



NURSING PRACTICE COMMITTEE MEETING

DoubleTree by Hilton
2233 Ventura Street
Fresno, CA 93721
(559) 268-1000

AGENDA

October 6, 2016

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

Thursday, October 6, 2016

- 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
- 10.1 Rulemaking Process Update With Vote on Whether to Recommend Continuing Rulemaking Process for Article 8 Standards for Nurse Practitioners.**
- 10.2 Information only: Nurse-Midwifery Committee meeting September 16, 2016**
- 10.3 Public Comment for Items Not on the Agenda**
- 10.4 Adjournment**

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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
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

**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
Elizabeth A. Woods, RN, FNP, RN absent
Cynthia Klein, RN

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

May 12, 2016

Meeting called to order by Trande Phillips RN Chair at 12:45 PM

Member introductions: Trande Phillips, 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:	MJ:	EW:

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

Motion: Recommend Initialing Formal Rulemaking Process			
Trande Phillips			
Second: Michael Jackson			
TP: Absent	CK:	MJ:	EW:

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

Motion:			
Second:			
TP: Absent	CK:	MJ:	EW:

10.3 Public Comment for Items Not on the Agenda

No Public Comment

10.4 Adjournment at 1:10 pm

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
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: October 6, 2016

ACTION REQUESTED: **Information only: Rulemaking Process Update With Vote on Whether to Recommend Continuing Rulemaking Process for Article 8 Standards for Nurse Practitioners.**

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. 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 Garrett 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 Garrett 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 Code relevant to the Department of Consumer Affairs boards which states boards do not have authority to require applicants to be nationally certified unless it is stated in a board specific statute.

CNA is pleased to see the proposed regulations allow for multiple pathways to Board certification as a nurse practitioner including both national certification *and/or* successful completion of a Board-approved NP program.

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.

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

September 14, 2016

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

To the Board of Registered Nursing,

The California Action Coalition applauds the efforts of the California Board of Registered Nursing and staff in proposing action to amend Division 14 of Title 16 of the California Code of Regulations as described in the Notice of Proposed Action, Initial Statement of Reasons, Proposed Language, and Documents Incorporated by Reference pertaining to outdated nurse practitioner regulations. The California Action Coalition is comprised of registered nurses who serve as the driving force for the implementation of the *IOM report on the Future of Nursing* and its recommendations. Representing nurse practitioner educators and nurse practitioner leaders in the State, Coalition members have worked with the Board staff on proposed amendments to nurse practitioner regulations since 2012.

The Coalition agrees the anticipated benefits of the proposed rulemaking will further the Board's mission of consumer protection by ensuring minimum requirements for nurse practitioners and for nurse practitioner education programs are upheld. Furthermore, the Coalition agrees that the proposed rulemaking documents are consistent and compatible with existing state regulations.

Following review of the Specific Language of Proposed Changes, we provide the following comments and recommendations:

1. **Sections 1480 Definitions, 1481 Categories of Nurse Practitioners, 1482 Requirements for Certification as a Certified Nurse Practitioner, and 1483 Evaluation of Credentials:**
 - a. The California Action Coalition supports and recommends the amendments of this section as drafted and thanks the Board for accepting previous recommended changes.
2. **Sections 1483.1 Requirements for Nurse Practitioner Education Programs based in California, 1483.2 Requirements for Reporting Nurse Practitioner Program Changes, and 1486 Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Programs:**
 - a. The California Action Coalition supports and recommends the addition of these proposed rules as drafted.
3. **Section 1484 ~~Standards of~~ Nurse Practitioner Education:**
 - a. The California Action Coalition supports the amendments of this section as drafted with recommended minor changes to the following:
 - i. Recommend amendment of: 1484 (f)(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.~~

