STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES

DRAFT

Date: August 21, 2024

9:00 a.m. **Start Time:** 9:00 a.m.

Location: **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not being provided.

The Board of Registered Nursing held a public meeting via a teleconference platform.

Wednesday, August 21, 2024 - 9:00 a.m. Board Meeting

9:00 a.m. **1.0** **Call to Order/Roll Call/Establishment of a Quorum**

Dolores Trujillo, RN, President, called the meeting to order at: 9:00 a.m. All members present. Quorum established at 9:02 a.m.

Board Members: Dolores Trujillo, RN – President
Jovita Dominguez, BSN, RN
Patricia "Tricia" Wynne, Esq.
Roi David Lollar
Vicki Granowitz
Alison Cormack
Nilu Patel

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer
Harry Skaletzky – DCA Legal Attorney

Loretta Melby let the board know that the previous board meeting minutes were not available and will be added to the November board meeting agenda. She asked the Board President to reorder the agenda by moving Agenda Item 3.0 to the end of day two. President Dolores Trujillo reordered the agenda and moved agenda item 3.0 to the end of day 2.

9:03 a.m. **2.0** **General instructions for the format of a teleconference call**

Please Note: The Board may not discuss or act 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).)

4.0 **Review and possible action: Approval of prior meeting minutes**
4.1 May 23-24, 2024
4.2 June 20, 2024

Minutes were not ready and approval was moved to the November 2024 Board Meeting agenda.

9:08 a.m. **5.0** **Report of the Administrative Committee**

9:08 a.m. **5.1 Executive Officer Report**

Board Discussion: No comments or questions.

Public Comment(s): Loretta Melby reminded the public that comments should be kept to the EO report. Any other items for public comment for items not on the agenda will be addressed at the end of day two.

Jeffrey R. Darna – He said he would hold his comment until the end of day two's agenda.

9:10 a.m. **5.2** **Information only:** 2022-2025 Strategic Plan and goal progression

Board Discussion: Patricia Wynne asked how long it takes to do the endorsement license verification. How often does a person need to extend the 6-month temporary license and trigger the second six-months?

Loretta Melby The verification is not what takes time. It's the review of the educational requirements. If the applicant attended an out of state program that has an educational curriculum that meets the requirements of California, then that is fairly quick review and then as soon as the permanent license is issued, the temporary license is no longer valid. The problem happens when the curriculum does not match California's requirements and the applicant may have to take an additional course. There are a lot of international applicants that don't have the same curriculum as California and may have to go back to school to take the course and that's when the one-year time frame allows them time to take additional college courses.

Nilu Patel asked if this includes injection therapy.

Loretta Melby said it does and involves compounding that is not allowed as a RN and against the scope of practice. Compounding is only allowed in an emergency that is considered life or limb sparing which does not happen at an IV hydration clinic.

Nilu Patel is happy to hear that is happening and asked about botox injections and fillers.

Loretta Melby said as long as the nurse is competent, it's not the medication administration that is the issue, it's the supervision and whether there is physician oversight. She spoke about NPs who are still required to work under standardized procedures or as a 103 NP who cannot work in settings that are not specified in law. There are specific group settings, which medspa is not one of those typically. Anybody that has a nursing LLC and practicing without physician supervision without standardized procedures are in violation of scope of practice. A lot of education needs to be done because she's sure there are a lot of people doing this who are unaware, and they should not be doing it.

Alison Cormack asked about an item on page 12, goal 1.2.a under licensing and asks what the actual measurement of the metric is. It says significant reduction of repeat callers, volume cut by 25%. Is there any data on this.

Loretta Melby said there is phone data, but the board has not seen a 25% reduction. Due to changes in our process, we've seen an increase in calls. This is expected currently because whenever you implement a change, whether to streamline a process or improve it, it changes the process which causes confusion and increases reach outs. While the staff are making progress to streamline and make things better, it still warrants phone calls. We've been working through a grant to develop a concierge service. They will look to see if an application has been completed and if not, then a telephone reach out to the applicant is completed to ensure the applicant knows what items are still missing what need to be turned in to complete the application. Many times, an application is incomplete, and the application cannot be processed to issue a license. By implementing the concierge service through licensing, we expect to see a decrease in calls.

Alison Cormak said it makes total sense to be proactive instead of reactive but wonders if it would make sense to see the actual data to see how its going.

Loretta Melby said phone data could be reported but it would take a lot of time to explain the numbers. She explained the methodology to calculate the phone data. She said the data, while confusing, could be reported with a legend and context to make it very clear.

Alison Cormack said because it's a success measure it would behoove the board members to know what the number is, even if not officially succeeding, staff is managing it in a different way to potentially help with the next budget drill because it isn't like calls are going to end.

Loretta Melby said a budget change proposal to add more staff doesn't solve the phone issue because people don't call the BRN to say we're doing a great job. She said 99% of phone calls are licensing related so if licensing efficiencies are addressed then calls are expected to reduce.

Alison Cormack said senior leadership takes a turn on the customer service lines once a quarter to see how things are going.

Loretta Melby said she agrees, and this is why she's posted direct access information on the web for her, AEO, Chief of Licensing, Chief of Legislation, and all Executive level team members as well since 2020. She said this was put into effect during COVID so there would be many ways to contact them. She has gotten many calls from people having difficulty getting through and she will direct them which has been helpful. Their email addresses are also available. She said its an amazing feedback system that helps them identify issues based on what callers say.

Alison Cormack asked about the website. Is there a timeframe when the website would be updated and would eliminate a lot of callers.

Loretta Melby said they are in the assessment phase. The website project is getting much vaster as they speak with different constituencies. She does not have a timeline yet but will build one when the assessment is done.

Alison Cormack asked if there is a way for the public to provide feedback about the website.

Loretta Melby said there is a webmaster email.

Alison Cormack asked about the data for clinical placements at 4.3.a.2.a. and if there is a timeline for this.

Loretta Melby said the school reports have some of this data on the web in tableau. A web page was created by McCaulie Feusahrens and herself with data that was submitted to IT and a mockup has been created that could go live next week. This will have a lot of clinical information including board enrollment increases. The biggest item will be the Clinical Facilities Authorization that is being built and expected to post December 1, which will allow the gathering of clinical data to begin. This will create an electronic process to submit the data from the EDP-P-18 that will be posted to the web once all approvals have taken place. There are still two items being worked on that includes clinical facilities not in the CDPH database that they hope will be released in October. There is a reporting function that is being built and hope to be released in December. This is a large and ongoing process.

Alison Cormack appreciates the comprehensive answer and looks forward to having data available by the end of 2024.

Vicki Granowitz said there are very full agendas but sometimes the discussion goes far afield and wonders if there is a thought to place time limits on the members and their discussion. Because of the issues going on the board has asked for a lot of data and due to budget cuts it might be a good idea to create a list of requests to track the money. These are suggestions and does not need a response from anyone.

Public Comment(s): No public comments in Sacramento or on the WebEx platform.

9:43 a.m.

5.3 Information only: Registered Nursing Fund condition (presentation by DCA Budget Office)

Board Discussion: Patricia Wynne said they keep hearing budget cuts are coming and asked if there is a high-level overview of the budget cuts and how that will affect the report just given. Luke Fitzgerald said most of that will be reflected in personal services. Loretta Melby said most money is spent on employees and that will go down and may need to revisit the fund condition in the future. Suzanne Balkis said DCA is also working the Department of Finance and the board on reductions that could be for OE&E or positions. There is no firm information about that yet because they are in the middle of a drill now. All those adjustments will come in January when the budget gets released.

Alison Cormack wants to restate what she asked about last time which is line 4129400 for endorsement licenses which are trending down and looks like a $9 million delta between what is projected and

current. She doesn't want to only focus on expenses because she knows there is a three-year rolling average and the 31 number is unlikely to materialize. Suzanne Balkis said they have another drill to adjust the revenue that will also be seen in January.

Public Comment(s): No public comments in Sacramento or on the WebEx platform.

9:53 a.m. **5.4 Information only:** Presentation by The American Red Cross Nurses as a Vital Resource in Disaster

Board Discussion: Dolores Trujillo asked how the volunteer commitment for each disaster.

Trisha Mims said volunteers are asked to stay 10-14 days but with professionals in their disaster health service cadre they like to lessen it and look at virtual options as well. However, in person during fires is important but they have some ability depending on funding to restructure that.

Dolores Trujillo asked if there is an online option for a nurse who would like to apply.

Trisha Mims said at redcross.org a person can look at volunteer opportunities. It will give the person the ability to connect with great regional leads in California that will help the nurse figure out where they fit in and help with training and orientation processes to get them situated. Trisha Mims added that they recently restructured their training out of time concerns and been able to decrease overall training to under 10 hours.

Loretta Melby said the update to the temporary license should be effective and help because there is no legislation for the compact. The temporary license process for the endorsement licensee should issue in an automatic fashion. They are working with the NCSBN and DCA to upload directly into Breeze. There is also an electronic process with DOJ to get a clear background check. If these two processes happen together the temporary license will be issued automatically while staff reviews education materials needed to issue a permanent license. That should be a very quick turnaround time with no delays. A concern with the compact, brought up by legislative staff, is when the board defers to the compact, they lose all ability update their laws and regulations that pertain to the compact. In addition, the board cannot advocate for any type of law change.

Nilu Patel asked how a disaster affects the advance practice nurse.

Loretta Melby said the BRN needs to make changes to the advance nurse practitioner processes for temporary licenses. When the regulations are updated and if the choice is to license based on national certification, then a temporary license should be able to be issued at the same time as a RN temporary license for at least the CRNAs and CNMs as that National Certification information is now in NURSYS®.

After Public Comment:
Dolores Trujillo shared to the public members about their concern regarding the compact license in California, that EO Melby addressed the concern. She asked if Loretta Melby could briefly address it one more time.

Loretta Melby said the compact needs to be introduced through the legislative process. There was a bill introduced consistently for the last few years and did not make it out of the session. The board will address them as the bills come forward. Historically, the board has not supported the compact because of the lack of ability to regulate nurses in California if they have a multi-state license. The biggest issue is the inability to make updates and changes to the compact laws and every board of nursing slightly different. The public health risk is an issue and staff are doing as many updates as possible to streamline the process. Including implementing the temporary license in the automated fashion that will hopefully answer that and may even make NLC unnecessary in California. If the board can issue a license in a matter of a couple of days and get someone working, then they've answered the issue.

