

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

Date: February 28, 2024

Start Time: 9:00 a.m.

Location: Department of Consumer Affairs

1625 North Market Blvd.
Main Hearing Room (Suite S-102)
Sacramento, CA 95834

Wednesday, February 28, 2024 - 9:00 a.m. BRN Board Meeting

9:04 a.m.

1.0

Call to Order/Roll Call/Establishment of a Quorum

Dolores Trujillo, RN, President, called the meeting to order at: 9:04 a.m. All members present. Quorum was established at 9:06 a.m.

Board Members: Dolores Trujillo, RN – President
Mary Fagan, PhD, RN, NEA-BC-Vice President
Alison Cormack
Jovita Dominguez, BSN, RN
Vicki Granowitz
Roi David Lollar
Patricia “Tricia” Wynne, Esq.
Nilu Patel

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – Attorney, DCA Legal Affairs Division

9:06 a.m.

2.0

General instructions for the format of a teleconference call

9:08 a.m.

3.0

Public Comment for Items Not on the Agenda; Items for Future Agendas

**Public Comment
for Agenda Item
3.0:**

Matthew A: Explained that he is a California litigation attorney and provided his phone number. Went on to explain that a dozen intervention program participants have contacted him to tell their stories. The participants complained that there have been illegal changes to the program. He stated that BRN began changing requirements weeks prior to successful completion of the program,

and requirements are changed at the whim of the BRN and that Intervention Evaluation Committee (IEC) members and Maximus are not reviewing the participant materials prior to meetings where there is information that shows items have previously been completed. He said that he has recordings of case managers saying they don't have participant materials. He went on to say that he felt there is also retaliation against participants by forcing additional requirements on participants that speak out and that without relapsing and maintaining technical compliance they are forced back into recovery programs that were successfully completed after they spoke out about the BRN. He stated that participants are restarted in their program weeks prior to successful completion because they have spoken out and feared that others may never speak out because of the retaliation. He stated that there are ADA violations against participants who have provided disability documentation to Maximus but are required to work bedside. Reasonable accommodations are ignored and probation nurses do not have to complete the same requirements as intervention participants.

Chris, RN, Nurse Support Group Facilitator for San Luis Obispo County area: Stated that his comment may be related to the presentation later in the agenda. Recently, the BRN has been making changes to the Diversion Program. One of his participants was unable to pass medications and had to take a job in dialysis to comply with six months of passing medications in their transition period prior to successful completion of the program. He recommended the nurse for transition, but she had to leave her current job and find another in a nursing home to pass narcotics to complete the diversion program within the next year. The nurse has two years sobriety.

Patricia Wynne asked why public commentators are stating that the "Board" is making changes, when she cannot recall (as a Board member or the chair of the Enforcement/Intervention Committee) making any changes.

Loretta Melby explained the requirements of Business and Professions Code (BPC) section 2770 and the composition of the IECs and stated that this would all be discussed at length during Agenda Item 9.3.

Anthony: Stated that the changes to the Intervention process are very hurtful and harmful during the recovery process. He spoke about the requirements that must be followed during the program. He spoke about types of drug testing, working in a position that requires passing narcotics, and questions asked of the BRN or Maximus, who don't

have answers as to why these changes are being made. He is asking for clarity.

Neal: Read a statement on behalf of partner who is working and unavailable to attend the meeting. The statement was regarding a certified registered nurse anesthetist (CRNA) who was in the program for over three years and granted transition last year. She completed the transition stage, and the program told her in January that she must do two additional years because she is a CRNA. She has an excellent record and consistently demonstrates commitment to her recovery for herself and patients she serves but the BRN is enforcing a blanket requirement without consideration of the individual participants. She would like to move out of California to be closer to her family and friends but must stay in California against her will to complete the program to maintain her career. She asks the BRN to reconsider the new requirements.

Melanie Rowe, CRNA – Practice director for California Association of Nurse Anesthetists (CANA): She stated that a California Department of Public Health (CDPH) surveyor is falsely claiming that CRNAs were not practicing within their scope of practice. On February 2, 2024, the CRNAs received a letter from a hospital administrator suspending practice and the CRNAs lost their jobs, and a community lost valuable anesthesia care because of the false information from CDPH. The 2567 report is required to be reported for each survey and as of today there is no report detailing the deficiencies. Other surveys have been conducted and no deficiencies are reported.

Loretta Melby asked that Melanie Rowe email her additional information regarding her comment.

9:30 a.m.

4.0

Review and vote on whether to approve previous meeting minutes

4.1 ➤ November 15-16, 2023

Board

Discussion: Loretta Melby said the meeting minutes were not approved for posting and staff will work to have them prepared for the next meeting.

9:31 a.m.

5.0

Report of the Administrative Committee

5.1 **Executive Officer report**

Board

Discussion: No comments or questions.

**Public Comment
for Agenda Item**

5.1: No requests for public comment.

9:38 a.m.

5.2 Information only: 2022-2025 Strategic Plan and goal progression

Board Discussion: Alison Cormack said it is difficult to extract how the phone lines are doing and asked if Horne is helping with that.

Loretta Melby said the call center deals mostly with licensing questions. She said Horne is supplementing staff to help with deficient licensing applications. They are looking at Horne to assist with advanced practice and see if they can assist with international applications. Call volumes are still extremely high. Callers can leave call back numbers as well.

Alison Cormack asked about a chat feature to be added.

Loretta Melby said the BRN had an antiquated phone system that couldn't handle the call volume and would hang up on callers and you could stay on hold for up to eight hours and get disconnected. BRN worked with DCA to acquire a new phone system that eliminated the hold option and provides a call back option.

Alison Cormack appreciates the improvements but stated that she would like to see a chat bot.

Loretta Melby said they are looking at a chat bot but the website must be thoroughly updated for a chat bot to function properly.

Alison Cormack asked when the website will be updated.

Loretta Melby said that staff and our advisory committee subcommittees are working on it and she will give an update on the progress when she can.

Patricia Wynne appreciates the updates, including technology. She said, reading the plan, it is hard to see the intractable issues. She asked for some type of highlights to show where the struggles are.

Loretta Melby said the board's role in implementing new legislation takes priority over the strategic plan. She said the strategic plan is a living and breathing document and can morph. All IT updates are difficult because the BRN cannot do them on its own but must do them with DCA through the pro-rata process. BRN IT issues compete

with other boards and bureaus within DCA for limited IT staff resources. The BRN has an IT contractor to work on some of the IT improvements. There are 10 projects in place for BRN modernization. Loretta Melby explained the California graduate process and transition to NURSYS improvements allow licensing to focus on completing other licensing tasks.

Nilu Patel stated that she appreciated all the items accomplished over the years and that she is interested in the federal professional license portability act and ability for California to be involved in the approval process for RNs to work in California, as well as what would be the discipline process for those RNs.

Loretta Melby said this is a DCA wide issue approved in the last legislative session. She explained that there is a listing showing the RNs but California is not approving the issuance of a license. The RN only shows that they meet minimum qualifications, are licensed in another state, and are on military orders. They do not have to meet licensing requirements and we do not check fingerprints or education preparation.

