



Advanced Practice Registered Nursing Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

BRN Advanced Practice Registered Nursing Committee Meeting | July 22, 2021

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Agenda Item 2.0

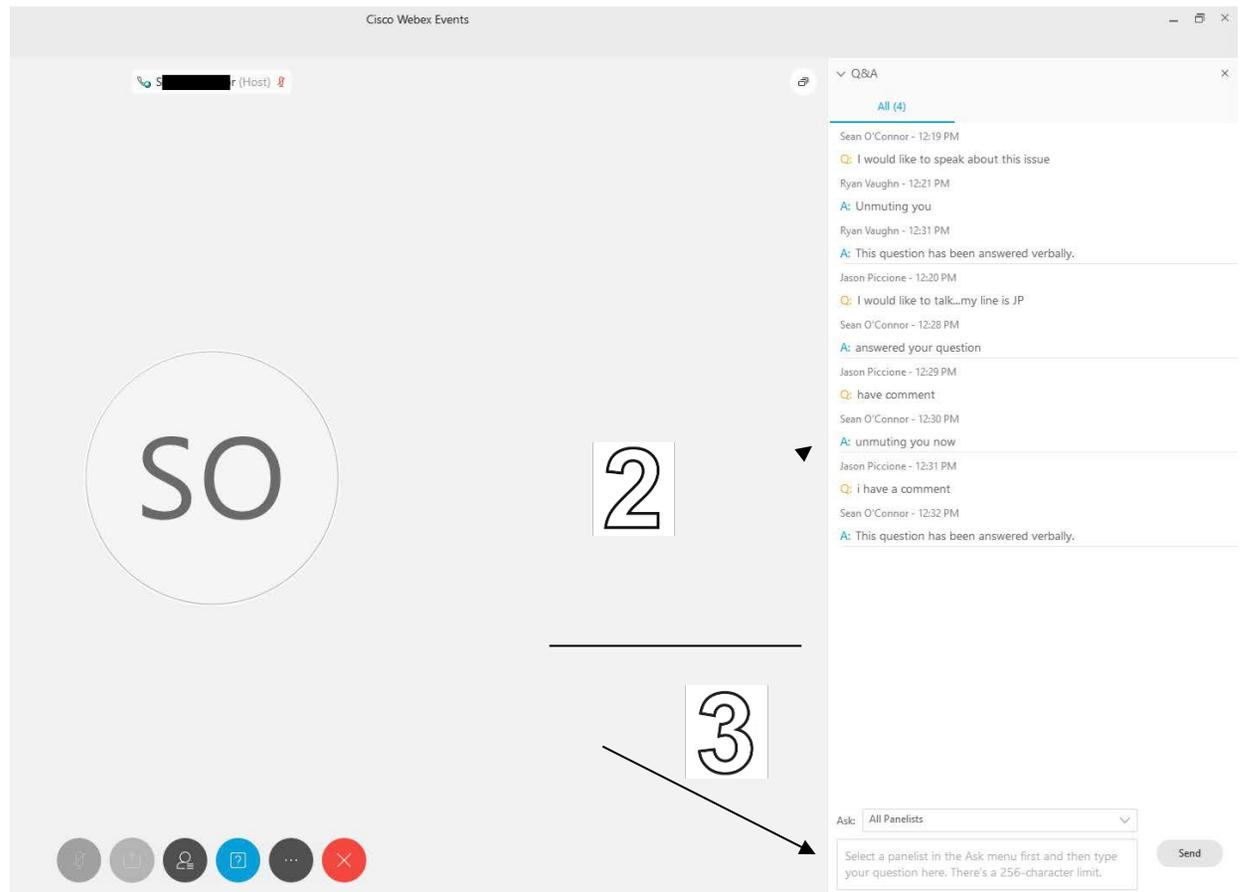
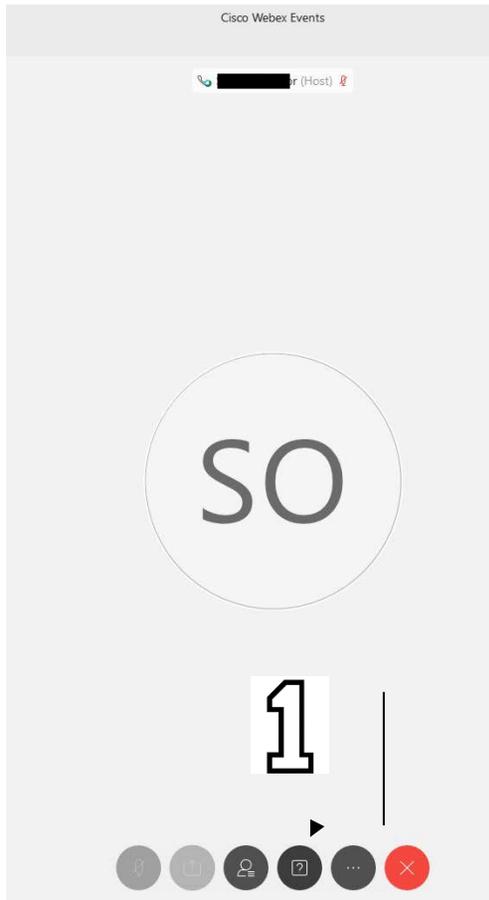
General Instructions for the Format of a Teleconference Meeting

