



Nurse Practitioner Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

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Agenda Item 2.0

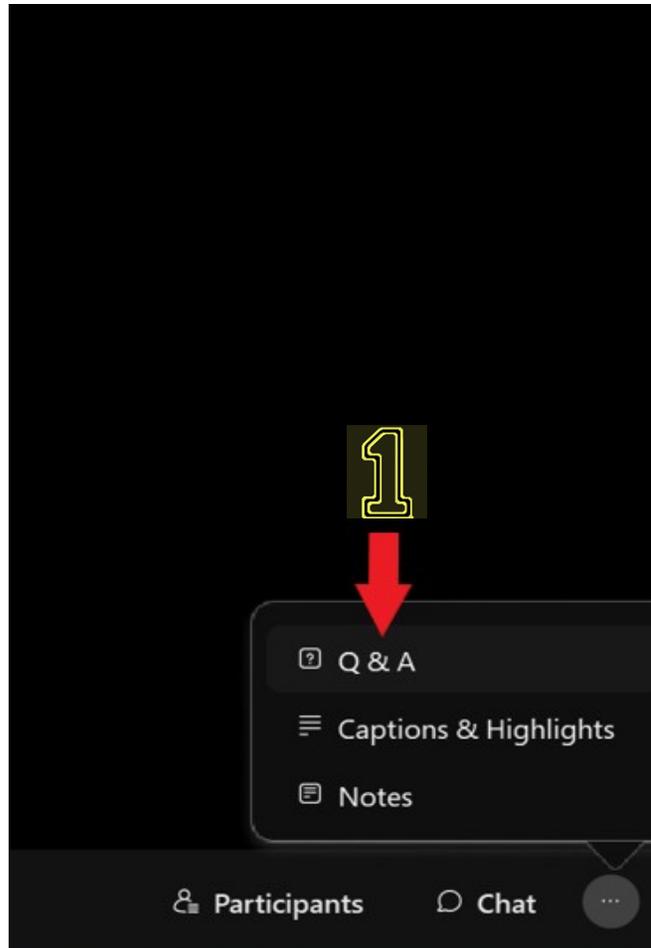
General Instructions for the Format of a Teleconference Meeting

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

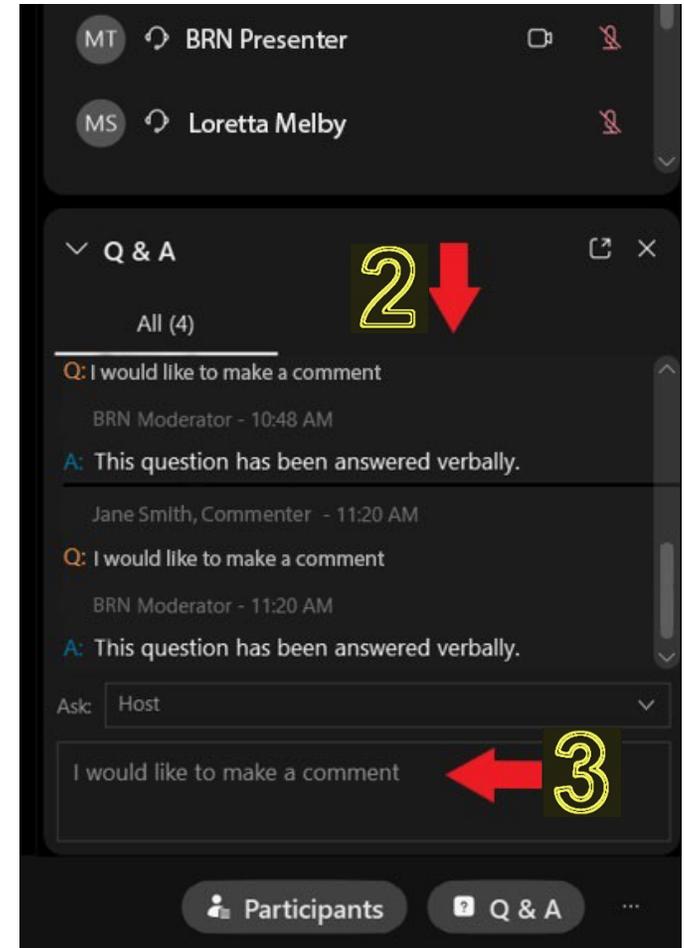
Participating Via WebEx During a Public Comment Period

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 | November 1, 2022

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

DRAFT

DATE: August 9, 2022

START TIME: 1:00 pm

LOCATION: **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133 (added by Assembly Bill No. 361 (Rivas), Reg. Sess. 2021-2022).

- 1:00 pm **1.0** **Call to Order/Roll Call/Establishment of a Quorum**
Samantha Gambles Farr – Chair, called the meeting to order at 1:00 pm. Quorum established at 1:01 pm. Kevin Maxwell had to leave the meeting at 3:00 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
- 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
- 1:03 pm **3.0** **Public comment for items not on the agenda; items for future
agendas.**
- Public Comment for
Agenda Item 3.0:** No public comments.
- 1:05 pm **4.0** **Review and vote on whether to approve previous meetings’
minutes**
- 4.1** May 10, 2022
- Discussion:** Samantha Gambles Farr opened the agenda item and requested
any corrections or comments.
- No committee member comments.
- Motion:** **Edward Ray:** Motioned to approve the meeting minutes.

Second: Sally Pham

Public Comment for Agenda Item 4.0: No public comments.

Vote	SG	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

Loretta Melby requested the agenda to be reordered to accommodate presenters attending the meeting. The agenda was reordered to hear agenda items in the following order: 7.0, 9.0, 8.0, 5.0, 6.0.

3:07 pm

5.0 Discussion and Possible Action: Regarding meeting dates for 2023

Discussion: Samantha Gambles Farr opened the agenda item and turned the discussion over to Loretta Melby to provide further information.

Loretta Melby: Provided context regarding reduction of annual meetings from four to two per year. She explained that subcommittees of two committee members can work on issues without holding public meetings, and if the committee needs to hold another meeting it can request that one be scheduled. A third NPAC/NMAC meeting will be held in the spring for a Disciplinary Guidelines presentation that could be four hours long.

Andrea Espinosa: Asked when the combined NPAC/NMAC meeting would be held.

Loretta Melby: Explained that it would likely be scheduled for some time in the spring.

Reza Pejuhesh: Asked if NPAC should consider coordinating meeting dates with NMAC who chose 3/7/2023 and 9/12/2023, which is the second Tuesday of those months.

Loretta Melby: Stated that this would be best, if possible.

Jan Johnson Griffin: Explained that she has a conflict for the 9/12/2023 meeting date but that would leave six members to attend so it should not impact quorum.

Motion: **Samantha Gambles Farr:** Motioned to approve the NPAC meetings on 3/7/2023 and 9/12/2023 at a time to be determined.

Second: Jan Johnson Griffin

Public Comment for No public comments.
Agenda Item 5.0:

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

Motion Passed

2:30 pm

6.0

Discussion and Possible Action: Regarding NPAC members' terms of office as specified in the updated NPAC Charter

Discussion:

Samantha Gambles Farr opened the agenda item and provided an overview of the terms within the charter.

Edward Ray: Asked who appoints the committee members.

Loretta Melby: Explained the Board appoints the members.

Edward Ray: Asked how a member is reappointed.

