NURSING PRACTICE
COMMITTEE MEETING

Embassy Suites Anaheim
11767 Harbor Blvd.
Garden Grove, CA 92840
(714) 539-3300

AGENDA

January 11, 2017

THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF THE
INTERVENTION/DISCIPLINE COMMITTEE MEETING

Wednesday, January 11, 2017

10.0  Call to Order/Roll Call /Establishment of a Quorum

10.0.1  Review and Vote on Whether to Approve Previous Meeting’s Minutes:

➢ August 11, 2016
➢ October 6, 2016

10.1  Update on Rulemaking for Article 8 Standards for Nurse Practitioners; Vote on
Recommendation to Continue the Regulatory Process

10.2  Discussion and Possible Recommendation to Create Advanced Practice Subcommittee

10.3  Information and Discussion: Memorandum of Understanding (MOU), with relevant state
agencies or partner agencies to share data; Possible Recommendation

10.4  Public Comment for Items Not on the Agenda

10.5  Adjournment

NOTICE: All times are approximate. Meetings may be canceled without notice. For verification of meeting, call (916) 574-7600 or access the Board’s
Web Site www.rn.ca.gov under “Meetings.” The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation
or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or
email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Suite 150, Sacramento, CA
95834. (Hearing impaired: California Relay Service: TDD phone (800) 326-2297). Providing your request at least five (5) business days before the meeting
will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on
any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a
quorum. The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time
allowed to each speaker.
BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE MINUTES

May 12, 2016

Four Points by Sheraton, Los Angeles International Airport
9750 Airport Blvd
Los Angeles, CA 90045
(310) 645-4600

MEMBERS PRESENT
Michael Jackson, MSN, BSN, RN, CEN, MICN
Cynthia Klein, RN

STAFF PRESENT: Janette Wackerly, MBA, BSN, RN, SNEC, Staff Liaison

May 12, 2016
Meeting called to order by Michael Jackson at 12:45 PM
Member introductions: Elizabeth Woods, RN, Michael Jackson RN, Cynthia Klein RN

10.0 Review and Vote on Whether to Approve Previous Meeting Minutes August 11, 2016

Motion: Approve minutes: Michael Jackson

Second:
TP: Absent  CK: Yes  MJ: Yes  EW: Absent

10.1 BRN staff received approval at the June 16, 2016 Board meeting to initiate rule making process for draft regulatory language for Article 8 Standards Nurse Practitioners 1480-1485; adding section 1483.1 Requirements for Nurse Practitioner Education Programs in California, 1486 Requirements for Clinic Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Education Program with the Office of Administrative Law.

APRN Rulemaking file was submitted to OAL on July 20, 2016
Publication date will be on August 5, 2016
Public Hearing will be on September 19, 2016

How to participate in the Rule Making Process: http://www.oal.ca.gov/rulemaking.htm

No Action Needed
Trande Phillips thanked the organizations and individuals who have provided support and comment on the proposed changes to Article 8 Standards for Nurse Practitioners.

The following individual spoke in favor of initiating the rulemaking file for Article 8 Standards for Nurse Practitioners: Liz Dietz EdD, RN, CS-NP Director of Legislation for ANA/C; Nancy.Trego DNP, GNP-C, California Association of Nurse Practitioners; Charlotte A. Gullap-Moore APRN-ANP

10.2 The BRN has commissioned the University of California San Francisco (UCSF), Center for the Health Professions to complete a survey of California Nurse Practitioners (NPs) and Certified Nurse-Midwives (CNMs). In January of 2017 a survey will be sent to a sample of NPs and CNMs in California. This will be the second survey completed by the BRN of these Advanced Practice Registered Nurses, the first was in 2010. The purpose of the survey is to learn information about demographics, education, employment, and practice. While collecting data on any changes to the practice is important, it is also planned that the survey design will allow for comparisons between this one and the 2010 survey.

A report with descriptive information and findings will be completed by UCSF. Dr. Joanne Spetz from UCSF will attend a future Board meeting to provide a presentation of the highlights of the data and when finalized the report will be posted to the BRN website.

No Action Needed

10.3 Public Comment for Items Not on the Agenda

No Public Comment

10.4 Adjournment at 1:10 pm

Submitted by: Janette Wackerly, MBA, BSN, RN, SNEC Supervising Nursing Education Consultant NP Liaison

Accepted by: Trande Phillips, RN, Chair, Direct Practice Member
MEMBERS PRESENT
Michael Jackson, MSN, BSN, RN, CEN, MICN
Cynthia Klein, RN

STAFF PRESENT: Janette Wackerly, MBA, BSN, RN, SNEC, Staff Liaison

October 6, 2016
Meeting called to order by Michael Jackson, RN Chair at 12:45 PM
Member introductions: Michael Jackson RN, Cynthia Klein, RN

10.0 Review and Vote on Whether to Approve Previous Meeting Minutes August 11, 2016

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10.1 Rulemaking Process Update With Vote on Whether to Recommend Continuing Rulemaking Process for Article 8 Standards for Nurse Practitioners.

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The regulatory proposal amending Article 8 Nurse Practitioners §1480-1485 and to add section 1483.1 Requirements for Nurse Practitioner Education Programs in California, 1483.2 Requirements for Reporting Nurse Practitioner Education Programs, 1486 Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Education Program. There was no public
testimony at the hearing on September 19th, 2016. During the comment period four organizations submitted comments. The following is the summary of the comments and proposed responses.

APRN Rulemaking file was submitted to OAL on July 20, 2016  
Publication date was on August 5, 2016  
Public Hearing was on September 19, 2016

California Action Coalition a Program of HealthImpact.
In a joint statement Susanne J. Phillips, DNP, APRN, FNP-BC Co-Lead Workgroup #1 Removing Practice Barriers and Garett Chan, PhD, APRN, ACNP-C, CNS-BC, FAAN Co-Lead Workgroup # 1 Removing Practice Barriers provided support with some minor revisions of Section 1480 definitions, Section 1483.1 Nurse Practitioner Education Programs based in California, Section 1483.2 Requirements for Reporting Nurse Practitioner Program Changes, and 1486 Requirements for Clinical Experience for Nurse Practitioner Student Enrolled in Out of State Nurse Practitioner Programs; recommends striking Section 1484 (f) (2) Nurse Practitioner Education as Section 1484 (f) (1) (A) clarifies the clinical preceptor must hold an active valid California license to practice his or her respective profession and demonstrates current competency; recommends striking 1484 (h) (4) (A) “graduate” and striking 1484 (h) (4) (D) “and or physician” clarifies that within the curriculum plan, NP faculty within the approved program are responsible for overall supervision of precepted clinical experience. Section 1484 (f) (1-5) clarifies that licensed healthcare providers, such as but not limited to physicians may precept NP student when appropriate to their educational training.

