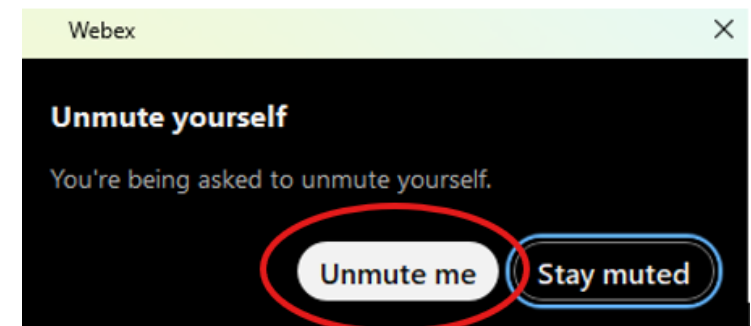
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



2. The 'Slido' panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the 'Slido' 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, and your line will be opened. On the "Unmute yourself" pop-up, click the 'Unmute me' button (this may be hidden behind other open applications). Every effort is made to take comments in the order which they are requested.





Agenda Item 4.1

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

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

**CALIFORNIA BOARD OF REGISTERED NURSING
NURSE PRACTITIONER ADVISORY COMMITTEE
MEETING MINUTES**

DRAFT

DATE: September 23, 2025

START TIME: 1:00 p.m.

LOCATION: The Board of Registered Nursing’s Nurse Practitioner Advisory Committee (NPAC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at the primary physical meeting location indicated below.

1747 North Market Blvd.
Hearing Room, Room 186
Sacramento, CA 95834

1:00 p.m. **1.0** **Call to order, roll call, and establishment of a quorum**
Samantha Gambles Farr – Chair, called the meeting to order at 1:00 p.m. All members were present. Quorum established at 1:01 p.m.

**Nurse Practitioner
Advisory
Committee
Members:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN,
RNFA – Chair
Edward Ray, MD, FACS - Vice Chair
Andrea Espinosa, MD
Jan Johnson Griffin, MSN, APRN
Kevin Maxwell, PhD, DNP, FNP-BC, RN
Sally Pham, MSN, RN, FNP-BC
Betha Schnelle, MBA, MPH

**BRN Staff
Representatives:** Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

1:15 p.m. **3.0** **Public comment for items not on the agenda; items for future agendas.**

**Public Comment for
Agenda Item 3.0:** No public comments in any location.

1:17 p.m. **4.0** **Review and vote on whether to approve previous meeting’s minutes**

4.1 March 18, 2025

Discussion: Presented by Samantha Gambles Farr, Chair

No comments or questions.

Motion: **Edward Ray** Motion to approve the March 18, 2025, meeting minutes.

Second: **Kevin Maxwell**

Public Comment for

Agenda Item 4.0: No public comments in any locations.

Vote:

Vote	SGF	ER	AE	JJG	KM	SP	BS
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

1:22 p.m.

5.0

Information Only: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact nurse practitioners, including legislation, policy and procedure changes, regulatory updates, etc.

Discussion: Updates on activities presented by Loretta Melby, Executive Officer.

Edward Ray asked what sunset means.

Loretta Melby said that is an upcoming agenda item and she will go into depth on the process.

Public Comment for

Agenda Item 5.0: No public comments in any locations.

1:30 p.m.

6.0

Information Only: Overview of the 2026 BRN Sunset Review process

Discussion: Overview of the Sunset process presented by Loretta Melby, Executive Officer.

Samantha Gambles Farr said she has watched the sunset process several times over the years. She said it is a good process to know and understand and encourages the members watch it.

Loretta Melby said the BRN is here to serve the people of California. She said this process is unique to boards and that is an opportunity to get changes made through the legislative process.

Public Comment for

Agenda Item 6.0: No public comments in any locations.

1:43 p.m. 7.0

Discussion and possible action: Regarding meeting dates for 2026

Discussion: Presented by Samantha Gambles Farr, Chair.

Samantha Gambles Farr asked about the October meeting date and why it moved.

Loretta Melby said the board meetings were adjusted based on the legislative bill calendar to be able to provide input.