BRN Advanced Practice Registered Nursing Committee Meeting | July 22, 2021

Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q and A' button near the bottom, center of your WebEx session.



2. The 'Q and A' chat box will appear.

3. 'Send' a request to 'All Panelists' stating "Comment Time Requested". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened, and you will have 2 minutes to provide comment.

NOTE: Please submit a new request for each topic on which you would like to comment.



Agenda Item 3.0

Review and Vote on Whether to Approve Previous Meeting Minutes

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | July 22, 2021

DRAFT

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
ADVANCE PRACTICE REGISTERED NURSING (APRN) ADVISORY COMMITTEE MEETING
MINUTES**

DATE: February 4, 2021

START TIME: 11:00 a.m.

LOCATION: **NOTE:** Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-29-20, dated March 17, 2020, a physical meeting location was not provided.

The Board of Registered Nursing’s (BRN) Advance Practice Registered Nursing (APRN) Advisory Committee will hold a public meeting via a teleconference platform.

Thursday, February 4, 2020 - 11:00 AM – 2:00 PM

1.0 Call to Order/Roll Call/Establishment of a Quorum
Mitchell Erickson called the meeting to order at 11:06 am. 7 of 10 Members present. Quorum established at 11:07 am.

MEMBERS Jane Perlas, NP
Charlotte Gullap-Moore, NP
Karyn Karp, CRNA - Vice Chair
Mitchell Erickson, NP - Chair
Sandra Bordi, CRNA (absent)
Garrett Chan, CNS
Danielle Blum, CNM
Elissa Brown, CNS
Ruth Rosenblum, NP (resigned)
Hilary Reyes, CNM (absent)

BRN STAFF: Loretta Melby, MSN, RN, BRN Executive Officer
Reza Pejuhesh, DCA Legal Attorney
Janette Wackerly, SNEC

2.0 **General Instructions provided for the Format of a Teleconference Call**

3.0 **Review and Vote on Whether to Approve Previous Meeting’s Minutes**

- **3.1** August 27, 2020
- **3.2** December 3rd, 2021

August 27, 2020 review committee minutes. Minor edits

Elissa Brown: Expressed that her concern, on page 10, was not with the scope of practice it was with the scope of committee and further expressed her concerns with page 11 on how to handle urgent issues after the agenda is posted.

Garrett Chan: Explained the reasons why the committee did not approve the prior minutes from August and December and asked for clarification if the edits were made.

Mitch Erickson: Explained that the minutes need to be distributed to the committee timely, so the members have time to review the minutes. He further explained that he was not certain if the edits were made.

December 3, 2020 review committee minutes. Minor edits

Elissa Brown: Requested the phrase “seemed to be disorganized” on page 18 to be removed as it was not stated.

Loretta Melby: Agreed to remove the language.

Mitchell Erickson: Asked for clarification on whether he should be taking notes of the edits and forward them to Loretta.

Loretta Melby: Explained that, as the Chair, it is always appropriate to take minutes. She further explained that the Committee Liaison, Janette Wackerly, is responsible for taking minutes and there are other BRN staff taking minutes as well.

Elissa Brown: Clarified that on page 23, it could state “continued to express concern.” She further clarified that on page 27, it should state “Expressed her concerns about recognizing years of practice for those that have a DNP degree because the programs differ widely.”

Garret Chan and Elissa Brown: Discussed concerns regarding the comments made about the DNP program and offered clarification to comments to incorporate into the minutes.

Loretta Melby: Requested the corrections to be emailed to her to ensure that the minutes are accurate.

MOTION: **Mitchell Erickson:** Motioned to approve minutes from August 27, 2020 with edits that have been discussed and to approve minutes from December 3, 2020.

SECOND: **Karen Karp**

**PUBLIC
COMMENT
FOR AGENDA
ITEM 3.0:**

No public comment on either meeting minute drafts presented

Vote	ME	CGM	DB	EB	GC	HR	JP	KK	RR	SB
	Y	Y	Y	Y	Y	AB	AB	Y	AB	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB										

4.0 Discussion and Possible Action: Review whether a third virtual meeting date for the APRN Advisory Committee should be scheduled for 2021.