Proposed Response: Accept the Recommendations.
It is believed that the joint statements of the Action Coalition by Susanne J. Phillips and Garett Chan Co-Workgroup #1 Removing Practice Barriers are in support of the regulations with minor revisions as described. Further, the Coalition agrees the anticipated benefit of the proposed rulemaking will further the Board’s mission of consumer protection by ensuring minimum requirements for nurse practitioners and nurse practitioner education programs are upheld.

The following are members of the Action Coalition who are in support:
California Action Coalition a Program of Health Impact
Association of California Nurse Leaders, ACNL
American Nurses Association/California
California Association of Nurse Practitioners
California Nurse-Midwives Association
California Association of Clinical Nurse Specialists

California Nurses Association

Comment # 1: 1482 Requirement for Certification (National) as Nurse Practitioner
During the pre-regulatory public hearing for California Code of Regulations that were held, CNA took an oppose position to the draft regulations on the grounds that all nurse practitioner applicants for certification would be required, as a condition of Board certification, to also obtain national certification.

Proposed Response: Accept the recommendation
At the April 14, 2016, Board meeting during the Nursing Practice Committee presentation, public comment by Kurt Heppler, Supervising Legal Counsel-DCA referenced sections 850 and 851 of the Business and Professions
Comment#2.  1484 Nurse Practitioner Education.

Subsection (d) Faculty; Subsection (e) Director-
The proposed regulation would require all Board-approved nurse practitioner education programs to have a lead nurse practitioner faculty educator (subsection (d)(3), and a nurse practitioner education program director (subsection (e)), who are certified by a national certification organization. As identified above, Section 1482 establishes that there are multiple pathways to Board certification as an NP, including both successful completion of a Board-approved NP education program, and certification by a national certification organization. It is not clear why the lead nurse practitioner faculty educator faculty and program director would be required to obtain national certification in addition to Board certification. This requirement could inadvertently and incorrectly imply that Board certification is inferior to national certification. For the sake of consistency and clarity, CNA recommends eliminating the requirement for national certification, and requiring only the nurses filling these roles by certified by the Board as a nurse practitioner.

Proposed Response:  Reject the comments
The internal APRN-NEC group and the nurse practitioner profession, practitioners and educators, have listened and understand California Nurses Association concerns as described for 1484 subsection (d)(3) and subsection (e) above.

California is moving forward to promote competent high quality care of citizens by nurse practitioners who have education and training that is not less than that provided by a physician. The individual who provides overall educational program leadership, holding title of NP director and or NP faculty educator or coordinator, have a master’s or doctoral-level preparation and national certification in a population to support the responsibilities of leadership in the NP educational programs. National certification is an expected standard of practice and a necessary requirement for NPs to practice in today’s health care system. National certification is in addition to board certification and upholds public protection and accountability to the standards for practice.

BRN staff consulted with Michael Santiago, legal counsel, who stated Business and Professions Code 850 and 851 do not apply to the NP educational program director and or NP faculty educator or coordinator.

10.2
Information only: Nurse-Midwifery Committee meeting September 16, 2016

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The Nurse Midwifery Committee meeting was held on September 16, 2016, from 11am-2pm at the Marriott Newport Beach.

A quorum attended the meeting and included Dr. Naomi Stotland (skype), Lin Lee, BJ Snell, Karen Ruby Brown, and Karen Roslie.


The meeting agenda included the following:

10.1 Information only: review of Grounds for Discipline, Disciplinary Proceedings and Rehabilitation 1441-1445.1 and Discussion Shannon Silberling, Chief of Complaint Intake

10.2 Information only: Nurse Practitioner and Nurse-Midwifery Survey

10.3 Review of Mission Statement Draft

10.4 Discussion of AB 1306- Nurse Midwives Scope of Practice

10.3 Public Comment for Items Not on the Agenda

No Public Comment

10.4 Adjournment at 1:10 pm

Submitted by: Janette Wackerly, MBA, BSN, RN, SNEC Supervising Nursing Education Consultant NP Liaison

Accepted by: Trande Phillips, RN, Chair, Direct Practice Member
AGENDA ITEM: 10.1
DATE: January 11, 2017


REQUESTED BY: Trande Phillips RN Chair
Nursing Practice Committee

BACKGROUND:
The regulatory proposal amending Article 8 Nurse Practitioners §1480-1485 and to add section 1483.1 Requirements for Nurse Practitioner Education Programs in California, 1483.2 Requirements for Reporting Nurse Practitioner Education Programs, 1486 Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Education Program. There was no public testimony at the hearing on September 19th, 2016. During the comment period four organizations submitted comments. As a result of the submitted comments, the Board issued Modified Text to the proposed regulations. The Modified Text comment period was from November 21, 2016 to December 7, 2016.

The Modified Text that was noticed on November 21, 2016, is attached and includes both the initial and modified language. The initial changes are designated by single underline and single strikeout and the modified language is designated by red double underline and red double strikeout.

The following is the summary of the comments and proposed responses from the Modified Text comment period.

UC Irvine Program in Nursing Science, California Action Coalition a HealthImpact program; California Nursing Students’ Association, American Nurses Association California, California Association of Nurse Anesthetists, Association of California Nurse Leaders, California Association of Clinical Nurse Specialists, Western University, California Association of Colleges of Nursing, California Association for Nurse Practitioners and California Nurse-Midwives strongly supports the regulatory language and intent to require lead faculty and director of a nurse practitioner education program to be certified by a national organization.

The following are letters from respondents are attached

University of California, Irvine – Alison Holman, Ph.D., RN, FNP Interim Director, UC Irvine Program in Nursing Science
NEXT STEPS:  

Place on Board agenda.

FISCAL IMPACT, IF ANY:  

None

PERSON(S) TO CONTACT:  

Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Janette.Wackerly@dca.ca.gov  
(916) 574-7686
BOARD OF REGISTERED NURSING

MODIFIED TEXT

Proposed amendments are shown by single underline for new text and single strikeout for deleted text.

Modified text to the originally proposed language are shown by red double underline for new text and by red double strikeout for deleted text.

