



**BOARD OF REGISTERED NURSING**  
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 Louise R. Bailey, MEd, RN, Executive Officer

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

October 8, 2015

2:00 pm to 3:00 pm

Embassy Suites Santa Ana  
 1325 E. Dyer Road  
 Santa Ana, CA 92705  
 Laguna/La Jolla

**MEMBERS PRESENT** Trande Phillips, RN, Chair  
 Michael Jackson, MSN, BSN, RN, CEN, MICN  
 Elizabeth A. Woods, RN, FNP, RN  
 Cynthia Klein, RN

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

**August 6, 2015**

Meeting called to order at 2:15 PM by Trande Phillips RN Chair

Member introductions: Michael Jackson RN, Elizabeth Woods RN, FNP and Cynthia Klein RN

**10.0 Review and Vote on Whether to Approve Previous Meeting Minutes August 6, 2015**

<b>Motion: Approve Michael Jackson</b>			
<b>Second: Cindy Klein</b>			
<b>TP: approve</b>	<b>CK: approve</b>	<b>MJ: approve</b>	<b>EW: approve</b>

**10.1 Review and Vote Whether to Recommend Regulatory Proposal to Update Nurse Practitioner Standards, Title 16 of California Code of Regulations, Article 8, Section 1480-1484**

<b>Motion: Trande Phillip motion to move agenda to the next Practice Committee October 8, 2015. Trande Phillip approve moving agenda item.</b>			
<b>Second:</b>			
<b>TP: Approved</b>	<b>CK: Approved</b>	<b>MJ: second and approved</b>	<b>EW: Approved</b>

**10.2 Discussion & Possible Action on Recommendations on Composition of the Nurse-Midwifery Committee**

Recommendation on Composition of Nurse-Midwifery Committee  
Practice Committee Members Discussed CCR 1461 Membership on the Boards' Nurse-Midwifery Committee Suggested (6) Nurse-Midwives From a Variety of Settings/Practices, (1) Obstetrical Practicing Physician with Experience Working with Nurse-Midwives, (1) RN Practicing in Healthcare Organization Familiar with CNMs, and (1) Public Member who is a Consumer of Nurse-Midwifery Services.

<b>Motion: Cindy Klein Approve Recommended Composition of Nurse-Midwifery Committee to Board</b>			
<b>Second: Trande Phillips</b>			
<b>TP: approve</b>	<b>CK: approve</b>	<b>MJ: approve</b>	<b>EW: approve</b>

**Public Comment on item 10.2**

Representative of CNMA Identified the Bill AB 1306 and in Future if Becomes Law Then Nurse-Midwifery Committee Would Change to Nurse-Midwifery Council. CNMA in AB 1306 Makes Recommendation on nurse-Midwifery Standards and Practice, Recommendation on Disciplinary Matters. CNMA Intention is to Advise on Standards of Nurse-Midwifery Care.

Executive Officer Advised Not to Have (2) Committees, CCR 1461 as Described or AB 1306 Nurse-Midwifery Council and not Both.

**10.3 Public Comment for Items Not on the Agenda**

No Public Comment

**10.4 Adjournment**

Submitted by:

Accepted by:

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

Trande Phillips, RN, Chair, Direct Practice Member

## BOARD OF REGISTERED NURSING

### Adoption and Revision 1480-1486 in Article 8 of

### Title 16 of the California Code of Regulations

Proposed changes are designated by single underline and ~~strikeout~~.

#### 1480. Definitions

- (a) "Nurse practitioner" means a an advanced practice registered nurse who meets board certification requirements and ~~who~~ 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 that meet board standards and who has been prepared in a program that conforms to ~~meets the 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 the comprehensive 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: of the appropriate discipline.
- (d) " ~~Holding oneself out~~" means ~~to use the title of nurse practitioner.~~
- (e) "Acute care" means the restorative care provided by the certified nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (f) "Advanced health assessment course" 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 course" means the foundational knowledge of physiological disruptions that accompany a wide range of alterations in health.
- (h) "Advanced pharmacology course" 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) "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.
- (k) "California based nurse practitioner program" means a board approved academic program meeting nurse practitioner state certification criteria that's physically located in California. The program is 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.