DISCUSSION: Mitchell Erickson: Explained that the committee was approved to have one teleconference meeting per year in addition to the two scheduled meetings in person. He further explained that this meeting would follow all the requirements/processes and would be scheduled around the Board and Committee meeting schedules.

Elissa Brown: Expressed the need to hold another meeting due to pressing business.

Danielle Blum: Agreed to another meeting.

The group discussed the dates of Nursing Practice Committee and clarified that those dates are April 8, 2021, June 24, 2021 and October 7, 2021.

Garrett Chan: Suggested an early September meeting for possible agenda items to be included in the October Nursing Practice Committee.

The group discussed that the next meeting date is July 22, 2021 and the new date will be November 4, 2021.

**PUBLIC
COMMENT
FOR AGENDA
ITEM 4.0:**

No public comment.

MOTION: Garrett Chan: Motioned to recommend that a November 4, 2021 APRN Advisory Committee be scheduled.

SECOND: Danielle Blum

Vote	ME	CGM	DB	EB	GC	HR	JP	KK	RR	SB
	Y	Y	Y	Y	Y	AB	Y	Y	AB	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB										

5.0 Discussion and Possible Action: Review and approve an advisory stating that Clinical Nurse Specialists and Nurse Practitioners (NPs) are authorized to certify and recertify Home Health Services, per the CARES Act (2019-2020), until expiration of the COVID-19 state of emergency declared by the Governor of California.

Discussion by committee members regarding NP/CNS can do in accord with federal law, CARES Act, certifying and recertifying patients for homecare via Medicare and Medicaid/Medi-Cal. BRN legal counsel with direction for language refer in FAQ’s to specifics of the CARES Act.

Connecting NP’s and CNS’s to CARES Act (Legal emphasis BRN not interpreting CARES Act). Elissa and Charlotte will work on FAQ authorizing NP’s and CNS’s to certify and recertify medical necessity for patient to receive home care as authorized by the CARES Act as amended in the Social Security Act.

MOTION: No motion or action.

PUBLIC COMMENT FOR AGENDA ITEM 5.0:

Erika Drury, Director of Government Affairs for Maxim Healthcare Services: Explained that Maxim is a home health agency and expressed the importance that in the home health industry that all the non-physician practitioners be able to sign home health orders in order to expedite access to care services in the state. Explained that an FAQ sounds reasonable to provide resources on all appropriate information and is available from the appropriate regulatory entities through CDPH and DHCS.

Ron Ordon, CANP Health and Practice Policy Committee: Reinforced that the provisions of CARES Act for NPs and CNSs certifying and recertifying home health are permanent and not part of the public health emergency.

Brayden Oparowski, Policy Director of California Association for Health Services at Home: Stated that in light of AB 890 that authorizes home health nurses and NPs would like the COVID timeframe removed.

Chaka: Supported the previous comments in regards to AB 890 and for this to be permanent regulation to avoid confusion for NPs going into home health.

6.0 Discussion Only: Discuss maintaining the existing APRN Advisory Committee upon establishment of the Nurse-Midwifery Advisory Committee and Nurse Practitioner Advisory Committee.

DISCUSSION: Mitchell Erickson: Explained that this item is discussion only and is about the continuation of the APRN Advisory Committee. He further explained that there are concerns that the new statutorily required Nurse Practitioner Advisory Committee (NPAC) and the Nurse Midwifery Advisory Committee (NMAC) may create a void for CNSs and CRNAs.

Elissa Brown: Expressed the importance to maintaining the APRN Advisory Committee that houses all four of the APRN professions and how working together impacts all the APRN professions. Expressed her opinion that committee is very important and should continue meeting.

Mitchell Erickson: Explained that there are risks to having separate APRN committees as it removes the communication around common interest and unified opportunities. Expressed his opinion that there is value of continuation of the committee to maintain a connection.

Karen Karp: Agreed with Elissa and explained that there are very strong reasons for the committee.

Danielle Blum: Agreed with Elissa and Karen.

Elissa Brown: Added how the committee continues to protect the public.

Garrett Chan: Stated that he is agreement with his colleagues.

Loretta Melby: Explained how the APRN professions may benefit if the APRN committee were to be dissolved as it would allow the groups to collaborate more and provide for more public comment/input opportunities. Further explained that the Bagley-Keen Act (BKA) would apply to each Advisory Committee.