1480. Definitions.
(a) “Nurse practitioner” means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and/or acute care, who has been prepared in a program conforms to board standards as specified in Section 1484.
(b) “Primary health care” is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. “Primary care” means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
(c) “Clinically competent” means that one the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice-certified nurse practitioner providing healthcare in the same nurse practitioner category.
(d) “Holding oneself out” means to use the title of nurse-practitioner. “Acute care” means restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
(e) “Category” means the population focused area of practice in which the certified nurse practitioner provides patient care.
(f) “Advanced health assessment” means the knowledge of advanced processes of collecting and interpreting information regarding a patient’s health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
(g) “Advanced pathophysiology” means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.
(h) “Advanced pharmacology” means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
(i) “Nurse practitioner curriculum” means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.
(j) “Graduate core” means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.
(k) “Advanced practice registered nursing core” means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.
Authority cited: Sections 2715, 2725(c), 2725.5, 2835.5, 2836, 2836.1, Business and Professions Code. References: Section 2725.5, 2834, 2835.5, and 2836.1, Business and Professions Code.

1481. Categories of Nurse Practitioners.
A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters “R.N., N.P.” after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.
(a) Categories of nurse practitioners shall include, but are not limited to the following:
(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) 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 name or in combination with other letters or words that identify the category.
1482. Requirements for Holding Out As a Certification as a Nurse Practitioner.

The requirements for holding oneself out as a nurse practitioner are:
(a) To obtain certification as a Nurse Practitioner, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master’s degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:
   (a) active licensure as a registered nurse in California; and
   (b) one of the following:
      (1) Successful completion of a nurse practitioner education program approved by the Board; or
      (2) National Certification as a nurse practitioner by a national or state organization whose standards are equivalent to those set forth in Section 1484; or
      (3) A nurse who has not completed an academically affiliated nurse practitioner education program of study which meets board standards as specified in Section 1484, or shall be able to provide: evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.
      (A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and
      (B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.
(c) Graduates who have completed a nurse practitioner education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master’s or doctoral degree in Nursing.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834, 2835, and 2836, Business and Professions Code.


(a) An application for evaluation of a registered nurse's qualifications to hold out to be certified as a nurse practitioner shall be filed with the board by submitting forms Application Requirements for Nurse Practitioner (NP) Certification (rev 5/2014) and Nurse Practitioner Furnishing Number Application (rev 10/2012), hereby incorporated by reference, which on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board, to conform with Sections 1482 and 1484.

(b) A Nurse Practitioner application shall include submission of the following information:
   (1) Name of the graduate nurse practitioner education program or post-graduate nurse education practitioner program.
   (2) Official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.
(c) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program’s national nursing accreditation status at the time of submission of the application to the Board.

(d) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.


1483.1 Requirements for Nurse Practitioner Education Programs in California.
(a) The nurse practitioner education program shall:
(1) Provide evidence to the board that the nurse practitioner program is in an accredited academic institution located in California.
(2) Be an academic program approved by the board and accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students.
(3) Provide the board with evidence of ongoing continuing nurse practitioner education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
(4) Notify the board of changes in the program’s institutional and national nursing accreditation status within 30 days.

(b) The board may grant the nurse practitioner education program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board may change the approval status for a board-approved nurse practitioner education program at any time, if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815, and 2835.5, Business and Professions Code.

1483.2 Requirements for Reporting Nurse Practitioner Education Program Changes.
(a) A board-approved nurse practitioner education program shall notify the board within thirty (30) days of any of the following changes:
(1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.
(2) A fiscal condition that adversely affects students enrolled in the nursing program.
(3) Substantive changes in the organizational structure affecting the nursing program.
(b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to the following:

1. Change in location;
2. Change in ownership;
3. Addition of a new campus or location;
4. Major curriculum change.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815, and 2835.5, Business and Professions Code.

1484. Standards of Nurse Practitioner Education.

(a) The program of study preparing a nurse practitioner shall meet the following criteria:

1. Be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties.
2. Purpose, Philosophy and Objectives
   (1) have as its primary purpose the preparation of registered nurses who can provide primary health care. The purpose of the nurse practitioner education program shall be to prepare a graduate nurse practitioner to provide competent primary care and/or acute care services in one or more of the categories.
   (2) have a clearly defined philosophy available in written form; Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students.
   (3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate. Learning outcomes for the nurse practitioner education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.
(b) Administration and organization of the nurse practitioner education program shall:
   (1) Be conducted in conjunction with one of the following:
      (A) Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.
      (B) Prepare graduates for national certification as a certified nurse practitioner in one or more nurse practitioner category by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.
   (2) Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student in written form.
   (3) Have written policies for clearly informing applicants of the academic accreditation and board approval status of the program.
   (4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program. Document the nurse practitioner role and the category of educational preparation on the program’s official transcript.
   (5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval. Maintain a method for retrieval of records in the event of program closure.
(6) (7) Provide for program evaluation by faculty and students during and following the program and make results available for public review. Have and implement a written total program evaluation plan.

(8) Have sufficient resources to achieve the program outcomes.

(e) (d) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.

(4) (2) Each faculty person member shall demonstrate current competence in the area in which he or she teaches.

(3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications and is nationally certified in the same category track he or she serves as the lead faculty.

(4) Faculty who teach in the nurse practitioner education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught. Faculty shall meet the following requirements:

(A) Hold an active, valid California registered nurse license;
(B) Have a Master’s degree or higher degree in nursing;
(C) Have at least two years of clinical experience as a nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse anesthetist within the last five (5) years of practice and consistent with the teaching responsibilities.

(5) Faculty teaching in clinical courses shall be current in clinical practice.

(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.

(7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as but not limited to, pharmacology, pathophysiology, and physical assessment, shall have a valid and active California license issued by the appropriate licensing agency and an advanced graduate degree in the appropriate content areas.

(e) Director.

(1) The nurse practitioner education program director shall be responsible and accountable for the nurse practitioner education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:

(2) The director or co-director of the program shall:

(A) be a Hold an active, valid California registered nurse license;
(B) Have hold a Master's or a higher degree in nursing or a related health field from an accredited college or university;
(C) Have had one academic year of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.
(D) Be certified by the board as a nurse practitioner and by a national certification organization as a nurse practitioner in one or more nurse practitioner categories.

(2) The director, if he or she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.

(f) Clinical Preceptors.

(1) A clinical preceptor in the nurse practitioner education program shall:

(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.
A clinical instructor shall hold an active, valid California license to practice his/her respective profession and demonstrate current clinical competence.

(5) (B) A clinical instructor shall participate in teaching, supervising, and evaluating students, and shall be appropriately matched competent with the content and skills being taught to the students.

(2) A clinical preceptor is a health care provider qualified by education, licensure and clinical competence in a nurse practitioner category and who provides direct supervision of the clinical practice experiences for a nurse practitioner student.

(3) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.

(4) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(5) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.