- (l) “Clinical practice experience” means the supervised provision of direct patient care in the clinical setting that provide for the acquisition and application of advanced practice nursing knowledge, skills and competencies.
- (m) “Direct supervision” means the clinical preceptor or the faculty member physically present at the practice site where the patient/client is located. The clinical preceptor and/or faculty member retains the responsibility for patient care while overseeing the student.
- (n) “Lead nurse practitioner educator faculty” refers to a licensed Nurse Practitioner faculty member who is responsible for developing, and implementing the curriculum, policies and practices for a nurse practitioner program.
- (o) “Major curriculum change” means a substantive change that results in a refocus of purpose and objectives ; or a substantive change in program structure or method of clinical or institutional delivery, or clinical hours and content.
- (p) “National Board Certification” means current certification as an advanced nurse practitioner in a role and population focus through testing accredited by the national commission on certifying agencies or the American Board of Nursing Specialties, as approved by the board.
- (q) “Nurse practitioner program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner program and the achievement of the program objectives in collaboration with program faculty.
- (r) “Non-California based ~~graduate~~ nurse practitioner programs” means an academic program accredited by a nursing organization recognized by the Unites States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students and does not have a physical location in California.

Authority cited: Sections 2715, 2725(c), 2725.5, 2835.5, 2836, 2836.1, Business and Professions Code.  
References: Section 2834 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:
  - (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
- (b) A registered nurse who has been certified by the board as a nurse practitioner may be known as an advanced practice nurse and may place the letters APRN-CNP after his/her name or in combination with other letters or words that identify the population focus.

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

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

### **1482. Requirements for ~~Holding Out As a~~ Certification as a Certified Nurse Practitioner.**

~~The requirements for holding oneself out as a nurse practitioner are:~~

~~(a) Active, valid, licensure license as a registered nurse in California; and~~

~~(b) One of the following:~~

~~(1) Successful completion of a program of study and national certification as recognized by the board and which conforms that meets to board standards as set forth in this article; or~~

~~(2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; in the role and population focus through testing accredited by the national commission on certifying agencies or the American Board of Nursing Specialties, as approved by the board and as set forth in this article; or~~

~~(3) A nurse who has not completed a an academically affiliated nurse practitioner program of study which meets board standards as specified in Section 1484, 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(e), of clinical competence in the delivery of primary health care.~~

~~(4) Graduates from a nurse practitioner program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit a credentials evaluation through a board approved or directed service demonstrating education equivalency to a Master's or Doctoral degree in Nursing.~~

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

### **1483. Evaluation of Credentials**

An application for evaluation of a registered nurse's qualifications ~~to hold out to be certified as~~ a Certified Nurse Practitioner shall be filed with the board ~~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.~~

Certified Nurse Practitioner application shall include submission of the following information:

(a) Name of the graduate nurse practitioner program or post-graduate nurse practitioner program.

(b) Official transcript documentation with the date of graduation or post-graduate program completion, nurse practitioner population foci, 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) Students who graduate from a board approved nurse practitioner program shall be considered graduates of a nationally accredited program if the program held national nursing accreditation at the time the graduates completed the program. These program graduates are eligible to apply for nurse practitioner certification with the board regardless of the program's current national nursing accreditation status.

The board shall notify the applicant in writing that the application is complete and accepted for filing; or that the application is deficient and specify what additional 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 complete 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, and take into account Section 1410.4 (e) which provides for abandonment of incomplete applications after one year.