Reza Pejuhesh: Clarified the provisions of BKA and explained how members of each committee discussing information would not be a violation.

Jane Perlas: Explained that studies have shown how inclusiveness is beneficial instead of silo and separation of committees.

Loretta Melby: Explained that there would still be collaboration between the APRN professions and there would not be silos.

MOTION: No motion or action.

**PUBLIC
COMMENT
FOR AGENDA
ITEM 6.0:**

Cynthia: Expressed that the APRN Advisory Committee should not dismantle as it has shown diversity and is strong with addressing practice issues. Further expressed that the continuation of the committee can work collaboratively to make recommendations on AB 890.

7.0

Discussion and Possible Action: Discuss responses to Frequently Asked Questions (FAQs) pertaining to the prohibition against self-referral for NPs; and Business and Professions Code (BPC) section 805 reporting.

DISCUSSION:

Garrett Chan: Explained that this agenda item is a continuation of a discussion from last meeting and requested confirmation on FAQs for 805 reporting. Also asked if there were two that could help support the BRN with the FAQs.

Mitchell Erickson: Requested clarification on if Garrett's questions was directed at BRN Leadership.

Garrett Chan: Provided clarification that during the last meeting, if there were FAQs from the Committee, the BRN staff would move those forward. Asked if there was anything the committee could do to support the BRN staff in putting together the FAQs.

Loretta Melby: Explained that she has not received any FAQs from the committee and that the BRN is working on webpage specific to 805 and the FAQs can be added. She requested that the committee submit any language for the FAQs to BRN for review.

Charlotte Gullap-Moore: Requested clarification on who to submit the FAQ language to.

Loretta Melby: Stated the FAQs can be emailed directly to her.

MOTION:

No motion or action.

**PUBLIC
COMMENT
FOR AGENDA
ITEM 7.0:**

Cynthia: Explained that she practices in both acute care and family practice and 805 is already established. Further stated that she wants to make sure that the 805 aligns with the Joint Commission and what is already in place.

8.0

Discussion and Possible Action: Discussion of the concept of transition to practice as used in BPC section 2837.101 et seq.

DISCUSSION:

Garrett Chan: Explained that this was added to the agenda because NPs will not be able to move forward with 2837.103 as it takes at least a year for regulations to be promulgated. He opened the topic for discussion.

Jane Perlas: Expressed her concern is that the NPAC is not in place to vote on items presented.

Mitchell Erickson: Explained that there is not an answer to her concern.

Garrett Chan: Explained that the APRN Advisory Committee could prepare the recommendation but the Board could state that it needs to wait until NPAC is seated. Further explained that the Board votes to approve or not approve the recommendation so the Board will decide whether the APRN Advisory Committee can proceed with the recommendations or not.

Reza Pejuhesh: Clarified his interpretation of statute and stated that taking any input or consensus that is established during today's APRN Advisory Committee can be presented to the Nurse Practice Committee that committee can decide what they want to do with the recommendation and whether they want to wait NPAC.

The members discussed if APRN Advisory Committee should review the recommendations and the sharing of data between committee members as the sharing of recommendations/edits.

MOTION: **Garrett Chan:** Motioned to make a recommendation to the Nurse Practice Committee to start the regulation promulgation for transition to practice that includes topics of managing a panel of patients, working in a complex healthcare setting, interpersonal communication, interpersonal collaboration, and team-based care, professionalism, and business management of a practice.

Reza Pejuhesh: Asked for clarification on process as follows: Mitch requested that Garrett is going to prepare a baseline document regarding transition to practice recommendations in the motion and those will be circulated via BRN staff to the committee members for edits and returned back to BRN for completion and submission to the Nursing Practice Committee by its deadline. He further expressed his concern that this will be communication going outside of the committee even though it is BRN staff and the fact that staff are sending it out to committee members it is still effectively communication and this proposal is to all of the committee members.

Garrett Chan: Agrees with Reza's statement and requested clarification on if it would be acceptable for the motion be sent out to the committee members as it is written so that they have written documentation about what the motion is.

Reza Pejuhesh: Explained that it is still a communication and still transmitting communication about this recommendation to committee members outside of the meeting. He explained that this agenda item should be discussed here during this meeting.

Mitchell Erickson: Clarified that the motion has already been made and would go to the Nursing Practice Committee as it stands and further explained that what supports the motion would be in the AIS which would go to the Nursing Practice Committee and the committee member creates the AIS. Asked for clarification on the best mechanism for the committee members to have an opportunity to review that AIS in advance or is it that Garrett writes it and they participate in the Nursing Practice Committee and comment then. Further asked if Garrett would be satisfied for this to be on the Nursing Practice Committee agenda.