(4) (g) Curriculum - Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(h) Nurse Practitioner Education Program Curriculum.

The nurse practitioner education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and category competencies and be approved by the board.

(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.

(2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.

(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression. The curriculum shall provide broad educational preparation and include a graduate core, advance practice registered nurse core, the nurse practitioner core role competencies, and the competencies specific to the category.

(4) (3) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. The program shall prepare the graduate to be eligible to sit for a specific national nurse practitioner category certification examination consistent with educational preparation.

(5) (4) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to the following:

(A) The advance practice registered nursing graduate core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with commencing clinical course work.

(B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.

(C) Concurrent theory and clinical practice courses in the category shall emphasize the management of health-illness needs in primary and/or acute care.

(D) The supervised direct patient care precepted clinical experiences shall be under the supervision of the certified nurse practitioner and/or physician.

(6) (5) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. The program shall meet the minimum of 500 clinical hours of
supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.

(6) The nurse practitioner education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, Nurse Practitioners and California Code of Regulations Title 16, Division 14, Article 7 Standardized Procedure Guidelines and Article 8 Standards for Nurse Practitioners, including, but not limited to:

(A) Section 2835.7 of Business & Professions Code Authorized standardized procedures;
(B) Section 2836.1 of Business & Professions Code Furnishing or ordering of drugs or devices by nurse practitioners, and other appropriate codes, Pharmacy, Welfare and Institution.

(7) The program may be full-time or part-time, and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), and shall be consistent with national standards for graduate and nurse practitioner education, which shall include theory and supervised clinical practice.

(8) The course of instruction shall be calculated according to the following formula: The course of instruction program units and contact hours shall be calculated using the following formulas:

(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, where each semester is 15-18 weeks; or three quarters, where each quarter is 10-12 weeks.

(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

(9) Supervised clinical practice shall consist of two phases: at least 12 semester units or 18 quarter units.

(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.

(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.

(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.

(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared shall be sufficient for the student to demonstrate clinical competencies in the nurse practitioner category.

(11) The nurse practitioner education program shall have the responsibility arrange for arranging for clinical instruction and supervision for of the student.

(12) The curriculum shall include, but is not limited to:

(A) Normal growth and development

(B) Pathophysiology

(C) Interviewing and communication skills

(D) Eliciting, recording and maintaining a developmental health history

(E) Comprehensive physical examination

(F) Psycho-social assessment

(G) Interpretation of laboratory findings

(H) Evaluation of assessment data to define health and developmental problems

(I) Pharmacology

(J) Nutrition
1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out-of-State Nurse Practitioner Education Programs.

(a) The out-of-state Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:

(1) Obtain prior board approval;
(2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
(3) Secure clinical preceptors who meet board requirements;
(4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population;
(5) A clinical preceptor in the nurse practitioner education program shall:
   (a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence;
   (b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students;
   (c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.
   (d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
   (e) Be evaluated by the program faculty at least every two (2) years.

Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.

(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, Nurse Practitioners and California Code of Regulations Title 16, Division 14, Article 7 Standardized Procedure Guidelines and Article 8 Standards for Nurse Practitioners, including, but not limited to:
(A) Section 2835.7 of Business & Professions Code Authorized standardized procedures;
(B) Section 2836.1 of Business & Professions Code Furnishing or ordering of drugs or devices by nurse practitioners, and other appropriate codes, Pharmacy, Welfare and Institution.
(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.
(e) The board may withdraw authorization for program clinical placements in California, at any time.

December 5, 2016

Ronnie Whitaker, Regulations Coordinator
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA  95834
Ronnie.whitaker@dca.ca.gov

Re: Proposed Modifications: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

Dear Members of the Board of Registered Nursing,

The University of California, Irvine Program in Nursing Science applauds the Board of Registered Nursing for revising and updating Title 16 regulations pertaining to Nurse Practitioners. Our program has been educating primary care nurse practitioners for twenty-one years and our faculty has been actively engaged in national nurse practitioner curricular leadership since that time.

Pertaining to the new proposed modifications provided to the public effective November 22, 2016, we respectfully make the following recommendations to ensure safety and integrity of NP graduates:

1484. Nurse Practitioner Education.

- (d) (3) Faculty: We strongly recommend that the lead nurse practitioner faculty educator who meets the faculty qualifications should be nationally certified in the same NP concentration (population foci) he or she serves as lead faculty.
  - Rationale: This requirement, as recommended by expert, nationally-recognized nurse practitioner educator leaders, is necessary to ensure that appropriately-trained NPs are providing curricular leadership within the NP concentration.

- (e) (1) (D) Director: We strongly recommend the nurse practitioner education program director be certified by the board as a nurse practitioner and by a national certification organization as a nurse practitioner in one or more nurse practitioner concentrations.
  - Rationale: This requirement, as recommended by expert, nationally-recognized nurse practitioner educator leaders, is necessary to ensure the Directors are current in state and national trends in practice and pharmacology.
We understand that the National Organization of Nurse Practitioner Faculties, the national leader in nurse practitioner curricular development and educational leadership, has provided similar recommendation to this Board. This criterion has been endorsed by the Commission on Collegiate Nursing Education as well as the National League for Nursing and has been integrated into the nursing education accreditation process.

The Program in Nursing Science at the University of California, Irvine fully supports the language and intent to require lead faculty and program directors to be certified by a national organization. We most strongly advocate that national certification is an important requirement for creating and maintaining a strong NP educational program.

Respectfully submitted,

Alison Holman, Ph.D., RN, FNP
Interim Director, UC Irvine Program in Nursing Science
Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

Dear Members of the Board of Registered Nursing,

We would like to personally thank the Board of Registered Nursing for revising and updating Title 16 regulations pertaining to nurse practitioners (NPs). This is an important step forward to ensuring that California regulations stay abreast of current needs in an ever-changing healthcare environment. As BRN-certified NPs, we value our certification as it is the mark of public safety assurance that are the ultimate responsibility and authority of licensing boards.

There are differences between California BRN certification and national board certification that are important to articulate. BRN certification ensures that NPs graduate from a California BRN-approved program. BRN certification also grants authority to practice and title protection. Every 2 years, BRN-certified NPs are required to have 30 continuing education (CE) hours to ensure the NP is current in the knowledge and practice of nursing and nurse practitioner practice.

To be certified by a nationally-recognized certification organization, NPs must complete 100 CE hours over 5 years among other requirements. The national certification requirement is 25 CE hours above the BRN requirement for the same time frame of 5 years. In addition, the CEs must be completed in the certified population focus area to ensure the NP is current in trends and changes in practice. Lastly, of the 100 CEs, 25 CEs must be dedicated to pharmacology as pharmacotherapeutics can be of great benefit but also can cause great harm. Current clinical practice or re-examination is also required for recertification. These conditions of CE and either practice or re-examination for re-certification are much more stringent than the current BRN regulations and are important for the safe practice of NPs.

