



Nurse Practitioner Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

Nurse Practitioner Advisory Committee (NPAC) Meeting | May 10, 2022

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Agenda Item 2.0

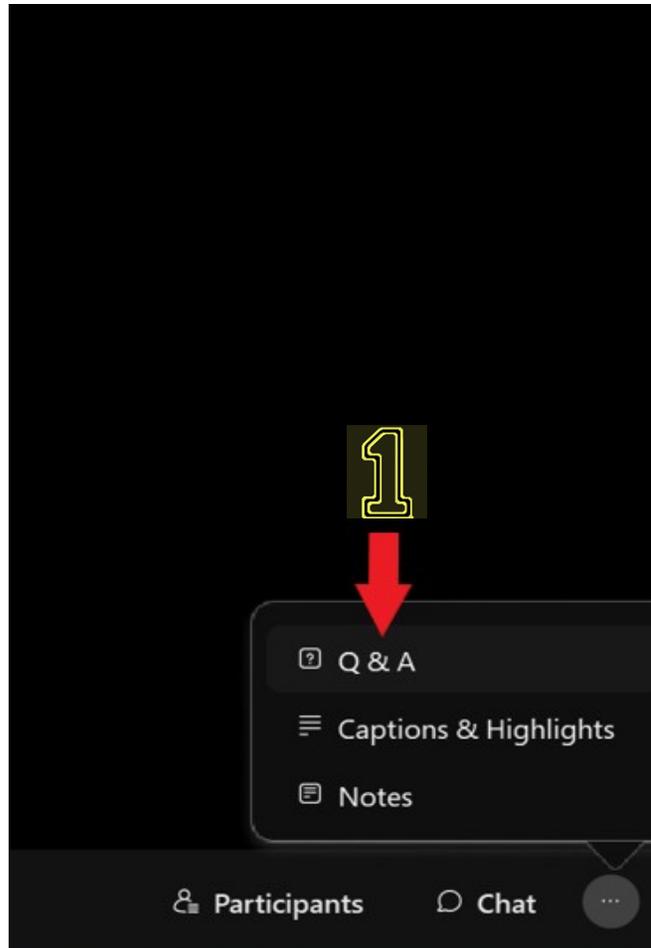
General Instructions for the Format of a Teleconference Meeting

Nurse Practitioner Advisory Committee (NPAC) Meeting | May 10, 2022

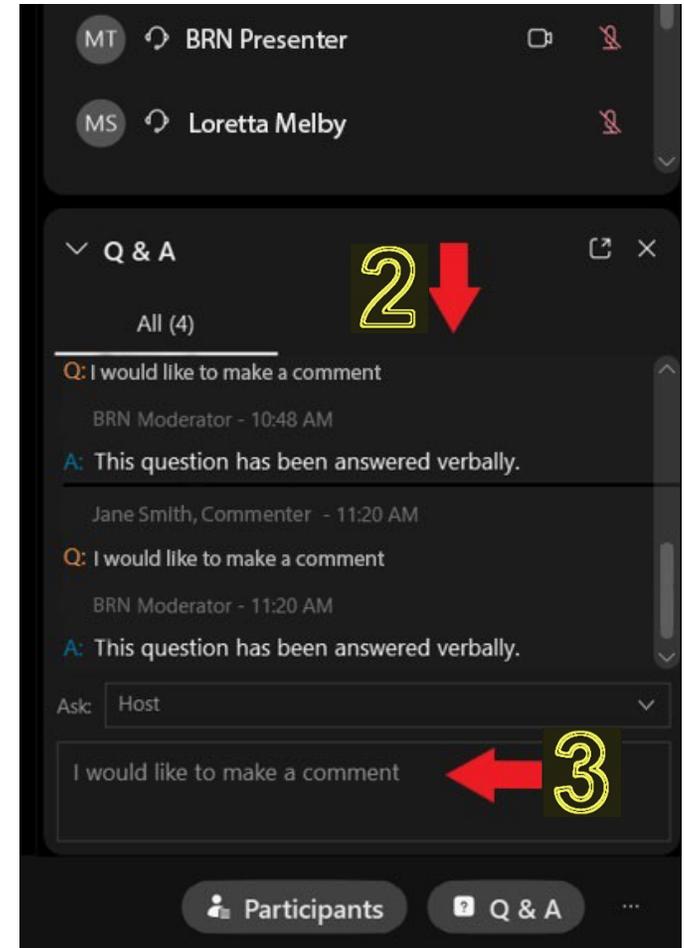
Participating Via WebEx During a Public Comment Period

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 Practitioner Advisory Committee (NPAC) Meeting | May 10, 2022

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

DRAFT

DATE: February 8, 2022

START TIME: 1:03 pm

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

1:03 pm

1.0

Call to Order/Roll Call/Establishment of a Quorum

Samantha Gambles Farr – Chair, called the meeting to order at 1:03 pm. Quorum established at 1:05 pm.