Motion: Edward Ray Motion to approve the proposed meeting dates of April 28, 2026, and October 20, 2026.

Continued Discussion: Andrea Espinosa asked if there were two or three meetings in 2025.

Samantha Gambles Farr said there were two meetings.

Andrea Espinosa said she's okay with the gap between meetings but feels like those on subcommittees are not well connected with what is going on with the other subcommittees. She would like there to be a rotation of members on the various subcommittees throughout the year.

Loretta Melby said NPAC is required to meet twice a year, but additional meetings can be added as it was during AB 890 implementation. She spoke about some different issues going on now that are not within BRN jurisdiction. She looked at the subcommittee members and sees that Andrea Espinosa is not assigned to a subcommittee now. She said Andrea Espinosa could have her own subcommittee and work with board staff. She spoke about the various subcommittees and the focus of their work.

Second: Andrea Espinosa

Public Comment for

Agenda Item 7.0: No public comments in any locations.

Vote:

Vote	SGF	ER	AE	JJG	KM	SP	BS
	Y	Y	Y	Y	Y	Y	Y
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

1:55 p.m. 8.0

Discussion and possible action: Regarding election of Chair and Vice Chair positions

Discussion: Presented by Loretta Melby, Executive Officer.

Kevin Maxwell is happy with the current leadership and thinks they've done an amazing job and hope they will continue in their roles.

Betha Schnelle thanks them both and nominates Samantha Gambles Farr to continue in her role as chair.

Loretta Melby asked if Samantha Gambles Farr is willing to accept.

Samantha Gambles Farr said she is but encourages other members to step up if they are interested in the leadership role.

Loretta Melby asked if there are any other nominations for chair.

Loretta Melby said Kevin Maxwell is interested in Edward Ray staying in the Vice Chair role and asked for any other nominations. She asked if Edward Ray is willing to accept the nomination.

Edward Ray echoes Samantha Gambles Farr's remarks and is willing but anyone else can step forward in this role.

Loretta Melby said a motion is needed to nominate Samantha Gambles Farr for Chair and Edward Ray for Vice Chair with a second.

Motion: **Kevin Maxwell** Motion to nominate Samantha Gambles Farr for Chair and Edward Ray as Vice Chair.

Second: **Betha Schnelle**

Public Comment for

Agenda Item 8.0: No public comments in any location.

Vote:

	SGF	ER	AE	JJG	KM	SP	BS
Vote	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

2:02 p.m.

9.0

Discussion and possible action: Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

Discussion: Presented by Samantha Gambles Farr, Chair.

Transition to Practice:

Edward Ray said they are keeping their eyes on what's going on such as legislation and so far, so good.

Andrea Espinosa asked what types of things have changed from the committee other than what has been brought up recently to change the transition to practice. She thought some did not have to go through the transition to practice.

Loretta Melby clarified that it is not correct and explained that no regulatory or board changes have been made that affect the transition to practice; however, during the last legislative session, there were updates that did make changes to the transition to practice.

Andrea Espinosa asked if she could see those changes.

Loretta Melby shared her screen with the group to show where the legislative bill is and the various changes that were made over its life cycle. She said there is more information in the upcoming agenda item.

104NPs:

Kevin Maxwell spoke about the attestation and changes to the language in the attestation for the person who attests since they may not read regulatory or statutory language.

Loretta Melby said there are some new changes being made in the application process so the attestor knows what they are signing off on.

Kevin Maxwell asked about the plans for referral and how it would be carried out and asked if there is any insight about it.

Loretta Melby said there isn't any statutory or regulatory language that requires the Board to define it. She said regulations could be pursued if clarification is needed; however, she doesn't see the need now since NP practice is broad.

Kevin Maxwell said it would be a shame to reinvent standardized procedures and give it a different name.

Loretta Melby said that is not something the Board wants to do.

Andrea Espinosa asked about the referral or collaboration. She wants to see NPs work with other health care professionals including physicians. She said patients would appreciate knowing the NP collaborates with others and there is a collaborative team.

Loretta Melby said the law says the NP shall consult and collaborate with other healing art providers based on the clinical condition of the patient to whom health care is provided. It does have specific information when physician consultation shall be obtained for emergent conditions. She spoke about the referral for complex medical cases and emergencies to a physician and surgeon.