Program and Specialty Directors should be nationally certified for many reasons. First, having national certification, as mentioned above, assures that the Directors are keeping up with trends in practice and pharmacology. Second, national certification for Specialty Directors ensures that an appropriately-trained NP is providing curricular leadership within the specialty. The proposed regulations are drafted to ensure the safety and integrity of the NP and of graduates. The following provides an example to highlight the importance of the concept of national certification:

Dr. Chan is educated, trained, and nationally certified as an Acute Care Nurse Practitioner (ACNP). While he is qualified to take care of critically ill patients in the Adult/Gerontology populations, it would be unsafe for him to direct a Neonatal Nurse Practitioner (NNP) program. Without the requirement of a being nationally certified as the Specialty Director in the population focus of the NNP program, Dr. Chan could, without violation of regulation or statute, be allowed to serve as the Specialty Director of the NNP program and therefore put students at
risk for not knowing the minimum competencies for NNP practice. This could eventually place patients at risk for adverse outcome.

On behalf of the California Action Coalition representing both professional nurse practitioners and nurse practitioner faculty with expertise in nationally-developed NP competencies, we strongly recommend that the BRN require national certification for both the Program and Specialty Director(s). This will ensure the safety of students and patients.

Please feel free to contact us if you have any questions.

Sincerely,

Garrett Chan, PhD, NP, CNS, ACNP-C, CNS-BC
gchan_rn@me.org

Susanne Phillips, DNP, NP, FNP-BC
sjphilli@uci.edu

Co-Leads, Recommendation #1 Work Group
California Action Coalition
December 5, 2016

Ronnie Whitaker
Regulations Coordinator
Board of Registered Nursing
1747 N. Market Blvd, Ste. 150
Sacramento, CA 95834

Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

Dear Members of the Board of Registered Nursing,

The California Nursing Students’ Association (CNSA) supports the language in the proposed regulations that would require all California Board-approved nurse practitioner education programs to have a lead nurse practitioner faculty educator (subsection (d)(3)), and a nurse practitioner education program director (subsection (e)), who are certified by a national certification organization.

Certification by a nationally recognized organization provides a rigorous assessment of clinical knowledge and competence in practice that is critical for a leader of an NP educational program. National certification for the lead nurse practitioner and program director provides substantial credibility to the program that will be preparing future nurse practitioners.

Most schools of nursing that offer nurse practitioner programs recruit leaders with national certification. California programs follow the Commission on Collegiate Nursing Education (CCNE) and National Organization of Nurse Practitioner Faculty (NONPF) evaluation criteria for program review that are already integrated into the national nursing education accreditation processes. The criteria have been established by national experts in NP education and reviewed by a broader group of nurse practitioners with 480 nurse practitioners providing comments on the document and who support the requirement for national certification. These criteria are found in the document Criteria for Evaluation of Nurse Practitioner Programs and state specifically the requirement for national certification of lead faculty and directors of programs.

CNSA respectfully requests that the BRN require national certification for both the NP Program and Specialty Director(s). National certification will ensure the safety of our members, the current student population, future nursing students and our patients. If we can be of additional assistance, please contact me at 916-779-6949.

Sincerely,

Patricia McFarland, MS, RN, FAAN
CEO
California Nursing Students' Association
Ronnie Whitaker
1747 N. Market Blvd. Suite 150
Sacramento, CA  95834

Dec 6th, 2016

RE: Nurse Practitioners - Action to Amend Title 16 of the California Code of Regulations

To the Members of the Board of Registered Nursing,

ANA\C is a bi-partisan professional organization representing the interests of nearly 400,000 licensed registered nurses in California. Our mission is to advance the quality of health care and ethical practice of nursing in contemporary society through legislation, regulations and policy advocacy. ANA\C has been extensively involved in legislative and regulatory efforts, supporting many bills and updating regulations that are assisting in making California a place of nursing excellence.

ANA\C appreciates the Board of Registered Nursing in taking the time and effort to revise and update Title 16 regulations pertaining to the language and requisites for Nurse Practitioners (NPs). As the rightful leader in healthcare, CA is looked up to by other states in terms of our education requirements and nursing practice standards. When education standards for CA nurse practitioner programs are discussed, the issue of national certification is usually mentioned since CA NP students are all prepared and ready to sit for said exam. The need for national certification standards, in addition to CA certification and licensing standards, is especially apparent in today’s rapidly changing healthcare environment that forces us to reassess our roles, standards and responsibilities in preparing future nurse practitioners able to keep up with the latest advances in their specific area of practice. As healthcare professionals, it is our duty to stay educated at the top of our profession and/or specialty by assuring NPs are certified at the highest level of national competency, to deliver the highest standards of care to our patients and clients, and to protect the public from those unable or unqualified to do so.

Moreover, it is important to recognize the difference between CA BRN NP and Nat’l NP Certifications. The national NP (re)certification does NOT require only 30 continuing education (CE) hours every 2 years, but 100 continuing education (CE) hours of specified NP education (i.e. CEs in certified population focus area) every 5 years which is 25 CE hours of specified evidence-based specialty education more than the current BRN license renewal requirement. Furthermore, 25 of those 100 CE hours MUST be dedicated to pharmacology only. This is significant as CA has no such NP requirement. This stringent requirement assures that CA NP Director of NP education program is up-to-date on the latest trends in national education and practice standards in his/her area of nursing practice thus appropriately qualified and responsible for NP program curriculum that ensures the safety and integrity of the NP Director, NP program and its graduates.
As a professional nursing association, whose members are RNs, APRNs, NPs and nursing faculty alike, we appreciate BRN’s ongoing effort in updating nurse practitioner standards and regulation that are aligned with today’s changing practice environment. We are aware of the amount of work and dedication it takes to update a regulatory section and we would like to express our thanks and gratitude to the Board Members and acknowledge the tireless work of BRN staff.

Please, do not hesitate to contact us on this matter.

We remain your trusted partner.

Thank you,

Marketa Houskova

Marketa Houskova, RN, MAIA, BA

Interim State Director
Government Affairs Director | Senior Policy Analyst
American Nurses Association\ California
marketa@anacalifornia.org
Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

Dear Members of the Board of Registered Nursing,

On behalf of the California Association of Nurse Anesthetists (CANA), we would like to thank the Board of Registered Nursing (BRN) for updating Title 16 regulations pertaining to nurse practitioners (NPs). We strongly urge the BRN to continue this work to ensure the safety of the public by aligning California regulations to meet current standards of excellence.