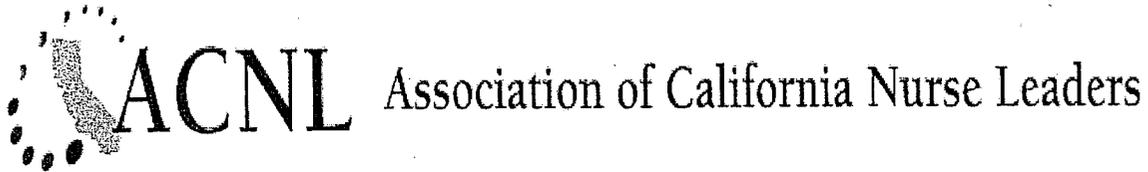
1. Rationale: We recommend striking 1484 (f)(2) as proposed. Section 1484 (f) (1) (A) clarifies the clinical preceptor must hold an active valid California license to practice his or her respective profession and demonstrate current clinical competence. The intent of this section is to provide authorization of licensed healthcare providers to precept nurse practitioner students. Section 1484 (f) (2) as proposed is redundant and will cause confusion among board staff, program directors, and faculty regarding the use of qualified healthcare provider preceptors who are not licensed nurse practitioners.
- ii. Recommend amendment of: 1484 (h) (4) (A) “The advanced 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.”
 1. Rationale: Graduate “core” is distinct and different from the APRN “core” which includes advanced health assessment, advanced pharmacology, and advanced pathophysiology. Eliminate the word “graduate” in this line to maintain consistency with 1484 (h) (2) as proposed.
- iii. Recommend amendment of: 1484 (h) (4) (D) “The supervised direct patient care precepted clinical experiences shall be under the supervision of the certified nurse practitioner. and or physician.”
 1. Rationale: This line clarifies that within the curriculum plan, NP faculty within the approved program are responsible for overall supervision of precepted clinical experiences. Section 1484 (f) (1-5) as proposed with recommended amendment stated within this document clarifies that licensed healthcare providers, such as but not limited to physicians, may precept NP students when appropriate to their educational training.

We applaud the BRN’s efforts to bring nurse practitioner standards and regulations into alignment with today’s practice environment and the California Action Coalition, with vast expertise in NP practice and education, continue to partner in this effort.

Respectfully submitted

Susanne J. Phillips, DNP, APRN, FNP-BC
Co-Lead, Workgroup #1: Removing Practice Barriers
California Action Coalition
sjphilli@uci.edu

Garrett Chan, PhD, APRN, ACNP-C, CNS-BC, FAAN
Co-Lead, Workgroup #1: Removing Practice Barriers
California Action Coalition
Gchan_rn@me.com



September 19, 2016

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

To the Board of Registered Nursing,

The Association of California Nurse Leaders (ACNL) is the voice for nursing leadership in our state representing nurse leaders in service and academia. ACNL applauds the efforts of the California Board of Registered Nursing and staff in proposing actions to amend Division 14 of Title 16 of the California Code of Regulations as described in the Notice of Proposed Action, Initial Statement of Reasons, Proposed Language, and Documents Incorporated by Reference pertaining to outdated nurse practitioner regulation.

ACNL is the largest state chapter of the American Organization of Nurse Executives with approximately 1500 members. ACNL's mission is to develop nurse leaders, promote professional nursing practice, influence health policy and promote quality health care and patient safety. For more than 35 years we have had an excellent working relationship with the Board of Registered Nursing (BRN) and staff. We respect the work the Board has done and continues to do to protect the public by regulating the practice of registered nurses. The proposed revisions support the Board's mission. Furthermore, ACNL agrees that the proposed rulemaking documents are consistent and compatible with existing state regulations.

An estimated five million Californians will be newly insured under health care reform, and nurse practitioners (NPs) are critical in providing health care for this population. We need to ensure that nurse practitioners are well educated and competent to provide the best possible health care for our citizens.

ACNL has been a member of the California Action Coalition (CAC) since the inception. We continue to partner and collaborate with our colleagues who are leading efforts that support our Advanced Practice Nurses. To that end, ACNL supports the comments of the Coalition, and endorses their recommendations.

1. **Sections 1480 Definitions, 1481 Categories of Nurse Practitioners, 1482 Requirements for Certification as a Certified Nurse Practitioner, and 1483 Evaluation of Credentials:**
 - a. The California Action Coalition supports and recommends the amendments of this section as drafted and thanks the Board for accepting previous recommended changes.
2. **Sections 1483.1 Requirements for Nurse Practitioner Education Programs based in California, 1483.2 Requirements for Reporting Nurse Practitioner Program Changes, and 1486 Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Programs:**
 - a. The California Action Coalition supports and recommends the addition of these proposed rules as drafted.