Nilu Patel asked if these RNs could work in civilian hospitals.

Loretta Melby said the RNs are not limited to working in a federal facility.

Mary Fagan appreciates the progress on many of the strategic plan priorities. She said it is exciting that legislation is being introduced for nursing instructors to be listed on the BRN side as opposed to each school completing the process separately.

Vicki Granowitz asked what could be done regarding legislators getting misinformation from outside sources and expressed concern over the great disservice it could have to the work staff does. She said if the BRN was a private agency there would be a public relations (PR) firm that would reach out to legislators to provide information. She does not know how the BRN should handle these types of issues.

Loretta Melby said this happens on a regular basis. Academia goes on word of mouth versus what is in statute or regulation. She spoke about nurses believing they will receive license suspension if a RN works out of ratio which the BRN does not have the authority to do. She does a great deal of work to rectify incorrect information out in the community. She said Reza Pejuhesh (BRN Legal Counsel) and

Marissa Clark (BRN Chief of Legislation) also work to combat these types of issues.

Vicki Granowitz asked if there is anything the board can do in a more focused manner to assist with this.

Marissa Clark explained that she does not see a way to do this by hiring outside entities to do this work. It is a constant issue all agencies she's worked for have had to deal with as well.

David Lollar agrees with Vicki Granowitz and appreciates and understands the frustration as a public member on the outside. He knows how outside associations can be more proactive because they are not constrained as a government agency such as the BRN is. He understands how the Board can have a say by taking a position on bills.

Nilu Patel agrees with Vicki Granowitz and has concerns with how to stay ahead of misinformation especially given the public comment about CRNAs and CDPH.

**Public Comment
for Agenda Item**

5.2: No requests for public comment.

10:27 a.m.

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

Board Discussion: Alison Cormack asked about current year data and whether it is six months only. She asked about the Other Regulatory Licenses and Permits increasing from \$24 million to \$31 million. She also asked about the delta funding provided by General Fund and State Operations.

Suzanne Balkis, DCA, said the Governor released his budget on January 10th and the data was updated.

Alison Cormack asked about the increase.

Suzanne said the data is based on the Board's trends and the 22-23 actuals. The projection could change based on any new information received.

Matthew Yeates explained that DCA based this on a three-year basis and this could be a result of increased applications during COVID.

Loretta Melby explained the annual increases based on COVID and the uncertainty surrounding endorsement as well as women's and health and gender affirming issues and that could also affect the data.

Alison Cormack asked about the State Operations funding.

Suzanne Balkis explained it is based on the PHN fee waiver.

**Public Comment
for Agenda Item**

5.3: No requests for public comment.

Break from 10:38 -10:55 a.m.

10:55 a.m.

5.4 Information only: Presentation by the Department of Rehabilitation (DOR) (Lisa Musser, Hellan Dowden and Dawn Anderson) on School Nurse Apprenticeship Pathway to Success with DOR

Board Discussion: Dolores Trujillo asked how the nurses going through the program now are funding this.

Lisa Musser said they are paying out of pocket for this.

Hellan Dowden said 80% of school nurses are white and 60% of the nurses who went through this program are minorities who speak the language of students they will serve. The program is costly and out of reach for many nurses.

Patricia Wynne thanked the group for the work they're doing. She hopes the BRN can help with grants.

Loretta Melby said she is unsure what role the board can have but may be able to contact HCAI via email to ask for school nurses to be added to the drop-down menu. She also said the slide showing the BRN name and address list is available from DCA. Loretta Melby suggested they contact the National Organization for Nurses with Disabilities, and they may be able to assist with this amazing opportunity.

Nilu Patel said it is commendable that the presenters found this need in our communities. She is astounded with the level of care and number of students Dawn Anderson is seeing in the community. She asked about the curriculum for psychiatric mental health.

Lisa Musser said they do not just put Band-Aids on students. They are the only health professionals or case managers at schools. They

provide support and advocacy for students that have health problems such as a disability that needs accommodation at school for them to attend or access the curriculum. They do 504 meetings that are disability and accommodation rights IEP, and special ed. They set up medical services that students need to attend school that include G tubes, catheters, diabetes, medications and other accommodations they might need to attend school comfortably. Nilu Patel asked if there is a specific number of students per nurse.

Dawn Anderson said the National Association of School Nurses was 1 nurse to 1,500 students, however, that is based on acuity. Most schools in California do not achieve this. There are some states that have one nurse per school site. Hers is the only school district in Ventura County that puts a nurse at each school site. She said that due to COVID there are an increasing number of students who were approved by physicians to be on home hospital primarily because of mental health conditions or issues and the school nurse provides information and works with families closely.

David Lollar said he's a schoolteacher in Kern County. He said his school nurse has 300 students that work with the nurse in a school with 2,500 students. He suggested that nurses who may be more experienced and older might be interested in being a school nurse with job security and benefits.

Lisa Musser appreciated the suggestion. David Lollar said the BRN may be able to support legislation because he knows that when there are budget shortfalls, these types of positions are cut.

**Public Comment
for Agenda Item**

5.4: No requests for public comments.

11:48 a.m.

6.0

BRN future priorities and proposals for review and possible action

6.1 Information only: Update on regular rulemaking package to modify California Code of Regulations (CCR), Title 16, Section 1452 regarding Continuing Education Requirement Exemptions and Section 1426 regarding Required Curriculum

Board

Discussion: No comments or questions.

**Public Comment
for Agenda Item**

6.1: No requests for public comment.

11:51 a.m.

7.0

Report of the Nursing Practice Committee (NP)

7.1 Information only – Advisory Committee updates:

7.1.1 Nurse Practitioner Advisory Committee (NPAC)

7.1.2 Nurse-Midwifery Advisory Committee (NMAC)

7.1.3 Clinical Nurse Specialist Advisory Committee (CNSAC)

7.1.4 Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)

7.1.5 Nursing Education and Workforce Advisory Committee (NEWAC)

Board

Discussion: No comments or questions.

**Public Comment
for Agenda Item**

7.1.1-7.1.5: No request for public comments.

11:53 a.m.

7.2 Information only: Update on implementation of Business and Professions Code, section 2811.1, retired license, and California Code of Regulations, title 16, section 1410.5, coursework exemptions for out-of-state applicants.

Board

Discussion: Jovita Dominguez asked if someone who retires can volunteer.

Loretta Melby said a nurse could volunteer if a RN who is knowledgeable in the care being provided is supervising the retired nurse.

**Public Comment
for Agenda Item**

7.2: No requests for public comment.

12:00 p.m.

7.3 Information only: Overview of scope of practice of Clinical Nurse Specialists (CNS)

Board

Discussion: Nilu Patel asked if a CNS requires a national certification for adult/gero. Loretta Melby said education can qualify a person to become licensed in California, but we do not require national certification.

Alison Cormack asked for a paragraph description of what a CNS can do, for the public members.

Loretta Melby said a CNS typically works in a hospital setting. She gave the example of a neonatal CNS in the hospital. They make sure practice, policies and procedures are evidence based and current. She spoke about diabetes and how a CNS can practice more independently including with pregnant women who have gestational diabetes.

