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

Date: June 20, 2024

Start Time: 9:00 a.m.

Location:

The Board of Registered Nursing (Board) held a public meeting, accessible both in-person and via a teleconference platform, in accordance with Government Code section 11123.2.

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

Thursday, June 20, 2024 - 9:00 a.m. BRN 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: 9:02 a.m. All members present. Quorum was 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
Reza Pejuhesh – DCA Legal Attorney

2.0 **General instructions for the format of a teleconference call**

9:04 a.m **3.0** **Public Comment for Items Not on the Agenda; Items for Future Agendas**

Public Comment for Agenda Item 3.0: Jacquelyn Winters – Asked to speak about AB3127. Loretta Melby said that discussion will happen later in the meeting.
BRN Legal CounselReza Pejuhesh clarifyied that it will beagenda item 6.0.

9:06 a.m. **4.0** **Discussion and possible action:** Regarding Board approval of Board Member Granowitz participating in Board meetings from a remote location (Gov. Code, § 11123.2, subd. (j)(2)(3).)

Board Discussion: Nilu Patel said Vicki Granowitz is an extremely valuable member of the board and supports her health.

Reza Pejuhesh asked Vicki Granowitz to provide additional, but minimal information about her condition.

Vicki Granowitz said she has Multiple Sclerosis that affects a number of systems and issues with mobility and needs assistance to travel.

Motion: **Patricia "Tricia" Wynne** Motion to Approve Board Member Granowitz participating in Board meetings from a remote location

Second: **Alison Cormack**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

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

Motion Passed

9:14 a.m. **5.0** **Discussion and possible action: Appointment of a subcommittee to select and nominate members to the Nurse Practitioner Advisory Committee and Nurse-Midwifery Advisory Committee**

Board Discussion: Alison Cormack said there is also a vacancy on the Admin Committee as well.

Loretta Melby explained that the board will hold an election for the President and Vice President at the August 2024 board meeting.

Patricia Wynne asked who nominates the candidates.

Loretta Melby said the Admin Committee reviews the applications and brings them forward to the full Board for consideration and vote.

Motion: **Dolores Trujillo** **Motion to Approve the appointment of the Admin Committee as a subcommittee to select and nominate members to the Nurse Practitioner Advisory Committee and Nurse-Midwifery Advisory Committee**

Second: **David Lollar**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

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

Motion Passed

9:22 a.m. **6.0** **Report on Legislation**

1. AB 2269 (Flora) Board membership qualifications: public members

Board Discussion: Alison Cormack asked how long the five-year provision has been in effect.

Marissa Clark said it has been in effect for a long time.

Alison Cormack asked why the change to three years.

Marissa Clark said the time and effort to get paperwork for the 2% is lengthy. She could not locate any clear reason why the change is being made.

Alison Cormack said as public member this is concerning to her regarding public protection. She doesn't know a reason why this should be changed.

Patricia Wynne shares Alison Cormack's concern. She wonders about the opposition from the Community Policy Center.

Marissa Clark said the analysis talks about eroding public protection.

Patricia Wynne sated that she shares the concern.

Motion: **Patricia "Tricia" Wynne** **Motion to Oppose**

Second: **Alison Cormack**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

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

Motion Passed

9:30 a.m. **2.** AB 2862 (Gipson) Department of Consumer Affairs: African American applicants

Board Discussion: Alison Cormack asked what "prioritize" means in this bill and how it might affect the process.

Loretta Melby said it means the same as expedite. There is a breeze question that allows a person to check a box and provide information to support the selection. A staff person checks those applications each day to process them. She said if the person applying does not provide the documentation, then they are closed and put back in the queue.

Alison Cormack asked how much quicker these apps are processed.

Loretta Melby said the first review is done faster but does not necessarily result in a license be issued faster. International applicants must submit paper documents for review and fingerprints must be completed prior to license issuance and this can be delayed if hard cards are needed for a person who resides outside California. The initial review is done quickly, and the deficiency letter can be sent sooner for a license to be issued. If all documents are at the BRN then the license can be issued sooner.

Patricia Wynne said she's persuaded based on the numbers provided in the materials. She asked how the BRN knows if someone is a descendent from slaves as stated in the law.

Marissa Clark said the law is silent on what is required to prove this. She looked for a reputable site where a person would obtain information. She said the National Archive has about 10 options, but it is difficult because there are numerous places to obtain the information.

Loretta Melby said other boards were considering an attestation instead of documentation.

Marissa Clark said one board preferred the attestation since there is no clear list of places to obtain the documents.

Loretta Melby said she brings this up so there could be clear direction to satisfy this bill if it's passed without undue burden and delay for applicants.