The development of the 1980s version of California NP regulations was based on educational preparation during a time when few national educational and credentialing standards existed. The identification of nationally-vetted core and population-focused competencies for NP entry into practice upon graduation evolved significantly between 2000 and 2011. Since California’s older regulations do not reflect the higher level standards, it is essential for the BRN as registered nursing’s regulatory body to move forward and validate advanced practice at the highest possible level through evidence-based means for assurances of safety and quality to the public.

As a professional association representing APRNs, CANA strongly recommends that the BRN require national certification for NP program and specialty directors to facilitate a consistent approach in the education and development of future NP leaders in California. The lack of such a requirement in policy undermines the ability of advanced level practitioners to achieve full practice authority. At the same time, we also believe it is important to consider grandfathering in those educators who have been serving in their respective roles without benefit of national certification. Of note, all CRNAs must pass the national certifying examination in order to be eligible to use the title “certified registered nurse anesthetist,” inclusive of CRNA program directors and educators.

Thank you for your time and attention to this matter. If I can provide additional information, please feel free to contact me.

Sincerely,

Maricel Reighard, DNAP, CRNA
CANA President
December 5, 2016

Ronnie Whitaker  
Regulations Coordinator  
Board of Registered Nursing  
1747 N. Market Blvd, Ste. 150  
Sacramento, CA 95834

Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

Dear Members of the Board of Registered Nursing,

The Association of California Nurse Leaders, the voice of nursing leadership, supports the language in the proposed regulations that would require all California Board-approved nurse practitioner education programs to have a lead nurse practitioner faculty educator (subsection (d)(3)), and a nurse practitioner education program director (subsection (e)), who are certified by a national certification organization.

Certification by a nationally recognized organization provides a rigorous assessment of clinical knowledge and competence in practice that is critical for a leader of an NP educational program. National certification for the lead nurse practitioner and program director provides substantial credibility to the program that will be preparing future nurse practitioners.

Most schools of nursing that offer nurse practitioner programs recruit leaders with national certification. California programs follow the Commission on Collegiate Nursing Education (CCNE) and National Organization of Nurse Practitioner Faculty (NONPF) evaluation criteria for program review that are already integrated into the national nursing education accreditation processes. The criteria have been established by national experts in NP education and reviewed by a broader group of nurse practitioners with 480 nurse practitioners providing comments on the document and who support the requirement for national certification. These criteria are found in the document Criteria for Evaluation of Nurse Practitioner Programs and state specifically the requirement for national certification of lead faculty and directors of programs

ACNL respectfully requests that the BRN require national certification for both the NP Program and Specialty Director(s). National certification will ensure the safety of our members, the current student population, future nursing students and our patients. If we can be of additional assistance, please contact me at 916-779-6949.

Sincerely,

Patricia McFarland, MS, RN, FAAN  
CEO  
Association of California Nurse Leaders
November 25, 2016

Ronnie Whitaker  
1747 N. Market Blvd., Suite 150  
Sacramento, CA, 95834  
Ronnie.Whitaker@dc.ca.gov

Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification  
Dear California Board of Registered Nursing:

The California Association of Clinical Nurse Specialists acknowledges the Board of Registered Nursing for the work in revising and updating Title 16 regulations pertaining to nurse practitioners (NPs). The continuous evaluation of such matters are pertinent in keeping our communities throughout the state of California safe.

As advanced practice (AP) nurses working with our NP colleagues in academia, acute care, ambulatory and community settings we value the knowledge and expertise of our BRN-certified NPs. During clinical rotations NP students are receiving the benefits of preceptorship from nationally certified NPs (as many employers are requiring APNs to have nationally certification for privileging or obtain one within the first year of employment).

The academic settings that are contributing to the preparation of future NPs should be held to the same standards; as such program and specialty directors should be nationally certified. It is important for our academic colleagues to also be up-to-date with the developments in practice as they prepare future practitioners, especially during such a dynamic health care setting. One of the important purposes of national certification is "demonstration of an individual's commitment to a profession and to lifelong learning" (ANCC statement on certification, 2010), program directors are one of the primary role models to uphold this value for NP students.

As the Board of Registered Nursing revises Title 16 regulations, it is also essential to keep in mind those educators/program/specialty directors that are currently in the role and consider grandfathering them in.

On behalf of the California Association of Clinical Nurse Specialists representing advanced practice nurses in the state, we strongly recommend that the BRN require national certification for both the Program and Specialty Director(s). Consistency in standardization in the preparation of academic and clinical NPs is key in mentoring the future workforce of NPs.

Please feel free to contact if you have any questions.

Respectfully,

Lianna Z. Ansryan RN-BC, CNS, MSN

President, California Association of Clinical Nurse Specialists
November 23, 2016

Ronnie Whitaker  
1747 N. Market Blvd., Suite 150  
Sacramento, CA 95834

Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

To Members of the Board of Registered Nursing,

I am writing in support of updating California’s Board of Registered Nursing’s regulations to require that all Directors of NP programs in BRN approved programs be nationally certified in the area of specialty that they are Director over. This assures that the specialty NP Director is recertified via CEU updates on an ongoing basis and therefore not putting students at risk for not knowing the minimum competencies for that specialty. This also prevents potential risk for patients down the line of the care chain. As one of only two states left in the country to not require national specialty certification to practice (CA, KS), it is really quite an embarrassment that our standards are not of the highest. Since most insurers, Medicare and Medicaid mandate national certification of any NP for reimbursement purposes, this is a moot point and nearly all California NPs must have this for employment purposes, so the Directors of specialty programs should be held to these same standards.

I am a Family Nurse Practitioner of 31 years experience and I am the current Director of the FNP program at Western University of Health Sciences, College of Graduate Nursing and the Assistant Dean of Distance Operations, and I hold national certification as an FNP from AACN. All of our students are required to take a National Certification exam (either ANCC or AANP), yet California’s regulations do not support this important standard.

Please shore up this weak link in our regulatory requirements in California and make National Certification a requirement for Directors of Nurse Practitioner specialty programs in California schools.

Thank you for your time in consideration of this important issue.