Mary Fagan asked for the Business and Professions Code section referenced in the NPA.

Loretta Melby said CNSs can be found in Article 9 of the Nursing Practice Act.

**Public Comment
for Agenda Item**

7.3: No requests for public comment.

12:14 p.m.

8.0

Report of the Education/Licensing Committee (ELC)

12:15 p.m.

**8.1 Discussion and possible action regarding ELC
recommendations on agenda items**

8.1.1 – 8.3 were heard and discussed in the Education/Licensing Committee meeting held on January 25, 2024. These were handled as consent agenda items unless a Board or public member wished to pull one or more items out for further discussion

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)
ELC Vote: J. Dominguez – Yes; M. Fagan – Yes; D. Trujillo – Yes; P. 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 §§ 1421 & 1423)

University of California Irvine Entry Level Master's Degree Nursing Program

University of California Irvine Baccalaureate Degree Nursing Program
Angeles College Baccalaureate Degree Nursing Program
California State University San Bernardino Baccalaureate Degree Nursing Program
San Francisco State University Baccalaureate Degree Nursing Program
San Francisco State University Entry Level Master's Degree Nursing Program
College of the Canyons Associate Degree Nursing Program
El Camino Community College Associate Degree Nursing Program
Los Angeles Trade Tech College Associate Degree Nursing Program
Mount San Antonio College Associate Degree Nursing Program
Mount San Jacinto 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)

St. Louis University (St. Louis, MO)
Andrews University (Berrien Springs, MI)
Regis College (Weston, MA)
University of St. Augustine for Health Sciences (St. Augustine, FL)

ELC Vote: J. Dominguez – Yes; M. Fagan – Yes; D. Trujillo – Yes; P. Wynne – Yes

8.2 Discussion and possible action regarding ELC recommendations related to continued approval status (BPC § 2788; 16 CCR §§ 1421, 1423 & 1431)

Defer taking action on the continuing approval status while programs work to clear the area(s) of non-compliance or other action for an approved nursing program. Quarterly reports to the NEC and return to ELC/Board in 1-year (Jan/Feb 2025)

- 8.2.1** California State University San Marcos Baccalaureate Degree Nursing Program
- 8.2.2** Vanguard University Baccalaureate Degree Nursing Program
- 8.2.3** Palomar College Associate Degree Nursing Program
- 8.2.4** Solano College Associate Degree Nursing Program

ELC Vote: J. Dominguez – Yes; M. Fagan – Yes; D. Trujillo – Yes; P. Wynne – Yes

8.3 Discussion and possible action regarding ELC recommendations related to substantive change requests (16 CCR §§ 1426 & 1432)

Accept substantive change(s) requested by an approved program and approve the enrollment increase for Unitek College Baccalaureate Degree Nursing Program with an enrollment pattern of 25 ADN students twice a year in Fresno, CA, for an annual enrollment of 50 students. Enrollment increase tied to partnership with Community Hospitals in Fresno, CA; increased enrollment pattern ends if/when clinical placement partnership contract ends

Unitek College Fremont Campus

ELC Vote: J. Dominguez – Yes; M. Fagan – ABS; D. Trujillo – Yes; P. Wynne – Yes

Board

Discussion: No comments or questions.

Public Comment for Agenda

Item(s) 8.1.1- 8.3: No requests for public comment.

Motion: Dolores Trujillo: Motion to accept recommendations of the Education/Licensing Committee for agenda items 8.1.1 through 8.3.

Second: Jovita Dominguez

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

12:19 p.m.

8.4 Information only: NCLEX update

Board

Discussion: No comments or questions.

**Public Comment
for Agenda Item**

8.4: No requests for public comment.

12:21 p.m.

8.5 Information only: Licensing Update

Board

Discussion: Alison Cormack commented on progress to reduce application processing timeframes. She asked if there is anything the board needs to be aware of.

Loretta Melby said they are primarily focused on US licensing with Horne staff. Improving the Advanced Practice RN (APRN) application processing time is a focus of the Chief and Deputy Chief of Licensing. She said there may be regulatory language changes suggested in the future. She said the changes made with clinical training have allowed applicants from other countries to become licensed more easily.

Mary Fagan asked if deficient applications are included in the data.

Loretta Melby said they are included. She spoke about transcripts and possibly changing the requirements to only include nursing education. She said they are working with the National Council of State Boards of Nursing (NCSBN) to help with this change to reduce the number of transcripts needed. APRN applicants who complete a California program can use the new BRN portal like California pre-licensure applicants do. She said California is sending APRN data to Nursys in a test and working to regularly send the data. She said she reached out to the certifying bodies to see if they would add their data to Nursys for verification as a way to speed up the process. She said nurse midwives and nurse anesthetists have been added but CNS and NP have not.

Mary Fagan asked for the data to include time from application submitted to complete.

Loretta Melby said DCA is working on this now.

**Public Comment
for Agenda Item**

8.5: No requests for public comment.

12:33 p.m.

9.0

Report of the Enforcement/Intervention Committee (EIC)

9.1 Information only: Enforcement and Investigation update

Board

Discussion: Alison Cormack is not sure if the information being presented is of concern and thinks there should be ways to see directionally how the board is doing on various metrics to help evaluate and explain the work the board members do. She would like ways to explain to the public this portion of work the board does.

Patricia Wynne said she's been following the information for some time and can see some improvements such as filling vacancies. She asked Shannon Johnson if data could be updated.

Shannon Johnson provided a variety of suggested changes to the data that can be provided to the board members at future meetings.

Mary Fagan asked about the training being provided to Intervention Evaluation Committee (IEC) members and if there are changes based on the public comments the board heard today. Shannon said there are no changes but there are new IEC members. She said they updated the guides and training was provided to the IECs in 2022 and 2023. She said training is going to be given to Nurse Support Group (NSG) Facilitators next week.

Public Comment for Agenda Item

9.1:

Matthew A.: Attorney who spoke during public comment earlier. Stated that he took issue with the comments made by Shannon Johnson and said there was never a requirement to work or work with narcotics. He said that the statement made by Shannon Johnson that there are no new rules is a lie. He said there are three BRN members and three IEC members at each meeting. He said the IECs do not get to see participants to make the individualized treatment plans. He said the IECs are supposed to be independent, but BRN staff are directing the meetings. He said information will come out in discovery if a lawsuit is filed.

Charlotte: Agreed with Matthew A's comments. She is a participant in the program. She said NSGs are completely in the dark. She spoke about changes being made after a contract has been signed. She said she works with patients but does not have access to narcotics. She said she'll probably have to change jobs to pass narcotics. She said a class action lawsuit should be coming soon.

Chris Else, NSG Facilitator: Spoke about hiring in probation and diversion, and they don't have any previous experience in either program. He said Shannon is being very disingenuous with her comments.

1:00 p.m.

Recess: ➤ Dolores Trujillo, President, recessed the meeting for lunch at 1:00 p.m.

2:12 p.m.

Reconvene: ➤ Dolores Trujillo, President, reconvened the meeting at 2:12 p.m.

2:12 p.m.

9.2 Discussion and possible action: Name change of the Enforcement/Intervention Committee (EIC) to Enforcement, Investigation, and Intervention Committee (EIIC)

Board

Discussion: No comments or questions.