**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 (arrived 2:57 pm, elevated 3:01 pm)

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Attorney
Evon Lenerd Tapps, BRN Assistant Executive Officer
McCaulie Feusahrens, Licensing Division Chief

1:07 pm

3.0

Review and vote on whether to approve previous meetings' minutes

3.1 November 16, 2021

Discussion:

Samantha Gambles Farr introduced the agenda item and opened for Advisory Committee discussion.

Andrea Espinosa: Provided a correction on the bottom of page 6 with Catrina Reyes saying it should be the California Academy of Family Physicians. On page 9 she said she made a motion to have a “minimum of one year of transition to practice,” not “one year of transition to practice.”

Motion: **Edward Ray:** Motioned to adopt the minutes as corrected.

Second: **Andrea Espinosa**

**Public Comment for
Agenda Item 3.0:**

Mary Adorno: Explained that the meeting agenda and phone number are not applicable to this meeting. When she tried to call it said it is not valid. Asked if staff can post in the chat box the correct number, it would be appreciated.

Reza Pejuhesh: Explained that the phone number is correct on the agenda but there is a different access code. Stated that the phone number is (415) 655-0001 and the Access Code is 2483 965 9341.

Loretta Melby: Explained that the updated information will be posted to the BRN website and social media and emailed to the ListServ.

To post this information, NPAC took a brief break at 1:19 pm, to return at 1:30 pm; at that time, the participant list went up by two and it was decided to wait until 1:40 to give more people time to join, via phone.

Reopened meeting at 1:43 pm with a roll call to establish quorum. Quorum established at 1:44 pm.

Vote:

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

1:45 pm

4.0

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

Public Comment for Agenda Item 4.0:

No public comment.

1:46 pm

5.0

Discussion and Possible Action: Establishment of meeting dates for 2022.

Discussion:

Samantha Gambles Farr introduced the agenda item and provided the proposed meeting dates from the meeting materials. She opened the floor to member comments.

Kevin Maxwell: Explained that he is happy with the Tuesday meeting dates.

Sally Pham: Asked if the meeting times will remain the same.

Samantha Gambles Farr: Stated that the start times will be 12:00 pm or 1:00 pm.

Motion: **Kevin Maxwell:** Motioned to accept the proposed meeting dates as stated in the agenda.

Second: **Sally Pham**

Public Comment for Agenda Item 5.0:

Marco Lizarraga: Requested to comment on agenda item 6 and was told by the moderator to request comment at that time.

Sonia Reyes: Asked if any of the committee members were primary care NPs who work in public health,

Reza Pejuhesh: Explained that the members can answer the questions but are not required to do so.

Vote:

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

1:52 pm

6.0

Discussion and Possible Action: Regarding naming conventions for Nurse Practitioners (NP) practicing pursuant to standardized procedures and pursuant to Business and Professions Code (BPC) sections 2837.103 and 2837.104.

Discussion:

Samantha Gambles Farr introduced the agenda item and explained that it is to help the public understand the various NP types. She then opened for committee discussion.

Loretta Melby: Explained that there was a social media campaign and solicitation was done with DCA, Legal, and others to come up with a naming convention that would be clear to the public.

Edward Ray: Proposed the consideration of NP followed by a roman numeral (i.e. NP-I, NP-II, NP-III, NP). Explained that more letters can get confusing, and the roman numeral is simple.

Andrea Espinosa: Explained that the public brought this up because they are confused as to who they are seeing (MD or NP). Explained that if she was a lay person, “advanced” makes sense and disagrees with the “independent” part because the lay person does not know what that means. The public would understand “without supervision” rather than “independent.” She thinks the roman numerals make it more like medical school training and MD post graduate training – these NPs are not in training. She recommends “Advanced NP 103” and “Advanced NP 104.”

Jan Johnson Griffin: Shared Edward Ray’s interest in simplicity but thinks there would be confusion since health care facilities designate practitioners by I, II, III. She thinks it should be simpler than suggested though.