Loretta Melby: Stated that if the member wishes to be reappointed then he/she makes it known and the Board will approve it. If a member is not fulfilling the requirements, then the Board could appoint someone else.

Edward Ray: Suggested that a coin could be flipped because both physicians would like to contribute for the full four years.

They asked Reza Pejuhesh to be the arbiter of the selection. Reza did not have a coin and said he could ask Siri for a number. The physician representatives opted for an odd or even number and Edward Ray let Andrea Espinosa chose – she selected odd. Reza asked Siri to pick a number to which Siri picked 72. Edward Ray was given the four-year term and Andrea Espinosa was given the three-year term.

Samantha Gambles Farr and Sally Pham requested four-year terms. Kevin Maxwell and Jan Johnson Griffin were open to the lesser terms. Jan Johnson Griffin requested the two-year term and Kevin Maxwell will be given the three-year term. Betha Schnelle will be appointed a four-year term as public member.

Loretta Melby: Explained that any member can choose to resign at any time; however, she would appreciate advanced notice if possible.

Betha Schnelle: Thanked the group for the opportunity to serve.

Motion: Betha Schnelle: Motioned to approve the following terms:

- Samantha Gambles Farr – four-year NP term
- Sally Pham – four-year NP term
- Kevin Maxwell – three-year NP term
- Jan Johnson Griffin – two-year NP term
- Edward Ray – four-year physician term
- Andrea Espinosa – three-year physician term
- Betha Schnelle – four-year public member term

Second: Edward Ray

**Public Comment for
Agenda Item 6.0:**

Sharon Vogle: Strongly objects to the eight-year term limits as she doesn't want a stagnant pool of members. She explained that she would like people who are involved in what outpatient NPs are doing with new ideas. She further explained that there should be a competitive election process because this is America and if members are in for a shorter time, they will be more focused on getting things done. She objects to a surgeon specialist who does not actively practice in the outpatient setting because that is not the real world, and the Board should think about who is appointed to a NP committee.

Edward Ray: Asked to respond to the commenter as the comment was directed towards him. He explained that he works with NPs daily and they work very closely with vulnerable patients who come from marginalized backgrounds, and he has deep respect and understands the difficulty of caring for people who have a difficult time getting access to good health care. He appreciates the comments people make and thinks it is important people remain engaged.

Reza Pejuhesh: Explained that the Board considered public comments when these members were appointed and heard similar comments before appointing the members currently seated on the committee.

Andrea Espinosa: Stated that she thinks both physician positions should be four-year terms and does not understand why there has to be staggered membership. She further stated that all members should be appointed to four-year terms.

Samantha Gambles Farr: Explained the rationale that the board does not want the committee to start over every eight years with all new members.

Loretta Melby: Responded to Samantha Gambles Farr and reiterated the appointment process.

Patty Gurney: Thanked the members for their willingness to serve on this very important committee. She would like the Board to consider allowing new applicants to be considered for expiring terms.

Stephanie Dittmer, MD: Appreciates the group for their time commitment and disagrees with the previous public comment about the specialty physician.

Vote:

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

Motion Passed

1:12 pm

7.0

Discussion:

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

Samantha Gambles Farr opened the agenda item and turned it over to Loretta Melby who introduced Heather Hoganson, DCA Regulations Attorney.

Andrea Espinosa: Asked if NPAC sees the regulatory proposal prior to the public comment period.

Heather Hoganson: Stated that the committee members will be sent the proposal at the time the public is noticed.

Andrea Espinosa: Asked when the members would be able to make comments on the proposal.

Heather Hoganson: Explained that it would depend on when the next NPAC meeting is held. She also explained that Andrea Espinosa could make comments as a public person or during the NPAC meeting.

Loretta Melby: Asked Andrea Espinosa if she had the opportunity to review the regulatory proposal as it has been through NPAC, and the recommendations were made to the Board which they approved.

Andrea Espinosa: Stated that she doesn't have any comments now but wanted to see any changes made based on the public comment period.

Samantha Gambles Farr: Asked how long the process typically takes.

Heather Hoganson: Explained that DCA typically takes one week, and agency takes 30-45 days to review but the reviews can go back and forth.

Samantha Gambles Farr: Wants to make sure this regulation package will be approved by the January 1, 2023, implementation date.

Heather Hoganson: Explained that the timeline is tight and getting tighter to make the implementation date. She further explained expedites can be requested during the process but is aiming to meet the date.

**Public Comment for
Agenda Item 7.0:**

Stephanie Dittmer, MD: Stated that she would like to make a clarification on Andrea Espinosa's comment. She asked if any committee member can make a comment from their own personal perspective after the documentation is sent to the public.

Loretta Melby: Stated that she can.

Reza Pejuhesh read a public comment from Sharon Vogle: What date did Heather Hoganson say the proposal would be made available for the 45-day comment period?

Heather Hoganson: Stated that no date has been given since it is still being reviewed and has not been sent to the Office of Administrative Law (OAL).

Reza Pejuhesh: Explained that a member of the public can sign up for the email list to be made aware of the regulation process.

Sharon Vogle: Asked if the BRN ListServ is the correct email list for where she'll be notified about the regulations. She also asked about the regulatory process and who has the proposal last.

Loretta Melby: Provided information about the regulatory process.

Heather Hoganson: Added more context regarding the process.

Reza Pejuhesh: Provided the statutory code for the Administrative Procedures Act which governs the rulemaking process.

Sharon Vogle: Asked what happens if there is a strong objection to the proposal and what OAL does to ensure the law is implemented.

Heather Hoganson: Explained that the Board creates a final statement of reasons to respond to all public comments. If OAL does not think a comment has been appropriately addressed, then they can send the proposal back to the BRN for additional

comment periods. She further explained that OAL is a separate governmental agency that ensures all regulations follow the laws.

Reza Pejuhesh: Provided his interpretation of the regulatory process and listed the six standards used by OAL.

Loretta Melby: Explained about “intent” of regulatory language.

Sharon Vogle: Stated she wanted to acknowledge that intent is not written in the law and keep personal opinions aside.

2:06 pm

8.0

Discussion:

Information Only: Presentation on Senate Bill 1375 (Reg. Sess. 2021-2022) and Assembly Bill 2684 (Reg. Sess. 2021-2022) Samantha Gambles Farr opened the agenda item and turned it over to Loretta Melby who introduced Marissa Clark, Chief of Legislative Affairs.

Marissa Clark: Explained that the Board is tracking 25 bills; however, she is providing updates on the bills that are the most relevant bills to the NPAC:

SB 1375 – Abortion and transition to practice. The Board took a “Support” position at its June 2022 meeting.

Andrea Espinosa: Asked about the transition to practice language in SB 1375.

Loretta Melby: Stated that no action is needed by the committee at this time because the language is proposed and not approved. If the bill remains in its current form, then the regulatory proposal defining transition to practice would be repealed.

AB 2684 – BRN sunset bill. Senate Appropriations hearing is scheduled for this Thursday (8/11/2022). The board took a “Support if Amended” position at its June 2022 meeting.

Public Comment for Agenda Item 8.0:

Stephanie Dittmer, MD: Expressed concerns with the 500-hour clinical practice requirement in the sunset bill. She said this is a known problem with adequate locations, resources, and supervised clinical locations. She said students have to find their own clinical rotations and at their own cost and not within a standardized model at any given institution.