Public Comment for Agenda Item

9.2: No requests for public comment.

Motion: **Nilu Patel:** Motion to Accept the name change of the Enforcement/Intervention Committee (EIC) to Enforcement, Investigation and Intervention Committee (EIIC)

Second: **Patricia Wynne**

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

2:15 p.m.

9.3 Information Only: Presentation on the Intervention Program, including but not limited to statistics, program updates, the intervention evaluation committee's roles and responsibilities

Board Discussion: David Lollar asked if a nurse who is ordered by the Board to complete probation can select intervention, for the complaint to remain confidential.

Shannon Johnson said outreach is sent to each nurse who has a complaint filed. She said that if a nurse has an accusation filed against them, they can still enter the intervention program so long as a board decision has not been ordered.

Reza Pejuhesh clarified that David Lollar asked about a nurse that is on probation. Shannon said if a probation decision is ordered by the board, they are not eligible for intervention.

Vicki Granowitz said there have been some highly charged public comments made at today's meeting. She said she would prefer public commenters limit their comments to policy and process and not make character judgements. She finds staff to be ethical, hardworking and limited by what they don't see. She requests comments be reframed going forward. She said the commenters said there were changes being made and there seems to be a disconnect that is confusing to her. She said the participants have issues with narcotics which is why they're in the program. Nurse representatives say they've completed the intervention program and they are not going to work with narcotics in the future so they should be able to have an unrestricted license to practice but she doesn't see how that would work because the nurses would be in a special category of nurse that the board would have to keep track of. She doesn't know how the board could do that going forward.

Loretta Melby said intervention is not only for nurses who have been diverting narcotics. They could also have alcoholism or some other issue including mental health. The nurse could also be a dual diagnosis involving mental health and controlled substances or alcohol. There is no one-size-fits-all treatment plan in intervention and each person's pathway is their own. The RN license is general and allows use in any area that utilizes a license.

Reza Pejuhesh agreed with Vicki Granowitz's first comment about tone used by the public when speaking to the Board, but clarified that if members of the public want to critique members of the board or staff, they may do so. He spoke about the public comments and a participant having to work passing narcotics for six months prior to completing the program. He said 9.3 and 9.4 mention intervention but do not speak directly to the specific issue being brought up by commenters. The board members are prohibited from speaking about issues not on the agenda except to decide to put it on a future agenda. He suggests the board members take in the public comments and make a decision about adding a future agenda item. He's slightly concerned about the agenda language.

Mary Fagan said the board told the commenters they could speak during agenda item 9.3 and it sounds like they cannot speak about it. Reza said the commenters can speak but the board members may be limited in their responses; and when it was previously being discussed by members of the public, he did not have a chance to warn the board that the board members could not discuss the narcotics issue.

Loretta Melby spoke about the six-month work requirement of passing narcotics, and agenda item 9.3 is an overview of the intervention program. She believes this warrants a whole other agenda item and Maximus and perhaps DCA could also attend the meeting. DCA contracts with Maximus. DCA worked to develop the Uniform Standards.

Mary Fagan said some of these comments came up at past meetings and thought that was the reason for this agenda item.

Loretta Melby said staff are taking a tapered approach to explain what the intervention committee is and what they do, what authority they have, and why we're looking at intervention, and then we can get into details. We can gather public comments. Discussion specific to narcotic passing requirements would change the agenda item.

Mary Fagan asked if this would have to wait until the next board meeting.

Loretta Melby said a EIC meeting could be scheduled to discuss the issues brought up by the commenters, but she thinks all board members would want to participate in the discussion and it would be better to have it at a full board meeting.

Nilu Patel asked about the level of practitioner who monitors participants in Uniform Standard 7 (Worksite Monitor).

Shannon Johnson said there is much more information about the Uniform Standards that was not included in the slide presentation. She said that standard is overseen by probation staff and Maximus for intervention participants.

Alison Cormack still does not understand the problem that was described earlier and asked if they are or are not allowed to ask questions.

Reza Pejuhesh explained that Bagley-Keene requires public notice of what the board intends to discuss at a board meeting be placed on a meeting agenda. This issue is narrow, but the board can ask questions to help determine whether to add an agenda item to a future meeting.

Alison Cormack asked if it is the IEC's role and responsibility to include specific assignments that must be completed before a nurse is released from the intervention program successfully. Shannon said it is the IEC's role to review all aspects of the plan for each participant

in the program and decide what is needed for that participant from treatment, testing, employment, and community groups. If the IEC makes changes, then they vote, and the contract is updated by Maximus and made available to the participant. Loretta Melby read Business and Professions Code section 2770.8 to the board.

Patricia Wynne asked about the complaint she's heard that a nurse must quit their job to participate in the intervention program. She did not see that reflected in the requirements and would like to know how that works.

Shannon Johnson said the cease practice is in uniform standards and is required while a diagnostic evaluation is completed, and continues until the results are received, as well as drug testing twice per week.

Patricia Wynne heard quitting a job is an impediment to people going into the intervention program. She asked approximately how long this can take, a couple months, six months.

Shannon Johnson said the initial intake is within 10 days of requesting entry into the program. She said there's a period of weeks to get the diagnostic evaluation done and usually three months before the participant is seen by an IEC because they only meet quarterly each year. She said that's when formal acceptance into the program is done.

Patricia Wynne asked if this is a major impediment to people participating in the intervention program.

Shannon Johnson gave examples of how this could be an impediment.

David Lollar said he wants to hear from Maximus and know if this is just BRN or system wide. He thought agenda item 9.4 was going to address the issues brought up by public commenters. Asked about the difference between the regulatory language to be discussed and the fixing a broken system that he thought was going to be discussed.

Reza Pejuhesh said this one requirement that at least three participants have raised is a narrow issue and it may not be indicative of a broken system. He said there is no specific regulatory language or concepts drafted yet. He advises the discussion to be held openly on this issue to get a wide swath of stakeholder input.

Loretta Melby said the intervention program is confidential so it would be nice to get employer input as well.

3:13 p.m.

**Public Comment
for Agenda Item**

9.3:

Reza provided guidance before public comment was started. Intervention program participation is confidential and public commenters are not obligated to identify themselves. He advised that if a commenter who is a program participant identifies themselves, they may be waiving confidentiality.

Loretta Melby asked about the length of time for public commenters since there are only 5 people on the WebEx.

Dolores Trujillo said 2 minutes.

Matthew A.: Stated that he disagrees with Reza's interpretation of the agenda item subject and whether discussion can be had. He appreciates the discussion and questions being asked by board members. He appreciates Ms. Johnson's explanation of the IECs but it's not being followed. He said the IECs should be making recommendations for the treatment program of participants, but the BRN is making the recommendations which is contrary to the presentation. He said board members are not allowed to be on the IECs but are violating this provision. He said Maximus staff have encouraged participants to complain to the BRN and many case managers have quit at Maximus because of these new changes. He said some nurses are being held up on the last day before successful completion of the program.