Dolores Trujillo thanked Ms. Mims for her excellent presentation on the Red Cross.

Trisha Mims asked Loretta Melby if there is going to be a cost for the temporary license for their planning purposes. Or would the board look at why the temporary license is needed.

Loretta Melby said the temporary license is $100 but the board has the statutory authority to alter the amount from the sunset bill two years ago when all fee floors were removed. The board would go through the regulatory process to address the fees. In the last state of emergency, a waiver was put forward and the temporary license was given for free and there was no cost as a way to manage through Covid.

Trisha Mims said that was wonderful and thanked the board for the time given to make her presentation.

Public Comment(s): Diane St. Denis, Disaster Health Services Advisor for the Pacific Division which includes seven states and the territories of American Samoa, Guam and the Mariana Islands – She is a subject matter expert. She said the health service volunteers are RNs, EMTs, MDs, PAs and LVNs to a lesser degree. She said the difficulty in staffing disaster areas is that many of their volunteers are retired and can no longer deploy outside of their local areas. Some volunteers are younger but work full time and have families with young children which limits their ability to deploy. Single nurses that are employed cannot get time off from work on short notice and especially for 10-14 days. Another impediment for some responders is that they have to work 12-hour shifts because there isn't enough staff to cover 8-hour shifts. Every state relies upon disaster health services from other states. The multi-state license allows for nurses to work across state lines. Because California is not a part of the compact or the uniform emergency volunteer, health practitioner act, also known as UEV HPA, they cannot bring in assistance from outside of California. The impacts are enormous for their clients. They do a seamless questionnaire which is to determine whether their clients have access and functional needs that need addressing to keep clients as independent in a shelter as they are at home. They replace durable medical equipment as well as medications lost in the disaster. Imagine not having seizure medication, having a grand mal seizure in front of a shelter full of people who have never witnessed one before. If you lose your dentures, you can't eat a normal diet like you usually do. This is detrimental to their health. When they cannot staff their shelters daily on regular shifts, they try to itinerate between shelters for clinic hours, but sometimes the distances and terrain make it impossible to do that. They use virtual responders to assist clients with medication replacements. Oftentimes the clients have no transportation, and on more than one occasion she had to make pharmacy runs to pick up medications and supplies. This complicates their financial tracking, but it's a necessary thing to do. They've burned out many of their California responders with the endless requests for the… (public commenter hit two-minute mark)

Bio break from 10:20 – 10:30 a.m.
Board returned at 10:32 a.m. Quorum re-established at 10:33 a.m.

10:33 a.m.

5.5 **Information only:** Presentation by National Council of State Boards of Nursing (NCSBN) on Approval of nursing programs and the evidence-based Regulatory Guidelines for Boards of Nursing when approval programs and the Annual Report Program.

Board Discussion: Loretta Melby told the speaker the presentation was very valuable. She explained the continuing approval visit for those who are accredited and non-accredited. She said the current process is hybrid where one day is in person and one is done virtually. She said one of the things noticed during Covid is that some out of state schools who were accredited were doing 100% clinical as simulation which was a big push for California to implement as well. She said she heard that Florida does 100% and there were states that graduated and licensed students without passing NCLEX, during Covid, which shocked herself and the board. California had statutory language which addressed the emergency that shocked the board at the time dropping direct patient care to 25%, allowing 75% simulation in OB, Peds, and Psych. Only med/surg and geriatrics were kept at 50%. This can still be used during any state of emergency or disaster. This does not fall within the simulation guidelines from NCSBN. California received a letter from Quad Council that is on an upcoming agenda where they ask the board to stop approving programs and defer to the accreditors.

Jovita Dominguez thanked the presenter for her passion and presentation.

Alison Cormack appreciates the information for those who are not nurses. She asked what the quality indicators and the warning signs if the board does anything different for pre-licensure programs younger than five years.

Loretta Melby said the board doesn't do anything different. Previously board staff did a one year and two-year check, but they weren't supported in regulations. Staff had to align to regulations and statutes, so they stopped. They are developing uniform methods for approvals/reviews.

Alison Cormack said that makes sense and is certain they will get into what's a new program or site. She asked if the board regulates or evaluates the percentage of part time and full-time faculty.

Loretta Melby said the information is gathered and evaluated during a site visit but it is not regulated. The information is shared with the program director along with resources of NCSBN for them to fight within their administration for support. It is not considered for compliance. The regulation is very broad to say there must be adequate resources to administer the program without a definition of adequacy yet.

Alison Cormack asked if there is anything else the board should be thinking about with the information presented today.

Loretta Melby pointed to the slide with quality indicators as a means to have discussions with legislative staff when faced with having board authority removed. This has been a big push, especially at sunset, and staff is starting to prepare for it. She said Senator Roth asked NCSBN at the last sunset hearing if it was required to have an approval from the BRN, and they said yes.

Dolores Trujillo asked what the process is for a simulation lab to be accredited and a timeline that NCSBN recommends for this.

Nancy Spector, NCSBN, said there is no timeline. She said fewer than 5% are accredited. The process is much more and expensive. The Society of Simulation and Healthcare (SSH) would take a while, however, NACSL another organization in simulation has just started this recognition and they've done it with faculty. It needs to be cheaper.

Loretta Melby asked if this is the same as an endorsement and Nancy Spector agreed. Loretta Melby said she asked because simulation regulations were put forward for consideration from NEWAC and they referenced an NACSL endorsement.

11:42 a.m. **Public Comment(s):** No public comments in Sacramento or on the WebEx platform.

11:44 a.m. **5.6** **Information only:** Presentation by NCSBN on Substance use disorder (SUD) alternative to discipline outcomes and components of monitoring programs 2020 research study.

Board Discussion: Presented by Richard A. Smiley, Senior Statistician, Nursing Regulation, NCSBN.

Patricia Wynne asked if participants are asked permission to participate in study or if confidential identification is being done.

Richard Smiley said no identification and the way they got IRB approval for this is that they do not know who they are studying. He said they lost a state as a result of this because they had no way to track the nurse into practice.

Patricia Wynne asked how many participants are tracking with 10 jurisdictions.

Richard Smiley said he does not have an exact number because of the way data is transmitted to them. They know they have over 200-300 from four jurisdictions. They have enough to gather data.

Patricia Wynne asked about two tests per month randomly and what types of tests besides.

Richard Smiley said the drug testing companies mix between urine, hair, and saliva. He spoke about a participant being able to beat one type of test but not the others. He spoke about use of alcohol and how long it's in a person's system.

Patricia Wynne asked about testing because the board has heard about a mouth swab and wondered if that would be part of the study.

Richard Smiley said he didn't know if they would have that type of detail. He said they found no evidence of susceptible tests whether substance abuse or alcohol.

Vicki Granowitz asked about the number of tests being done by different programs and the randomization.

Richard Smiley said most programs are doing random testing. He doesn't know of any program that isn't doing random testing but it's the frequency of the testing that is being refined by the programs. He said a lot of the programs test once a month.

Vicki Granowitz said her question is if participants getting close to the end of their program were being tested less often.

Richard Smiley said he thinks a lot of programs do that. He's heard the testing frequency changes towards the end. But not all programs do this, some keep it the same throughout their entire program. It's a program decision. He said California does it. He's heard other programs are more intense at the beginning than back off at the end which makes some sense.

Vicki Granowitz said it seems a little infantilizing to do a lot of testing throughout and then go cold turkey when they're out of the program.

Richard Smiley said he doesn't think there will be enough data. He said tapering off is good. He said the testing companies are a business and always encourage more tests. When he talks with the drug testing vendors, they say there should be a yearly check in to make sure everything is okay. He said it doesn't have to be as

rigorous as when they start the program. The evidence he's seen says it's a logical approach.

Vicki Granowitz said it seems you should titrate people and then test randomly.

Richard Smiley said the drug testing companies do business with clients, but they are observant and know what they see. When he did his studies, he found internally, one of the drug testing companies did their own study, and it had similar outcomes as his study. He said programs should test a lot in the beginning then reduce as the participants go through the program.

Alison Cormack said she looked at the 2020 study and saw there were 7,000 nurses in the study. She was surprised that the numbers of successful completion show 61.5%. She said that number is interesting because that suggests 38.5% did not. She said the write up seems to be consistent with California's program. She spoke about the five years tested twice a month, but if not feasible, data suggests the length of the stay in the program should be scaled back before reducing the frequency of drug testing. She thinks this sounds like California is headed in the right direction. She spoke about the sentence saying, "identifying nurses likely to fail is of greater priority than those likely to complete given the possible implications for patient safety" and wonders if he could talk about the findings. They highlight what makes people succeed but would like to know what causes failure.

Richard Smiley said he doesn't have that kind of data and does not think they could draw any conclusions about why people come into the program, doing rehab, doing monitoring, what happens because they didn't have the data.

Alison Cormack asked if there was data for those who re-enter the program.

Richard Smiley said they did not re-analyze those people. They wanted the data to be apples to apples and screened them out. He thought it could have been 10% data loss. He said they tried to get as close to the ideal with the data. He said the data did not capture if someone may have gone through a program in another state. He said there was a lot of data to determine whether someone successfully completed the program. He said it was much easier to know when someone fell out of the program. He thinks the data is 95% accurate. They tried to make a clean and direct comparison to

the best of their ability because there are other elements of error creeping in.

Alison Cormack appreciates the response because this is complicated. She aligns with Patricia Wynne about the importance of what can be learned from the data and the board must do the best with what information they have now. She is grateful for the study published in 2020. This helps figure out what is most effective.

Nilu Patel asked if they considered testing cost when factoring testing frequency.

Richard Smiley said they are not doing this as that has not been their focus. They are doing attrition studies because they suspect having more frequent and costly testing may lead to more attrition. He had quite a bit of data initially to go through and couldn't figure out what it was and then talking with the vendor, started to realize the vendor was tracking anybody who had walked through the door and may not have entered the program. Initially there was data for 11,000-12,000 but there was about 4,000 that did not enter the programs. But over half of those who did not participate was due to costs. They know it's costly but did not dive into the costs and would be a different study than what they're doing now.