Respectfully,

Diana Lithgow, PhD, FNP, RN-BC  
Professor of Nursing  
Director FNP Program  
Director Ambulatory Care Program  
Assistant Dean of Distance Operations  
College of Graduate Nursing  
Western University of Health Science  
909-469-5523 (CGN Office)  
DLithgow@WesternU.edu
November 28, 2016

Ronnie Whitaker
Regulations Coordinator Board of Registered Nursing
1747 N. Market Blvd, Ste. 150
Sacramento, CA 95834

Dear Members of the California Board of Registered Nurses

The California Association of Colleges of Nursing, the voice of California baccalaureate and graduate nursing education, supports the language in the proposed regulations that would require all Board-approved nurse practitioner education programs to have a lead nurse practitioner faculty educator (subsection (d)(3)), and a nurse practitioner education program director (subsection (e)), who are certified by a national certification organization.

Certification by a nationally recognized organization provides a rigorous assessment of clinical knowledge and competence in practice that is critical for a leader of an NP educational program. National certification for the lead nurse practitioner and program director provides substantial credibility to the program that will be preparing future nurse practitioners.

Most schools of nursing that offer nurse practitioner programs recruit leaders with national certification. Our programs follow the Commission on Collegiate Nursing Education (CCNE) and National Organization of Nurse Practitioner Faculty (NONPF) evaluation criteria for program review that are already integrated into the national nursing education accreditation processes. The criteria have been established by national experts in NP education and reviewed by a broader group of nurse practitioners with 480 nurse practitioners providing comments on the document and who support the requirement for national certification. These criteria are found in the document Criteria for Evaluation of Nurse Practitioner Programs and state specifically the requirement for national certification of lead faculty and directors of programs.

CACN urges you to consider adopting the proposed language.

Sincerely,

Philip A. Greiner, DNSc, RN
President
November 22, 2016

Board of Registered Nursing
Nursing Practice Committee
c/o Ronnie Whitaker
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

RE: Proposed Nurse Practitioner Regulations for Directors and National Certification

To the Board of Registered Nursing,

On behalf of the California Association for Nurse Practitioners (CANP), I write to express our appreciation for the California Board of Registered Nursing’s (BRN) efforts to update the Title 16 nurse practitioner regulations. CANP aligns itself with the position and comments of the California Action Coalition (CAC), submitted to the board in CAC’s recent letter on this issue, dated November 2016.

Nurse practitioners (NPs) are advanced practice registered nurses who are licensed by the Board of Registered Nursing and have pursued higher education, either a master’s or doctoral degree, and certification as a NP. NPs play an important role in the healthcare delivery system and provide care in a variety of settings including hospitals, community clinics, and private practice settings, many of which are located in medically underserved communities. CANP was established over thirty years ago to represent nurse practitioners and their patients, working to remove unnecessary barriers to care and to protect and expand the practice of nurse practitioners.

Like CAC, CANP believes that Program and Specialty Directors should receive national certification and should be required to complete 100 continuing education (CE) hours over five years in their certified population focus area, including 25 CEs in pharmacology. Requiring Program and Specialty Directors to be nationally certified will ensure NPs receive the proper training to provide direction and leadership within their respective specialties, and protect patients by ensuring appropriate training in pharmacotherapeutics.

CANP commends the BRN’s efforts to revise the Title 16 NP regulations and, as stated above, recommends that both Program and Specialty Directors be required to be nationally certified. We believe this is consistent with our mission to allow NPs to play a broader role in the healthcare system and increase access to quality care.

Please contact our Sacramento representative, Kristy Wiese with Capitol Advocacy, at (916) 444-0400 or kwiese@capitoladvocacy.com, if you have any questions.

Sincerely,

Theresa Ullrich, MSN, FNP-C
President

cc: Susanne J. Phillips, DNP, APRN, FNP-BC, California Action Coalition
    Garrett Chan, PhD, APRN, ACNP-C, CNS-BC, FAAN, California Action Coalition
Re: Nurse Practitioner Proposed Regulations for Directors and National Certification

Dear Mr. Whitaker:

The California Nurse-Midwives Association (CNMA) continues to be in support of revising and updating the Title 16 regulations that pertain to nurse practitioners (NPs). This is an important step forward to ensuring that California regulations stay abreast of current needs in an ever-changing healthcare environment. The BRN recognized both nurse practitioners (NPs) and nurse-midwives as “advanced practice registered nurses (APRN).” CNMA believes that regulations related to NPs help raise the quality and standards for all APRNs. This includes the quality and standards that are set by requiring national certification; national certification is the mark of public safety assurance that are the ultimate responsibility and authority of licensing boards.

There are differences between BRN certification and national certification that are important to articulate. BRN certification ensures that NPs graduate from a BRN-approved program. BRN certification also grants authority to practice and title protection. Every 2 years, BRN-certified NPs are required to have 30 continuing education (CE) hours to ensure the NP is current in the knowledge and practice of nursing and nurse practitioner practice.

To be certified by a nationally-recognized certification organization, NPs must complete 100 CE hours over 5 years. The national certification requirement is 25 CE hours above the BRN requirement for the same time frame of 5 years. In addition, the CEs must be completed in the certified population focus area to ensure the NP is current in trends and changes in practice. Lastly, of the 100 CEs, 25 CEs must be dedicated to pharmacology as pharmacotherapeutics can be of great benefit but also can cause great harm. Current clinical practice or re-examination is also required for recertification. These conditions of CE and either practice or re-examination for re-certification are much more stringent than the BRN and are important for the safe practice of NPs.

Program and Specialty Directors of BRN-approved nurse practitioner programs should be nationally certified for many reasons. First, having national certification, as mentioned above, assures that the Directors are keeping up with trends in practice and pharmacology. Second, national certification for Specialty Directors ensures that an appropriately-trained NP is providing leadership within the specialty. The proposed regulations are drafted to ensure the safety and integrity of the NP and of graduates.

On behalf of the California Nurse-Midwives Association, representing over 1200 professional nurse-midwives and nurse-midwife faculty in California, we strongly recommend that the BRN require national certification for both the Program and Specialty Director(s). This will ensure the safety of students and patients.

Please feel free to contact us if you have any questions.

Sincerely,

Kim Q. Dau, CNM
Chair, Health Policy Committee
California Nurse-Midwives Association

November 24, 2016

Mr. Ronnie Whitaker
Administration Unit
Board of Registered Nursing
Department of Consumer Affairs
Ronnie.Whitaker@dca.ca.gov
November 23, 2016

Ronnie Whitaker
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

Re: Nurse Practitioner Proposed Regulations for NP Program Directors and National Certification

To Members of the Board of Registered Nursing,

I am writing in support of updating California’s Board of Registered Nursing’s regulations to require that all Directors of NP programs in BRN approved programs be nationally certified in the area of specialty that they are Director over. This assures that the specialty NP Director is recertified via CEU updates on an ongoing basis and therefore not putting students at risk for not knowing the minimum competencies for that specialty. This also prevents potential risk for patients down the line of the care chain. As one of only two states left in the country to not require national specialty certification to practice (CA, KS), it is really quite an embarrassment that our standards are not of the highest. Since most insurers, Medicare and Medicaid mandate national certification of any NP for reimbursement purposes, this is a moot point and nearly all California NPs must have this for employment purposes, so the Directors of specialty programs should be held to these same standards.