3. ~~Section 1484 Standards of Nurse Practitioner Education:~~

- a. The California Action Coalition supports the amendments of this section as drafted with recommended minor changes to the following:
- i. ~~Recommend amendment of: 1484 (f)(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.~~

Rationale: We recommend striking 1484 (f)(2) as proposed. Section 1484 (f) (1) (A) clarifies the clinical preceptor must hold an active valid California license to practice his or her respective profession and demonstrate current clinical competence. The intent of this section is to provide authorization of licensed healthcare providers to precept nurse practitioner students. Section 1484 (f) (2) as proposed is redundant and will cause confusion among board staff, program directors, and faculty regarding the use of qualified healthcare provider preceptors who are not licensed nurse practitioners.

- ii. Recommend amendment of: 1484 (h) (4) (A) "The advanced 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."

Rationale: Graduate "core" is distinct and different from the APRN "core" which includes advanced health assessment, advanced pharmacology, and advanced pathophysiology. Eliminate the word "graduate" in this line to maintain consistency with 1484 (h) (2) as proposed.

- iii. Recommend amendment of: 1484 (h) (4) (D) "The supervised direct patient care precepted clinical experiences shall be under the supervision of the a certified nurse practitioner. and or physician."

Rationale: This line clarifies that within the curriculum plan, NP faculty within the approved program are responsible for overall supervision of precepted clinical experiences. Section 1484 (f) (1-5) as proposed with recommended amendment stated within this document clarifies that licensed healthcare providers, such as but not limited to physicians, may precept NP students when appropriate to their educational training.

Thank you for bringing nurse practitioner standards and regulations into alignment with today's practice environment. If we can be of further assistance, please contact me at 916-779-6949 or email at patricia@acnl.org.

Respectfully submitted



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



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

Sept. 19th, 2016

RE: Action to Amend Division 14 of Title 16 of the California Code of Regulations

To 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.

As a member of the California Action Coalition (CAC), we appreciate the efforts of the BRN to amend Division 14 of Title 16 of the CCR as described in the Notice of Proposed Action, Initial Statements of Reasons, Proposed Language and Documents Incorporated by Reference concerning the outdated Nurse Practitioner (NP) regulations. ANA\C has been working on the proposed regulatory amendments, alongside the CAC and BRN staff, since 2012. ANA\C mission is aligned with the BRN mission of consumer / patient protection, nursing standards of excellence and therefore of the need for minimum requirements for nurse practitioner education programs. We are in full agreement with the CAC that the proposed rulemaking documents are consistent with existing state regulations.

On behalf of our Board of Directors, namely Corinne MacEgan, MSN/Ed, RN, CHPN, ANA\C *President*, Liz Dietz, EdD, RN, CS-NP, *Legislation Director*, and Mary Ann McCarthy, EdD, MSN/CNS/NE, STAH, PHN, *Education Director*, we are in **full support** of the California Action Coalition already submitted comments and recommendations for:

1. Section 1480 Definitions, 1481 Categories of Nurse Practitioners, 1482 Requirements for Certification as Certified Nurse Practitioner, and 1483 Evaluation of Credentials.
2. Sections 1483.1 Requirements for Nurse Practitioner Education Program based in CA, 1483.2 Requirements for Reporting Nurse Practitioner Program Changes, and 1486 Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Programs.



AMERICAN NURSES ASSOCIATION CALIFORNIA
AN AFFILIATE OF THE AMERICAN NURSES ASSOCIATION

3. Section 1484 ~~Standards of~~ Nurse Practitioner Education with a recommended amendment of Section 1484 (f)(2) pertaining to a redundancy of licensing requirements for a clinical preceptor.
4. Recommending amendments for Section 1484(h)(4)(A) by striking "graduate" to maintain consistency with 1484(h)(2).
5. Recommending amendment for 1484(h)(4)(D) by striking "and or physician" clarifying the role of NP faculty responsible for the overall supervision of precepted clinical experience in the curriculum plan.

As a professional nursing association whose members are RNs, nursing faculty and NPs alike, we appreciate BRN's 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 and acknowledge the tireless work of BRN staff on this matter. Please, do not hesitate to contact us on this matter.

We remain your trusted partner.