Samantha Gambles Farr: Stated that this is a technical process that NPAC is trying to simplify. Explained that NPs are already

referred to as “Advanced Practice Providers” and adding “Advanced” may not help and may hurt NPs. Further stated that she understands the need to try to simplify this.

Edward Ray: Explained that adding an A (Advanced) in front of NP can mean adult/gerontology, or advanced practice.

Kevin Maxwell: Asked if the additional naming convention is necessary.

Samantha Gambles Farr: Explained that the Board asked for clarity and if there is no additional name then the public may not understand there are differences between NPs.

Reza Pejuhesh: Explained that the naming convention can be included in the regulations to differentiate the NPs.

Kevin Maxwell: Stated that this also adds to the alphabet soup of acronyms that the public may not understand.

Loretta Melby: Explained that there needs to be some type of identification because it will be added to BreEZe so employers/insurance companies can use the DCA license search page to verify/lookup a license. There is nothing in statute that requires a different naming convention.

Andrea Espinosa: Suggested adding “Independent” along with specialty but the code section can be included in the Breeze lookup.

Samantha Gambles Farr opened the agenda item for public comment.

Samantha Gambles Farr opened for further Board discussion after the public comments and stated that there was a lot of good public comment regarding the need for additional naming conventions.

Kevin Maxwell: Explained that he would like the different names only in BreEZe.

Edward Ray: Stated that he respectfully disagrees. Explained that the public doesn’t understand the different levels of NP that Business and Professions Code section 2837.100 et seq. provides.

Samantha Gambles Farr: Explained that she does not think adding any additional letters or numbers will help the public understand the difference between NPs.

Andrea Espinosa: Stated that the bill specifies that there are different NPs and something is needed and provided the prior examples.

Edward Ray: Provided an example about marketing from a NP who does not have the 103 or 104 designation. Explained that the BRN and MBC will not be able to police everyone who advertises inappropriately. Further explained that without the additional designation it doesn't stop a non-103/104 NP from advertising inappropriately.

Samantha Gambles Farr: Explained that she can see some of the points made by Edward Ray but questioned what is there to stop someone from advertising inappropriately currently.

Loretta Melby: Requested the Board moderator to elevate Betha Schnelle to the panel.

Andrea Espinosa: Reiterated that there needs to be some different type of designation.

Kevin Maxwell: Explained that he thinks it should be "103" or "104."

Jan Johnson Griffin: Explained that it should still be simple and she agrees with Andrea Espinosa to add "Independent" and to include "103" or "104," if necessary.

Sally Pham: Agrees that simplicity is the best way.

Betha Schnelle: Expressed that she doesn't think adding more than what the bill already provides is necessary or provide additional public protection.

Edward Ray: Explained that if we add the "Independent" designation it should only be added to the 104 NP. If he votes no, it's because of that concern.

**Public Comment for
Agenda Item 6.0:**

Alejandro Solis: Stated that he is representing a few different Spanish communities. Explained that "Enferma Especializada" is the language that is supposed to be used for Spanish speaking patients and requests that the names selected be in line with this language so Spanish speaking patients will understand. Further explained they have sent letters to BRN with no response.

Michelle: Explained that there is patient confusion with who is a MD and NP and the naming convention should be kept simple.

Michelle Pereira, FNP: Expressed that whatever naming convention is selected can be translated into different languages. Further expressed that she would like whatever method is used

to provide feedback is visible and easily accessible as she teaches NPs and would like them to be able to provide their feedback.

Loretta Melby: Provided the social media platforms to request feedback and said the public can use the “Contact us” section on the BRN website.

Allie Johnston: Explained that she is a FNP in northern California and says that the general public does not know the differences in NPs and areas of practice and thinks this should be kept as simple as possible. Further explained that licensure online should say “103” or “104” if someone wants to look this information up. No “independent” or “advanced” and only include the “103” or “104” designation.

Marco Lizarraga: Stated that he represents Spanish speaking communities and that the naming convention should align with the statutory language regarding NPs referring to themselves in Spanish as “Enferma Especializada.” Further stated that the community leaders have been sending letters for the last six months and have not received any response.

Andrea Espinosa: Asked if there is a Spanish phrase for Nurse Practitioner.

Marco Lizarraga: Stated that there is no equivalent phrase in Mexico.