Loretta Melby: Clarified the hours are for pre-licensure students. The advanced practice education is in California Code of Regulations section 1484, and 500 hours is the minimum. Programs approved in California are required to handle the clinical practice requirements for students and if they are not abiding by the laws and regulations then they can be brought before the Board.

1:48 pm

9.0

Information Only: Update from the Department of Consumer Affairs, Office of Professional Examination Services, regarding occupational analysis mandated under Business and Professions Code section 2837.105

Discussion:

Samantha Gambles Farr opened the agenda item and turned it over to Loretta Melby who introduced Tracy Montez.

Tracy Montez: Explained that the workshops have been completed and the report has been finalized. They are wrapping up the process to present to the committee and board.

Andrea Espinosa: Asked when the report would be presented to NPAC.

Tracy Montez said it was her understanding that it would come to NPAC first but it's up to the Executive Officer. Andrea Espinosa thanked Tracy Montez for the work on this report.

Public Comment for Agenda Item 9.0:

Stephanie Dittmer, MD – Asked if the analysis will include evaluation of current literature and publications regarding care practices and clinical outcomes. Tracy Montez said the information will be limited by the non-disclosure agreements. It's focused on the certification exam programs and not an extensive review of the literature.

Chelsea Roche – Asked if the analysis is to determine if these board certifications are adequate to practice independently. Tracy Montez said that's part of the review. She said they are looking to see if the exams meet the particular psychometric standards to be used in the California process.

Edward Ray could not hear the commenter's question and asked if she could repeat it. Commenter repeated as above.

Reza referred to the statute Business and Professions Code section 2735.105 as the basis.

Andrea Espinosa asked about information from Dr. Jeremy who has been very active throughout this process. She asked if OPES looked at the information from Dr. Jeremy and if the information could be sent to the NPAC to see if there is anything that might help. Samantha Gambles Farr said any member of the public can share information with the committee related to any agenda item and it can be disseminated to the members. Dr. Jeremy can send any clinical studies or information to the committee's email address.

3:18 pm

10.0

Adjournment: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA - Chair, adjourned the meeting at 3:18 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

Information only: Report from the Board of Registered Nursing's Executive Officer

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

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

AGENDA ITEM: 5.0
DATE: November 1, 2022

ACTION REQUESTED: **Information only:** Report from the Board of Registered Nursing's Executive Officer.

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 to NPAC members.

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 election of Chair and Vice Chair positions.

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

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

AGENDA ITEM: 6.0
DATE: November 1, 2022

ACTION REQUESTED: **Discussion and possible action:** Regarding election of Chair and Vice Chair positions.

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

BACKGROUND:

NPAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NPAC meetings in collaboration with the Board's Executive Officer (EO). The NPAC Chair will develop the meeting agendas in collaboration with the Board's EO, NPAC staff liaison, and other Board support staff. Only appointed NPAC 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 NPAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NPAC 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 7.0

Discussion and possible action: Regarding the report from the Department of Consumer Affairs, Office of Professional Examination Services (OPES), regarding occupational analysis mandated under Business and Professions Code section 2837.105.

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

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

AGENDA ITEM: 7.0
DATE: November 1, 2022

ACTION REQUESTED: **Discussion and possible action:** Regarding the report from the Department of Consumer Affairs, Office of Professional Examination Services (OPES), regarding occupational analysis mandated under Business and Professions Code section 2837.105.

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

BACKGROUND:

Tracy Montez will provide an overview of the report from the Department of Consumer Affairs, Office of Professional Examination Services (OPES), regarding occupational analysis mandated under Business and Professions Code section 2837.105. The NPAC will discuss and take action on the next steps.

RESOURCES:

OPES Report: <https://rn.ca.gov/forms/reports.shtml>

NEXT STEPS: Present to Board

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



MEMORANDUM

DATE	September 6, 2022
TO	Loretta Melby, R.N., MSN, Executive Officer California Board of Registered Nursing
FROM	<i>Heidi Lincer</i> Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	Evaluation of Nurse Practitioner National Board Certification Examinations – OPES Summary and Recommendations

AB 890 (Wood, Chapter 265, Statutes of 2020) specifies the requirements through which nurse practitioners (NPs) in California may transition to independent practice. “Transitioning to independent practice” is defined as preparing to perform the functions specified in §§ 2837.103 and 2837.104 of the Business and Professions (B&P) Code without Standardized Procedures, first in specified settings and organizations and then outside of those settings or organizations.

The California Board of Registered Nursing (Board) currently uses 11 national board certification examinations to qualify NPs to practice in California under Standardized Procedures. These examinations are nationally recognized as evidence of specialization in the NP profession. In 2021, as mandated by AB 890, the Board contracted with the Office of Professional Examination Services (OPES) to evaluate whether these 11 examinations adequately assess the critical competencies required to practice safely and effectively as an NP in independent practice.

As required by B&P Code § 2837.105, OPES was also contracted to determine if a supplemental examination was needed to assess any additional competencies necessary to perform the functions specified in B&P Code § 2837.103 that were not adequately assessed by the NP certification examinations.

Specifically, OPES was contracted to:

1. Conduct an occupational analysis (OA) of California NP practice in eight specialty categories: family care, adult-gerontology care (primary and acute), neonatal care, pediatric care (primary and acute), women’s health care, and psychiatric mental health care.
2. Perform a psychometric and security review of the 11 NP certification examinations.
3. Perform an analysis comparing NP practice in California as outlined by the California OA to the content of the 11 NP certification examinations (11 linkage studies).
4. Evaluate the results of the 11 linkage studies and make recommendations.

Evaluation Process

As required by B&P Code § 2837.105, OPES first completed the 2021 California *Occupational Analysis of the Nurse Practitioner Practice and Practice Specialties (California 2021 NP OA)* to define California practice for the eight NP specialty areas. OPES researched NP practice and practice specialties and conducted interviews and eight teleconference workshops with NPs certified in each specialty area serving as subject matter experts (SMEs). The SMEs were asked to identify the tasks they performed as NPs and the knowledge required to perform those tasks safely and competently. The results of the *California 2021 NP OA* provide a description of California practice for each specialty area. Each description of practice contains a list of task and knowledge statements and is organized into content areas and subareas. Each of the descriptions of practice includes legal requirements for practice in California.

Next, OPES reviewed documentation from the following 11 NP certification examinations:

- American Academy of Nurse Practitioners Certification Board (AANPCB)
 - AANPCB Family Nurse Practitioner (FNP)
 - AANPCB Adult Gerontology Primary Care Nurse Practitioner (A-GNP)
- American Association of Critical-Care Nurses (AACN)
 - AACN Acute Care Nurse Practitioner - Adult Gerontology (ACNPC-AG)
- American Nurses Credentialing Center (ANCC)
 - ANCC Family Nurse Practitioner (FNP-BC)
 - ANCC Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP-BC)
 - ANCC Adult-Gerontology Acute Care Nurse Practitioner (AGACNP-BC)
 - ANCC Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC)
- National Certification Corporation (NCC)
 - NCC Women's Health Care Nurse Practitioner (WHNP-BC)
 - NCC Neonatal Nurse Practitioner (NNP-BC)
- Pediatric Nursing Certification Board (PNCB)
 - PNCB Certified Pediatric Nurse Practitioner - Acute Care (CPNP-AC)
 - PNCB Certified Pediatric Nurse Practitioner - Primary Care (CPNP-PC)

OPES evaluated the documentation from AANPCB, AACN, ANCC, NCC, and PNCB to determine whether the 11 NP certification examinations meet professional guidelines and technical standards as outlined in:

1. *The Standards for Educational and Psychological Testing (2014 Standards)*.
2. B&P Code § 139.
3. Associated DCA policy *OPES 20-01 Participation in Examination Development Workshops (OPES 20-01)*.
4. DCA Departmental Procedures Memorandum (DPM) on Examination Security (OPES22-01).