Samantha Gambles Farr said this is already embedded in NP practice because it is dependent on what network you work with and who your provider is. She said there is something to be said about other states that have this practice in place and might be helpful for this subcommittee to look at in their laws for referrals. She doesn't want to have to reinvent the wheel.

Loretta Melby agreed and explained that if this section is unclear then maybe a regulation change might be needed.

Samantha Gambles Farr sees this as an opportunity to give 104NPs useful tools and information. She wants to make sure that NPs who are setting up business will have this information.

Loretta Melby said a FAQ can be created but she cautioned that we can't interpret and it needs to go back to the law. She said BRN has relied heavily on California Association of Nurse Practitioners (CANP) to do FAQs as they get a lot of questions. She explained that historically, CANP take the questions they are getting and develops an FAQ that is presented to BRN to ensure their guidance is legal and then CANP posts this information on their website.

Betha Schnelle noted a potential risk in the current attestation language. The statute states that the physician "shall only attest to the completion of the hours" and is not required to verify competence, clinical expertise, or any other standards related to the applicant's practice. She pointed out that there is no requirement for the physician to verify how the hours were completed or to provide any supporting documentation. Given her experience in settings where physicians sign off on nurse practitioner competence, she finds the lack of verification concerning. The language feels overly broad and could be vulnerable to misuse, similar to past issues seen in areas like IV hydration therapy, where physicians were paid simply to attest to hours with no real oversight. From a consumer protection standpoint, she views this as a significant gap.

Loretta Melby said that would be discussed in the next agenda item 10.0 and there is also discussion about IV therapy in agenda item 11.0.

Betha Schnelle noted an additional concern regarding language they believed required patients to acknowledge and consent to any condition-specific outbound referral. After reviewing the bill, she understands that this language does not appear to be present, and she acknowledged that it may have been misidentified. She was unsure where the wording originated and suggested it may need to be clarified offline. She added that if such a requirement did exist, it would be overly burdensome, holding nurse practitioners to a standard not applied to physicians. She also recognized that Loretta Melby confirmed the language is not in the bill, and she apologized that she and Dr. Maxwell did not cite the source from which they originally drew that interpretation.

Loretta Melby explained that she couldn't locate the information in the AB 890 language or the updated bill language. She noted this doesn't mean it never existed, it may have appeared in an earlier version of the bill, but she was unable to find it.

Betha Schnelle said she understood and asked whether the committee could receive a text or email notification when a new version is posted. She said this would help ensure the subcommittee is reviewing and working from the correct and most current version, as she believes she and Kevin Maxwell may not have been using the right one.

Loretta Melby clarified that the versions Betha was referring to are part of the legislative process, which is outside the Board's control. She explained that various websites track bill versions. She then shared her screen and demonstrated how to navigate the site, add favorites, create subscriptions, register, and log in. She noted that users receive email alerts when updates occur. She provided the website leginfo.legislature.ca.gov and showed different pages, search tools, and steps in the legislative process.

Discipline:

Sally Pham presented the data in the materials, and she also noted that 103 NPs make up too small a group to draw major conclusions and that 104 NPs are not eligible until 2026.

Samantha Gambles Farr explained that many denied 103 NP applications occurred before the law fully took effect and before requirements changed under SB 1451. Many adult NPs applied with certifications that had sunset, so the timing, not necessarily qualifications, led to denials.

Loretta Melby added that AB 890 did not include retired or legacy certifications, so applicants holding them did not meet requirements. She explained that applicants also had to apply separately for each NP specialty, and many submitted incorrect applications or selected specialties they weren't certified in. Some

issues were due to user error and Breeze system challenges, but applicants can resubmit 103 or 104 applications, at no cost.

Samantha Gambles Farr said they are still determining how to track disciplinary cases involving 103 NPs.

Loretta Melby noted that so far, no 103 NPs have been disciplined. She explained that the 103 scope of practice didn't expand under AB 890; it only changed supervision requirements while still requiring work within a group setting with a physician. Because of that built-in structure, no increase in discipline is expected. She said potential changes may come with 104 NPs once they take effect in January.