Authority cited: Sections 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

### **1483.1 Requirements for Nurse Practitioner Education Programs based in California.**

(a) The nurse practitioner programs shall:

- (1) Be an academic program approved by the board and is 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.
- (2) Provide the board evidence of initial accreditation within 30 days of the program receiving this information from the institutional accreditation body.
- (3) Provide the board evidence of ongoing continuing nurse practitioner 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 program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board shall retain its authority to monitor, regulate and change the approval status for board approved nurse practitioner programs at any time. If the Board determines the program has not provided necessary compliance evidence to meet board regulations irrespective of 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 Program Changes.**

(a) A board approved nurse practitioner program shall notify the board within thirty (30) days 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.

These changes include, but not limited to:

- (1) Change in location;
- (2) Change in ownership;
- (3) Addition of a new campus or location.

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.**

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

(1) Be approved by the board.

(2) Be consistent with the curriculum content to support nurse practitioner core competencies as specified by National Organization of Nurse Practitioner Faculties and the Curricular Leadership Committee for the population foci as recognized by the board. shall meet the following eriteria:

(a) Purpose, Philosophy and Objectives, and Learning Outcomes

(1) have as its primary purpose the preparation of registered nurses who can provide primary health care; (2) have a clearly defined philosophy available in written form;

(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and elinical competencies of the graduate.

(1) The purpose for preparation of the graduate nurse practitioner providing primary care and/or acute care services to one or more of the population foci.

(2) Written program materials shall reflect the mission, philosophy, purposes, and objectives of the program and be available to all students.

(3) Learning outcomes for the nurse practitioner Program are 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 program:

(1) Be conducted in conjunction with one of the following:

(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health A college or university that prepares nurse practitioners at the master's degree or higher is 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 or graduate level certificate to qualified students

(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. Prepare graduates to be eligible for national certification as an advanced nurse practitioner in a population focus through testing accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.

(2) (1) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.

(3) (2) Have written policies for clearly informing applicants of the academic status of the program.

(4) (3) 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. meet the curriculum requirements in effect at the time of enrollment.

(5) (4) 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. The nurse practitioner program shall maintain a method for retrieval of records in the event of program closure.

(5) (5) Provide for program evaluation by faculty and students during and following the program and make results available for public review. The nurse practitioner program shall have and implement a written total program evaluation plan for improvement.

- (6) The nurse practitioner program shall have sufficient resources to achieve the program objectives.
- ~~(c) 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 objectives.
- ~~(2) Each faculty person shall demonstrate current competence in the area in which he/she teaches.~~
- (3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications for the population focus/foci tracks and nationally certified for the population focus program track he/she serves as the lead faculty.
- (4) Faculty who teach in the nurse practitioner program shall be educationally qualified and clinically competent in the same population foci as the theory and clinical areas taught. Faculty shall meet the following requirements:
- (a) Hold an active, valid California registered nurse license;
- ~~(b) (c) (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.~~ Have a Master's degree or higher degree in nursing;
- (c) Have at least two years of clinical experience as an nurse practitioner within the last five (5) years and consistent with the teaching responsibilities;
- (5) Faculty teaching in clinical courses shall maintain currency in clinical practice.
- (6) Each faculty member shall assume responsibility and accountability for instruction, planning and implementing the curriculum, and evaluation of students and the program.
- (7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as pharmacology, shall have an active, valid California license issued by appropriate licensing agency and an advanced graduate degree in the appropriate content areas taught.
- (d) Director
- ~~(1) (e)(2) The director or co-director of the program shall:~~ The nurse practitioner program director is responsible and accountable for the nurse practitioner program within an accredited academic institution including those functions aligned with program and curricular design and resource acquisition and allocation and shall meet the following requirements:
- (A) Be a Hold an active, valid California registered nurse license
- (B) Have earned hold a master's or a doctoral higher degree in nursing or a related health field from an accredited college or university;
- (C) Have had one academic year's 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 an advanced nurse practitioner and nationally certified as advanced nurse practitioner in one or more population foci;
- (E) The director shall have sufficient time dedicated for the administration of the program.
- (F) The director, if he/she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.
- (e) Clinical Preceptors in the nurse practitioner program shall
- ~~(1) (e)-(4) A clinical instructor preceptor shall hold active licensure valid, California license to practice his/her respective profession and demonstrate current clinical competence.~~
- ~~(2) (e)-(5) A clinical preceptor instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.~~

(3) Clinical preceptor means a health care provider qualified by education, licensure and clinical competence in assigned population focus/foci to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

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

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

(B) Clinical preceptors shall be evaluated by the program faculty at least every two (2) years.