Garrett Chan: Agreed and requested to get the committee members thoughts on this recommendation during today's meeting as Reza suggested because it will not violate the Open Meetings Act.

Mitchell Erickson: Explained that there is no need to restate the motion but will revote and open back up to public comment based on the language of the motion. Further explained that Garrett's motion stands as it was with the added clarification that he omit the words - including but not limited to - from his motion so that the committee understands.

SECOND: Mitchell Erickson

Vote	ME	CGM	DB	EB	GC	HR	JP	KK	RR	SB
	Y	Y	Y	Y	Y	AB	Y	Y	AB	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB										

PUBLIC COMMENT FOR AGENDA ITEM 8.0:

Patricia Gurney: Explained that the most important that provisions of the bill were enacted January 1, 2021 and should be allowed to go forward with as much input as possible. She further explained that she feels it is very important for those experts who are already seated in the APRN Advisory Committee and familiar with the issues of NP Practice to have input on regulations around transition to practice; therefore, she requests the process begin now as it is going to take time for the new members of the NPAC to be seated.

Cynthia: Thanked the committee for proposing this recommendation and explained that he thinks it is imperative and valuable that this motion is made to reassure the NPs that are currently practice are aligning with all the goals of AB 890. He further explained that the NPAC may not understand and comprehend the roles of a clinician because they may currently work in a union environment as unions do not represent clinicians. He emphasized importance that the APRN Advisory Committee supports the NPAC in driving the goals of AB 890.

Ron Ordon, CANP Health and Practice Policy Committee: Thanked the committee for the initiative and fast tracking this part of the law but he also reminded the committee to put into perspective the provision where NPs can sign hospice certifications of terminal illness in California as well as death certificates in California. He stated that he hopes the committee will think of that provision when addressing recommendations.

Rosemary Canelas: Explained that she is a practicing Family NP and she thanked the committee for their advocacy and work. She further thanked Garrett for bringing this up and agrees that the committee should start working on these now.

Adriana Lopez: Agreed with Rosemary and understood what Reza had mentioned. She explained that there was confusion in the language if it was all inclusive in the beginning of the discussion and what the vote was about.

Cynthia: Supports Garrett's motion as far as experts input in all arenas of practice to support AB 890 as well as the NPAC.

9.0 Discussion and Possible Action: Discuss information presented by the Office of Professional Examination Services (OPES) pertaining to conducting the occupational analysis outlined in BPC sections 2837.103(a)(1)(A), 2837.105(a)(1), and 2837.105(a)(2).

DISCUSSION: Garrett Chan: Explained that this agenda item is a follow-up from the last meeting as Loretta has been working with OPES with the implementation of AB 890 provisions and asked if there were any updates.

Loretta Melby: Explained that there are no updates from the last meeting.

PUBLIC COMMENT FOR AGENDA ITEM 9.0: No public comment.

MOTION: No motion or action.

10.0 Discussion and Possible Action: Discuss NP categories and their practices as they relate to BPC sections 2837.103 and 2837.104.

DISCUSSION: Garrett Chan: Explained that he pulled out important information from statute and regulation sections about NPs and stated that these categories that are already articulated in regulation. He further explained that one of the things not stated in statute or regulations is where NPs can practice and there is nothing that says NPs can only

practice in a specific setting or restricts them to where they can work. He stated that it is important to create an FAQ and add to the website.

Loretta Melby: Clarified the process to submission of FAQ language.

**PUBLIC
COMMENT
FOR AGENDA
ITEM 10.0:**

Tim Madden, California Plastic Surgeons: Explained that for California Plastic Surgeon members as are looking at AB 890 to address the access and shortages to primary care and looking at the categories that currently exist in 1481. Further explained that the categories that exist in regulations would not include NP setting up a practice in elective cosmetic care but in terms of an FAQ as it relates to the new sections of 103 and 104 and NPs setting up a practice in the areas of cosmetic care would be helpful.

MOTION: No motion or action.

11.0

Discussion and Possible Action: Discuss recommended updates to the Medi-Cal publication on Non-Physician Medical Practitioners and any recommended changes to the Department of Health Care Services website with the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020), Senate Bill 1237 (Reg. Sess. 2019-2020), and the CARES Act (2019-2020).

DISCUSSION:

Garrett Chan: Provided context Medi-Cal recognizes non-physician medical practitioners to be independent billing providers in some of the publications (included in materials) and there are some significant restrictions in regards to non-physician medical practitioners in the bulleted areas like definition of a NP, CNM and CNS. Recommended that with the passage of AB 890, SB 1237 and the CARES Act, the BRN work in collaboration with DHCS to modernize and prepare publications and website to accurately reflect these new laws as well as include CNSs in the non-physician's publication.