Sally Pham agreed.

Loretta Melby said the NP scope of practice has not expanded, so she does not expect increased issues. She added that more concerns may arise under agenda item 11 regarding IV therapy and compounding, which are education-related matters.

Samantha Gambles Farr agreed.

Sally Pham said she does not anticipate any upward trend in discipline for 103 or 104 NPs.

Loretta Melby added that NP discipline rates have been consistent for many years.

Andrea Espinosa expressed concerns about 104 NPs, such as a pediatric NP obtaining 104 status and then treating adults. She noted that physicians require additional training to change specialties and asked whether the committee could review what specialty an NP practiced as a 103 compared to when they apply for a 104.

Loretta Melby said the board cannot evaluate applicants based on their 103 specialty. Updated law allows 103 NPs to practice beyond their national certification as long as they are competent, and this statutory language overrides regulations. However, for 104 practice, NPs cannot work outside their education, training, and national certification. She clarified that pediatric NPs must remain in pediatrics, women's health in women's health, psychiatry in psychiatry, etc. The gray area only applies to broader population-focused certifications such as family or adult-gerontology, which may include subspecialties. The BRN regulates only the population focus, not subspecialties.

Andrea Espinosa noted that in private practice, it can be unclear whether an NP is trained in a particular area, since family medicine encompasses wide specialties.

Loretta Melby said national certification confirms competence, referencing OPES' extensive review, which informed transition-to-practice requirements. OPES also recommended possible continuing education changes.

Andrea Espinosa said she understands but questioned whether an NP could independently practice in a highly specialized field like rheumatology.

Loretta Melby said that might require further discussion, but NPs must have a referral plan for complex cases and cannot practice beyond their competence. She does not believe NPs will begin practicing outside their scope.

Andrea Espinosa agreed, noting that NPs would refer when appropriate.

Loretta Melby confirmed they must practice within their scope.

Andrea Espinosa said a family nurse practitioner cannot open a practice claiming to be a rheumatologist.

Loretta Melby agreed, clarifying that an NP could state they are a family nurse practitioner specializing in rheumatology, but they cannot call themselves a rheumatologist.

Andrea Espinosa said that clarification was helpful.

Samantha Gambles Farr emphasized that the expectations around NP standards of practice and referrals have not changed. NPs have always been required to refer complex or non-responsive cases, and that continues after AB 890. She acknowledged concerns about highly specialized areas like rheumatology but noted that many FNPs already work long-term in specialties such as cardiology and are well prepared for those roles. She said she does not expect NPs to start opening practices in highly specialized fields without experience, though the committee is reviewing the issue.

Loretta Melby said this committee is the appropriate place to discuss these concerns, provide education, and offer clarification for NP and public representatives. She noted that having these conversations in recorded meetings creates a clear reference in the minutes. She welcomed continued discussion and educational outreach and said she does not anticipate an increase in disciplinary actions. The board will continue monitoring and reporting discipline data at board and committee meetings.

Public Comment on

Agenda Item 9.0: No public comments in any location.

2:55 p.m.

10.0

Information only: Regarding the transition to practice attestation requirements, as specified in BPC 2837.103(a)(1)(D)(i)-(iv)

Discussion: Presented by Loretta Melby, Executive Officer.

Kevin Maxwell asked whether the person signing an attestation must personally mentor the applicant or if anyone inside or outside the practice could verify the hours.

Loretta Melby said the requirements do not specify who must provide the verification, only that the person signing must be able to confirm the hours and is willing to attest to them.

Sally Pham asked whether there are geographic limits, such as a Northern California NP signing off for a Southern California NP.

Loretta Melby said there are no location restrictions. A telehealth arrangement could exist, but geography is not limited in the statute. She noted that regulations could be updated if needed, but previous attempts were overridden by the statute. She does not recommend pursuing changes now because there is no evidence of public safety concerns.

Public Comment for

Agenda Item 10.0: No public comments in any location.

3:08 p.m.

11.0

Discussion and possible action: Discussion of statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications

Discussion: Presented by Loretta Melby, Executive Officer.

Kevin Maxwell asked whether a legislative fix exists for this issue.