Anthony: Stated that there have been many participants in the program for 3-4 years told they're on track to successfully graduate the program. You are scheduled to graduate on January 15th but are called on January 13th because you have to have a job for six months to pass narcotics, so the program is extended. You have to put your life on hold while you participate and have lost out on a great deal of money as well. Many participants have not met with IECs for a year due to vacancies on the committees. Many people are going through this now, not just a few people.

Charlotte: Said this is a narrow issue that affects a few people but it is not a narrow issue. This was a proposed issue, but it has been enacted and happening with a lot of people. She was out of work for 12 months and her state disability ran out. She's married and her husband works but it is still difficult to live on one income. This is a huge financial hardship for people. She has to find a job to pass narcotics for six months. She said intervention is not confidential because the employer must be told about participation even though there is no designation on the license.

Reza Pejuhesh said his description of this issue being narrow did not mean to say this is a minor issue or insignificant in importance. He did not mean it to sound that way. Commenters are being heard and have opened the door to a robust discussion.

Susan Parker: Stated that it has been over 2.5 years that she has been working in dialysis which is her dream job. She's now being directed to work six months to pass narcotics which was not in her agreement. She has not been allowed to appear at an IEC because she has to complete the work requirement first which is frustrating. She sympathizes with Charlotte about the costs of testing which is \$5,000 per year. She asks if there is a way to appeal the decision so she can enter transition. She hasn't worked in narcotic access for 20 years and it's hard to find a job. She thinks these requirements are meant to keep participants in the program longer. She has to be evaluated again to make sure she's a safe practitioner.

David: Stated that he is a diversion participant and that he has had multiple agreements with his IEC. He had a transition agreement made in March 2023 and is scheduled to complete in March 2024. Changes have been made to the program completion requirements. He's done IOP, drug testing, relapse prevention plan, NSG, workbook completion, worksite monitoring, etc. He said a change was made in March 2023 that said he had to have two years' continuous sobriety in order to enter transition.

Kaleb: Stated that she has been a participant for 3 years, 9 months, since April 2021. She's been a model participant in this program. She was seen twice a year and then once a year. It's been over one year since she's been seen. She doesn't have a date to see her IEC. What the board is saying doesn't translate to what is happening in the program. The six-month requirement is not clear because her case manager is not clear on this requirement either. She has health issues she's going through and being told to find a job that meets with her health requirements. She may need to quit her job.

Participant XYZ: Stated that she is worried to speak out and has not had positive results. Many are still afraid to speak out. She said Ms. Johnson did a phenomenal job explaining the program. She said probationers have specific requirements but until recently she has not had specific requirements in intervention. She said the program is chaotic, destructive, and punitive. She agrees that a larger discussion needs to happen. She asked what's happening to nurses who are being extended and extended from completing the program.

After public comment period:

Dolores Trujillo said the Board would like to agendize this issue for the May 2024 meeting to include Maximus's participation.

3:42 p.m.

9.4 Discussion and possible action: Direct Board staff to initiate drafting regulatory language for revisions and/or additions to California Code of Regulations (CCR), title 16, Article 4.1 Intervention Program Guidelines

Board Discussion: Reza Pejuhesh said for clarification, board staff asks for a motion to initiate a regulatory change but will bring a proposal to the board.

Loretta Melby said it typically happens to identify an area in regulation that needs to be added or updated then we will meet with subject matter experts, get background information, and recommendations. She explained the process to initiate a rulemaking.

After Motion:

Mary Fagan asked what the current regulations are. Shannon Johnson said CCR, title 16, sections 1446-1449.

Loretta Melby gave the board's website address for the public.

Alison Cormack asked if staff is looking at other issues because the motion is very broad.

Loretta Melby said the executive team has been looking at all the different areas of the board for opportunities for improvement.

Shannon Johnson has been looking at intervention. She said California has entered into a study for NCSBN to look at the Intervention Program.

Alison Cormack said this is helpful.

Shannon Johnson said they were tasked with bringing in a Mental Health Ad-hoc committee to bring stakeholders together with recommendations that was not addressed.

After Public Comment:

Loretta Melby asked about board members attending NSG meetings.

Reza Pejuhesh is unsure because participants are confidential but could end up on probation.

Loretta Melby asks no board member to participate until formal guidance is provided by Reza Pejuhesh.

Motion: Patricia Wynne: Motion to Authorize board staff to initiate drafting regulatory language for revisions and/or additions to California Code of Regulations (CCR), title 16, Article 4.1 Intervention Program Guidelines

Second: Dolores Trujillo

**Public Comment
for Agenda Item**

9.4: Matthew A.: He said the current regulations address entry and denial but he would hope the changes would address successful completion. He also said the causes for termination are very general and there is retaliation by the BRN.

Charlotte: Echoes what Matt said. Clarify the guidelines for participants. Include what all participants must do to complete the program. This is an individualized program for each participant yet that is not what is happening. Some are not in for diverting narcotics and have this requirement.

Chris Else, NSGF: (Written comment read out loud). He encouraged board members attend his NSG meeting via zoom if they are confused as to the issue he has brought up.

Kay: Stated that she is a participant in the program. She has three years as of April and her greatest concern is this new requirement that has not been brought to her attention but she has heard of this from other participants. She fears bringing this up. She said these changes are not written in their contracts so how do they know if that in fact is the requirement. She's suffered health issues that limit her ability to practice. Her employer wants her to be a supervisor, but she cannot do that until she completes the program. She thinks more will suffer until a resolution is completed by the board.

Anthony: Asked that there be an effective start date for any changes and for those already in the program to be grandfathered in.

Chris Else, NSGF: Again, invited board members attend one of his meetings and hear from the nurses.

Vote:									
	DT	MF	JD	PW	VG	DL	AC	NP	
Vote:	Y	Y	Y	Y	Y	Y	Y	Y	Y
	<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

4:08 p.m.

9.5 Discussion and possible action: Appointment of Intervention Evaluation Committee (IEC) members

Name	Member Type	IEC	Appointment Type	Term Expiration
Rebecca Gastelum	Public	3	New appointment	06/30/2028
Darcy Hostetter-Lewis	Nurse	11	New appointment	06/30/2028
Wade Murad	Physician	12	New appointment	06/30/2028

Board Discussion: Patricia Wynne requested that this agenda item be delayed so Board Members could review appointment materials that were provided that morning.

President Trujillo asked for a 10 minute break.

Break from 4:09 – 4:20 p.m.

4:21 p.m.

10.0 Report on Legislation

Legislative update and discussion of bills relevant to the Board from the 2023-2024 legislative session

1. [AB 1944 \(Waldron\) Individualized investigational treatment.](#)
Bill not presented at meeting.
2. [AB 2015 \(Schiavo\) Nursing schools and programs: faculty members, directors, and assist](#)

4:23 p.m.

Board Discussion: Alison Cormack said this sounds reasonable and asked what problem this is trying to solve.

Loretta Melby said there have been multiple complaints from academic partners that the board is a barrier. Academia will go through the hiring process for a faculty person who is offered a job but then the program is told they are not qualified for the position. This

will change the process so a program would know up front if a candidate is eligible for a nursing faculty position.

Alison Cormack said it is concerning that a school would go through the process and not know if a person is qualified.