I am a Family Nurse Practitioner of 31 years experience and I am the current Director of the FNP program at Western University of Health Sciences, College of Graduate Nursing and the Assistant Dean of Distance Operations, and I hold national certification as an FNP from AACN. All of our students are required to take a National Certification exam (either ANCC or AANP), yet California’s regulations do not support this important standard.

Please shore up this weak link in our regulatory requirements in California and make National Certification a requirement for Directors of Nurse Practitioner specialty programs in California schools.

Thank you for your time in consideration of this important issue.

Respectfully,

Diana Lithgow, PhD, FNP, RN-BC
Professor of Nursing
Director FNP Program
Director Ambulatory Care Program
Assistant Dean of Distance Operations
College of Graduate Nursing
Western University of Health Science
909-469-5523 (CGN Office)
DLithgow@WesternU.edu
AGENDA ITEM: 10.2
DATE: January 11, 2017

ACTION REQUESTED: Discussion and Possible Recommendation to Create Advanced Practice Subcommittee

REQUESTED BY: Trande Phillips, RN, Chair
Nursing Practice Committee

BACKGROUND:
The purpose of the advanced practice subcommittee is to provide recommendations to the Board on issues involving nursing advanced practice. The advanced practice registered nurses are nurse practitioner, nurse anesthetist, nurse-midwives and clinical nurse specialist.

The goals of the advanced practice subcommittee:
1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions
3. Review national trends in the regulation of advance practice nurses and make recommendations to the board.
4. Collaborate with other Board committees on matters of mutual interest

Suggestion for committee members to include 2 board members, 2 BRN staff, 4 NPs, 2 CRNA, 2 CNS, and 2 CNM

Suggestion for committee meetings to be held semi-annually in Sacramento.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: Travel Costs

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Janette.Wackerly@dca.ca.gov
(916) 574-7686
**MEETINGS:**
The Advance Practice Committee meets semi-annually at **1:00 pm** in the ??? room at 1747 N Market Blvd, Sacramento CA 95834

- Friday, February 10, 2017  
- Friday, September 22, 2017  
- Friday, May 12, 2017  
- Friday, January 12, 2018

**PURPOSE & GOALS**
The purpose of the advance Practice Committee is to provide recommendations to the Board on issues involving Advance Practice. Advance Practice Registered Nurse are Nurse Practitioner, Nurse Anesthetist, Nurse-Midwives, and Clinical Nurse Specialist.

The goals are:

1. Clarify and articulate sufficiency of the four Advance Practice roles and recommend changes to the Nursing Practice Act and rules.
2. Develop recommendation for Advisory Statement related to Advance Practice Nurse Functions.
3. Review national trends in the regulation of Advance Practice and make recommendations to the Board.
4. Collaborate with the other Board committees on matters of mutual interest.

**COMMITTEE MEMBERS:**
Chair: 2 Board Members  
Staff: 2 BRN staff

**Committee Members**
- 4-6 NPs representing population focus  
- 2-4 CRNA  
- 2-4 CNS  
- 2-4 CNM  
Total could be up to 20 members
ADVANCED PRACTICE COMMITTEE

The purpose of the Advanced Practice Committee is to provide recommendations to the Board on issues involving Advanced Practice. Advanced Practice Registered Nurses are Nurse Practitioner, Nurse Anesthetist, Nurse-Midwives, and Clinical Nurse Specialist

The Goals are:
1. Clarify and articulate regulatory sufficiency of the four Advanced Practice roles and recommend changes to the Nursing Practice Act and rules.
2. Develop recommendations for Advisory Statements related to Advanced Practice Nurse functions.
3. Review national trends in the regulation of Advanced Practice and make recommendations to the Board.
4. Collaborate with other Board committees on matters of mutual interest.

Chair: 2 board members

Staff: 2 BRN staff

Committee members:
4-6 NPs representing population focus
2-4 CRNA
2-4 CNS
2-4 CNM
Total could by up to 20 members

The Advanced Practice Committee meets semi-annually at 1:00 pm in the ? room at 1747 N Market Blvd, Sacramento CA 95834

2017 Advanced Practice Committee Meeting Schedule

Friday, February 10, 2017
Friday, May 12, 2017
Friday, September 22, 2017
Friday,
January 12, 2018

Resource Materials
Advanced Practice Committee Manual
AGENDA ITEM: 10.3
DATE: January 11, 2017

ACTION REQUESTED: Information and Discussion: Memorandum of Understanding (MOU), with relevant state agencies or partner agencies to share data; Possible Recommendation

REQUESTED BY: Trande Phillips, RN, Chair
Nursing Practice Committee

BACKGROUND:
The State Auditor Report 2016-046, was publicly released in December 2016 is one of the recommendations, to ensure that it has prompt access to adequate information that could affect the status of a nurse’s license, BRN should do the following by June 2017.

- Establish formal agreements with other agencies and other health boards that have information pertaining to a nurse’s misconduct.
- Work with Consumer Affairs and other health boards to determine whether modifying BreEZe to include capability that would allow it to promptly notify BRN when another health board receives a complaint or takes disciplinary action against a licensed nurse is cost effective. If it is, add this functionality to BreEZe.

The BRN currently shares information with other healing arts boards pursuant to Government Code section 6254.5(e). However, the BRN has initiated contact with other health care boards to establish formal MOUs and will follow-up with Executive Officers/Directors at the scheduled Executive Officers/Directors meeting in January, 2017. The goal is to have MOUs with other health care boards in place by June 2017. The BRN has also initiated contact with other health and human services state agencies; follow-up/meetings will be conducted on January 18, 2017 with California Department of Public Health and Department of Corrections and Rehabilitation. The goal for completion for these two agencies is June 2017. Contact will be made with other agencies including, but not limited to, Department of Social Services and Community Care Licensing, Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse, and Department of Aging.

As previously stated in the Sunset Report, there was a recommendation from the recent enforcement audit to create legislation that requires mandatory reporting by all agencies that oversee employment of RNs or employ RNs as well as other boards or bureaus for RNs that hold multiple licenses. This legislation would require these facilities to report violations of the Nursing Practice Act to the BRN.

NEXT STEPS: Place on Board agenda.
FISCAL IMPACT, IF ANY: Unknown

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