Loretta Melby said no, because USP standards are federal, not state-specific. She said the solution lies at the business or corporate level, such as requiring a physician or compounding pharmacist onsite.

Sally Pham asked whether products like Botox mixed with normal saline are considered reconstitution, and if similar reconstitutable vitamins could exist in the future instead of compounding.

Loretta Melby said that is possible, as long as the product is reconstituted according to its label.

Edward Ray noted that the BRN had discussed ways to educate nurses and NPs at licensure or renewal.

Loretta Melby said the BRN works closely with nursing and NP programs, which will be the first avenue for education. She said a continuing education requirement would likely require legislation or regulation and could take years. In the meantime, the BRN will use social media, its website, and email to share information.

Kevin Maxwell said the University of San Diego plans to incorporate this topic into its transition-to-practice program for senior students.

Loretta Melby encouraged schools to include corporate practice of medicine issues related to Botox clinics but noted it can be difficult for students to retain all of this information amid heavy academic demands.

Samantha Gambles Farr reminded nurses to “trust but verify” when exploring entrepreneurial opportunities and said the NPA remains the guiding document for scope of practice.

Loretta Melby added that IV therapy and medication administration fall within the RN scope, but laws, particularly those defining compounding, still apply, and nurses cannot compound.

Betha Schnelle noted that sites must have a supervising physician and asked whether MBC could share this information with its licensees.

Loretta Melby said MBC is aware and involved through the task force. Their website contains extensive information on med spas, IV therapy, and injectables. She added that physicians, like nurses, can be held accountable. She appreciated the suggestion and hopes pharmaceutical companies eventually change their packaging to reduce compounding risks.

Sally Pham said discipline often reflects knowledge gaps rather than intent and hopes the board will take a lenient approach.

Loretta Melby said the Board considers that, and nurses placed on probation are still allowed to practice. License revocation is rare.

**Public Comment for
Agenda Item 11.0:**

Darcie Peterson: Commended the Board for addressing this issue. She said compounding has become a significant concern, noting that even large pharmacies like CVS will not compound unless a qualified pharmacist is present. She believes many nurses are unaware of this and suggested that, since CANP conducts extensive outreach, it could be another avenue for sharing this information.

Loretta Melby agreed and said she hopes CANP members attending via Webex will take this information back to their organization.

Continued Discussion: Reza Pejuhesh said he has limited experience with this emerging issue but recently handled a case involving an unlicensed individual running an IV hydration business. He noted that such operators may push legal boundaries and involve RNs to perform the actual work. He said that while knowledge gaps are considered during disciplinary decisions, ignorance of the law is never a defense. He urged nurses to do their due diligence before participating in these businesses, especially those on probation who may be seeking employment in similar settings.

Loretta Melby added that non-nurses or out-of-state individuals may open these types of businesses, sometimes offering mobile IV services in patient homes or walk-in clinics. She emphasized the importance of sharing this information widely because the goal is not to discipline large numbers of nurses.

Samantha Gambles Farr said additional education will help resolve these issues.

3:47 p.m. 12.0

Adjournment: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA - Chair, adjourned the meeting at 3:47 p.m.

Submitted by:

Approved by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

**Samantha Gambles Farr, RN, MSN,
FNP-C, CCRN, RNFA**

Chair
Nurse Practitioner Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Report from the Board of Registered Nursing's Executive Officer on activities which may impact nurse practitioners, including policy and procedure changes, regulatory updates, etc.

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: April 28, 2026

ACTION REQUESTED: **Discussion and possible action:** Report from the Board of Registered Nursing's Executive Officer on activities which may impact nurse practitioners, including policy and procedure changes, regulatory updates, etc.

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact nurse practitioners.