Loretta Melby spoke about the recency requirement of patient care knowledge and experience.

Nilu Patel asked if there is a fee for this.

Loretta Melby that there is not a fee. The current process does not have a fee either. The process has been improved from 10 steps to 5 steps.

Mary Fagan asked about leveling.

Loretta Melby said there's a clinical teaching assistant role that requires a RN license and one year of experience but does not have an education requirement. They can guest lecture, work in the lab, do some simulation. Once you have a bachelor's degree you qualify to be an assistant instructor in a content area if you maintain recency. You can be a teaching assistant to gain one year of experience, and then can move to instructor. Master's degree and higher is needed to be an instructor.

Mary Fagan asked if a person would have to apply for all different types.

Loretta Melby stated that they would and that they would need to also ensure that they meet other eligibility requirements.

Motion: Dolores Trujillo to Support

Second: Jovita Dominguez

Public Comment

for AB 2015: No requests for public comment.

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

4:36 p.m.

3. [AB 2104 \(Soria\) Community colleges: Baccalaureate Degree in Nursing Pilot Program.](#)

Board

Discussion: Nilu Patel asked if someone who has already completed ADN could return to get their BSN.

Loretta Melby said they potentially could unless the language changes.

Mary Fagan asked if the bill addresses faculty recruitment and retention. She wonders if faculty pay is being addressed.

Loretta Melby said it would not be appropriate for the board to address pay. She discussed Washington state's bill to address faculty wages. This has been shared out.

Vicki Granowitz asked about clinical placements and impact as a result of this bill.

Loretta Melby said they could utilize the same clinical spots for the same type of training, unless a program wants an enrollment increase which would need to be addressed by the board.

David Lollar asked if a position needs to be taken. Can the board take a Watch position to work with the maker of the bill to address questions.

Loretta Melby said a Watch position does not stop board staff from working with authors.

Alison Cormack asked about the language in the bill regarding underserved areas.

Marissa Clark thought HCAI would have this information.

Alison Cormack asked about SB 895 and if these were identical bills.

Loretta Melby said they are similar and in the same spirit but not identical.

Patricia Wynne asked if this is too soon to take a support position.

After Motion:

Alison Cormack asked the benefit to take a Watch or no position.

Marissa Clark said they are similar.

Loretta Melby said some stakeholders might not understand that the board has looked at the bill but has no position versus not looked at a bill at all.

Motion: David Lollar to Watch

Second: Mary Fagan

Public Comment

for AB 2104: No requests for public comment.

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

4:52 p.m.

- 15.** [SB 895 \(Roth\) Community colleges: Baccalaureate Degree in Nursing Pilot Program.](#)

Board

Discussion:

Alison Cormack said the support is different for this bill.

Marissa Clark said there is no committee analysis yet, so she reached out to interested parties.

Alison Cormack said the same groups may support the assembly bill, but we don't know yet.

Mary Fagan asked about community college accreditation since most are not and that could effect this bill.

Loretta Melby said that could affect those that could participate with this bill. The number of community colleges with accreditation are growing slowly but surely.

Mary Fagan asked if this bill could help support them to obtain accreditation.

Loretta Melby said this bill could support them to become accredited but it comes down to funding and this could be difficult with the current budget.

Motion: Patricia Wynne to Watch

Second: David Lollar

Public Comment

for SB 895: No requests for public comment.

Vote:									
	DT	MF	JD	PW	VG	DL	AC	NP	
Vote:	Y	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Motion Passed

4:57 p.m.

12.0

Recess to February 29, 2024

➤ Dolores Trujillo, President, recessed the meeting at 4:57 p.m. and the Board planned to reconvene at 9:00 a.m. on February 29, 2024.

Thursday, February 29, 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 was established at 9:01 a.m.

Board Members: Dolores Trujillo, RN – President
Mary Fagan, PhD, RN, NEA-BC-Vice President
Alison Cormack
Jovita Dominguez, BSN, RN
Vicki Granowitz
Roi David Lollar
Patricia “Tricia” Wynne, Esq.
Nilu Patel

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – Attorney, DCA Legal Affairs Division

9:02 a.m.

3.0

Continue with unfinished agenda items from February 28, 2024

9:02 a.m.

4. [AB 2200 \(Kalra\) Guaranteed Health Care for All](#)

Board

Discussion: Nilu Patel asked if this bill is an avenue to promote education in state colleges to increase opportunities for nursing programs to have graduate students.

Marissa Clark said there is a provision under one of the working groups, where one of the issues they talk about studying is nursing program capacity and clinical placements. Under "program standards," it says the board will establish requirements and standards by regulation, and one of the things they would talk about in the standards is clinical placements for education purposes, including clinical placements for prelicensure registered nursing students, without regard to degree type, that prioritizes nursing students in public education programs. And they also talk about the CalCare Health Workforce Working Group; one of the things they would be charged with discussing is programs and measures to expand clinical education capacity at California community colleges to provide associate degree programs in health professions.

Vicki Granowitz said we have been trying to get universal health care passed for some time and it looks like they've added in the last section to get some political support.

Dolores Trujillo asked what language Vicki Granowitz was referring to.

Vicki Granowitz said she doesn't understand the workforce working group language where they are talking about education.

Loretta Melby spoke about dealing with insurance companies and a provision of CMS that requires hospital settings to provide clinical education to nurses, physician assistants, etc.; thus this is consistent with existing law where this requires healthcare agencies to provide clinical experiences for healthcare education.

Vicki Granowitz said when you deal with unions and workforce in San Diego, everything is "meet and confer"; and this would substantially change healthcare and dealing with workforce, and the section in the legislation seems inadequate.

Patricia Wynne asked if the BRN has taken positions on previous universal healthcare bills.

Marissa Clark did not know of any previous positions but this bill specifically names BRN in these provisions when working with workgroups in a way that prior bills had not.

Nilu Patel said the language in this bill reassures her somewhat with language that addresses workforce and especially education.

Alison Cormack asked who would constitute the Cal Care Board.

Marissa Clark explained the language for the executive board as MD, RN, public health professional, mental health professional, institutional provider representative, non-profit organization advocate for those who use healthcare in California, labor rep.

Alison Cormack asked about funding.

Marissa Clark spoke about the funding language in the bill. She believes more discussion would come down the road regarding the funding issue.

Alison Cormack does not think a position needs to be taken at this time.

After Vote:

Patricia Wynne is not comfortable supporting this bill now but feels there may be promise in the bill and hopes it will return at the next meeting.

Motion: Dolores Trujillo to Support

Second: David Lollar

9:25 a.m.

Public Comment for AB 2200:

Mari Lopez, CNA, Legislative Advocate – CNA is the sponsor of the bill and urges the board’s support of the bill. This bill addresses previous questions from the legislature about healthcare workforce needs, recruiting and retention.

No public comment in Sacramento.

Vote:	DT	MF	JD	PW	VG	DL	AC	NP
	Y	N	Y	N	N	Y	N	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Failed

9:30 a.m.

5. [AB 2270 \(Maienschein\) Healing arts: continuing education: menopausal mental and physical health.](#)

Board Discussion:

Alison Cormack asked if these courses are not currently available.