Thank you,

Marketa Houskova, RN, BA, MAIA
Government Affairs Director | Senior Policy Analyst
marketa@anacalifornia.org



CALIFORNIA ASSOCIATION
FOR NURSE PRACTITIONERS

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canpweb.org

September 19, 2016

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

RE: Proposed Amendments to Nurse Practitioner Regulations

To the Board of Registered Nursing,

On behalf of the California Association for Nurse Practitioners (CANP), I write to inform you that we are supportive of the California Board of Registered Nursing's (BRN) efforts to amend outdated nurse practitioner regulations (CCR Division 14, Title 16), with some minor variations. CANP aligns itself with the position and comments of the California Action Coalition (CAC), submitted to the board in CAC's letter dated September 14, 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 the proposed rulemaking is consistent with the Board's mission to protect consumers by preserving minimum requirements for NPs and NP education programs, and is harmonious with existing California regulations. We are supportive of the Specific Language of Proposed Changes, with the exception of Section 1484 - Standards of Nurse Practitioner Education. CANP agrees with CAC's recommendation to strike 1484 (f)(2), amend 1484(h)(4)(A), and to amend 1484(h)(4)(D).

CANP commends the BRN's efforts to update NP standards and regulations to reflect the current practice environment, especially as we work to fulfill 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,

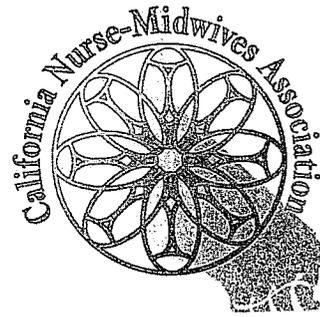
A handwritten signature in cursive script that reads 'Theresa Ullrich'.

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

September 19, 2016

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



re: Proposed amendments to Nurse Practitioner Regulations

Dear Mr. Whitaker:

The California Nurse-Midwives Association (CNMA) is very pleased to see the Board of Registered Nursing modernizing Nurse Practitioner regulations in keeping with high practice and education standards, especially those in line with APRN Consensus Model put forth by the National Council of State Boards of Nursing. These comments are specifically in regard to proposed amendments to Division 14 of Title 16 of the California Code of Regulations as described in the *Notice of Proposed Action, Initial Statement of Reasons, Proposed Language, and Documents Incorporated by Reference* pertaining to outdated nurse practitioner regulations.

CNMA agrees the anticipated benefits of the proposed rulemaking will further the Board's mission of consumer protection by ensuring minimum requirements for nurse practitioners and for nurse practitioner education programs are upheld. Furthermore, CNMA agrees that the proposed rulemaking documents are consistent and compatible with existing state regulations.

We provide the following comment and recommendations:

Section 1484 Standards of Nurse Practitioner Education

CNMA supports the amendments of this section as drafted with recommended minor changes to the following:

i. Recommend amendment of: ~~1484 (f)(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.~~

1. Rationale: We recommend striking 1484 (f)(2) as proposed. Section 1484 (f) (1) (A) clarifies the clinical preceptor must hold an active valid California license to practice his or her respective profession and demonstrate current clinical competence. The intent of this section is to provide authorization of licensed healthcare providers to precept nurse practitioner students. Section 1484 (f) (2) as proposed is redundant and will cause confusion among board staff, program directors, and faculty regarding the use of qualified healthcare provider preceptors who are not licensed nurse practitioners.

ii. Recommend amendment of: 1484 (h) (4) (D) "The supervised direct patient care precepted clinical experiences shall be under the supervision of the certified nurse practitioner. ~~and/or physician.~~"

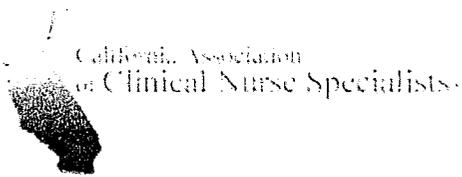
1. Rationale: This line clarifies that within the curriculum plan, NP faculty within the approved program are responsible for overall supervision of precepted clinical experiences. Section 1484 (f) (1-5) as proposed with recommended amendment stated within this document clarifies that licensed healthcare providers, such as but not limited to physicians, may precept NP students when appropriate to their educational training.

We believe that nurse practitioners currently provide excellent care to the people of California. As need for NPs grows and as the number of education programs grow, we believe that it is right and responsible for the BRN to modernize these regulations for NPs.