Mitchell Erickson: Discussed revisiting this agenda item in another meeting to further discuss as information regarding CNSs were not included in the AIS that were identified by Garrett.

Reza Pejuhesh: Explained that the publications are DHCS publications and they will have to make the changes. Further explained that all the BRN can do is point out to DHCS that they have some items that may need to be updated which can be handled informally within this committee or the BRN.

Mitchell Erickson: Explained that will forward the document with edits to BRN staff and they can work through their proper channels with to work with DHCS.

**PUBLIC
COMMENT
FOR AGENDA
ITEM 11.0:**

Perry Lambert, member of the Health Policy Committee with CMAA: Supports this action and requests an email to provide support of the facts.

Garrett Chan: Explained that the best way to do this is to communicate with your California Nurse Midwives Association leadership and they will get that information to him.

MOTION: No motion or action taken.

2:52 pm

12.0

Public Comment for Items Not on the Agenda

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125 and 11125.7, subd. (a).)

**PUBLIC
COMMENT
FOR AGENDA
ITEM 12.0:**

No Public comment.

13.0

Adjournment

Mitchell Erickson, NP – Chair, adjourned the meeting at 2:06 pm.

Submitted by:

Accepted by:

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Mitchell Erickson, NP
Chair
APRN Advisory Committee



Agenda Item 5.0

Discussion and Possible Action: Regarding Board Advisory or Frequently Asked Question (FAQ) language to be consistent with Centers for Medicare and Medicaid Services (CMS) reference to APRNs' (Clinical Nurse Specialists and Nurse Practitioners) ability to certify and recertify home care services in California.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | July 22, 2021

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: July 22, 2021

ACTION REQUESTED:

Discussion and Possible Action: Regarding Board Advisory or Frequently Asked Question (FAQ) language to be consistent with Centers for Medicare and Medicaid Services (CMS) reference to APRNs' (Clinical Nurse Specialists and Nurse Practitioners) ability to certify and recertify home care services in California.

REQUESTED BY:

Elissa Brown, MSN, RN, PMHCNS-BC
Charlotte Gallop-Moore, DNP. APRN, ANP-BC

BACKGROUND:

The national Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act), details practice changes for Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS). Beginning March 1, 2020, NPs and CNSs may certify that patients are eligible for Medicare home health services, order these services, and establish and review home health plans of care. These changes are effective for Medicare Claims with a date on or after March 1, 2020.

Allowed practitioners include:

- A NP collaborating with a physician according to state law;
- A CNS collaborating with a physician; and,
- A Physician Assistant working in accordance with state law. (No BRN oversight)

Below are frequently asked questions (FAQs) for NPs and CNSs:

FAQs related to Advanced Practice Registered Nurses (APRN) Practice and the CARES Act of 2020

What is the CARES Act of 2020? The national Cares Act of 2020 makes a permanent, statutory change to allow NPs and CNSs to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home. This important change increases access to care, by adding qualified APRNs to assess patients and facilitate the provision of needed care and treatment, in a timely manner.

How does the CARES Act affect California APRN practice? The Act includes a provision for "Improving Care Planning for Medicare Home Health Services NPs and CNSs are able to order, certify, Home Health Services. Where they work may require standardized procedure and policy to be developed." (The current regulation in California requires SP)

Are there specific requirements for APRNs to be able to order home health services? Yes. The practitioner must be practicing according to state law. The APRN must hold national certification in order to be eligible for reimbursement.

How does the CARES Act improve access to care? An individual no longer has to be solely under the care of a physician. An individual who is under the care of a NP or CNS will also qualify. The practitioner can establish the patient's plan of care and certify the patient's eligibility. This allows the practitioner to sign the Home Health Certification and Care Plan – Form 485 and interim orders directly. It will eliminate the extra step of having the supervising physician sign orders properly given by the non-physician

practitioner. This also allows the practitioner to perform the face-to-face encounter.

Are there additional benefits that may affect APRN practice: Yes. The CARES Act also supports broader use of telecommunications systems, including remote patient monitoring, to deliver home health service. This would allow patients to receive certain home health services without a provider entering their home.

RESOURCES:

CMS – Qualifying for Home Health Services:
<https://www.cms.gov/files/document/r10438bp.pdf>

Home Health Manual Update to Incorporate Allowed Practitioners into Home Health Policy:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Health-Benefit-Fact-Sheet-ICN908143.pdf>

CMS Manual System - Centers for Medicare & Medicaid Services:
<https://www.cms.gov/files/document/r10438bp.pdf>

Medicare Home Health Benefit:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Home-Health-Benefit-Text-Only.pdf>

Section 3708 of the CARES Act amended section 1895(c) of the Act to allow payment for the furnishing of items and services under the Home Health Prospective Payment System (HH PPS) when these items and services are prescribed by an NP, CNS, or PA. In accordance with section 3708 of the CARES Act.