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

(g) ~~(d)~~ Nurse Practitioner Curriculum:

The nurse practitioner program curriculum shall meet the standards set forth in this Section, be congruent and consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and population focused competencies and be approved by the board.

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

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

(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 including a graduate core; nurse practitioner core, the nurse practitioner core role competencies, and the competencies specific to the population focus/foci.

(4) 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 population foci certification examination consistent with educational preparation.

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

(A) The nurse practitioner core courses (advanced health assessment, advanced pharmacology, and advanced pathophysiology) are 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 population focus/foci emphasize the management of health-illness needs in primary and/or acute care.

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

(6) ~~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 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 population foci shall be identified and documented in the curriculum plan for each population focus/foci.

(7) 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.

~~(7)~~ (8) 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), which shall include theory and supervised clinical practice.

~~(8) The course of instruction shall be calculated according to the following formula:~~

~~(A) 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.~~

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

(9) 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.

(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

Academic year means two semesters, each semester is 15-18 weeks; or three quarters, each quarter is 10-12 weeks.

~~(10)~~ (9) Supervised clinical practice shall consist of two phases:

(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.

~~(11)~~ (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.

~~(12)~~ (11) The program shall have the responsibility for arranging for clinical instruction and supervision for 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~~

~~(K) Disease management~~

~~(L) Principles of health maintenance~~

~~(M) Assessment of community resources~~

~~(N) Initiating and providing emergency treatments~~

~~(O) Nurse practitioner role development~~

~~(P) Legal implications of advanced practice~~

~~(Q) Health care delivery systems~~

~~(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.~~

Authority cited: Sections 2715, 2835.5, 2835.7, 2836, 2826.1, Business and Professions Code.

Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3, 2837, Business and Professions Code.

### **1485. Scope of Practice**

Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2837, Business and Professions Code.

### **1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Programs.**

- (a) The out-of-state nurse practitioner Program requesting clinical placements for program students in clinical practice settings in California shall:
  - (1) Obtain prior board authorization;
  - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner 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/competencies for the nurse practitioner role and population focus/foci;
  - (5) Demonstrate evidence the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.
  - (6) Notify the board of pertinent clinical placement changes within 30 days.
- (b) The board may withdraw authorization for program clinical placements in California, at any time.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.1

**DATE:** October 8, 2015

**ACTION REQUESTED:** Review and Comments on Proposed Language for Article 8 Standards of Nurse Practitioner Practice: Office of Administrative Law's pre-notice public discussion.

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

**BACKGROUND:**

The Board of Registered Nursing directed staff to initiate the Office of Administrative Law's pre-notice public discussion\* as a preliminary activity before starting the formal rulemaking process for Article 8 Standards for Nurse Practitioners proposed regulation.

Article 8 Standards for Nurse Practitioner regulations were primarily adopted between 1979 – 1985. The 1979 – 1985 context and content in Article 8 Standards of Nurse Practitioner are no longer relevant in the areas of Definitions, Categories, Holding Out as NP, Evaluation of Credentials, and Standards of Education.

As a result, the Nursing Education Consultants developed a comprehensive review of nurse practitioner practice, education, and regulation for Article 8 Standards for Nurse Practitioner that is intended to provide clarity in definitions, categories, NP use of title, and Standards of Education. Attached is the regulation proposal.