Sincerely,

A handwritten signature in black ink that reads "Linda Walsh CNM". The signature is written in a cursive style with a large initial "L" and "W".

Linda Walsh, CNM, MPH, PhD
President, California Nurse-Midwives Association



California Association
of Clinical Nurse Specialists

September 15, 2016

Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834
Attn: Ronnie Whitaker

Re: Amendments to Title 16, Division 14, Nurse Practitioner Proposed Regulatory Language

Dear Members of the Board of Registered Nursing,

On behalf of the California Association of Clinical Nurse Specialists (CACNS) representing over 2000 licensed Clinical Nurse Specialists (CNSs) in the State of California, I write in support of the proposed language AND THE PROPOSED CHANGES to the suggested language as outlined by the California Action Coalition to Title 16, Division 14 related to nurse practitioners (NPs). The proposed changes will modernize the definitions of terms related to NP practice, categories of NPs, BRN accreditation of NP programs, and educational curricula. This is particularly important in the rapidly changing health care environment in the era of the Patient Protection and Affordable Care Act.

The minimum standards as delineated by the proposed language changes to Title 16, Division 14 for NPs will clarify for NPs and NP educational programs how to safely educate and train NPs to meet the health needs of Californians today.

It is for these reasons that CACNS supports the proposed language changes with the proposed changes from the California Action Coalition.

Respectfully,

Cheryl Goldfarb-Greenwood, RNC, MN, CCNS
Legislative Co-Chair Board of Directors
California Association of Clinical Nurse Specialists
P.O.Box 1834
Los Alamitos, CA 90720



California
Nurses
Association



National
Nurses
United

OAKLAND
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fax: 510-663-1625

SACRAMENTO
Government Relations
770 L Street
Suite 1480
Sacramento CA 95814
phone: 916-446-5019
fax: 916-446-3880

A Voice for Nurses. A Vision for Healthcare.

September 19, 2016

Ronnie Whitaker
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834
E-Mail Address: ronnie.whitaker@dca.ca.gov

RE: Proposed Regulations Concerning Advanced Practice Registered Nurses

Dear Mr. Whitaker,

Thank you for the opportunity to provide comments on the regulatory proposal to update the Advanced Practice Registered Nurses (APRN) standards (California Code of Regulations Title 16, Article 8, § 1480-1484; new § 1486). The California Nurses Association (CNA) represents over 100,000 Registered Nurses (RNs) in California, many of whom are APRNs and RNs seeking to become APRNs. As such, we have a vested interest in both current and future APRN regulations, and we appreciate your consideration of our comments and concerns, which are as follows:

Comment #1:

1482. Requirements for Certification as a Nurse Practitioner.

During the pre-regulatory public hearings that were held on this subject, CNA took an oppose position to the draft regulations on the grounds that they would have required *all* nurse practitioners (NPs), as a condition of Board certification, to also obtain certification by a national certification organization. CNA was deeply concerned that, by requiring national certification as a condition of practice, the Board would be removing autonomy from individual nurses and depriving them of the ability to make the decisions that are best for them and their careers. CNA also expressed concern that such a requirement would lead to a deterioration of the Board's authority to regulate NPs, since it would essentially allow private certification corporations outside California to have the final say on NP standards in this state, without any requirement for Board input or oversight. This would, in essence, amount to a privatization of a state responsibility.

CNA is very pleased to see that the proposed regulations allow for multiple pathways to Board certification as an NP, including both national certification *and/or* successful completion of a Board-approved NP education program. CNA believes this decision will preserve the authority of the board to set standards for practice and the autonomy of nurses to make the best decisions for their own professional lives. CNA thanks the Board for listening and responding to our concerns. CNA is very supportive of Section 1482 as currently drafted.

Comment #2:

1484. Nurse Practitioner Education.

Subsection (d) Faculty; Subsection (e) Director –

The proposed regulations 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. In its Initial Statement of Reasons, the Board did not provide any justification for making this change to current standards. As discussed 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 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 that the nurses filling these roles be certified by the Board as a nurse practitioner.

Thank you for your time and consideration of CNA's comments.

Sincerely,

CALIFORNIA NURSES ASSOCIATION/
NATIONAL NURSES UNITED



Donald W. Nielsen
Director, Government Relations