12:19 p.m. **Public Comment(s):** **XRN** – A public commenter identified themselves as Gina and started to provide comment regarding the BRN's Intervention Program. They were informed that this was not the appropriate time to provide comment as it did not pertain to the agenda item currently being discussed.

No public comments in Sacramento.

12:23 p.m. **5.7** **Discussion and possible action:** Regarding 2025 Board and Committee Meeting Dates

Board Discussion: Dolores Trujillo had a conflict with January 29, 2025, and proposed a new date of January 22, 2025.

Motion: **Nilu Patel** Motion to Accept the Revised Dates of the 2025 Board and Committee Meeting Dates with a change of the January 29, 2025, date to January 22, 2025.

Second: **David Lollar**

Public Comment(s): No public comments from any location.

Vote:

	DT	AC	PW	JD	NP	DL	VG
Vote:	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

Recess for Lunch at 12:29 – 1:15 p.m.
Quorum re-established at 1:16 p.m.

1:16 p.m. **6.0** **BRN future priorities and proposals for review and possible action**

1:16 p.m. **6.1** **Discussion and Possible Action Regarding Appointment by Board President of Committee Members and/or Chairs, and Approval by the Board**

Board Discussion: Dolores Trujillo appoints Nilu Patel as chair of the Nursing Practice Committee. Nilu Patel said it is a huge honor and is delighted to accept.

Motion: **Dolores Trujillo** Motion to Accept the Appointment of the Nilu Patel to Chair the Nursing Practice Committee.

Second: **Jovita Dominguez**

Public Comment(s): Charles Griffis – CRNA, professor at UCLA School of Nursing – Said Nilu Patel is qualified and will be wonderful in this position. He's known her for some time as an educator and colleague, expresses his delight in this appointment.

Vote:

	DT	AC	PW	JD	NP	DL	VG
Vote:	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:20 p.m. **6.2** **Discussion and possible action:** Election of Board President and Vice President

Board Discussion: Patricia Wynne nominates Dolores Trujillo as President. Dolores Trujillo will consider this. Jovita Dominguez seconds.

David Lollar nominates Nilu Patel as Vice President. Nilu Patel is delighted to consider this and appreciates the nomination. Vicki Granowitz seconds.

Public Comment(s): Charles Griffis – CRNA, professor at UCLA, speaks in support of Nilu Patel's nomination for Vice President. He's known her for many years and she has a great work ethic. She'll get whatever the board needs done, has great skills with people, able to bring disparate groups together and find a middle way. He recommends her without reservation.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:25 p.m. 7.0 Report of the Nursing Practice Committee

1:26 p.m. 7.1 Information only: Advisory committee updates

7.1.1 Nurse Practitioner Advisory Committee (NPAC)

7.1.2 Nurse-Midwifery Advisory Committee (NMAC)

1:26 p.m. 7.1.3 Clinical Nurse Specialist Advisory Committee (CNSAC)

1:28 p.m. 7.1.4 Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)

Board Discussion: No comments or questions.

Public Comment(s): For Agenda Items 7.1.3 and 7.1.4 Melanie Rowe, CANA, Practice Director – Said during public comment period during recent CRNAAC meeting, many falsehoods about CRNA practice were spoken. In February of this year, she spoke to the board about the CDPH surveyors who falsely stated CRNA practice in California needs physician supervision and intimidated hospital administration with immediate jeopardy violations to change how anesthesia was delivered at the facility. It is now August, and this continues to affect all CRNA practice. Rather than closing the hospitals in these underserved areas where communities depend on not only healthcare but also employment, administrators

have caved to CDPH demands to keep their doors open. These actions have created a crisis of confidence about CRNA care throughout California and other healthcare facilities. CANA has reminded CDPH that the Nurse Practice Act and the Nurse Anesthetist Act governs CRNA practice in California, and if there's any confusion about the statutory language, the 2010 lawsuit brought by the California Society of Anesthesiologists against the State of California concluded that physician supervision of CRNAs is not required. This was again confirmed by the public court decision of that case in 2012. We cannot allow another state agency to define nursing practice in California. CANA is again requesting the BRN to communicate with CDPH, which I understand they are doing, but I still want to make the public comment heard about healthcare facilities in California regarding their scope of practice so CRNAs can continue to provide the safe expert care that they are relied upon to do. CANA supports the work that the CRNA advisory committee is doing regarding regulations, and they look forward to contributing as the subject matter experts for nursing anesthesia.

Emily Frank, President Elect CANA – She encourages the board to consider providing more support in their efforts to take on the chilling effect that these surveys have had on their practice in California. There are falsehoods out there and she reiterates this is happening behind closed doors outside the scope of the surveys. The surveys are not providing any ability to respond in a way that addresses the real issue. It's all being negotiated during the survey, but outside the scope of the survey. It isn’t coming back in the reports. They hope that these regulations will help clarify, and reiterate what's already in statute, and they ask the BRN to support them in their efforts to re-illuminate to all the facilities what their practice is, what their scope is, and reassure them that they are practicing within their scope. They are safe providers and have been for decades and decades. They continue to do the work to provide the access to care that they've been able to do especially in the remote underserved areas. Thank you very much for your support.

Charles Griffis, CRNA, PhD researcher at UCLA – He said there was a false statement, at least one, and probably several made at the CRNAAC meeting which should be noted and investigated. He said there is no requirement in state law for CRNAs to be supervised by a physician which was an allegation made by part of the public comment.

<u>After Public Comment</u>:

Loretta Melby said the board is aware of the issue facing CRNAs and that law supports no physician supervision for CRNAs to practice in California.

Nilu Patel thanked Loretta Melby for honing in on the comment in terms of statutory regulations regarding nurse anesthetists scope of practice in California. She called into the CRNAAC meeting and was quite distraught to hear all the falsehoods presented by non-CRNAs. It was really disturbing because it puts out false information to the public that isn't helpful in any way or manner. She asked the public commenters if there's been any fallout in Modesto or Central Valley regarding this situation with CDPH and putting them in public jeopardy.

Melanie Rowe – She said since January when the first survey happened with CDPH in Modesto, within one week, the CRNAs were removed from practice. When there were CRNAs and MDs running their own operating rooms in a smaller hospital, they went from six functioning ORs to one or two. Many cases were canceled or delayed in an area where they don't have a lot of choices to move to another hospital and they are still playing catch up from Covid backlogs where surgeries are scheduled months in advance. At Doctor's Hospital of Modesto, which is in the same area where the survey occurred and CRNA practice they were the only providers giving anesthesia for majority of their surgeries that were non-specialty cardiac surgeries. There were a thousand cases that were delayed and canceled within a two-week period. It took several weeks for the CRNAs to return to that hospital and start up surgeries again. The delay and its difficult to calculate the costs that patients had if there was a biopsy pending, some people took time off work for surgery, and they scheduled it around their kid's education. The cost is incalculable. They've been hearing from other institutions throughout the State of California that maybe they start using CRNAs. Everybody's short on anesthesia providers. They're not saying one anesthesia provider is different or better than another, but they all have enough work to give all the anesthesia in the state of California. There were hospitals and surgery centers who were planning to use more private anesthesia providers in the name of CRNAs and they have a crisis of confidence because they don't want to be investigated by CDPH. The biggest problem is hard to calculate. But they know it's occurring because these hospitals and these institutions have reached out to CANA to get some guidelines. That's okay, but if they don't believe them, they need to believe another state institution to get the facts from.

Nilu Patel asked about the complaint and whether there was a true patient safety issue because patients did not get their procedures.

Melanie Rowe said the process to post the surveys was different with this case including not being timely. They had to make Public Information Act requests to get some of these reports because they weren't on the website as they should be. The whole process of an institution having ten days to file a projected progression of how they're going to correct these perceived inaccuracies was not followed either. It's been hard for them to follow that as an association standpoint. But the calculations for patient harm is difficult to narrow down. But they know that if you cancel a thousand surgeries, then how many lives were impacted? Not to mention the staff that worked there, everything that happens in a small community around how the hospital functions as a major workforce of that institution.

Loretta Melby redirected the conversation to let public commenters and Nilu Patel know that for more conversation there needs to be an agenda item on a future board meeting agenda. She let everyone know that BRN is working with DCA Legal and CDPH to truly define scope of practice based on current law. Also knowing that we're going to have to work on regulations for that. As soon as we get that taken care of, her understanding is that an all facilities letter will go out, and they're in the process of working with CDPH to draft one. The Board of Registered Nursing is the only board that can interpret scope of practice for its licensees and she's working with DCA's Legal Team to get that taken care of.

7.1.5 Nursing Education and Workforce Advisory Committee (NEWAC)

1:45 p.m. **7.2 Discussion and possible action:** of proposed regulatory text to modify California Code of Regulations (CCR), Title 16, Section 1484 regarding Nurse Practitioner Education.

Board Discussion: David Lollar thinks this is a great idea if the preceptor qualifications are reciprocal and is common sense to streamline the system more effectively.

Motion: **David Lollar** **Motion to Accept the proposed regulatory text to modify California Code of Regulations (CCR), Title 16, Section 1484 regarding Nurse Practitioner Education**

Second: **Dolores Trujillo**

Public Comment(s): No public comments in Sacramento or on the WebEx platform.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:53 p.m. **8.0** **Report of the Education/Licensing Committee (ELC)**

1:53 p.m. **8.1** **Discussion and possible action regarding ELC recommendations on agenda item**

Note: Items 8.1.1 – 8.4 were discussed in the Education/Licensing Committee meeting held on June 20, 2024; these will be treated as consent agenda items unless a board member or member of the public state that they wish to pull one or more items out for further discussion. Agenda items within 8.5 will be presented to the full board for consideration.

8.1.1 Discussion and possible action regarding board approval of ELC recommendation to approve minor curriculum revisions (16 CCR § 1426), acknowledge program progress reports (16 CCR § 1423), and accept clinical facility approvals (16 CCR § 1427). Schools under consideration are identified in meeting materials within the tables.