Scott, RN: Explained that there is a fascination with nominating credentials and thinks that maybe only differentiating NPs in BreZE is best. Asked for a male version of the Spanish statement either in the regulation or a possible cleanup bill.

Cynthia Jovanov, NP: Agreed with Scott and thinks the proposed acronyms are confusing. Suggested that including a link to certain specifications might be helpful. Explained that she is a Latina and speaks Spanish and thinks the language in the statute is feminine and would request the language be removed.

Andrea Espinosa: Asked what terminology she uses with Spanish speaking patients.

Cynthia Jovanov, NP: Explained that she uses her first name and tells patients she is not a medical doctor even though she has a doctorate and can be called doctor. Further explained that she establishes the relationship using her first name without use of “doctor” and she also uses a language line for patients who do not speak English.

Patty Gurney, pediatric NP: Explained that her maiden name is Anaya and she speaks Spanish and has many Spanish speaking patients. She explained that she identifies herself as Patricia along with “enfermera especializada” but would like the statute cleaned up since there are many non-English patients. Further explained that there is nothing in the bill that requires any special naming convention and what they are called should be defined by the other language used by the patient. Stated that there is a process to educate patients and wants this to be as simple as possible.

Sonia Reyes, NP for San Francisco Department of Public Health: Stated that she has 20 years of experience and suggested the naming convention be as simple as possible. Specificities can be made on the website. Explained that she uses Spanish terminology when addressing her patients.

Susanne Phillips: Agreed with many speakers ahead of her in the simplicity. Suggested listing it on the Breeze website similar to the controlled substance designation. APRN is already defined in regulation. Reza said the APRN that exists in regulation also includes CNM, CNS, NP and NA and is broader. Suzie said the regulation language makes it conform to the national model (LACE). She will send a link to Reza.

1st Motion: Andrea Espinosa: Motioned to designate the new NPs as “Independent” NPs for both 103 and 104 NPs

1st Second: Jan Johnson Griffin

Vote:

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

2nd Motion: Edward Ray: Motioned to adopt the designation of “Independent” NP for 104 NPs only.

2nd Second: Kevin Maxwell

Vote:

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

3:13 p.m. 7.0

Discussion and Possible Action: Regarding the procedures for NPAC to provide recommendations or guidance on care when the Board is considering disciplinary action against a NP, pursuant to BPC section 2837.102, subdivision (a).

Discussion:

Samantha Gambles Farr introduced the agenda item and explained that there was a previous discussion regarding providing input on discipline. She then opened for committee discussion.

Edward Ray: Questioned whether or not the Board wants the committee's feedback regarding discipline, and, if so, if they want it on all the discipline cases involving NPs.

Loretta Melby: Explained that the committee previously agreed to the disciplinary guidelines being updated with input from NPAC. She spoke about cases that go to closed session and others that go for mail vote. All cases are sent to the board members for mail vote and if the board decides they want to discuss then a case can be held for closed session. Further explained that the Chief of Enforcement, Shannon Johnson, can provide another presentation on the disciplinary guideline process to NPAC, if needed.

Reza Pejuhesh: Provided information regarding limited time for the board to render a decision.

Edward Ray: Questioned how many cases there are.

Reza Pejuhesh: Explained that he does not see all the cases, so he does not know the answer.

Samantha Gambles Farr: Explained that she would like the data once NPs start practicing as 103 and 104 and how that affects discipline and whether or not any additional input from the committee is needed.

Shannon Johnson: Joined the meeting and explained that the BRN disciplines less than one percent of the licensees. A lot of cases are criminal conviction cases, not standard of care cases. The committee should review the guidelines to help them understand. The guidelines are focused on RN and not advanced practice. The guidelines may need additional specifics for advanced practice. She does not have the data regarding discipline for NPs at this time. She used to report out the data, but the numbers are so small she hasn't done it in a while.

Andrea Espinosa: Explained that she would like to review standard of care cases that fall out of the guidelines. She thought maybe Loretta could pick out cases for the committee to review.

Shannon Johnson: Explained that this could lengthen the timeframes for discipline.

Edward Ray: Provided more information and said the committee could review practice cases and provide something similar to an amicus brief with their recommendations regarding the case.

Sally Pham: Asked about the confidentiality of the case – if the committee reviews the information would the information become public?

Reza Pejuhesh: Provided more information about the complaint/investigation process. A case comes before the board once an administrative law judge has heard it and renders a proposed decision. Explained that NPAC could meet in closed session to review a case to eliminate the confidentiality issue.