Specifically, OPES evaluated the following examination components: (a) OA, (b) examination development and scoring, (c) passing scores and passing rates, (d) test administration and score reporting, and (e) test security procedures.

Finally, OPES used the OA results for each specialty area to determine if the 11 NP certification examinations assessed the competencies required for NP independent practice in California. OPES conducted 11 linkage studies across the eight specialty areas with the input of SMEs certified in each specialty area. During teleconference workshops, the SMEs were asked to compare the competencies identified in the *California 2021 NP OA* with the competencies assessed by each NP certification examination. As part of the workshop, OPES test specialists facilitated a discussion of the scope of practice for each NP specialty area and the implications of the transition to independent practice requirements.

Summary of the Evaluation

OPES determined that for each of the examinations, the procedures used to establish and support the validity and defensibility of the components listed above generally meet professional guidelines and technical standards. OPES identified and documented specific findings for each of the components for each of the examinations. OPES included recommendations for each of the examination providers, when appropriate, to fully comply with professional guidelines and technical standards.

The results of the evaluation and linkage studies indicate that the existing NP certification examinations appear to adequately assess the critical competencies required to perform safe and effective independent NP practice in California. Although the examinations do not assess knowledge related to California-specific laws and regulations, OPES does not believe a supplemental examination is necessary to address additional competencies. However, OPES believes that additional standardized criteria for clinical training and mentorship should be included in the NP transition to practice requirements.

General Recommendations for Certification Examination Providers

Occupational Analysis

An OA may also be known as a job analysis, practice analysis, task analysis, or role delineation study. Regardless of its title, the OA is the defining source of validation for the content of a credentialing examination. The OA may also be used as a defining document for the scope of practice for a profession.

According to the *2014 Standards*, “Evidence of validity based on test content requires a thorough and explicit definition of the content domain of interest” (Standard 11.2). The *2014 Standards* also provide the following “*Comment on Standard 11.2*: ... For credentialing tests, the target content domain generally consists of the knowledge, skills, and judgment required for effective performance. The target content domain should be clearly defined so it can be linked to test content” (p. 178).

OPES recommends that NP examination providers ensure that future OA results are detailed and comprehensive. The final description of practice and examination outline should be well-organized into descriptive content areas, provide tasks or competencies in sufficient detail, and include specific knowledge areas. In addition, OPES recommends that examination providers ensure that newly licensed SMEs participate in the validation process to maintain the focus on entry level tasks and knowledge.

Detailed OAs help ensure that item writers create test questions assessing the breadth and depth of practice. Item writing should be focused on critical thinking and challenging case studies. A detailed examination outline also provides candidates with specific information related to the competencies that will be assessed on the examination. Finally, detailed task and knowledge statements provide specific information that is necessary for evaluating the adequacy of the competencies being assessed.

Selection of Subject Matter Experts

The selection of SMEs critically affects the quality, defensibility, and security of credentialing examinations. Although educators and board members may appear to be uniquely qualified and are motivated to participate in examination development activities, OPES strongly discourages their service in this role. This is due to potential conflict of interest, perceived conflict of interest, undue influence, and security considerations (*OPES 20-01*).

OPES recommends that all NP examination providers allowing the participation of educators, instructors, or board members phase out their service as SMEs in examination development processes. The pool of SMEs involved in examination development should comprise practitioners who hold the applicable credential, actively work in the profession, possess specialized knowledge in the field, and represent the credentialed population in terms of relevant variables (such as years of experience, gender, ethnicity, and geographic area).

Rationale for Not Requiring Supplemental Examination

Results of Linkage Studies

The results of the linkage studies indicate that the 11 NP examinations adequately assess critical competencies required for safe and effective independent NP practice in California. The examinations do not, however, assess knowledge related to California-specific NP laws and regulations. During the workshops, NP SMEs indicated that this information was thoroughly taught and assessed during the extensive education process required to become an NP and could be an ongoing continuing education (CE) requirement.

For many health care professions (such as therapists and dentists), laws and regulations are tested as part of the California licensure process. This decision is typically made by the regulatory board, often in consultation with OPES. OPES believes that, for the most part, the general settings in which NPs work provide sufficient administrative oversight to ensure compliance with California laws and regulations. OPES is also sensitive to the legislative

intent that the independent practice NP requirements should ensure competency without creating an undue or unnecessary burden to licensure or practice.

Recertification Requirements

The NP examinations evaluated by OPES have recertification requirements, including passing the current certification examination again, or completing CE coursework. OPES believes that the recertification requirements are an important safeguard to ensure that NPs maintain current knowledge and skills. As stakeholders in the health care industry, NP examination and continuing education providers are responsible for addressing current methods, equipment, and psychosocial issues in NP practice.

Other stakeholders, such as the National Organization of Nurse Practitioner Faculties (NONPF), are essential to ensuring that NP competencies stay abreast of current practice.

Transition to Practice Requirements

As part of the evaluation process, and to obtain additional perspective related to NP independent practice, OPES also solicited input from physicians. Physicians expressed concerns about the insufficiency of existing NP education and training to prepare NPs for independent practice. While core competencies can be assessed with an examination, more complex competencies like clinical decision-making may be better assessed through on-the-job supervised clinical experience and mentoring programs. The Board should also consider if specialized CE coursework is necessary. OPES strongly recommends that the Board consider these concerns and recommendations as the Board finalizes the transition to practice requirements.

Conclusion

OPES completed a comprehensive study to evaluate the suitability of using the existing NP board certification examinations as part of the regulatory transition to independent practice. OPES conducted the *California 2021 NP OA* for eight NP specialties, psychometric and security reviews of 11 NP certification examinations, and 11 linkage studies. Overall, OPES supports the use of the 11 NP certification examinations to assess the critical competencies required for NP independent practice in California. These competencies can be adequately assessed by the existing NP certification examinations. OPES has, however, provided recommendations for improving the NP certification examinations.

While OPES does not recommend the use of a supplemental examination, OPES is in favor of additional clinical experience and mentorships as part of the transition to practice.

In accordance with B&P Code § 139, the Board is mandated to ensure that all examinations used for credentialing/licensure undergo periodic review. OPES will work collaboratively with the Board to conduct these reviews to ensure ongoing oversight of NP examination programs. OPES will also be available to provide any other evaluation studies related to changes to NP classification requirements.