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: Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: April 28, 2026

ACTION REQUESTED: **Discussion and Possible Action:** Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

The three NPAC subcommittees will provide updates on work conducted and discuss the following subcommittees:

- 2837.101 Transition to Practice
- 2837.104
- Discipline

Additionally, the members of the Discipline subcommittee will provide updates on the work conducted and any trends/issues with final dispositions of disciplinary cases against NPs. Discipline data for the past eight (8) years is included in the two charts below:

Nurse Practitioner (NP) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Public Repeval	13	11	5	10	5	17	19	17	2
Probation	14	16	23	30	24	24	28	19	3
Surrender	15	19	9	6	7	8	8	8	5
Voluntary Surrender during Probation	3	3	3	3	3	6	2	2	0
Revocation	5	6	12	8	9	15	15	8	5
Reinstatement	1	0	0	0	0	0	0	0	0
Total	51	55	52	57	48	70	72	54	15
Active NP Licenses	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080
Percentage of NPs Disciplined	0.20%	0.21%	0.19%	0.19%	0.15%	0.19%	0.18%	0.12%	0.03%

NP Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Practice	26	27	21	30	17	27	23	18	3
801 Practice	7	3	1	7	6	1	4	3	0
Out-of-State Discipline (OSD)	8	14	7	3	5	16	12	14	5
Conviction	7	6	12	6	7	13	19	14	2
Substance Use Disorder (SUD)	3	4	5	4	3	3	5	1	2
Sexual Misconduct	0	0	0	2	3	1	2	0	0
Other	0	1	6	5	7	9	7	3	3
Total	51	55	52	57	48	70	72	54	15
Active NP Licenses	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080
Percentage of NPs Disciplined	0.20%	0.21%	0.19%	0.19%	0.15%	0.19%	0.18%	0.12%	0.03%

Active Licenses by Fiscal Year

Fiscal Year	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Registered Nurse	442,383	451,934	458,165	466,704	480,568	524,129	534,035	549,040	562,673
Clinical Nurse Specialist	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983
Certified Registered Nurse Anesthetist	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,448
Nurse Midwife	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496
Nurse Practitioner	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080

The committee may assign/reassign members and/or topics to subcommittees, if needed.

RESOURCES:

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

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: Update on Board discussion of statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

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

**AGENDA ITEM: 7.0
DATE: April 28, 2026**

ACTION REQUESTED: **Discussion and possible action:** Update on Board discussion of statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

Loretta Melby, Executive Officer, will provide an overview of the Board discussion on statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications that occurred during the March 26-27, 2026, Board meeting.

RESOURCES:

March 26-27, 2026, Board meeting Agenda (item 6.1):
https://rn.ca.gov/pdfs/meetings/brd/brdagenda_mar26.pdf

March 26-27, 2026, Board meeting Materials for item 6.1:
https://rn.ca.gov/pdfs/meetings/brd/brd_mar26_item6.pdf

March 26-27, 2026, Board meeting Webcast (starting at 2:36:42):
<https://www.youtube.com/watch?v=HUTCuSyBK1c>

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 8.0

Discussion and possible action: Discussion regarding legislation impacting Nurse Practitioners (NP), including Assembly Bill 1973, and possible action to make a recommendation to the Nursing Practice Committee/Board to take a position on the legislation

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: April 28, 2026

ACTION REQUESTED: **Discussion and possible action:** Discussion regarding legislation impacting Nurse Practitioners (NP), including Assembly Bill 1973, and possible action to make a recommendation to the Nursing Practice Committee/Board to take a position on the legislation

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

RESOURCES:

Marissa Clark, Chief of Legislative Affairs, will provide an overview of legislation impacting NPs, including Assembly Bill (AB) 1973, and the Committee may take action to make a recommendation to the Board to take a position on the legislation.

RESOURCES:

AB 1973: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1973

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 9.0

Information and discussion only: Update on implementation of BPC 2837.104, including but not limited to 104 NP application process and clarification of transition to practice requirements

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026



Agenda Item 10.0

Information and discussion only: Overview of in-state and out-of-state NP programs, including but not limited to approval processes, use of clinical facilities, etc.

Nurse Practitioner Advisory Committee (NPAC) Meeting | April 28, 2026

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 10.0

DATE: April 28, 2026

ACTION REQUESTED: **Information and discussion only:** Overview of in-state and out-of-state NP programs, including but not limited to approval processes, use of clinical facilities, etc.

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

Loretta Melby, Executive Officer, will provide an overview of in-state and out-of-state NP programs, including but not limited to approval processes, use of clinical facilities, etc.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
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