Proposed Language:

The Centers for Medicare and Medicaid Services (CMS), has amended the regulations to the Home Health Manual, to incorporate allowed practitioners, i.e., Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), giving regulatory permission for CNSs and NPs to certify and recertify home health services in California. This new allowance will currently be incorporated into standardized procedures for both NPs and CNSs. When AB 890 is promulgated, the permission to certify and recertify will be included in NP practice. For CNSs in California, the Standardized Procedure requirement remains.

NEXT STEPS: Place on Nursing Practice Committee agenda

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov



Agenda Item 6.0

Discussion Only: Regarding filling two vacancies, one Certified Nurse Midwife member vacancy and one Nurse Practitioner member vacancy.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | July 22, 2021

**BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 6.0

DATE: July 22, 2021

ACTION REQUESTED: **Discussion Only:** Regarding filling two vacancies, one Certified Nurse Midwife member vacancy and one Nurse Practitioner member vacancy.

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

The Board of Registered Nursing (BRN) Advanced Practice registered Nursing (APRN) Advisory Committee was established in 2017 and held its first meeting in 2018. The APRN Advisory Committee, has an inclusive, diverse group of APRNs: Nurse Practitioners (NP), Clinical Nurse Specialists (CNS), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), who work in various practice areas, specialty areas, geographical locations, population focus. Members of this committee bring their unique perspectives to discussion of issues that ultimately affect the public. This Committee shall continue to review and work on positions, legislation, regulations, and advisories, necessary to ensure that the public has timely access to safe, appropriate high-quality healthcare by appropriate providers.

At a previous APRN Advisory Committee meeting, it was agreed to extend the term for the current members; however, one CNM is transitioning to the Nurse Practitioner Advisory Committee and one NP resigned. The discussion involves the committee's view on maintaining the current composition or modifying or returning the committee to a full 10-member status.

Review of current APRN Advisory Committee membership and returning the committee to its full membership composition.

NPs (4) – currently 3
CNSs (2) – currently 2
CRNAs (2) – currently 2
CNMs (2) – currently 1

RESOURCES:

NEXT STEPS: Should the APRN Advisory Committee decide to recommend modifications or changes in the composition of the committee membership, these will be forwarded to the Practice Committee for consideration and to the full Board. The BRN staff would assist with seeking candidates to fill any committee vacancies.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov



Agenda Item 7.0

Discussion and Possible Action: Establish the process for the APRN Advisory Committee's review of the Board Advisories or FAQs by practice specialty.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | July 22, 2021

APRN Advisories from BRN website Publications

APRN Profession	Link to advisory	Date Published
CNM	Standardized Procedure for Certified Nurse-Midwives for Furnishing Medications	2/2003
	Nurse Practitioners & Nurse-Midwives: Supervision of Medical Assistants	6/2013
	Nurse-Midwives: Laws & Regulations (ca.gov)	9/2011
	Nurse Midwives Furnishing Controlled Substances (ca.gov)	11/2001
	NMWs and NPs May Furnish Drugs and Devices in Their Solo Practice and DHS to Consult w/BRN When Developing Regulations that Affect the Scope of Practice of a CNM or NP (ca.gov)	12/2002
	Nurse-Midwifery Schedule II Controlled Substances to Include the Risks of Addiction and Neonatal Abstinence Syndrome with the Use of Opioids (ca.gov)	4/2009
	NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing (ca.gov)	11/2012
	National Provider Identifier Standard (NPI) CMS	Federal CMS
	Midwifery Practice Under Standardized Procedures Prohibited (ca.gov)	9/2011
	Medical Assistants: Handing to a patient properly labeled and prepackaged prescriptions, and does not include controlled substances	2/2015
	Law Changes Directly Impacting the Prescribing and Dispensing of Schedule II and III Controlled Substances Within California	3/2004
	General Information: Nurse-Midwife Practice (ca.gov)	11/2011
	CURES Mandatory Use Begins October 2, 2018 Prior to Prescribing, Ordering, Administering or Furnishing a Schedule II-IV Controlled Substance (ca.gov)	9/2018
	Certified Nurse-Midwife Practice: Explanation of Standardized Procedure for CNM (ca.gov)	11/2011
	Criteria for Furnishing Number Utilization (ca.gov)	10/2011
Advanced Practice Registered Nurse - Schoolbus Driver: Medical Examination	11/2012	
NP	Restraint and Seclusion Orders by Nurse Practitioners (ca.gov)	09/2001
	Nurse Practitioners New Authority to Provide Medications	02/2000
	Nurse Practitioners in Long-Term Care Settings	3/2011
	Nurse Practitioners & Nurse-Midwives: Supervision of Medical Assistants	6/2013
	NP Schedule II Controlled Substance and Risk of Addiction (ca.gov)	02/2019
	Nurse Practitioners: Laws & Regulations (ca.gov)	09/2013
	Nurse Practitioner Expanded Furnishing Authority for Schedule II Controlled Substances (ca.gov)	02/2004
	NMWs and NPs May Furnish Drugs and Devices in Their Solo Practice and DHS to Consult w/BRN When Developing Regulations that Affect the Scope of Practice of a CNM or NP (ca.gov)	12/2002
	NP Direct Patient Care Educational Hours	5/2020
	NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing (ca.gov)	11/2012
	National Provider Identifier Standard (NPI) CMS	Federal CMS
	Medi-Cal Billing: Certified NP Nationally Certified in a Specialty	1/2007
	Medical Assistants: Handing to a patient properly labeled and prepackaged prescriptions, and does not include controlled substances	2/2015
	Law Changes Directly Impacting the Prescribing and Dispensing of Schedule II and III Controlled Substances Within California	3/2004
	General Information: Nurse Practitioner Practice (ca.gov)	4/2011