Agenda Item 8.0

Discussion and possible action: Consideration of issues raised in public comments on pending rulemaking entitled Categories and Scope of Practice of Nurse Practitioners (AB 890) (16 CCR 1480, 1481, 1482.3, 1482.4, and 1487), and possible recommendations to the Board

Nurse Practitioner Advisory Committee (NPAC) Meeting | November 1, 2022

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

AGENDA ITEM: 8.0
DATE: November 1, 2022

ACTION REQUESTED: **Discussion and possible action:** Consideration of issues raised in public comments on pending rulemaking entitled Categories and Scope of Practice of Nurse Practitioners (AB 890) (16 CCR 1480, 1481, 1482.3, 1482.4, and 1487), and possible recommendations to the Board

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

The AB 890 regulatory package was noticed for a 45-day public comment period on September 16, 2022, with the public comment period ending at 5:00 pm on November 1, 2022. The NPAC members will discuss the issues raised in public comments on pending rulemaking and make possible recommendations to the Board.

Public comments received prior to 5:00 pm on Thursday, October 27, 2022, are included in these materials.

RESOURCES:

Proposed regulation package: <https://www.rn.ca.gov/regulations/proposed.shtml>

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



October 17, 2022

Marissa Clark
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

Subject: Proposed Regulations Relating to Categories and Scope of Practice for Nurse Practitioners (AB 890) – CANP Comments

Dear Ms. Clark,

On behalf of the California Association for Nurse Practitioners (CANP), I would like to take this opportunity to provide comments on the Board of Registered Nursing’s (BRN) proposed regulations to Title 16, California Code of Regulations (CCR), Division 14, Article 8 to implement AB 890 (Chpt. 265, Statutes of 2020) related to nurse practitioners.

CANP is the unifying voice and networking forum for nurse practitioners in California, providing expert guidance and advancing the nurse practitioner profession, now at over 24,000 statewide. CANP greatly appreciates the BRN’s support of nurse practitioners and commends the lengthy and deliberative process that the BRN has undertaken over the past two years to craft these regulations. AB 890 went through a rigorous legislative process, with extensive vetting and multiple amendments. It was passed with strong, bi-partisan support but needed the work of this board to promulgate regulations to fully implement the bill. We believe these regulations are the last step to fully implement AB 890 and will significantly expand access to health care for Californians by nurse practitioners.

Consistent with this spirit, we urge the Board to expeditiously adopt the proposed regulations at your November 14-15 meeting with some minor technical changes, which are outlined below.

1. § 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.~~

2. §1481. Categories and Scope of Practice of Nurse Practitioners.

- (b) Nurse Practitioners who have met the ~~additional training and experience~~ requirements **defined in BPC § 2837.103(a) shall have a defined scope of practice pursuant to BPC § 2837.103(c) and can apply to the Board for an expanded scope of practice, and work practice 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 Board of Registered Nursing Proposed Text Page 1 of 6 16 CCR 1480 et seq. Categories of Nurse Practitioners and Scope of Practice Adopted 5/18/22 (AB 890) standardized procedures only in a group setting and in the category listed in subdivision (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.103 of the code.~~

~~(2c) A nurse practitioner who has met the requirements defined in BPC §2837.104(b)(1) shall have a defined scope of practice pursuant to BPC § 2837.104(a)(1), 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 subdivision (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.104 of the code.~~

3. § 1482.3. Requirements for a Nurse Practitioner Certification Pursuant to Business and Professions Code Section 2837.103.

(a)(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 subdivision, “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~~ **seven** 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.~~

4. § 1482.4. Requirements for a Nurse Practitioner Certification Pursuant to Business and Professions Code Section 2837.104.

(a)(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 subdivision, “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~~ **seven** 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.~~

(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)(2) of the code, ~~and shall make that referral plan available to patients on request. If the written plan calls for referrals to a specific individual, the plan must include that individual’s acknowledgment and consent to the referrals.~~

We appreciate the opportunity to provide input on the very important work that the Board is doing in order to effectively and efficiently implement AB 890 and expand access to care throughout California.

Please do not hesitate to contact our Sacramento representative, Kristy Wiese, with Capitol Advocacy, at (916) 444-0400 or kwiese@capitoladvocacy.com, if you have any questions.

Sincerely,



Cynthia Jovanov, DNP, MBA, CNS, ACNP-BC, FNP-BC
President

Cc: Loretta Melby, Executive Officer, Board of Registered Nursing
Assembly Member Jim Wood
The Honorable Toni Atkins, California State Senate pro Tem
Kimberly Kirchmeyer, Director, Department of Consumer Affairs (DCA)



October 24, 2022

Marissa Clark
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

Re: Nurse Practitioners, Scope of Practice Regulations

Dear Ms. Clark,

As CEO of the Latino Community Foundation, I have been closely following the Board's deliberations on the implementation of AB 890 (Wood). I appreciate the work done to date, and I encourage the Board to finalize these regulations so Nurse Practitioners (NPs) can begin transitioning to an expanded scope of practice on January 1, 2023—the date outlined in the legislation.

The Latino Community Foundation is the only statewide foundation solely focused on investing in the wellbeing of Latinos. With the largest network of Latino philanthropists, we exist to unleash the civic and economic power of Latinos. Since becoming an independent statewide foundation in 2016, we have invested over \$30 million in initiatives aimed at improving the health and well-being of Latino families across California. Even before the pandemic exposed and exasperated our state's stark health inequities, our work forced us to confront this difficult fact: Without regular access to affordable, reliable, or high-quality health care, far too many Latinos suffer from preventable health issues that are negatively impacting their lives and their families.

The lingering inequities had a devastating and deadly impact on the lives of Latinos during the first years of COVID. Latino death rates were almost 20% higher than the rest of the state. This was the direct result of systemic inequities in our health system, and we can never allow this to happen again.

More than seven million Californians, most of them Latino, continue to live in Health Professional Shortage Areas. Almost half (44%) of Latinos say that there are not enough primary care providers in their community to meet local needs, 16% say they have difficulty finding a specialist when they need one, and 19% say they don't have a regular source of care. Even when Latinos do see a doctor, they rarely see themselves. While Latinos are nearly 40 percent of California's population, they make up only 7 percent of physicians.

With the health system strained after years of fighting COVID and with a wave of Baby Boomers set to retire, these shortages are expected to get worse—unless we find creative ways to respond.

Nurse practitioners (NPs) are uniquely equipped and positioned to help fill these gaps and provide the preventive care California Latinos need. NPs represent almost a third of California's primary care workforce, and their numbers are growing at twice the rate of physicians. NPs are twice as likely as physicians to work at community health centers, more likely to speak Spanish, and more likely to work in rural communities. Study after study shows NPs provide culturally sensitive, high-quality care. Across the country, 28 other states permit NPs to practice independently after some form of transition to practice. There is no reason any longer for California to remain behind this curve.

Building a truly equitable health care system will require more than just increasing our reliance on NPs. The state is going to need to adopt an array of strategies to ensure every Californian has access to quality care—from training more doctors and nurses from Latino communities to deploying and securing support for community health workers and *promotores* in homecare and health care settings.

NPs are a critical part of the solution, and I hope the Board will move forward to provide these essential health workers with the flexibility they need to do the job—and move us forward and towards a more equitable California for All.

Thank you for your consideration.

Sincerely,



Jacqueline Martinez Garcel
Chief Executive Officer
Latino Community Foundation

Cc: Loretta Melby, Executive Officer, Board of Registered Nursing
Kimberly Kirchmeyer, Director, Department of Consumer Affairs



a california health center

La Clínica de La Raza, Inc.