Shannon Johnson: Provided information regarding expert consultant review of each practice case.

Reza Pejuhesh: Explained that NPAC already approved use of the disciplinary guidelines for discipline and that NPAC will provide input regarding the language update in the disciplinary guidelines.

Samantha Gambles Farr: Asked for the enforcement case timeframes so NPAC knows how they might have an effect if they review cases.

Loretta Melby: Explained that Shannon will be providing a presentation at the Board meeting next week about the timeframes between a complaint investigation and filing of an accusation.

Shannon Johnson: Explained that she will be providing a lot of statistics in the agenda item summary that might be helpful to NPAC.

Motion: No motion or action taken.

**Public Comment for
Agenda Item 7.0:**

Catrina Reyes, California Academy of Family Physicians: Suggests that with the new 103 and 104 NPs, this committee should be considered the experts and participate in all NP discipline case recommendations.

Yvonne Chung, CMA: Explained that with the new categories of NPs, experts may initially be difficult to find with the experience to review cases. CMA recommends all 103 and 104 cases be reviewed by NPAC until a sufficient amount of time has passed for experts to be able to review cases and determine whether the regulations are sufficient.

Don Chinsky, Dermatology Association: Concurs with the CMA comments.

8.0 Discussion and Possible Action: Regarding fee analysis to determine value of initial application fee pursuant to BPC section 2837.104, subdivision (b)(2), and possible amendment of California Code of Regulations (CCR), title 16, section 1417, and amendment of proposed draft regulatory language of CCR, title 16, section 1482.4.

Discussion: This agenda item was tabled until next NPAC meeting.

3:51 pm

9.0 Information Only: Update from the Department of Consumer Affairs, Office of Professional Examination Services (OPES), regarding occupational analysis mandated under BPC section 2837.105.

Discussion: **Loretta Melby:** Opened the agenda item and requested Tracy Montez, Chief of the Division of Programs and Policy Review, to be elevated to present this agenda item.

Tracy Montez: Explained that the occupational analysis of the national certification review pursuant to AB 890 is in process. The public sessions are complete, and the report is being written at this time. They have signed non-disclosure agreements with four of the five associations. The test specialists are reviewing the information from the four associations (11 exams). They are hoping to wrap up the project in the spring. They will share the information with NPAC as allowed in the non-disclosure agreements.

Sally Pham: Asked about the timeframe for completion.

Tracy Montez: Explained there are several steps to complete for this review and there is still one association that has not signed the non-disclosure agreement. They are negotiating with their legal department.

Andrea Espinosa: Asked if any of the associations were physicians.

Tracy Montez: Provided the list of associations that does not include physicians and explained they will be in contact with physicians regarding any questions that need to be answered.

Andrea Espinosa: Asked whether larger physician associations will be interviewed as well as about the practice of medicine by NPs and why there wouldn't be more contact with the physician credentialing agencies.

Tracy Montez: Explained they do not deal with the larger groups as they are not credentialing physicians. Further explained that they are creating a baseline of competent practice with the

various certification exams that provide the credentials. After some time has passed then they will need to go back to ensure the baseline is correct or whether it needs to be updated. Explained the numerous steps in the process to develop the occupational analysis, keeping in mind that this is for an advance practice profession where they normally do this occupational analysis for entry level licensure.

Sally Pham: Asked about the association that has not agreed to participate and whether NPs certified by that association might not be able to be approved to practice as 103 or 104.

Tracy Montez: Explained that would be up to the Board, but it would be very rare if that would happen.

Andrea Espinosa: Asked if the physicians take the NP certification exams.

Tracy Montez: Explained that they are not looking at the exams but rather what is required and supports the evidence to take the exams.

Andrea Espinosa: Asked if California is not looking at the exam then how is it determined a 103 or 104 candidate is qualified to practice independently.

Tracy Montez: Explained that there is a piece missing (the transition to practice) but they will provide as much information as possible so the committee can make decisions.

Public Comment for Agenda Item 9.0: No public comment.

10.0 Information Only: Regarding updates on regulatory package to implement Assembly Bill (AB) 890 (Reg. Sess. 2019-2020).

Discussion: This agenda item was tabled until next NPAC meeting.

Andrea Espinosa: Asked if there is a possibility to have a meeting sooner than May to get an update on the regulations.

Loretta Melby: Explained that the regulation update will be given at the Board meeting next week.