APRN Profession	Link to advisory	Date Published
NP (cont'd)	General Information for NPs Regarding National Certification	5/2011
	CURES Mandatory Use Begins October 2, 2018 Prior to Prescribing, Ordering, Administering or Furnishing a Schedule II-IV Controlled Substance (ca.gov)	9/2018
	Frequently Asked Questions Regarding Nurse Practitioner Practice (ca.gov)	11/2014
	Explanation of RN Scope of Practice and Nurse Practitioner Practice (ca.gov)	12/1998
	Criteria for Furnishing Number Utilization by Nurse Practitioners (ca.gov)	12/2004
	An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice (ca.gov)	12/1998
	Advanced Practice Registered Nurse - Schoolbus Driver: Medical Examination	11/2012
CNS	National Provider Identifier Standard (NPI) CMS	Federal CMS
	General Information for CNS Regarding National Certification	11/2008
	BRN Certified CNS in the Specialty Psychiatric Mental Health Nursing, and BRN Listed PMH RN - Reimbursement for Counseling Services: Victims of Crime (ca.gov)	4/2002
	Certification of Clinical Nurse Specialist	11/2008
	Advanced Practice Registered Nurse - Schoolbus Driver: Medical Examination	11/2012
CRNA	Nurse Anesthetists (ca.gov)	9/1998
	National Provider Identifier Standard (NPI) CMS	Federal CMS
Generic	Payments and Proceeds (ca.gov)	4/2008
	Health Workforce Projects (ca.gov)	11/2012
	Guidelines Cannabis Recommendation	4/2018
	Clinics Eligible for Licensure (ca.gov)	4/2011
	Certification Requirements	11/2014
	Opioid Prescribing Guideline Resources Drug Overdose CDC Injury Center	CDC Guideline
	California State Board of Pharmacy Rules and Regulations Effective January 1, 2005: Excerpts Pertaining to Nurse Practitioner Furnishing and Certified Nurse-Midwife Furnishing	12/2004
	Advanced Pharmacology Continuing Education Course for Furnishing	1/2004



Agenda Item 8.0

Discussion and Possible Action: Regarding next steps for professional organizations who requested the Committee’s input on Medi-Cal regulatory revisions/updates under the jurisdiction of the Board.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | July 22, 2021

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: July 22, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding next steps for professional organizations who requested the Committee’s input on Medi-Cal regulatory revisions/updates under the jurisdiction of the Board.

REQUESTED BY: Garrett Chan, PhD, CNS, NP

BACKGROUND:

The Non-Physician Medical Practitioners (NMP) publication by Medi-Cal (see Link below) that was updated September 2020 will need to be updated to accurately reflect the scopes of practices for nurse practitioners, nurse-midwives, and clinical nurse specialists. The APRN Advisory Committee will discuss the progress made in evaluating the NMP since the 2/4/2021 APRN Advisory Committee meeting.

RESOURCES:

Link: <https://filessysdev.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/nonph.pdf>

NEXT STEPS: The APRN Advisory Committee will provide any guidance necessary to outside organizations and agencies seeking its professional opinions during the revision process.

FISCAL IMPACT, IF ANY:

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