Mailing Address: Post Office Box 22210 Oakland, CA 94623 • Tel 510-535-4000 • Fax 510-535-4189 • www.laclinica.org

October 20, 2022

Marissa Clark
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

Re: Nurse Practitioners, Scope of Practice Regulations

Dear Ms. Clark –

As a former commissioner on the California Future Health Workforce Commission, I have been closely following the Board’s deliberations on the implementation of AB 890 (Wood). I appreciate the work done to date, and I encourage the Board to finalize these regulations so Nurse Practitioners (NPs) can begin transitioning to an expanded scope of practice on January 1, 2023—the date outlined in the legislation.

Expanding NP scope of practice was a top priority recommendation of the Commission, a blue-ribbon group of senior leaders from across the health care system who convened in 2019 for one simple reason: California is facing a dire shortage of health care professionals, with millions of residents, especially low-income households and people of color, living in communities without access to the care they need. Even before COVID put unprecedented new pressure on the health care system, the Commission agreed that California needed to act decisively to address its health workforce gaps—and viewed expanding NP scope as a critical part of a comprehensive solution.

La Clínica de la Raza is a network of Bay Area community health centers committed to providing culturally appropriate, high-quality, and accessible health care for all. Like many other Federally-Qualified Health Centers, we struggle every year to find enough physicians to staff our 35 medical sites, where we serve more than 85,000 patients and provide more than 360,000 patient visits. Our staff does an incredible job with a shoestring budget, and our more than 60 nurse practitioners are a critical part of the team we rely on to provide health services in a culturally and linguistically appropriate manner.

At La Clínica, we actively recruit NPs to work with us because we have found they are committed, professional, highly effective providers of health care. Our health centers need professionals with expertise in family medicine who are fluent or near-fluent in Spanish—that’s the population we serve, and our NPs never fail to provide a high standard of care, provided in a language and with a cultural fluency that allows them to reach our patients and serve them well. We have seen our NPs flourish in an environment where they have opportunities to take on leadership roles, including supervising large teams of nurses. Simply put, we could not function as an organization without NPs, and our patient satisfaction scores have never been higher.

If we had more scholarships to help NPs for their schooling—and more funding to compensate them fairly once they come to work—we would hire even more NPs, and I know many other FQHCs will say the same. I hope the Board will act quickly to help grow this essential part of our workforce by allowing NPs to practice independently. It will help community centers like ours provide high-quality care to more lower-income Californians who need it.

Thank you for your consideration.

Sincerely,

Jane Garcia
Chief Executive Officer

Cc: Loretta Melby, Executive Officer, Board of Registered Nursing
Kimberly Kirchmeyer, Director, Department of Consumer Affairs

La Clínica de La Raza Fruitvale Village 510-535-4000 • **San Antonio Neighborhood Health Center** 510-238-5400 • **Clínica Alta Vista** 510-535-6300 • **Family Optical** 510-535-5500
La Clínica de La Raza Dental 510-535-4700 • **CasadelSol** 510-535-6200 • **La Clínica de La Raza WIC Program** 510-535-4110 • **La Clínica Julian R. Davis Pediatrics** 510-532-0918
LCDLR Community Health Education 510-535-4130 • **La Clínica Dental at Children’s Hospital Oakland** 510-428-3316 • **La Clínica Pittsburg Medical** 925-431-2100
La Clínica Pittsburg Dental 925-431-1250 • **La Clínica Oakley** 925-776-8200 • **La Clínica Monument** 925-363-2000 • **La Clínica Vallejo** 707-556-8100
La Clínica Vallejo Dental 707-558-2000 • **La Clínica Vallejo Great Beginnings** 707-645-7316 • **La Clínica North Vallejo** 707-641-1900
School-Based Health Centers: Hawthorne Elementary School 510-535-6440 • **Havenscourt Middle School** 510-639-1981 • **Roosevelt Middle School** 510-535-2893
Fremont High School 510-434-2001 • **Oakland Tech High School** 510-450-5421 • **San Lorenzo High School** 510-317-3167
Fuente Wellness Center 510-481-4554 • **Youth Heart Health Center** 510-879-1568 • **Elsa Widenmann Health Center** 707-556-8921 ext 5655

October 22, 2022

Marissa Clark
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

Re: Nurse Practitioners, Scope of Practice Regulations

Dear Ms. Clark,

As a former commissioner on the California Future Health Workforce Commission, I have been closely following the Board's deliberations on the implementation of AB 890 (Wood). I appreciate the work done to date, and I encourage the Board to finalize these regulations so Nurse Practitioners (NPs) can begin transitioning to an expanded scope of practice on January 1, 2023, the date outlined in the legislation.

Expanding NP scope of practice was a top priority recommendation of the Commission, a blue-ribbon group of senior leaders from across the health care system who convened in 2019 for one compelling reason: California is facing a dire shortage of health care professionals, with millions of residents, especially black people and people of color and our growing population of older adults, living in communities without access to the care they need. Even before COVID put unprecedented new pressure on the health care system, the Commission agreed that California needed to act decisively to address its health workforce gaps—and viewed expanding NP scope as a critical part of a comprehensive solution.

As a member of the California Master Plan on Aging Stakeholder Advisory Group, I witnessed the growing importance of this issue, and the widespread implications of inadequate access to health care across the communities of California. The Governor released the plan in early 2021, with a goal to build a California for all ages by 2030. Equity was at the center of this work, and access to quality health care across the lifespan, particularly for those with chronic conditions and functional limitations is a priority. Nurse Practitioners make vital contributions to addressing equitable access to quality care across our diverse racial/ethnic and geographic communities in California.

As a professor and dean emerita at the Betty Irene Moore School of Nursing at the University of California, Davis, my work is focused, in particular, on improving care for California's expanding number of older adults. Our state's over-65 population is expected to grow to 8.6 million people by 2030, and, simply put, we do not have enough workers in homecare or health care settings to provide the health services older and disabled Californians need.

Nurse practitioners are key part of the state's response this crisis—especially for communities of color and other underrepresented groups. Today, 44% of Latinos in California say there are

not enough primary care providers in their community, for example, and 19% say they have no usual source of care. Nurse practitioners are uniquely positioned to fill these gaps: NPs already represent nearly a third of California's primary care workforce, they are twice as likely as physicians to work on community health centers and more likely to speak Spanish—and their numbers are growing at twice the rate of physicians.

NPs are skilled health professionals who do their jobs well. I appreciate the Board's deliberate efforts over the last two years to craft regulations that will allow more NPs to safely make the transition to independent practice. I believe now the time has come to finalize this work—and show NPs and the people they serve that California is committed to growing this essential part of our health workforce. I offer my expertise to you and the board if I can be a resource to you in your deliberation.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather M. Young". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Heather M. Young, PhD, RN, FAAN
Professor and Founding Dean Emerita, Betty Irene Moore School of Nursing
Co-Director, Family Caregiving Institute
National Director, Betty Irene Moore Nurse Fellows in Leadership and Innovation Program

Cc: Loretta Melby, Executive Officer, Board of Registered Nursing
Kimberly Kirchmeyer, Director, Department of Consumer Affairs

From: [REDACTED]
To: [Clark, Marissa@DCA](mailto:Clark.Marissa@DCA)
Cc: [Siddiqui, Ras@DCA](mailto:Siddiqui.Ras@DCA)
Subject: AB 890 Implementation - NP Independent Practice
Date: Saturday, October 15, 2022 5:32:50 PM
Attachments: [image001.png](#)

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Hello,

I would like to share my comment in regards to the AB 890 legislation due November 1st, 2022.