ELC Vote: Jovita Dominguez – Yes; Dolores Trujillo – Yes; Patricia Wynne – Yes

8.1.2 Discussion and possible action regarding board approval of ELC recommendations to grant:

Continuing approval of prelicensure nursing programs (BPC § 2788; 16 CCR § 1423)
California State University San Marcos Baccalaureate Degree Nursing Program
Chamberlain University-Irwindale Baccalaureate Degree Nursing Program
Chamberlain University-Rancho Cordova Baccalaureate Degree Nursing Program
Napa Valley College Associate Degree Nursing Program
Palomar College Associate Degree Nursing Program
Porterville College Associate Degree Nursing Program

Southwestern College Associate Degree Nursing Program

Prelicensure nursing program curriculum unit adjustment or other changes (16 CCR §§ 1426)
California State University Channel Islands Baccalaureate Degree Nursing Program
Fresno City College Associate Degree Nursing Program
Southwestern College Associate Degree Nursing Program

Approval of clinical practice experience required for nurse practitioner students enrolled in non-California based nurse practitioner education programs (16 CCR § 1486)
United States University Round Rock, TX

ELC Vote: Jovita Dominguez – Yes; Dolores Trujillo – Yes; Patricia Wynne – Yes

8.2 Discussion and possible action regarding board approval of ELC recommendations to defer taking action on the continuing approval status of Merritt College Associate Degree Nursing program while they work to clear the areas of non-compliance, with quarterly reports to the NEC, and return to ELC/Board in one year (June/August 2025) (BPC § 2788; 16 CCR § 1423)

ELC Vote: Jovita Dominguez – Yes; Dolores Trujillo – Yes; Patricia Wynne – Yes

8.3 Discussion and possible action regarding board approval of ELC recommendations to accept the substantive change requests (16 CCR § 1432) for:

8.3.1 Unitek College Baccalaureate Degree Nursing Program (enrollment increase)

8.3.2 CNI College Baccalaureate Degree Nursing Program (enrollment increase)

8.3.3 Pasadena City College Associate Degree Nursing Program (enrollment increase)

ELC Vote: Jovita Dominguez – Yes; Dolores Trujillo – Yes; Patricia Wynne – Yes

8.4 Discussion and possible action regarding board approval of ELC recommendation to accept substantive changes to an approved nurse practitioner program (teach out and closure) (16 CCR § 1483.2)

United States University Nurse Practitioner Program
ELC Vote: Jovita Dominguez – Yes; Dolores Trujillo – Yes; Patricia Wynne – Yes

Board Discussion: No comments or questions.

Motion: **Jovita Dominguez**

Accept the recommendations of the education and licensing committee for agenda items 8.1.1 – 8.1.4.

Second: **Patricia "Tricia" Wynne**

Public Comment(s): No public comments or questions.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

1:57 p.m.

8.5 Discussion and possible action regarding acceptance of substantive changes to an approved program (BPC § 2788; 16 CCR § 1432) present
Marsha Fuerst School of Nursing Associate Degree Nursing Program (feasibility for an alternate campus in Citrus Heights, CA)

Board Discussion: Dolores Trujillo said she would pick up where they left off at the ELC. Were they able to obtain and provide the data the board asked for.

Gloria Blatti, founding dean of Marsha Fuerst since 2015. She's been a nurse for 45 plus years. A NP since 1980. She has a doctorate from Columbia University. The school has been around since 1996. They have 14 campuses that include LVN, Surgical Technician, Medical Assistants, Billing. They absorbed Shepherd University which has abruptly closed. They also absorbed Brightwood. They have approvals from USDE. They heard from seven of twelve schools. They have a letter from CSU-Sacramento.

Loretta Melby asked if there were any new programs that Marsha Fuerst had heard from since last meeting.

Gloria Blatti said they've reached out multiple times and have not received any additional responses. They submitted a sheet showing their efforts to contact other programs.

Dolores Trujillo has concern regarding attrition rates of the other campuses with 20.7% in 2023.

Gloria Blatti said they accept students from many backgrounds, many are working parents, many nationalities, the majority are ESL. She said a lot of them drop because they cannot do it now. They've had horrendous stories from students because they cannot finish on time. They work with the students to come back and finish, but they have big issues to deal with.

Nilu Patel asked if the school has the infrastructure to prepare the students to be successful given the fact that probably other schools are also facing similar challenges, yet they don't have high attrition rates.

Gloria Blatti said they hire the right group of people at all the schools dedicated to these students. They have a lot of resources, Kaplan, simulation, and is a big believer in trying to get their clinical practice. They've worked hard with these students to give them tutoring on demand with various faculty members.

Patricia Wynne spoke about the letter from CSU-Sacramento that they are concerned being in a very competitive area where clinical sites are at a premium and the board worries about displacement along with faculty shortage. She's concerned with a student picking up a large student debt along with supporting their three kids.

Gloria Blatti said she had a lot of conversations with the deans of the schools who would speak with her to hear what the issues are. The process they have in place right now at EDPA teams, made sure they went to the correct person that had a spot for them. They took whatever spots were available.

Edward Cramp, attorney representing Marsha Fuerst, appreciates the questions. He spoke about the issues of quality and outcomes and issue of access that is the endless struggle in higher education in this country. They want to make sure students have the best shot they can, they're qualified, going to a good school, and best shot on the back end of getting the outcome they're looking for. If they only took the best students all the time, then they would have the best outcomes but that doesn't solve the access issue. Funding of higher education in this country is called the Higher Education Opportunity Act (HEOOA) because we believe fundamentally that education is about opportunity and a big part of the opportunity is access. If there is no access locally, state, or federal then people will never have the opportunity to have the outcomes they want. Some people are not

going to be successful. Not everybody has the same opportunity, the role of Marsha Fuerst plays a different role in our system. It's not a community college, state, or UC. The population they serve is different and they do the very best they can. He believes they are going to get better but it's a question of whether these students get the opportunity and if they don't get the opportunity then are they going to get the opportunity anywhere else. While the attrition rates might be higher, the delivery of education is part of a process called continuous improvement. Part of that is NCLEX pass rates, attrition. The NCLEX pass rates for Marsha Fuerst are excellent and they are doing a really good job delivering qualified nurses to the state of California. If the question today is whether they should have that opportunity to deliver that access and opportunity to the students who otherwise might be qualified to enter a program in the Sacramento area, I think the answer's got to be yes. Ms. Patel or Ms. Wynne asked about the letter from Sacramento State and the potential issue of whether there's going to be enough clinical spaces. The truth is they have the EDP-P-18s. They have the assurances from the sites that there will be room. They have the evaluation from the NEC that they will meet all five areas of practice, and that's the form the program was asked to prepare. He knows that Dr. Blatti spoke with the director of the program from Sac State. He can't comment on all the motivations behind that. He knows it can be frustrating because he represents lots of colleges in California and when there's a new entrant into the marketplace, the truth is that everyone will adapt. The truth is that the EDP-P-18s indicate that there are institutions that are willing to accept the students and put them into the clinical rotations and give them the education that they deserve. That is the evidence that is before this board, and he urges them to consider that as primary source of evidence, for whether there is adequate clinical opportunities for students in this proposed location.

Vicki Granowitz said its interesting because in her practice as a psychotherapist, she would see kids that believed what institutions told them that they could do it, and then they failed. All they ever did was blame themselves and she saw kids that made suicide attempts because of it. Her question, and she's not asking the speakers to answer this, is what you are doing wrong in your outreach that you're reaching so many who are not capable of doing it. There is no shame. She's not asking the speakers to answer anything, because she has a couple of things to say. There is no shame for somebody whose capabilities are not within an area it is the adult's responsibility to help get them in another direction. The populations they are working with are saddling them with a lot of debt which she assumes is not forgiven when the program makes a mistake picking

somebody. She said the program will take whatever clinical placements are available and that sounds incongruent because the kids need the best placements, and these may be at the bottom of the barrel because they are the only ones available. So, it sounds to her, whether real or not, that the speakers are willing to take whatever, and they are in this for profit. The speakers can say they are doing the right thing, and she's sure they believe it, and in some part that may be true. But if you aren't making a profit, you wouldn't be doing what you do. She thinks the program can do a better job. She looked at the Sacramento letter and thinks its pretty clear what they're saying.

Edward Cramp asked if he could address the question.

Nilu Patel said she wanted to dovetail off what board member Granowitz said. She concurs and says the program's heart seems to be in the right place and she appreciates their commitment. But it sounds as though five schools still need their help rather than focusing on a whole new direction with a new location. She would like to see some documentation.

David Lollar agrees with Vicki Granowitz. He doesn't hold Marsha Fuerst responsible for the state of the system when every other private school is charging between $80-150,000 because that's what the market demands. He said 45 students three times a year does not sound like unmanageable numbers to him, and he thinks that would be doable. He said the school's name is well known and you will be able to find clinical placements for your students. He made a comment about the NCLEX rates going up in comparison to the attrition rates. He said financial illiteracy for the students who are willing to accept this kind of debt while financially fluent students would never consider going into this kind of debt without a guarantee on the other side makes them vulnerable. He's supposed to protect the public and wonders how vulnerable these students are.

Gloria Blatti spoke about the clinical placements and said they don't take just any placements. She takes what's available, so they don't displace anyone else. If she can't find something at a particular site, they go to a different one. They have 13 places that gave them the EDPs and they took a lot of time to review and decide. She looks at what sites are available, and she doesn't think everybody sees them all. They have a clinical person that goes out and meets individually with the people at the sites to sit down and look at everything and think about it. She doesn't get them overnight. It takes months to get them. The contracts have to be reviewed by legal people. She's been working on them for over one year. It's been a long time. She spoke

about readmission with debt. She spoke about her family and the debt they incurred going to college, getting good jobs, and paying their debt. She said not everybody can go to school and not have debt. She said she was able to do it because her hospital paid for it. But right now, it's hard to go to school without any debt unless you go to a community college which is a good deal. If students come in with their GEs, its like 62 plus 7500 to get their BSN that's CCNE accredited.