4:24 pm **11.0 Adjournment:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA - Chair, adjourned the meeting at 4:24 pm.

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

Discussion and Possible Action: Regarding the draft regulatory language pertaining to implementation of Assembly Bill 890 (Reg. Sess. 2019-2020) (amending California Code of Regulations, title 16 , sections 1480 (Definitions) and 1481 (Categories of Nurse Practitioners), and adding sections 1482.3 (Requirements for Certification as a Nurse Practitioner pursuant to Business and Professions Code Section 2837.103), 1482.4 (Requirements for Certification as a Nurse Practitioner pursuant to Business and Professions Code Section 2837.104), and 1487 (Notice to Consumers)).

Nurse Practitioner Advisory Committee (NPAC) Interested Parties Meeting | May 10, 2022

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

AGENDA ITEM: 5.0
DATE: May 10, 2022

ACTION REQUESTED: **Discussion and Possible Action:** Regarding the draft regulatory language pertaining to implementation of Assembly Bill 890 (Reg. Sess. 2019-2020) (amending California Code of Regulations, title 16 , sections 1480 (Definitions) and 1481 (Categories of Nurse Practitioners), and adding sections 1482.3 (Requirements for Certification as a Nurse Practitioner pursuant to Business and Professions Code Section 2837.103), 1482.4 (Requirements for Certification as a Nurse Practitioner pursuant to Business and Professions Code Section 2837.104), and 1487 (Notice to Consumers)).

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

BACKGROUND:

The NPAC members will discuss the draft regulations pertaining to implementation of AB 890.

Public comments received on or before May 4, 2022, are included in supplemental materials.

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

Title 16
Division 14. Board of Registered Nursing

Proposed Text

Legend: Added text is indicated with a single underline.
Omitted text is indicated with ***
Deleted text is indicated by ~~single-strikeout~~.

Amend the heading of Article 8 of Division 14 of Title 16 of the California Code of Regulations to read as follows:

ARTICLE 8. ~~STANDARDS FOR NURSE PRACTITIONERS~~

Amend sections 1480 and 1481 of, and add sections 1482.3, 1482.4, 1485.3, 1485.4, and 1487 to, Title 16 of the California Code of Regulations to read as follows:

§ 1480. Definitions

(k) ~~[reserved]~~ “Group setting” means one of the settings or organizations set forth in Section 2837.103(a)(2) of the code in which one or more physicians and surgeons practice with a nurse practitioner without standardized procedures.

Note: Authority cited: Sections 2715, 2725 and 2836, Business and Professions Code. Reference: Sections 2725.5, 2834, 2835.5, ~~and 2836.1,~~ and 2837.103, Business and Professions Code.

§ 1481. Categories and Scope of Practice of Nurse Practitioners.

- (a) Categories of nurse practitioners include:
- (1) Family/individual across the lifespan;
 - (2) Adult-gerontology, primary care or acute care;
 - (3) Neonatal;
 - (4) Pediatrics, primary care or acute care;
 - (5) Women's health/gender-related;
 - (6) Psychiatric-Mental Health across the lifespan.

(b) Nurse Practitioners who have met the additional training and experience requirements can apply for expanded scope of practice, and work without standardized procedures, under these two categories:

(1) A nurse practitioner practicing pursuant to Section 2837.103 of the code may perform the functions listed in Section 2387.103(c) of the code without standardized procedures only in a group setting and in the category listed in subsection (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.103 of the code.

(2) A nurse practitioner practicing pursuant to Section 2837.104 of the code may perform the functions listed in section 2387.104(c) of the code without standardized procedures, inside or outside of a group setting, only in the category listed in in subsection (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.104 of the code.

(bc) A registered nurse who has been certified by the board as a nurse practitioner may use the title, “advanced practice registered nurse” and/or “certified nurse practitioner” and may place the letters APRN-CNP after ~~his or her~~ their name or in combination with other letters or words that identify the category.

Note: Authority cited: Sections 2715 and 2836, Business and Professions Code. Reference: Sections 2834, 2835.5, 2836, 2836.1, ~~and 2837, 2837.103, and 2837.104~~ Business and Professions Code.

§ 1482.3 Requirements for a Nurse Practitioner Pursuant to Business and Professions Code Section 2837.103.