Nurse Practitioners with experience amounting to 6+ years of full time NP practice SHOULD have an option to apply directly for Section 104 NP status upon implementation of the new legislation on January 1st, 2023.

Kind regards,

[REDACTED] FNP-BC

----- Forwarded Message -----

From: BRN, NEC@DCA <nec.brn@dca.ca.gov>
To: [REDACTED]
Sent: Thursday, October 13, 2022, 10:18:29 AM PDT
Subject: RE: RN - Contact Form

Good morning the attached screenshot provides the contact information you requested along with the relevant link. <https://rn.ca.gov/regulations/proposed.shtml>

Thank you for contacting the Board of Registered Nursing

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Hello,

A contact form was submitted with the following details:

Time: 10/10/2022, 8:48:57 AM

Name: [REDACTED]

CA RN License, Entity, or File Number (If Applicable) :

Email: [REDACTED]

Reason for Contacting: Scope of Practice Inquiries

Message: One-pager for Policymakers. Recommendations • A regulatory provision establishes the need for 103 and 104 nurse practitioners to get licenses. • The Board should establish a minimal transition to practice standards through regulation for 103 and 104 nurse practitioners. • A grandfathering provision for seasoned nurse practitioners and a need for 4600 hours of mentored practice by a doctor or nurse practitioner. • That a clinical skill council is expected to vouch for the capability of a 103 medical caretaker professional to rehearse freely, and that confirmation of oversight structures be essential. Introduction The AB 890 Bill, which was passed by the California state legislature this year with Jim Wood as its main sponsor, contains several requirements for nurse practitioners, including the time that a nurse practitioner must be in practice, what is expected of nurse practitioners when working within the confines of their scope of practice and knowledge, to name a few. The Bill has raised several moral dilemmas, one of which is why 103 nurse practitioners are permitted to operate under standardized procedures while their 104 counterparts are not. More importantly, due to the restrictions placed in place, nurse practitioners have been hindered from appropriately providing their medical services to various patients. The state legislature must make several changes to the passed Bill to ensure that it caters to the needs of all nurse practitioners, surgeons, and physicians. Background The Bill's passage was founded on the idea that medical practitioners—not simply nurse practitioners—must meet all other prerequisites, including certification, before engaging in medical practice. As a result, the aforementioned Bill ensures that nurse practitioners follow all required

procedures before fully committing to the practice. Analysis My suggestions will be crucial in removing the moral problems present there and giving all parties and stakeholders an equal chance to pursue their careers and treat patients with different requirements and levels. Due to the severe limitations imposed, many nurse practitioners now favor working independently, which is detrimental to the healthcare industry. Conclusion Although the state legislature finally adopted the AB 890 Bill after a protracted battle, improvements must be made to ensure it is equitable and works for everyone.

California Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

From: [REDACTED]
To: [Clark, Marissa@DCA](mailto:Clark_Marissa@DCA)
Subject: 103/104 NPs
Date: Sunday, October 9, 2022 8:43:37 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

I have a few concerns/questions regarding requirements to full practice authority.

1. You're license must be in good standing. I myself received a public reproval in 2012 for a case that occurred in 2006

So technically, I was not practicing as an NP when the issue occurred

And the reproval is never removed

(I hope this is an issue that is taken under advisement in the future. The case should be left on there too so people can read the details for themselves)

so does this mean my license will never be in good standing?

2. What about NPs who practice outside of a group setting already but under standardized procedures? Do they still need to complete the 3 year requirement?

3. What about specialties not listed in 1481?

I understand not every scenario can be accounted for, but I do think the above issues affect many NPs

Sincerely,

[REDACTED] FNP

Thank you!

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: Siddiqui, Ras@DCA <Ras.Siddiqui@dca.ca.gov>

Sent: Thursday, September 15, 2022 3:22 PM

To: Siddiqui, Ras@DCA <Ras.Siddiqui@dca.ca.gov>

Subject: Proposed Regulations - Categories and Scope of Practice of Nurse Practitioners (AB 890)-
CCR 1480, 1481, 1482.3, 1482.4 & 1487

The Board of Registered Nursing has released a Notice of Proposed Action (attached)

To Amend sections,

1480 (Definitions)

1481 (Categories and Scope of Practice of Nurse Practitioners)

And to Add sections,

1482.3 (Requirements for a Nurse Practitioner Certification
Pursuant to Business and Professions Code Section 2837.103)

1482.4 (Requirements for a Nurse Practitioner Certification
Pursuant to Business and Professions Code Section 2837.104)

1487 Notice to Consumers,

The Board of Registered Nursing will accept written comments to the proposed text Contact Person
in this

Notice, must be received by the Board at its office **on Tuesday, November 1, 2022, by
5:00 p.m.**

Contact Persons:

Name: Marissa Clark

Address: California Board of Registered Nursing

1747 North Market Blvd., Suite 150

Sacramento, CA 95834

Fax No.: 916-574-7700

E-Mail Address: Marissa.Clark@dca.ca.gov

From: [REDACTED]
To: Clark, Marissa@DCA
Subject: AB 890 proposed rule making
Date: Monday, September 26, 2022 8:25:44 AM
Attachments: [Image.png](#)

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Good morning, Ms. Clark,

I wanted to reach out and follow up about the board's most recent notice of proposed regulatory action. There has been a lot of discussion in the SoCal region, I suspect state-wide, regarding the use of Family Nurse Practitioners (FNPs) in acute care settings roles such as Hospitalists and ICU. I notice on page 2 there are categories of specificity listed as per 16 CCR 1481 which separates those trained as family across the lifespan from those trained in specific settings such as adult-gero, primary, and acute care. Is it anticipated that there will be guidance from the board regarding this very specific situation? Additionally, if so, would it apply only to those who are seeking independent practice under this new law or have a broader application.

As you can imagine, the implications of finding FNPs practicing outside their scope by working in ICUs and as Hospitalists, for example, would be far-reaching. The rumor mill on this I believe has gotten slightly out of control and when I saw your name listed for specific questions, I thought you might be able to shed some light.

Thanks in advance for your time,

[REDACTED]



[REDACTED]

DNP-DNES, RN, AGACNP-BC, CCRN

[REDACTED]

From: [REDACTED]
To: [Siddiqui, Ras@DCA](mailto:Siddiqui,Ras@DCA); [Clark, Marissa@DCA](mailto:Clark,Marissa@DCA)
Subject: Re: FW: Proposed Regulations - Categories and Scope of Practice of Nurse Practitioners (AB 890)- CCR 1480, 1481, 1482.3, 1482.4 & 1487
Date: Thursday, September 15, 2022 6:24:58 PM
Attachments: [image001.png](#)

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Hello, I am for the proposed changes and wish for independent practice as a Nurse Practitioner to take effect as soon as possible.