Loretta Melby explained the EDP-P-18 form and the process they go through for review and approval to meet the resource question. She said the NEC said they have the clinical sites based on the EDP-P-18s. She reviewed the agenda item from April and the committee was looking at the EDP-I-01 and its process for a new campus or location. The section on the EDP-I-01 that needed to be addressed is at the bottom of page two and says, "Note, clinical placements of a new program must take into consideration the impact on the use of the clinical facility by the existing pre licensure registered nursing programs and must be coordinated with any process for clinical placements such as consortium for regional planning. Include a description of your collaboration and coordination efforts with any existing registered nursing program and any regional planning consortium." This is what she asked for when this agenda item was opened up. The executive summary on the AIS that was presented in April was that Gloria Blatti contacted 12 schools, you heard back from seven, and you had attended one regional planning meeting. The update for today's meeting looks the same. They want to give the program the opportunity to address that. Plus, she would like to know about is the enrollment numbers don't make sense and hopes they can address that.

Loretta Melby spoke about the enrollment numbers on the AIS for the existing campuses and asked if it was annual or programmic. It's on page 69.

Gloria Blatti said it was at that point in time. Discussion about enrollment numbers at all Marsha Fuerst campuses ensued.

Loretta Melby asked why the enrollment numbers are so low.

Gloria Blatti asked how you count students who come in with their GEs and Loretta Melby said they would count as nursing program enrollments.

Loretta Melby discusses the numbers reported to BPPE is different from what is reported to BRN.

Edward Cramp said each agency collects data differently. He said the cohort measurement is different and would be challenging to compare them.

Dolores Trujillo said Ms. Blatti would be able to clarify the information. Ms. Blatti said the data reported to BPPE is done by someone else at the college. Ms. Blatti said she is unfamiliar with the data being read by Loretta Melby.

Loretta Melby explained the recent law change and how the board looks at the different pieces of data to make decisions about new campuses and locations. She said if the data cannot be reconciled then the board may not have enough data to make a decision.

Edward Cramp asked why the line of questions about enrollment and caps is relevant.

Loretta Melby said a program doesn't have to have full enrollment but could be an indicator that there might be issues.

Edward Cramp said he's trying to clarify the question for Ms. Blatti so she can respond.

Loretta Melby said she needs to understand what the numbers are, whether too high or low, to gain full understanding.

Edward Cramp attempted to clarify the enrollment data as provided by Ms. Blatti.

Loretta Melby said there may be some incorrect information based on how students are being counted regarding GE completion prior to entering or when they start the program.

Dolores Trujillo asked if the program has anyone that can explain the numbers to the board.

Edward Cramp said there may be someone in the public comment queue that can speak about the clinical placement issue. She was unable to travel due to an injury.

Alison Cormack said she has three questions. On page 72, region 1 table, said this looks like the largest request in 2.5 years since November 2021 when there was a new campus.

Mary Ann McCarthy said the tables are prepared by the NECs and reviewed by herself and McCaulie Feusahrens.

Loretta Melby said that is request on size and new campus. She asked about page 71 is the information prepared by BRN staff or from applicant. Loretta Melby explained the first four pages are staff and the others are the applicant. She said the board is to look at whether there is room in the region for the clinical work and sufficient clinical sites. She thinks there is another layer because they are a new program. Loretta Melby explained the increase request for San Diego as an existing program.

Alison Cormack asked if the program knew they had to do an EDP-I-01.

Loretta Melby said it was not known when the process started but the regulations changed. The program was advised about the change and told to submit the additional data.

Alison Cormack asked if the program submitted the EDP-I-01s

Loretta Melby said it's not a form to fill out. It is instructions and what was turned in was the same previous data.

Loretta Melby said they did not provide any new information.

Alison Cormack asked who approves the application to join the Sacramento collaborative.

Gloria said Kaiser asked for them to be invited and they were told to have first clinical before they would be invited which is a catch 22.

Alison Cormack asked about attrition rates and what is being done to reduce it.

Gloria Blatti gave examples to explain the reasons for attrition rates.

Alison Cormack asked how many students in 100 would request to come back.

Gloria Blatta said the majority ask to come back.

Alison Cormack spoke about the reasonable means to reduce attrition.

Gloria Blatti said there is an SOS course on studying, taking notes, organization with nursing faculty that has been very successful.

Alison Cormack stated she is still unsure how to handle the EDP-I-01 information.

Edward Cramp said Ms. Patel mentioned something about wanting to see documentation and he wanted to clarify what she's looking to see so they could be responsive if possible.

Nilu Patel said the board needs data, and this is the third time the program has been given the opportunity to present actual data.

Edward Cramp said the issue he has homed in on is Ms. Melby's question about the enrollment data and cohort size in the EDP-I-01 and the EDP-P-18s. He said they have one person on standby who can speak about the discussions had with other programs.

Loretta Melby explained what the EDP-I-01 is and the regulatory references. She said the regulations were changed two years ago and what is used by the board to make decisions about new campuses and locations. She explained what the EDP-P-18s are and what they provide and what they're used for.

Edward Cramp spoke about their financial resources and accreditation.

Loretta Melby spoke about how the information meets the questions in the regulations. She said accreditation is not required in California.

Edward Cramp said he wants to keep track of what the board is asking for and whether they've provided it. Edward Cramp and Loretta Melby discussed what information and documentation is required of Marsha Fuerst and how the review process is done by the board.

Motion: **Nilu Patel** **Motion to Defer Approval the substantive change(s) requested by an approved program and Defer Approval the feasibility study for an alternate campus in Citrus Heights, CA for Marsha Fuerst School of Nursing Associate Degree Nursing Program To seek another location.**

Second: **Patricia "Tricia" Wynne**

3:06 p.m. **Public Comment(s):** Tianda McCoy, manager of clinical relations for Marsha Fuerst – She obtains the clinical affiliation agreements, their EDP 18s, EDPIO1s and they spent months addressing this in the appropriate manner. She has extensive background working with HealthImpact managing clinical placements in the LA region for 8 years. She also worked with another college where she was the director of clinical relations for the center of graduate studies. She's very familiar with the process to acquire new clinical partners. She wants to assure the board they crossed the Ts and dotted the Is of all their agreements be signed by leadership. All EDPs were approved by CNO and executives and leaders within hospitals that they obtain them from. She's had numerous meetings with clinical education clinical liaisons and want to assure the board that they did not seek second rate clinical placements for their students. They would never do that. They negotiate with hospitals to ensure they do not displace any other colleges or programs. Three of the clinical partnerships that supported this application are existing partners including Kaiser Permanente with a northern California agreement that was supported by a regional director and a medical center who advocated on their behalf across Kaiser Permanente in the Sacramento area. They obtained multiple medical centers that allowed their participation for the future. Another clinical partner that was existing included Dignity Health and Adventist. They had more EDPs that came from places they did not already partner with. One of those was Marshall Medical.

Loretta Melby let the caller know that she would not be cut off at 2 minutes because she is not considered a Public Commenter as she was slated to attend the meeting in person to answer questions. She asked Tianda to elaborate on the collaboration efforts with the currently existing programs and how you manage that.

Tianda McCoy continued to discuss the EDPP18s.

Loretta Melby redirected to share that tse thinks the board is asking for clarification on the effect on the community if the board approves the campus to into location. She said she could not force any program to speak with them about clinical placements.

David Lollar asked about approving the feasibility study.

Loretta Melby said approving the feasibility study is approving them as a new program.

Dolores Trujillo asked Dr. Blatti about the current enrollment numbers. There is confusion about whether the GE students are included, the advance placement students.

Baylor Meza, CEO for Marsha Fuerst School of Nursing – He thanks the board for dedicating the time to deliberate this feasibility study. He wanted to jump in regarding the counts for the nursing program enrollments. He said it's the total program enrollment, not including GEs for students in the RN program coursework and they are not at 45 x 3 per year. They've seen it takes about four years for them to get up to that level, if it follows what's happening in Bakersfield and Las Vegas.

Loretta Melby updated the board with enrollment numbers: Glendale – 249, approved for 270; San Diego – 228, approved for 270; Bakersfield – 221, approved for 270; West Covina – 205, approved for 270; Riverside – 118 of 135, approved for 270.

Alison Cormack reviewed information on the BRN dashboard. She thought the data added some color to the board's thinking today.

Patricia Wynne thanked Alison Cormack for reading the information. She thought the information might be helpful in the staff report. She's concerned with adding more students to a highly impacted area

Loretta Melby said that could be added..

Edward Cramp did not know this data would be considered at the meeting but agrees with Patricia Wynne that it would be nice to see in the staff report and know what's going to be considered. He said based on the information read out by Loretta Melby that is to be considered by the board when making a decision regarding a possible new program and one has to wonder whether the existing incumbents have an interest in not seeing new competition. He spoke about the time it takes to reach maximum enrollment versus reaching that number as soon as the program starts. He said he is mindful of what Vicki Granowitz said about experience in her clinical practice. All of them have experience with people who have enrolled in programs and weren't successful. If the board looks at the NCLEX outcomes and the material that is before the board that you are required to consider. It appears the program has tendered the information required to go on to the next step. He thinks David Lollar's comment is important to remember which means the program is not going to start tomorrow or be perfect on the first try or the sixth try or tenth try. It's a situation of continuous improvement that moving to the next step at this phase means the program will be

evaluated by staff to see if they meet all requirements to see if they get past the self-study portion which is a heavy lift. His point is this is an early stage where the program has submitted the requested information and ask the board to humbly consider granting the application to move forward to the next step.

Loretta Melby explained that if the board approves the feasibility study the program should be able to complete the process, as the self study phase is only to ensure they meet the rules and regulation and then they can open and enroll students within the next six months.

Vicki Granowitz said she finds the comment about failing the bar multiple times disingenuous when the students coming to their program are unable to read or write and need remedial education and how that effects their ability to continue into the program, what happens to the fees, would that require more fees and more debt, that could make a big difference.

Edward Cramp said he understands what she's saying, and the statement was not disingenuous because it was sincerely held. He thought the analogy might be a poor one, there may be unexpected outcomes even in places where you wouldn't think you would get them.

Vicki Granowitz said she knew what the point is.

Edward Cramp appreciated the initial comment and told Vicki Granowitz he understands the issue of remedial work is a huge issue in higher education, not just for this program.

Nilu Patel appreciates all the comments and is ready to make a motion.

After Motion and Second:
Mitchell Fuerst, appreciates the board members who voted no. They have provided all the information requested. The data shows there is a need, and they have a program that is proven and established. This does not make sense. To move to another area will take one year's work to do this.