Loretta Melby said she thought these courses were available. She explained the continuing education process. She said the language in the bill does not affect the BRN.

Alison Cormack sought clarification whether RNs must take these courses.

Loretta Melby said RNs must consider different types of CE and are encouraged to take certain courses. She read the language in the CCR regarding CE. She said language from this bill could be added to the regulations.

Alison Cormack asked if there is anything preventing the BRN from writing a more comprehensive paragraph.

Loretta Melby said this section was updated last year and if you get too detailed or prescriptive it makes it difficult.

Vicki Granowitz said she read this and another bill and she does not support this or the other one because it would muddy up and create a spiral. She understands there are groups interested in this type of training. Marissa does not know if this bill is complete at this time and could continue to evolve as the session moves forward.

Nilu Patel likes to see that this particular patient population is being addressed; it is an understudied population and needs attention.

Marissa Clark said a hearing was just held regarding menopausal issues.

David Lollar said there was a show on NPR regarding menopause and mental health

Motion: David Lollar to not take a position

Second: Patricia Wynne

Public Comment

for AB 2270: No requests for public comment.

Vote:								
	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	N	N
	<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

9:41 a.m.

6. [AB 2442 \(Zbur\) Healing arts: expedited licensure process: gender-affirming health care a gender-affirming mental health care](#)

Board

Discussion: Mary Fagan asked Loretta Melby for the difference in expedited application review.

Loretta Melby said there would be a check mark to move someone to the front of the line for review. The applicant may not have all the documentation needed to complete the review. This bill does not have a fee waiver so there is no negative effect. There are a lot of application expedites and at some point, you wonder if this will help.

Mary Fagan asked if this includes the complete application review.

Loretta Melby stated in the affirmative.

Vicki Granowitz understands a military expedite but wonders about the providers in this bill.

Loretta Melby said with the federal licensure portability act, a license is not needed to work here. For this type of language, the board would require a letter from an employer of an offer of employment for this type of work in order to meet the expedite requirement. She asked if there was a time commitment for employment.

Marissa Clark said no, that the applicant must have accepted employment or entered into a contract with a starting date and location where services will be provided.

Patricia Wynne asked, if we were to support this bill, would we request an amendment where people who are granted the expedited process agree to stay in the area for a length of time, like two years.

Loretta Melby cautions adding that type of language due to jurisdictional concerns and possibly overstepping the BRN licensing role.

Mary Fagan asked if the BRN supported expediting abortion services.

Marissa said that they had.

Motion: Alison Cormack to Support

Second: Patricia Wynne

Public Comment

for AB 2442: No requests for public comment.

Vote:									
	DT	MF	JD	PW	VG	DL	AC	NP	
Vote:	Y	Y	Y	Y	N	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Motion Passed

9:52 a.m.

7. [AB 2471 \(Patterson\) Professions and vocations: public health nurses.](#)

Board

Discussion: Loretta Melby provided background and context for the language in this bill. A regulation change would be needed for section 1417 to remove the fee.

Motion: Mary Fagan to Support

Second: David Lollar

Public Comment

for AB 2471: No requests for public comment.

Vote:									
	DT	MF	JD	PW	VG	DL	AC	NP	
Vote:	Y	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Motion Passed

8. [AB 2526 \(Gipson\) Dentistry: deep sedation and general anesthesia.](#)
Bill not presented at meeting.

9:59 a.m.

9. [AB 2532 \(Mathis\) Community colleges: registered nursing programs.](#)

Board

Discussion: Alison Cormack asked for the definition of medically underserved area.

Marissa Clark said the bill points to Health & Safety Code section 12425 and a federal code section.

Alison Cormack asked how many community colleges use the multi-criteria screening process.

Loretta Melby is unsure how many use it but believes most do and believes it is 100%. She said the NECs do not look at admission criteria unless there is a problem.

Alison Cormack asked if the BRN has taken a position on this type of bill.

Loretta Melby said she is unaware of any.

Nilu Patel asked how this bill affects the affirmative action bill passed federally.

Marissa Clark does not believe this would negatively impact that bill.

Motion: David Lollar to Support

Second: Nilu Patel

Public Comment

for AB 2532: No requests for public comment.

Vote:		DT	MF	JD	PW	VG	DL	AC	NP
Vote:		Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Motion Passed

Break taken from 10:07 – 10:20 a.m.

10. [AB 2578 \(Flora\) Nursing](#)
Bill not presented at meeting.

10:20 a.m.

11. [AB 2581 \(Maienschein\) Healing arts: continuing education: maternal mental health.](#)

Board

Discussion: No comments or questions.

Motion: Patricia Wynne to not take a position

Second: Mary Fagan

Public Comment

for AB 2581: No requests for public comment.

Vote:		DT	MF	JD	PW	VG	DL	AC	NP
Vote:		Y	Y	Y	Y	Y	Y	N	N
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Motion Passed

12. [AB 2679 \(Rubio\) Approved nursing schools](#)
Bill not presented at meeting.

13. [AB 2682 \(Gipson\) Licenses: African American applicants](#)
Bill not presented at meeting.

10:23 a.m.

14. [AB 2730 \(Lackey\) Sexual assault: medical evidentiary examinations](#)

Board Discussion: Patricia Wynne asked if the evidence will hold the same weight in court if a physician is not involved.

Loretta Melby said she was a sexual assault examiner by training from 2009-2014. She is not an advanced practice nurse and would testify in hearings and there was no question regarding physician involvement. She spoke about training required to conduct the exams and competence, and stated this looked like more of a clean-up bill to address the updated changes in supervisory requirements for these roles.

Vicki Granowitz said this will make a world of difference and made a motion to support.

Motion: Vicki Granowitz to Support

Second: Patricia Wynne

Public Comment

for AB 2730: No requests for public comment.

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

10:29 a.m.

16. [SB 1015 \(Cortese\) Nursing schools and programs.](#)

Board Discussion: Nilu Patel asked Loretta Melby if the BRN has bandwidth for this workload.

Loretta Melby said yes and said she’s been working with the author. The BRN collects this data already and this expands on it as well as requiring that it be posted to the website.

Mary Fagan asked about clinical placement reporting from healthcare facilities.

Marissa Clark said that's the next bill.

Loretta Melby said this is directly from the California State Auditor and referenced the EDP-P-18 form used by the NECs and nursing programs. She explained the clinical placement data as it's used by BRN.

Mary Fagan asked about the "statements of support" not being collected any more.

Loretta Melby said the auditor ordered the board to immediately stop this practice. She said the previous board asked NECs to collect this information as a basis for making clinical placement decisions. NECs stopped this in 2020.

Mary Fagan thought the current board had asked for this type of information during recent board meetings.

Loretta Melby said it was consortium information.

Motion: Nilu Patel to Support

Second: Dolores Trujillo

**Public Comment
for SB 1015:**

Mari Lopez, CNA Legislative Advocate: CNA is the sponsor of this bill to ensure transparency on clinical placements and aid the BRN in developing standards to address clinical impaction, and urges the BRN to support on this bill.

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

Motion Passed

10:40 a.m.