Thank you,
[REDACTED] FNP-BC

On Thu, Sep 15, 2022 at 5:44 PM Siddiqui, Ras@DCA <Ras.Siddiqui@dca.ca.gov> wrote:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



CONFIDENTIALITY NOTICE: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws, including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

From: [REDACTED]
To: [Clark, Marissa@DCA](mailto:Clark.Marissa@DCA)
Cc: [Siddiqui, Ras@DCA](mailto:Siddiqui.Ras@DCA); senator.neilson@senate.ca.gov; assemblymember.kiley@assembly.ca.gov
Subject: My public comment on Regulations to enact AB 890
Date: Wednesday, October 26, 2022 4:09:53 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Assembly Member Kiley and Senator Neilson, I know you are not on any committees that address the Board of Nursing or Healthcare, but as your constituent I thought you should be in the loop on this anyway. There is a severe shortage of primary care providers in this state, and the Board of Nursing would *only be making primary care less accessible by limiting the practice options* for family, pediatric, and women's health APRNs.

Public Comment on Regulations to enact AB 890 from [REDACTED], licensed Family Nurse Practitioner and Registered Nurse in California:

The text of AB 890 clearly states:

Article 8.5. Advanced Practice Registered Nurses

2837.100. *It is the intent of the Legislature that the requirements under this article shall not be an undue or unnecessary burden to licensure or practice. The requirements are intended to ensure the new category of licensed nurse practitioners has the least restrictive amount of education, training, and testing necessary to ensure competent practice.*

So why is the Board of Nursing writing those Rules and Regulations to be as restrictive as possible?

(D) Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours.

If an NP moves here from another state where they practiced for many years, without any action on their state license(s) and in some cases, independent of physician oversight, are you not "adding and unnecessary burden to licensure or practice" by demanding they go backwards professionally and submit to physician oversight for 3 years? This does not protect the public, it only limits the NP's employment possibilities, and who stands to benefit from that? Can you really claim that practice as an APRN in another state is any less qualifying than practice in California, when all APRNs are passing national board exams and regulated by their Boards of Nursing? There is no rational justification for this, which means it is a political concession in a healthcare "turf war." Although this line in the law was heavily lobbied for by the California Medical Board (not consumers), **the extent of that limitation is determined by the Board of Nursing in California**, so they shouldn't make matters worse by adding on to the restrictive language.

2837.101. *For purposes of this article, the following terms have the following meanings:*

*"Transition to practice" includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. **The board shall, by regulation, define minimum standards for transition to practice. Clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board.***

I would encourage the BRN to formulate Regulations that allow for 4600 hours of recent APRN practice in another state to meet the requirement for TTP upon review by the Nurse Practitioner Advisory

Committee. After all, they were created:

" to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board."

Also, public comments like this should be available to read (and make) online via a link for any California consumer to see, not hidden away in some BRN internal communication.

██████████, RN, MSN, FNP-C

On Wednesday, October 26, 2022 at 02:13:24 PM PDT, Clark, Marissa@DCA <marissa.clark@dca.ca.gov> wrote:

Good Afternoon,

If you would like to make a public comment on the AB 890 regulation package that will be included as a part of the rulemaking file, please submit it in writing to myself and/or Ras Siddiqui as indicated below. This process complies with the California Administrative Procedure Act, which establishes the rulemaking procedures and standards for state agencies in California. Comments submitted on the rulemaking package will be included in the meeting materials for the November 14&15 Board meeting. The meeting materials will be posted after the public comment period closes at the link included below.

If you would like to make a public comment directly to all of the Board members, you may attend the upcoming Full Board meeting on November 14th and 15th. A web cast link to attend the Board meeting virtually will be included in the meeting agenda which is posted at the link below 10 days prior to the meeting, in accordance with the Bagley Keene Open Meeting Act. During the meeting, there will be multiple opportunities for members of the public to provide comments directly to the Board members either orally or in writing.

Information on upcoming and previous meetings, including meeting agendas, meeting materials, and links to attend all meetings virtually can be found on the BRN website here: <https://rn.ca.gov/consumers/meetings.shtml>.

Thank you,

From: [REDACTED]
To: [Clark, Marissa@DCA](mailto:Clark_Marissa@DCA)
Cc: [Siddiqui, Ras@DCA](mailto:Siddiqui_Ras@DCA)
Subject: AB890 NP Public comment
Date: Saturday, October 22, 2022 9:37:36 PM

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To whom it may concern,

California allied health professionals and business community vastly supports independent practice for nurse practitioners. NPs have proved themselves time and again to be most competent and qualified medical professionals in the nation. Any other health profession is allowed to practice to the extent of their education and open their own businesses. There is absolutely NO reason to limit NPs in these areas, especially considering the dire state of healthcare in the country in general and California in particular.

The rights of NPs should be extended, not limited. Limiting NPs is not good for the health of Californians, our healthcare and our business. Let NPs with 6+ years of experience in their specialty apply directly for section 104 NP status and have the ability to start their own practice. They have proven to be extremely capable professionals and this measure will undoubtedly improve access to care throughout the state and stimulate our healthcare economy.

[REDACTED]
Message therapist

Sent from my iPhone

From: [REDACTED]
To: [Clark, Marissa@DCA](mailto:Clark_Marissa@DCA)
Cc: [Siddiqui, Ras@DCA](mailto:Siddiqui_Ras@DCA)
Subject: Re: AB 890 Nurse practitioners public opinion due 11/01/22
Date: Saturday, October 22, 2022 9:48:50 PM

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Hello,

This is in regard to the new law affecting nurse practitioners due January 1st 2023. I wanted to share my experience seeing nurse practitioners for my health issues. I have a lot of experience getting treatment from both physicians and nurse practitioners, and I have to say that time and again the care provided by NPs has always exceeded my expectations.

They have always been professional, competent, knowledgeable and holistic. At the same time, I have never been rushed through a visit and have always been treated with utmost respect. This has been true with both seasoned and recently graduating NPs. I firmly believe that NPs deserve the right to practice independently to the full extent of their education. Importantly, NPs who have experience of 6 years or longer, should be able to start their own practice.

This will allow people like me and many others access to their great care throughout the state of California, and that is something we all need right now.

[REDACTED]

From: [REDACTED]
To: [Melby, Loretta@DCA](mailto:Melby,Loretta@DCA); [Clark, Marissa@DCA](mailto:Clark,Marissa@DCA)
Subject: FW: Updated Info on Independent NP Practice
Date: Wednesday, October 12, 2022 11:32:43 AM

From: [REDACTED]
Sent: Wednesday, October 12, 2022 10:08 AM
To: [REDACTED]
Subject: Updated Info on Independent NP Practice

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Hi,

I'm a regulatory healthcare attorney and I have many NP clients who want to know the process for working independently beginning January 1, 2023. I understand not everything worked out, however, we were hoping we could get a timeline idea of what it looks like for a NP to begin practicing independently? For example, there appears to be a requirement of the NP practicing for a minimum of 3 years and satisfying certain educational requirements. Are these things that would have to take place after January 1, 2023 so that a NP couldn't actually practice until January 1, 2026 or is it that they practiced 3 years prior to January 1, 2023? They want to know if there is a possibility of working independently this upcoming 2023 or is it impossible since requirements would require them to begin the 3 year process. They just want to know because they are going to be making life long decisions and need to know the options. If you have any guidance please let me know. I was unable to find anything online. I understand it's not formal yet and things could change but wanted to at least know the possibilities of the NP beginning independently and the soonest that could physically happen.

Thank you,

[REDACTED]

[REDACTED]