Loretta Melby said she is willing to meet with the program to discuss this.

Vote:

Vote:	**DT**	**AC**	**PW**	**JD**	**NP**	**DL**	**VG**

	Y	N	Y	Y	Y	N	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

Bio Break 3:48 – 4:00 pm
Quorum re-established at 4:01 p.m.

4:01 p.m. **8.6** **Information only:** NCLEX update

8.7 **Information only:** Licensing update

Board Discussion: No comments or questions.

Public Comment(s): For Agenda Items 8.6 and 8.7 No public comments in Sacramento or on the WebEx platform.

4:03 p.m. **9.0** **Report on Legislation**

1. **AB 1577 (Low) Health facilities and clinics: clinical placements: nursing**

Previous Position: **Position of Watch**

Board Discussion: No comments or questions.

Motion: **Dolores Trujillo** **Motion to Watch**

Second: **Vicki Granowitz**

4:08 p.m. **2.** **AB 1991 (Bonta) Licensee and registrant renewal: National Provider Identifier**

Previous Position: **None: First Time Review**

Board Discussion: Alison Cormack asked why MBC is opposed to this bill.

Marissa Clark said the bill originally required several data points that licensees might not want to provide that are too sensitive.

Alison Cormack asked if HCAI or BRN has the NPI. Marissa said it's public information.

Alison Cormack asked if this would be a big lift for the BRN.

Loretta Melby responded in the negative.

Motion: **Alison Cormack** **Motion to Support**

Second: **Jovita Dominguez**

3. AB 2578 (Flora) Nursing: students in out-of-state nursing programs

4:14 p.m.

4. AB 3119 (Low) Physicians and surgeons, nurse practitioners, and physician assistant continuing medical education: infection-associated chronic conditions

Previous Position: **None: First Time Review**

Board Discussion: Alison Cormack asked if these courses are already available.

Loretta Melby said yes.

Alison Cormack said if a nurse went online today could they find this.

Loretta Melby said if nurses were looking for this they could find it but they're not focused on this and if they're looking to renew their national certification that is specific to their workplace they aren't going to look at long COVID.

Patricia Wynne asked about the Nightingale Education Group that's in support of this bill and if they're affiliated with Florida Nightingale.

Jovita Dominguez asked again for the bill summary.

Motion: **Alison Cormack (No Position)** **No Action Taken**

Second: **Jovita Dominguez**

Public Comment(s): No public comments from any location.

Vote for all three bills presented:

Vote:	DT	AC	JD	PW	NP	DL	VG
	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

4:30 p.m.	**10.0**	**The Board of Registered Nursing went into Closed Session at 4:30pm and recessed until 9:00am August 22, 2024.**

Thursday, August 22, 2024 – 9:00 a.m. Board Meeting

9:00 a.m.	**1.0**	**Call to order, roll call, and establishment of a quorum** Dolores Trujillo, RN, President, called the meeting to order at: 9:00 a.m. All members present. Quorum established at 9:02 a.m.
	Board Members:	Dolores Trujillo, RN – President Jovita Dominguez, BSN, RN Patricia "Tricia" Wynne, Esq. Roi David Lollar Vicki Granowitz Alison Cormack Nilu Patel
	BRN Staff:	Loretta (Lori) Melby, RN, MSN – Executive Officer Harry Skoletzky – DCA Legal Attorney
9:02 a.m.	**2.0**	**General instructions for the format of a teleconference call**
9:05 a.m.	**3.0**	**Continue with unfinished agenda items from August 21, 2024** Adjourned to Closed Session with intent to return to Open Session at 11:00 a.m. **The Board of Registered Nursing came out of closed session and a quorum re-established at 11:17 a.m.**
11:17 a.m.	**4.0**	**Report of Enforcement/Investigation/Intervention Committee (EIIC)**
11:17 a.m.	**4.1**	**Discussion and possible action:** Regarding requirements for participation and completion of the Intervention Program, including requirements of working in positions involving direct or indirect patient care and/or furnishing or administering narcotics to patients; update from Executive Officer on review of individual program participant requirements.
	Board Discussion:	Nilu Patel asked if NPs could do evaluations, and does the assessment have to be done prior to the evaluation.

Loretta Melby said the assessment would occur first because it's done at intake. A comprehensive evaluation by a provider could be done prior to enrolling in the program but the clinical assessment would need to happen as part of the program. A clean assessment would have to be done but the participant could go back to their provider.

Lunch Break 11:59-12:45
Quorum re-established at 12:45

David Lollar spoke about going to a court of law and asked about mitigating circumstances. He said comments given by the public said the IEC saw a slip or saw an action and was able to evaluate evidence and determine that punishment is not needed. Do the IECs have the authority to make reasonable decisions based on the mitigating circumstances.

Loretta Melby said yes and now a lot of training will be done to make sure that it's clear.

David Lollar appreciates the idea that this does not have to be a uniform enforcement for action and be a case-by-case basis. Based on public comments, he hopes an IEC member makes decisions using common sense and thinking about these people as people not uniform standards 12.3.8. He wonders if there's any other rubric besides standing rules that other boards use to discover discipline or enforcement options if these aren't working in the board's situations. He is also interested in standing rule 10, number 6, failure to obtain biological testing is a major violation. It doesn't say by midnight on July 3rd, so he would like it to be interpreted with common sense.

Patricia Wynne appreciates the hard work but there is a lot more work to do. She thinks systematic changes were made in the last several months which were made in good faith with an eye to public safety. She thinks these were applied too broadly. With all of this in mind, she doesn't think the board needs to roll back some of these changes. She doesn't think some of these changes should be the only obstacle between completing the program. So, with that in mind, she has a motion, and she doesn't know if it's premature because she doesn't want to cut off conversation by board members. She wonders if there are any other questions from the board members.

Alison Cormack wonders if the subcommittees for the IEC would meet in public like IEC does.

Loretta Melby explained how the advisory committees work in between public meetings but are not done publicly. Loretta Melby spoke about the IEC member interview process saying she was told a board member was present by some and a board member was not present by others. This is something the board could consider or to have a subcommittee of IEC members conduct interviews.

Alison Cormack is supportive of a formal interview process for members of IECs. Alison Cormack spoke about the request for transition process in the IECs. She said there are three different roles in the IEC, physician, RNs, and public member. She said the board needs to think about if they change the transition process if that is fair to the IEC members. Alison Cormack asked about failed check in and being taken off work for thirty days if it's a minor violation. She asked if it is possible in some circumstances.

Loretta Melby said if it is a minor violation then no.

Motion:	**Patricia "Tricia" Wynne**	**Board to direct EO Melby work with executive management team and intervention program manager to 1. suspend the imposition of the requirement that participants work in direct patient care and 2. suspend imposition of the requirement that participants work passing narcotics in order to successfully complete the intervention program; unless there is additional evidence of patient safety issues outside the norm that these requirements be imposed. The EO must approve the requirement prior to imposition if there is a safety issue based on evidence in one of the two issues to be imposed must be sent to the EO to impose it.**
Second:	**David Lollar**	

Loretta Melby asked for a timeline to pull a report to find participants affected by that. If there are participants where a participant could have completed, then she needs to review it and if there is no evidence to support this or is this the IEC that is responsible.

Patricia Wynne said it should go back to IEC on an expedited basis.

Loretta Melby said she needs to pull a report from Maximus to find out who was in transition for the last eight months to one year that had a requirement for direct patient care or narcotic passing and if

there is no evidence that supports that then she puts a list together to get them in front of an IEC. They consider them for completion. If IEC looks and says it has concerns then that comes back to board, she gave a scenario.

Patricia Wynne said that sounds good with a report at every EIIC meeting.

Loretta Melby said this is a manual pull. She would like the participants to be able to go to their regular IEC if possible, but if not then the participants will go to the next available IEC. She will meet with Maximus to get this going.

Alison Cormack asked for a restatement of the motion.

The motion was displayed on the WebEx platform and shown to all Board Members prior to voting.
Break at 1:51 – 2:00 pm
Quorum re-established at 2:01 pm

Board Discussion: Alison Cormack asked if she could offer friendly amendments to motion. Her amendment were to use the term “suspend” suggests it could be re-established. Remove the requirement that all participants work in direct patient care before completing the program. Remove the requirement that all participants work passing narcotics before completing the program. She’s not convinced that the Unless part because they’re removing the blanket requirement doesn’t mean the IEC can’t require it for someone if appropriate.

Loretta Melby said the intention to put unless is to make it clear the board still has the authority to do this and it is specifically tied to what is commonly done and goes through a review process up to the EO level then back down to accurately document there is a requirement that this happened, so it doesn’t look arbitrary.

Alison Cormack said it could be rephrased and then the one and two are really two and three and then she’ll get to four. She thinks it should be put the other way and perhaps legal can assist with the part about the third and fourth. She thinks a request outside the norm probably isn’t clear enough for staff to implement. She thinks if the IEC recommends extending the length in the program, then add the EO review of the case to verify sufficient evidence. She also thinks there should be a timeline since the board is directing the EO to do this and the third part could be rewritten. Unless the maker’s intention that suspend means they would direct the EO to do a review and the review is ongoing.

Patricia Wynne said she asked the EO to report to the EIIC regularly until this review and then members could reevaluate. Alison Cormack thinks that should be put in the motion.

Vicki Granowitz said she liked what is being said, but public comment may spark other ideas. She thinks the motion is on the screen and we can go with that versus making multiple changes.

Alison Cormack stated she is trying to get the motion right since the maker of the motion may leave the meeting before the vote.

After Public Comment:
Patricia Wynne thanked Alison Cormack for the friendly amendments and asked the DCA Attorney, Harry Slavetsky about the change in wording.

Harry Slavetsky said suspension is appropriate in this case because it reaffirms the authority of the board under law to take the action they took initially.

Alison Cormack said Harry's information was super helpful. She asked if the chair would allow her to re-word keeping want to suspend and try to address clarity a bit. She's trying to incorporate the unless part into the one and two. Perhaps one would read, "suspend imposition of requirement that participants work in direct patient care comma unless there is evidence of patient safety concerns." Then we replicate that in two, "suspend imposition of requirement that participants work passing narcotics comma unless there is evidence of patient safety concerns." Then the third bullet would be, "if an IEC recommendation extends length of program beyond three years comma, EO review is required to evaluate evidence."