(a) To obtain certification as a nurse practitioner pursuant to Section 2837.103 of the code, an applicant shall hold a valid and active certification as a nurse practitioner in California and submit a completed application that includes the following:

(1) Applicant’s full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),

(2) Other name(s) applicant has used or has been known by,

(3) Applicant’s physical address,

- (4) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address.
- (5) Email address, if any.
- (6) Applicant's telephone number.
- (7) Applicant's Social Security Number or Individual Taxpayer Identification Number.
- (8) Applicant's birthdate (month, day, and year).
- (9) California registered nurse license number issued by the Board.
- (10) California nurse practitioner certification number issued by the Board.
- (11) Date of passage of the Board's national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the board by the organization that administered the examination.
- (12) Proof of holding a certification as nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties as a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code. Verification of this certification shall be provided directly to the board by the issuing organization.
- (13) Proof of completion of a transition to practice by submitting to the board one or more attestations of a physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code. Any physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code submitting an attestation must specialize in the same specialty area or category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code and must not have a familial or financial relationship with the applicant.
- (A) For purposes of this subsection, "transition to practice" means 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:
- (i) Completed in California.

- (ii) Completed within five years prior to the date the applicant applies for certification as a nurse practitioner pursuant to Section 2837.103 of the code.
- (iii) Completed after certification by the Board of Registered Nursing as a nurse practitioner.
- (iv) Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.

(14) A statement signed under penalty of perjury by the applicant that all statements made in the application are true and correct.

(b) Within 90 days of certification by the Board of Registered Nursing, a nurse practitioner pursuant to Section 2837.103 of the code shall have a written plan for referrals, pursuant to Section 2837.103(f) of the code, and shall make that referral plan available to patients on request.

Note: Authority cited: Section 2715, Business and Professions Code.

Reference: Sections 29.5, 30, 494.5, 2837.101, and 2837.103, Business and Professions Code.

§ 1482.4 Requirements for Certification as a Nurse Practitioner Pursuant to Business and Professions Code Section 2837.104.

- (a) To obtain certification as a nurse practitioner pursuant to Section 2837.104 of the code, an applicant must hold a valid and active certification as a nurse practitioner pursuant to Section 2837.103 of the code and submit a completed application with all of the following information:
- (1) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),
 - (2) Other name(s) applicant has used or has been known by,
 - (3) Applicant's physical address,
 - (4) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address,
 - (5) Email address, if any,
 - (6) Applicant's telephone number,

- (7) Applicant's Social Security Number or Individual Taxpayer Identification Number.
- (8) Applicant's birthdate (month, day, and year).
- (9) California registered nurse license number issued by the Board.
- (10) California nurse practitioner certification number issued by the Board.
- (11) Date of passage of the Board's national nurse practitioner board certification examination.
Verification of this passage shall be provided directly to the board by the organization that administered the examination.
- (12) Proof of holding a certification as nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties as a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code. Verification of this certification shall be provided directly to the board by the issuing organization
- (13) Proof of completion of a transition to practice by submitting to the board one or more attestations of a physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code. Any physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code submitting an attestation must specialize in the same specialty area or category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.104 of the code and must not have a familial or financial relationship with the applicant.
- (A) For purposes of this subsection, "transition to practice" means 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:
- (i) Completed in California.
- (ii) Completed within five years prior to the date the applicant applies for certification as a nurse practitioner pursuant to Section 2837.104 of the code.
- (iii) Completed after certification by the Board of Registered Nursing as a nurse practitioner.

(iv) Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.104 of the code.

(14) Proof of practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing for at least three full-time equivalent years or 4600 hours in direct patient care.

(A) For purposes of this subsection, “practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing” means practice conducted under a current, active, and unrestricted license. “Unrestricted” means the applicant was not subject to a disciplinary action by the board, including probation, suspension or public reproof.

(B) For an applicant who holds a Doctorate of Nursing Practice degree (DNP), “practice as a nurse practitioner pursuant Section 2837.103 of the code in good standing” also includes any hours of direct patient care that the applicant provided in the course of their doctoral education so long as the direct patient care is both (i) in the applicant’s area of National Certification specified in subsection (a)(12) and (ii) provided during the doctoral part of the applicant’s doctoral education and not credited towards the applicant’s master’s degree.

(15) A statement signed under penalty of perjury by the applicant that all statements made in the application are true and correct.