The board invites interested parties to submit information/responses regarding the proposed regulation to the Nursing Practice Committee at either of the following meetings:

Date: October 8, 2015

Time: 3:00 – 4:30 pm

Place: Embassy Suites

1325 E Dyer Road

Santa Ana, California

Date: January 14, 2016

Time: 3:00 – 4:30 pm

Place: Northern California location to be determined

Staff requests responses that will be presented at the above committee meetings be submitted prior to the meeting at the address below. In addition, any interested parties who are unable to attend one of the above meetings but wishes to provide information/responses may send your written information to:

Janette Wackerly RN, BSN, MBA

1747 North Market Blvd., Ste 150

Sacramento, CA 95834

**NEXT STEPS:**

Place on Board agenda.

**PERSON(S) TO CONTACT:**

Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
916.574-7686  
janette.wackerly@dca.ca.gov

**BOARD OF REGISTERED NURSING  
Diversion/Discipline Committee Meeting  
Agenda Item Summary**

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**AGENDA ITEM:** 10.2  
**DATE:** October 8, 2015

**ACTION REQUESTED:** Consideration for Appointment to the Nurse-Midwifery Committee

**REQUESTED BY:** Trande Phillips, RN, Chairperson

**BACKGROUND:**

In accordance with B & P Code Section 2746.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Nurse-Midwifery Committee. The Nurse-Midwifery Committee is composed of direct practice nurse- midwives one each from northern and southern California, a nurse midwife engaged in nurse-midwifery education, one public member who has been a consumer of nurse midwifery practice and an obstetrical physician with knowledge of nurse midwifery-practice.

**POSSIBLE APPOINTMENTS**

Below are the names of the candidates who can be considered for appointment to the Nurse-Midwifery Committee.

<u>NAME</u>	<u>TITLE</u>	<u>Location</u>
Karen Ruby Brown	RN, CNM	San Diego -Southern
Karen Roslie	Public Member	Encinitas- Southern
Lin Lee	RN, CNM	Los Altos- Northern
Stuart Fischbein	MD	Los Angeles- Southern
Rachael Latta	RN, CNM	Santa Rosa- Northern
Naomi E. Stotland	MD	San Francisco- Northern
Anne Galko	RN, CNM	Oakland- Northern
BJ Snell	RN, CNM	Cota De Caza- Southern
Susan Stone	RN, CNM	Sacramento- Northern
Candace Curlee	RN, CNM	Encinitas- Southern
Christina Choi	RN, CNM	Woodland hills- Southern
Linda Church	RN, CNM	Orange- Southern
Yolanda Estremera	Public Member	San Jose- Northern

**NEXT STEP:**

**PERSON TO CONTACT:** Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
(916) 574-7686

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 10.3**  
**DATE: October 8, 2015**

**ACTION REQUESTED:**        **Review and vote on whether to approve: Physician Orders for Life Sustaining Treatment, POLST Signed By Nurse Practitioner and Physician Assistant under the Supervision of the Physician.**

**REQUESTED BY:**            Trande Phillips, RN, Chairperson  
Nursing Practice Committee

**BACKGROUND:**

[Text Here] AB 637, (Campos) Chapter 217, enacted during the 2015 legislative session (Chaptered 8/17/15), amends Section 4780 of the Probate Code, relating to resuscitative measures: Physician Orders for Life Sustaining Treatment (POLST) forms. This amendment authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law, to create a valid POLST form.

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measure, and includes a POLST form. Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of the POLST form, including that the form be completed by a health care provider based on the patient or his or her legally recognized health care decision maker.

Additional information regarding this can be found at the legislative information website at [www.leginfo.ca.gov/campos](http://www.leginfo.ca.gov/campos) and the BRN website at [www.rn.ca.gov/regulations/np.shtml](http://www.rn.ca.gov/regulations/np.shtml).