Patricia Wynne appreciates the suggestions because she knew hers was not complete.

Alison Cormack said this is collective work. This is just a draft. She thinks the only thing that's not incorporated in that wording is timeframe for when we expect this to be completed and she defers to staff and Ms. Wynne as to what's appropriate, but that's a suggestion of how to make sure that the board's authority remains, and the blanket requirements are removed.

Loretta Melby said she had some suggestions, "In any cases in which either of both of those requirements were the only

requirements preventing a participant from successfully completing the program and were those requirements that were removed pursuant to this motion, direct board executive management to work with the IP program manager to have cases presented to an IEC as soon as practicable for consideration of program completion." The other one that I think was incorporated in that was, "direct board executive management to provide an update to EIIC at the October meeting and going forward regarding cases in which these requirements were removed or imposed pursuant to this motion."

Patricia Wynne asked if all three items can be included in one motion. DCA Attorney did not see a reason why not.

Vicki Granowitz would like to try to define what successfully passing narcotics means and is there a limit to how long someone can be kept in the program and if someone is extended there needs to be a written explanation for why that's to be done and if there's a definition for case-by-case.

Loretta Melby said there is a definition in California law that discusses case-by-case. The extension in the program for EO review, this is incorporated in this and some of the direction was already done as far as extending, how long that can happen, it is required three continuous years of sobriety. Her assumption is that the sobriety date may be changed based on a major or minor violation which can be investigated to see what occurred. The law says three years continuous sobriety. The alternative that could be put forward is three to five years. The six years is a little abnormal and would be a case that comes to the EO going forward. She asked Vicki Granowitz about her other issue.

Vicki Granowitz said what does successfully pass narcotics mean.

Loretta Melby said that would need to be defined in regulations if the board wants to move forward with that. If you get a patient harm incident, that is an additional complaint that comes forward outside of this program, it's a separate process. This would be specifically to the intervention participants. I think we can be very clear today how we implement it.

Vicki Granowitz said use of medical cannabis is a complex issue. She uses it and she cannot get a prescription for it. She said if you're taking one medication for multiple sclerosis, they don't want you using cannabis at the same time even though you may not use it on the same day because it will show up in blood work and they will remove other medications. Her heart goes out to the woman who

spoke. She doesn't think there is anything more the board can do about it. There isn't anything she can do about herself.

Loretta Melby said there is a precedential decision on the board's website that says a nurse can pass it to students in schools. We are supportive of that that treatment regimen. We know it is federally prohibited and prescriptions are a federal issue. She believes the person who called in was speaking about her probation, not intervention so that would have to be looked at separately. She knows the current practice is not to discipline nurses that use medical marijuana or use marijuana recreationally with the caveat they cannot be under the influence while at work. The board is fairly up to date with use of cannabis and cannabis treatment. She can look into some of the other ones to see where they're at but there is no straightforward clear message for that one yet, but they'll work towards that.

Dolores Trujillo asked about passing narcotics with no relapse and a time frame.

Loretta Melby asked if a relapse or to work passing narcotics. She said this would be an IEC decision. The IEC should review CV, resume, what brought them to the program, what their path is, worksite monitor, it could be six months or twelve months but no specific time frame that can be put forward because this would be reviewed on a case-by-case basis. Her understanding and assumption is if it could be done in six months it wouldn't have to be extended unless something else triggered it. An extension would be based on a new issue. Continue to work in this role while you address the issue. If a person can successfully pass for six months with no relapse or diversion with no other issues, then she doesn't see how that would be able to continue. If there is another issue that doesn't involve patient care, then that would be addressed separately.

Motion:
Patricia Wynne asked that Alison Cormack read her motion.

Direct the EO to work with Executive Management Team and the IPM to:

1. Suspend the imposition of the requirement that participants work in direct patient care, unless there is (additional) evidence of patient safety issues.

2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is evidence of patient safety concerns.
3. If an IEC recommendation extends the length of the program beyond three years, EO review is required to evaluate evidence.

In any cases in which either and/or both of those requirements were the only requirements preventing a participant from successfully completing the program, and where those requirements are removed pursuant to this motion, direct board executive management to work with the Intervention Program Manager to have such cases presented to an Intervention Evaluation Committee (IEC) as soon as practicable for consideration of program completion and direct board executive management to provide an update to the EIIC at the October meeting regarding cases in which these requirements were removed or imposed pursuant to this motion.

Motion: **Patricia Wynne** Motion to direct the EO to work with Executive Management Team and the IPM to:

1. Suspend the imposition of the requirement that participants work in direct patient care, unless there is additional evidence of patient safety issues.
2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is additional evidence of patient safety concerns.
3. If an IEC recommendation extends the length of the program beyond three years, the EO must review and examine the evidence.

In any cases in which either and/or both of those requirements were the only requirements preventing a participant from successfully completing the program, and where those requirements are removed pursuant to this motion, direct board executive management to work with the Intervention Program Manager to have such cases presented to an Intervention Evaluation Committee (IEC) as soon as practicable for consideration of program completion and direct board executive management to provide an update to the EIIC at the October, November or December meetings regarding cases in which these requirements were removed or imposed pursuant to this motion.

Second: **Dolores Trujillo**

2:06 p.m. **Public Comment(s):** Chris Else, Nurse Support Group Facilitator for San Luis Obispo – He thanked the board and EO. He thinks the motion is too. He doesn't understand what successfully passing narcotics means. He doesn't think it's a good way to have a nurse successfully complete the program. He would like the members to think about that before voting on this motion. He thinks the motion should be more specific with the timelines and exact metrics because this is not in the language of the contract that they need to do this anymore.

Nurse 99 – She's been in the program since February 2022 and appreciates the work by EO Melby hearing their concerns with the Maximus program. She said EO Melby was going to get a list of people from Maximus who were affected by the direct patient care and narcotic requirement and thought it was to see who was extended past their time due to that requirement. There are people who have been affected in other ways. Some of them have spoken before, wondering why there isn't employment assistance to help them find a job that will contract with the Maximus program. There was mentioned celebrating milestones, and she would love nothing more than to celebrate successfully completing this program. Thank you for all your time and effort in looking into this and like you said, there's a long way to go, but she thinks that this is a good first step in the right direction. Thank you.

Mack – She has a question to consider for medical use of cannabis. She had a physician's recommendation for use of cannabis for over 12 years prior to being placed on probation for a misdemeanor DUI. She was told by her probation monitor that only prescribed drugs would be approved. She requested a reasonable accommodation for medical cannabis due to a chronic and physically painful rare genetic condition that is recognized federally as a disability and continues to work as a RN. Her request for this accommodation to be able to continue safe and responsible use of medical cannabis was repeatedly denied. I was told that my physician's recommendation letter was not a valid prescription and that without a valid prescription from a physician, if she continued to test positive for cannabis, it would be a violation. That was said by her probation monitor. There was no possibility of obtaining a prescription for cannabis, which she explained in detail to her probation monitor since physicians do not prescribe cannabis as federal laws specifically prohibits doing so. Instead, doctors in California recommend cannabis for appropriate medical conditions. The BRN would not budge from their position, her probation monitor would not consider her accommodation, even though she has a well-documented chronic disability. Her probation monitor went as far as to suggest that she seek out prescription opiates, which she chose not to do. Since the start of her probation,

she’s been forced to live with physically debilitating pain. She is deprived of sleep because of it, but she continues because she wants to successfully complete probation. She begs the BRN to consider compassionate use of cannabis as a safe alternative for nurses in these programs, especially when they have a long history of responsible use of medicinal cannabis and since the state has approved compassionate use of this plant since 1996. Thank you all.

Maria – She thanks the BRN for trying to assist them. She would like to know if there is a limit to how long the program can be extended.. She believes there should be a time limit, six years is a little overboard.

KT – Expressed dissatisfaction with the BRN’s Intervention Program and shared her story and not being able to work with lengthy time periods between IECs. She understands there's a lot to consider with public safety and it's their utmost duty to aid the public.

Jessica – participant – She appreciates the board, especially Alison Cormack, David Lollar, and Patricia Wynne for their thoughtful questions. It’s clear you understand the serious problems with this mandate. She appreciates Loretta Melby’s insight into Just Culture and sees her deep understanding of this issue. Her concern is that the IECs and case managers do not have the same level of education and understanding as those on the board today. She appreciates the motion to suspend this mandate or better yet remove it. She’s surprised this wasn’t done sooner while fact finding was happening. She’s grateful for some movement in the right direction. She expressed dissatisfaction with the BRN’s Intervention Program and questions how will the decision makers be trained to identify those who need to pass narcotics and work in patient care before completion? How will they determine the criteria that needs to be met since addiction medicine experts themselves agree that this is not in alignment with current addiction treatment methods?

Gabrielle Anderson – She cannot thank Loretta Melby and her team enough for looking at these ongoing issues with the program and Maximus specifically. She is a former participant who ended up withdrawing from the program because of the indiscriminate applications of the recommendations and misinterpretation as was said. She was very happy to hear the use of Just Culture, that is absolutely lacking in the current application of the IEC meetings. She was very excited that bias training will be required. She requests trauma informed training be done with participants. They’ve all been through a lot, and she appreciates David Lollar’s comments about common sense. She the expressed dissatisfaction with the BRN’s

Intervention Program sharing that these rules and suggestions have been applied as a blanket interpretation to all participants with no recognition of their individual circumstances and what brought them to the program. Thank you so much for your time and God bless you all for the humanistic work that you're now doing.

George Aulson IV – Expressed dissatisfaction with the BRN's Probation process. One pressing concern he wants to address today is the restriction on international travel due to drug testing requirements with the third-party Vault's Workforce app. This restriction has deeply impacted him. He asked for clarification about this matter to avoid any distress during a critical time. Again, thank you for taking the comments and greatly appreciate it.