- 17. [SB 1042 \(Roth\) General acute care hospitals: clinical placements: nursing.](#)

Board Discussion: Mary Fagan asked if there has been any comment or feedback from the California Hospital Association.

Marissa Clark was not aware of anything on the record yet.

Loretta Melby said this is a similar bill to one put forth by Assemblymember Lowe last year and we worked with them on the language. The hospitals are already reporting most of the data with only a few additional data points being added. She said CHA was neutral on the last bill. She said this data is missing from the board and needed. She explained how the data would be used to help assist with clinical placement decisions.

Mary Fagan can see how this data would be invaluable to the BRN in making decisions but as a hospital administrator sees how this is subjective. She wondered if NCSBN might be able to assist with this.

Loretta Melby said NCSBN looks from the RN side and not the hospital side. They would not have that type of information.

Mary Fagan is interested to hear the California Hospital Association's perspective on this bill.

Patricia Wynne agrees with Mary Fagan on how this data would assist board members make decisions.

Loretta Melby said this bill will help the board look at data.

Alison Cormack discussed current data used by BRN to make decisions.

Loretta Melby explained the data collection and how it would be tabulated for use and consideration by the board.

Alison Cormack asked if the NECs manage the data. Loretta Melby said the NECs manage the schools. The data collection would live with HCAI.

Alison Cormack asked about the language that says the board would prioritize community colleges and CSUs. She thought the BRN was neutral about whether a nursing school is public or private and would like to discuss this.

Loretta Melby said we are in discussion with the author's office.

Marissa Clark said the BRN doesn't do the matching between healthcare facilities and schools.

Loretta Melby said the Lowe bill focused on community colleges and this bill expands to the private colleges and universities. Loretta Melby said they're working to develop additional language that will involve BRN at the end of the process.

Reza Pejuhesh said the BRN has traditionally been neutral in this process and not given different treatment to schools that are community colleges, private colleges, etc. He said the law has not explicitly given the board any reason to treat schools differently or mandated that it do so. He said if there were any equal protection issues it would be the purview of legislators and stakeholders to address those issues. He said the crux of this bill is the data collection piece.

Alison Cormack said the most she would be willing to support is a Watch position based on the publicly available information.

Loretta Melby said this bill and last session's bill was based on data collection and growth in the various programs. She pulled up data for the board members to see in the hearing room.

Alison Cormack asked for the delta/base of the data as a means to compare.

Motion: David Lollar to Support

Second: Jovita Dominguez

**Public Comment
for SB 1042:**

Julie Van Houten, Palomar College: Stated that it is heartbreaking to turn students away and have them attend a private program where they will pay a great deal of money because they don't have the clinical placements.

Vote:								
	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	N	Y	Y	Y	Y	N	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

11:07 a.m.

18. [SB 1067 \(Smallwood-Cuevas\) Healing arts: expedited licensure process: medically underserved](#)

Board Discussion: Patricia Wynne has similar concerns with this and the previous bill. Loretta Melby said there is little data regarding this.

Vicki Granowitz is going to vote against this bill for the same reason she voted against the other bill regarding expediting programs. She understands what both are trying to do, but she thinks there are better ways to serve those programs, and she is concerned about the number of application types the board can expedite before it becomes moot.

David Lollar is surprised there is no data on this bill.

Loretta Melby said some stay in an area after attending a nursing program based on wages. She said traveling nurses' salaries are much higher than for those that reside and stay in an area. She said some nurses would quit and then reapply as a traveler to earn more money.

Mary Fagan says bills for expediting applications urge the BRN to resolve issues impacting licensing delays. She is interested in the nursing compact which she believes will come up soon.

Loretta Melby discussed the nursing compact process for licensure and that it would increase the number of applications in need of review and approval.

Motion: Dolores Trujillo to Watch

Second: David Lollar

Public Comment for SB 1067:

Kathy Hughes, Executive Director SEIU Nurse Alliance: Stated that SEIU Nurse Alliance hasn't taken many positions on bills, but they do look at medically underserved areas in urban and rural areas. She said expedited licensure addresses a population where nurses are critically needed. This doesn't minimize the licensing requirements and she asks the board to look at every piece of legislation through a racial and economic justice lens. Loretta Melby spoke about the California graduate application process and that this bill is for those endorsing from out of state.

Vote:	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	N	Y	Y	Y	Y	Y	Y

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

Motion Passed

11:18 a.m.

19. [SB 1183 \(Hurtado\) Community colleges: registered nursing programs](#)

Board Discussion: Alison Cormack appreciates the wide variety of bills and has clarified her thinking about how to approach them. She’s voting against supporting bills with admission requirements because she does not believe they are connected to the BRN’s responsibilities or purview.

Motion: Dolores Trujillo to Watch

Second: Jovita Dominguez

Public Comment for SB 1183:

Belen Kersten: Stated that she would like the board to support multi-criteria admissions for underserved students because, even though she has increased her school’s enrollment with approval from the BRN, many students that attend her program have left the area after completing their education.

Vote:

Vote:	DT	MF	JD	PW	VG	DL	AC	NP
	Y	N	Y	Y	N	Y	N	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

Agenda Reordered on February 28, 2024, to present Item 9.5 after completion of Legislation

11:24 a.m.

9.5 Discussion and possible action: Appointment of Intervention Evaluation Committee (IEC) members

Name	Member Type	IEC	Appointment Type	Term Expiration
Rebecca Gastelum	Public	3	New appointment	02/29/2028
Darcy Hostetter-Lewis	Nurse	11	New appointment	02/29/2028
Wade Murad	Physician	12	New appointment	02/29/2028

Board Discussion: Alison Cormack asked about the inconsistency in appointment end dates: is it February 28, 2028, or June 30, 2028, as it is stated in the Agenda.

Shannon Johnson said it's four years from the date of appointment, thus it should be February.

Alison Cormack asked whether it should be February 28 or 29. Shannon Johnson responded that she anticipated doing this yesterday on February 28. The term end date would be February 29, 2028.

Alison Cormack felt comfortable moving forward with this modification.

Motion: **Alison Cormack:** Accept appointment of Intervention Evaluation Committee members.

Second: **Mary Fagan**

**Public Comment
for Agenda Item**

9.5: No requests for public comment.

Vote:

	DT	MF	JD	PW	VG	DL	AC	NP
Vote:	Y	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB								

Motion Passed

11:30 a.m.

President Trujillo called for a recess at 11:30 a.m.

12:30 p.m.

President Trujillo called the meeting to order, reestablished a quorum with all members present and went into Closed Session at 12:30 p.m.

12:30 p.m.

11.0

Closed Session

11.1 Disciplinary Matters

The Board convened in closed session pursuant to Government Code section 11126, subdivision (c)(3) to deliberate on disciplinary matters, including stipulations and proposed decisions.

11.2 Pending Litigation

The Board convened in closed session pursuant to Government Code section 11126, subdivision (e), to discuss pending litigation:

Tinio, Robertson v. California Board of Registered Nursing (AM),
Superior Court of California, County of Los Angeles Case Number:
LA2023601834

3:29 p.m.

5.0

Adjournment

The Board re-entered open session at 3:29 p.m. President Dolores Trujillo 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