Place on Board agenda.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**

**PERSON(S) TO CONTACT:**        Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
916.574-7686 [janette.wackerly@dca.ca.gov](mailto:janette.wackerly@dca.ca.gov)

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**Louise R. Bailey, MEd, RN, Executive Officer**

## **Nurse Practitioner: Physician Orders for Life Sustaining Treatment (POLST)**

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Legislation enacted during 2015 session

AB 637, (Campos) Chapter 217 an act amend Section 4780 of the Probate Code, relating to resuscitative measures: Physician Orders for Life Sustaining Treatment forms.

The amendment to Section 4780 of the Probate Code authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create valid POLST form.

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measure, and includes a Physician Orders for Life Sustaining Treatment form (POLST form). Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of the POLST form, including that the form be completed by a health care provider based on the patient or his or her legally recognized health care decisionmaker.

The People of the state of California do exact as follows:

### **SECTION 1.**

Section 4780 of the Probate Code is amended to read:

#### **4780.**

(a) As used in this part:

(1) "Request regarding resuscitative measures" means a written document, signed by (A) an individual with capacity, or a legally recognized health care decisionmaker, and (B) the individual's physician, that directs a health care provider regarding resuscitative measures. A request regarding resuscitative measures is not an advance health care directive.

(2) "Request regarding resuscitative measures" includes one, or both of, the following:

(A) A prehospital "do not resuscitate" form as developed by the Emergency Medical Services Authority or other substantially similar form.

(B) A Physician Orders for Life Sustaining Treatment form, as approved by the Emergency Medical Services Authority.

(3) “Physician Orders for Life Sustaining Treatment form” means a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures.

(b) A legally recognized health care decisionmaker may execute the Physician Orders for Life Sustaining Treatment form only if the individual lacks capacity, or the individual has designated that the decisionmaker’s authority is effective pursuant to Section 4682.

(c) The Physician Orders for Life Sustaining Treatment form and medical intervention and procedures offered by the form shall be explained by a health care provider, as defined in Section 4621. The form shall be completed by a health care provider based on patient preferences and medical indications, and signed by a physician, or a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law, and the patient or his or her legally recognized health care decisionmaker. The health care provider, during the process of completing the Physician Orders for Life Sustaining Treatment form, should inform the patient about the difference between an advance health care directive and the Physician Orders for Life Sustaining Treatment form.

(d) An individual having capacity may revoke a Physician Orders for Life Sustaining Treatment form at any time and in any manner that communicates an intent to revoke, consistent with Section 4695.

(e) A request regarding resuscitative measures may also be evidenced by a medallion engraved with the words “do not resuscitate” or the letters “DNR,” a patient identification number, and a 24-hour toll-free telephone number, issued by a person pursuant to an agreement with the Emergency Medical Services Authority.

(B) A Physician Orders for Life Sustaining Treatment form, as approved by the Emergency Medical Services Authority.

(3) “Physician Orders for Life Sustaining Treatment form” means a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures.

(b) A legally recognized health care decisionmaker may execute the Physician Orders for Life Sustaining Treatment form only if the individual lacks capacity, or the individual has designated that the decisionmaker’s authority is effective pursuant to Section 4682.

(c) The Physician Orders for Life Sustaining Treatment form and medical intervention and procedures offered by the form shall be explained by a health care provider, as defined in Section 4621. The form shall be completed by a health care provider based on patient preferences and medical indications, and signed by a physician, or a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law, and the patient or his or her legally recognized health care decisionmaker. The health care provider, during the process of completing the Physician Orders for Life Sustaining Treatment form, should inform the patient about the difference between an advance health care directive and the Physician Orders for Life Sustaining Treatment form.

(d) An individual having capacity may revoke a Physician Orders for Life Sustaining Treatment form at any time and in any manner that communicates an intent to revoke, consistent with Section 4695.

(e) A request regarding resuscitative measures may also be evidenced by a medallion engraved with the words “do not resuscitate” or the letters “DNR,” a patient identification number, and a 24-hour toll-free telephone number, issued by a person pursuant to an agreement with the Emergency Medical Services Authority.