Kristine – Expressed dissatisfaction with the BRN's Interventio Program. She shared her story and that she does not want to be at the bedside anymore. It would be detrimental to her career and sobriety which is the most important thing for her. She knows they've talked about case by case, but she thinks they've said sometimes case by case doesn't really go that way in this program. She wanted the board to hear her story and to know that she knows she's not the only one out there. Yes, she diverted. Yes, she's an opioid addict but no longer does her career path involve the bedside. Knowing what she knows now, the first time around if she had carved out a new career path, say in case management, she's teaching now, which she loves. Maybe this relapse wouldn't have happened this last time. Thank you and thank you Miss Melby for all your hard work in starting to get some clarity. It's the most clarity I've had, and it's been over six years that I've been participating in this program. Thank you.

No public comments in Sacramento.

Loretta Melby addressed international travel not being allowed for Intervention Participants. She said there are no travel restrictions but there have been issues with testing availability. There is not a travel restriction. She wants to make sure that that is clear. International travel is not a restriction. It was a concern with testing, and we have the ability to work with Maximus and with our board staff and IEC to ensure that.

Vote:

	DT	AC	PW	JD	NP	DL	VG
Vote:	Y	Y	Y	Y	Y	Y	Y
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Motion Passed

2:45 p.m. **4.2 Information only: Enforcement and Investigation Division update**

Board Discussion: Patricia Wynne asked if there are any numbers that kept Shannon Johnson awake at night. Shannon Johnson said they are pretty much on track as far as consistency throughout the last years. They've gone paperless, more efficient, using the cloud to send documents.

Alison Cormack saw 2,770 nurses referred to IP which looks high to her.

Shannon Johnson said that is since program inception. Alison Cormack said the heading says fiscal year.

Alison Cormack said she thinks the board is seeing more recent incident dates for probation cases.

Nilu Patel asked about the 44 cases per probation monitor, there are vacancies you're recruiting for, and said 44 seems like a large number and wondered if Ms. Johnson wanted to decrease the number. She asked what an ideal goal would be.

Shannon Johnson said the monitors had about 140-150 cases seven years ago. They were able to hire more probation monitors and now have 15 with one vacancy and can spread cases out more. She used to say about 50 cases per year and it depends on the type of monitor. For the higher-level monitors who have mostly chemical dependency cases, because there's a lot of intricacies with that, just like monitoring an intervention program participant, all the testing, the mental health, the physical exams, all of that they could possibly have a lower caseload, but they have more work with those caseloads. The staff services analysts do more practice cases where they monitor conditions 1 through 13, employment, education, that piece, and it doesn't have all the optional conditions of 14 through 20.

Vicki Granowitz would like the DUI cases standardized and not have to go to the board members. They spend a lot of time with wet reckless cases with the same outcomes.

Shannon Johnson explained different types of cases where some go to citation and fine, fast track cases with the AG's office, the most egregious go to the board members. She spoke about the number of conviction cases being at 50-60% and now are 30%.

2:55 p.m. **Public Comment(s):** Jessica – Asked if she could make a comment about illusion of choice when it comes to SUD treatment groups provided because she wasn't able to speak about that during the last agenda item.

Loretta Melby said she could send her an email and provided her address.

Jessica – NP on probation for a DUI, no other offenses on her record. She thought it interesting that citations were issued for lesser offenses. The DUI happened during a very stressful time and doesn't see herself relapsing again. She didn't know citation was an option that she could have. She received a letter that came across as a death threat. She said international travel was not an option and did not know about saliva testing. She said her probation monitor was not aware of this.

Loretta Melby said the saliva testing is being worked on in a contract for probation.

Loretta Melby said comments should be related to the agenda item currently being discussed.

DJH – Said she couldn't comment after the motion for the previous agenda item was made but she'll wait until the next agenda item.

Participanto – Said she would like clarification for participants on what would be considered for the participants that have worked in non-patient care such as telehealth nursing and have been in the program for four years would be considered a public safety issue. Does that mean proceeding the program, because if you get in the program due to diversion of narcotics, does that mean you're a public risk and this can't apply to you?

Loretta Melby said this comment is from the prior agenda item and asked the commenter to hold her questions for any specific kind of case-by-case items. She asked the commenter to reach out to their case manager at Maximus and we'll work them to work through those kinds of items to get responses back to you.

The commenter thanked Ms. Melby.

Maria – Asked about being reimbursed for a second psych eval.

Loretta Melby said this could be spoken about in the last agenda item or given to the CCM that could be reviewed with BRN staff.

Anonymous 1 – Wonders why probationers cannot have it removed from their license after they complete probation.

Loretta Melby interrupted to say she should speak with her probation monitor to see if her question can be answered.

Board member Patricia Wynne left the meeting at 3:00 p.m.

No public comment in Sacramento.

Vote:

Vote:	DT	AC	PW	JD	NP	DL	VG
	Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB						

Choose an item.

3:06 p.m. **4.3 Discussion and possible action: Appointment of Intervention Evaluation Committee (IEC) members**

Name	Member Type	IEC	Appointment Type	Term Expiration
Richard Avila, RN	Nurse	4	Reappointment	6/30/2028
Elizabeth Haviland, RN	Nurse	5	New Appointment	8/22/2028
Joan Taylor, RN	Nurse	7	New Appointment	8/22/2028
Stephanie Evangelista, RN	Nurse	10	New Appointment	8/22/2028
Elizabeth Barrera, DO	Physician	10	New Appointment	8/22/2028

Board Discussion:

Motion: **Dolores Trujillo** **Motion to Accept appointment of Intervention Evaluation Committee Members**

Second: **Alison Cormack**

Public Comment(s): No public comments from any location.

3:10 p.m. **3.0** **Public comment for items not on the agenda; items for future agendas**

Public Comment: Dr. Jeffrey R. Darna – PD for USC CRNA program – He said his comments are in relation to some discussion that occurred yesterday and last week. They have a full-time 36 month program, approximately 64 hours per week doctoral curriculum that educates experienced critical care nurses to become a full-service nurse anesthesiologist following program completion and passage of the national board certification. It's important to recall that only standard

exists in anesthesiology graduates. CRNA colleagues cannot and do not provide a lesser anesthetic compared to other anesthesia professionals. In other words, they don't put patients to sleep 50% of the way and anesthesiologists or physicians come through and do it 100% of the way. Because of that single standard, the core training in anesthesiology is remarkably similar, regardless of the individual's primary health care professional license. CRNAs are educated to provide care across the perioperative continuum for all patient populations and every clinical setting requiring expert anesthesia care and consultation. As a CRNA educator, he is concerned about the California Department of Public Health Surveys in the Central Valley hospitals earlier this year. In addition to that, more than a thousand surgical case cancellations, the CDPH surveys have resulted in misinformation about nurse anesthesia practice, education, and the impact on healthcare here in California. That misinformation is affecting the training of their nursing anesthesia residents where they are facing purposeful restrictions on education and training, particularly at some very large county run health care facilities. He understands how CDPH surveys are triggered and their critical importance, but the BRN must support the public needs by supporting CRNAs and their ability to practice independently without physician supervision. He respectfully requests the BRN communicate to CDPH, CMS, and all hospitals and surgical centers in California about the CRNA scope of practice and standards to ensure the situation never recurs. Finally, any BRN member wanting to learn more about their nurse Anesthesiology educational program at the University of Southern California should contact him directly. He's happy to show the board the depth, complexity of their curriculum, and explain how their structured approach produces full service, independent nurse anesthesiology professionals. Thank you for allowing him to share this comment.

DJH – Appreciates the deep dive done over the past several months. It means a lot to feel that participants are being heard and you are looking at all these things so intently. They have little faith in case-by-case differentiation as they've seen time again requirements being blanketed. She's asking for an explanation or better yet examples of what additional evidence of patient safety issues means. She spoke about the NSGFs can decide what they want to charge but they aren't given that information up front only when one is in their area, and they must attend that group. She's very encouraged by all the talk of Just Culture and IECs starting to receive additional education and training, but what about those who have been affected by some of the decisions that have been made? What are they supposed to do in the meantime? All this education and training is happening but what about the nurses who were removed from work for 30 days

from missed check ins? What is being done for them? They lost a lot of money. She's just wondering if there's any reparations.

Anonymous Computer – She would like to ask the board to allow probation nurses to request to have an accusation removed from their license after they complete which is three years. She did not have the option to join the Maximus program and couldn't afford with disability from the government to be off work for up to a year like some maximus participants have been with no other source of income.

Jessica computer – Expressed dissatisfaction with the BRN's Intervention Program and about the illusion of choice when it comes to the SUD support programs. She wants to share her story. She has deep rooted religious trauma. She told the CCM she didn't have a higher power and cannot separate the idea of a higher power from God but her CCM continued to strongly and repeatedly encourage AA and a higher power. After much fighting she gave up and joined AA. She found the easiest way to digest the AA doctrine was online. Unfortunately, she's now required to attend in person meetings, and encouraged to attend one each week but encouraged to attend as much as possible because they believe that's what's best for her. She was denied everything until she finally got a sponsor and joined AA. She knows she's not the only person who is staying silent and just doing what Maximus wants. She thinks that the requirements for a sponsor should be lifted if someone wants to join a different support group. The words twelve steps should be replaced with the support group on our monthly check in forms during our check in calls on the FS solution website, the travel forms.

Anonymous cell phone – Expressed dissatisfaction with the BRN's Intervention Program. They are a recent participant in the Intervention Program. They received an email referring them to the program. It didn't say they joined as it's voluntary but their hope in joining the program was to get help for mental health that can affect their practice as a RN. They aren't sure the program is right for them though they do want to improve the aspect of their professional practice and even personally. They are seeking clarification regarding the ongoing investigation while they are in the Intervention Program and that once a verdict is reached will they automatically be put on probation?

Maria – She's asking if there is a path for an appeal process just like any business or company does instead of having to wait to attend the next IEC.

David – He appreciates the program especially since public comments and concerns are being addressed and in the right direction. He wants to speak about international travel and testing. He did a blood and hair test prior to travel and when he returned had to do hair, blood and urine which cost over $1,000. If a person travels more than 24 hours outside of the country, you're immediately going to be required to supply the tests again. He would like this blanket policy reviewed as well.

3:28 p.m. **5.0** **Adjournment**

- Dolores Trujillo, President, adjourned the meeting at 3:29 p.m.

Submitted by:

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

Accepted by:

Dolores Trujillo, RN
President
California Board of Registered Nursing