(b) Within 90 days of certification by the Board of Registered Nursing, a nurse practitioner practicing pursuant to Section 2837.104 of the code shall have a written protocol for consultation and a written plan for referrals, pursuant to Section 2837.104(c) of the code, and shall make that referral plan available to patients on request. If the written plan calls for a referral to a specific individual, the plan must include that individual’s acknowledgment and consent to the referral, signed and dated by that physician and the applicant.

Note: Authority cited: Section 2715, Business and Professions Code.

Reference: Sections 29.5, 30, 494.5, and 2837.104, Business and Professions Code.

§ 1487 Notice to Consumers.

Except when working in facilities under the Department of Corrections and Rehabilitation, a nurse practitioner engaged in providing healthcare services shall do all of the following:

- (a) Prominently post a notice, in at least 48-point Arial font, in a conspicuous location accessible to public view on the premises where the nurse practitioner provides the healthcare services, containing the following information:

NOTICE

Nurse practitioners are licensed and regulated

by the Board of Registered Nursing

(916) 322-3350

www.rn.ca.gov

- (b) Verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrases “enfermera especializada” or “enfermero especializado.”

- (c) Advise patients that they have the right to see a physician and surgeon on request and the circumstances when they must be referred to see a physician and surgeon.

Note: Authority cited: Section 2715, Business and Professions Code.

Reference: Sections 2837.103 and 2837.104, Business and Professions Code.



Agenda Item 6.0

Discussion and Possible Action: Regarding fee analysis to determine value of initial application fee pursuant to BPC section 2837.104, subdivision (b)(2), and possible amendment of California Code of Regulations (CCR), title 16, section 1417, and amendment of proposed draft regulatory language of CCR, title 16, section 1482.4.

Nurse Practitioner Advisory Committee (NPAC) Meeting | May 10, 2022

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

AGENDA ITEM: 6.0
DATE: May 10, 2022

ACTION REQUESTED: **Discussion and Possible Action:** Regarding fee analysis to determine value of initial application fee pursuant to BPC section 2837.104, subdivision (b)(2), and possible amendment of California Code of Regulations (CCR), title 16, section 1417, and amendment of proposed draft regulatory language of CCR, title 16, section 1482.4.

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

BACKGROUND:

AB 890 required the Board to issue a certificate to a Nurse Practitioner (NP) who meets additional specified education and experience requirements and authorized the Board to charge a fee for the cost of issuing the certificate. BPC 2837.104(b)(2) authorizes the Board to charge a fee in an amount sufficient to cover the reasonable regulatory cost of issuing the certificate to a 104 NP; however, this authorization was not provided in the text in AB 890 to charge a fee for the 103 NP. The Board will need to establish in regulation a fee under BPC 2837.104(b)(2) and request statutory authority to establish the same fee for the issuance of a certificate for the 103 NP certificate.

An update on the fee development will be provided and the NPAC members may discuss the information presented.

RESOURCES:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2837.104.

BPC Section 2837.104 (emphasis added):

(a) Beginning January 1, 2023, notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

(1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.

(2) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, the nurse practitioner shall be eligible for membership of an organized medical staff.

(3) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, a nurse practitioner member may vote at meetings of the department to which nurse practitioners are assigned.

(b) (1) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103, if the nurse practitioner satisfies all of the following requirements:

(A) The nurse practitioner meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.

(B) Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

(C) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a

Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(2) The board may charge a fee in an amount sufficient to cover the reasonable regulatory cost of issuing the certificate.

(c) A nurse practitioner authorized to practice pursuant to this section shall comply with all of the following:

(1) The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.

(2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:

(A) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.

(B) Acute decompensation of patient situation.

(C) Problem which is not resolving as anticipated.

(D) History, physical, or lab findings inconsistent with the clinical perspective.

(E) Upon request of patient.

(3) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:

(A) Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.

(B) Whenever patient conditions fail to respond to the management plan as anticipated.

(C) Any patient with acute decomposition or rare condition.

(D) Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.

(E) All emergency situations after initial stabilizing care has been started.

(d) A nurse practitioner shall verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”

(e) A nurse practitioner shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board’s telephone number and internet website where the nurse practitioner’s license may be checked and complaints against the nurse practitioner may be made.

(f) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

(g) For purposes of this section, corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(h) Subdivision (g) shall not apply to a nurse practitioner if either of the following apply:

(1) The certificate issued pursuant to this section is inactive, surrendered, revoked, or otherwise restricted by the board.

(2) The nurse practitioner is employed pursuant to the exemptions under Section 2401.

NEXT STEPS:

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

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