Marissa Clark said the Respiratory Care Board took an Oppose unless Amended with a suggestion to self-certify at time of application.

Dolores Trujillo is in favor of this bill but would like to see more clarification of documents that are acceptable regarding descendants of slaves.

Loretta Melby said in the past when there has been a DCA wide bill the department would work with the boards to come up with regulatory language to satisfy the bill's requirements. However, the regulatory process takes a couple years to complete.

<u>After Motion/Second</u>:
Alison Cormack wonders if the language can be changed to expedited so it is more in alignment with current processes.

Dolores Trujillo said the comment is noted.

Reza Pejuhesh asked if the motion should be changed.

Motion: **Dolores Trujillo** **Motion to Support, if Amended**
She would like more clarification on what documentation is required to expedite the licensing process.

Modified motion:
Provide clarification of documentation required and recommend changing “prioritize” to “expedited.”

Second: **David Lollar**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

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

Motion Passed

9:45 a.m. **3.** AB 3127 (McKinnor) Reporting of crimes: mandated reporters

Previous Position: **Position of Oppose**

Board Discussion: Patricia Wynne said this is a difficult bill that has been before the board several times. She aligns with supporter groups but is opposed to this bill. She values the opinions of other members of the board.

David Lollar was in strong opposition to previous bills but the changes to the language in this bill is impressive and addresses his issues. He likes that this protects nurses and gives patients more options to have a voice.

Vicki Granowitz is usually in alignment with supporters but as a former psychotherapist she thinks this is black and white. It’s difficult to report even if its black and white and thinks things will fall through the cracks even more. She thinks some things need to be hard and reporting this type of violence is one of those things.

Alison Cormack is aligned with Patricia Wynne and Vicki Granowitz. She appreciates the victims’ rights groups believe a better method might exist, but this is one of the few guardrails in society for identifying violence occurring and preventing it in the future. She will be opposing this bill.

Loretta Melby said the main opposition was getting statistics and reporting to be done. She and Marissa Clark met with sponsor and let them know they were happy about the reporting which is the same form used. There is no process to collect data.Vicki Granowitz

previously said we did not know if it works if there's no data. She said there is a process out there that is not in this bill that is done through the sexual assault nurse examiner or forensic nursing community that she used to actively be a part of from 2009 to 2014. When you see a victim of violence come in seeking care the victims are given the option to have the examination done to collect the evidence and it can be turned into law enforcement or they have the option to do the examination to collect the evidence, complete the report and it is that person's choice whether they choose to get care and whether or not the evidence is turned over to law enforcement and acted on or not as a non-incident reporting option. When the victim of sexual assault comes, they get testing done, receive services, do a warm handoff to an advocacy group she worked with called Centers for Community Service. The advocate was there during the entire examination that was performed, they get them a ride home, clean clothes, and set up to follow the person through any court hearing, etc. They provided an amazing service. She sees why this group wants the advocacy done for the follow up to be able to provide avenues of support outside the acute care setting. But the part that is still missing with this bill is turning this information into the police as a non-incident report, so statistical analysis is there. The evidence that is collected is kept in a crime lab so it can be kept under the chain of command (custody) and can be utilized in future potential litigation or anything that happens with it. When you don't have the chain of command (custody) for the evidence that is completed as part of the examination whether it be with the medical record where pictures are taken, bruises, cuts, scrapes, tattoos, birth marks are documented in the medical record and stays in the medical record. It doesn't come out of the medical record. This report is written and entered in the medical record where it stays. All the other provisions happen when the warm handoff is done and it's fantastic but the chain of custody of the evidence is disrupted and that's where the concern is because the evidence would typically be in a non-incident report that is kept in a crime lab. The additional reporting information to the state and federal government on crime statistics. There are laws within schools that say you have to let a student know the crime statistics for the area. There's rental laws and home buying where they have to report crime statistics. If the documentation is not turned into law enforcement, then the crime statistics don't occur. Vicki Granowitz's point last year was if the documentation is turned in as a non-incident report, we would be able to see if this works because there would be documentation. We would be able to show violence has not increased because we would still have the documentation going forward, just no law enforcement intervention. If this goes forward and we don't have law enforcement intervention, we still have documentation to show that in fact it increased because we didn't have the law enforcement

intervention. She thinks data is key because we won't know the effect of this bill without any data. This information was shared last year and the year before when similar bills came before the board.

Nilu Patel thanks EO Melby for the information. She's in alignment with the board members. We need to be mindful as healthcare workers are experiencing violence in the industry and increasing communication in a medical record that abuse may be accompanied by the abuser informs the health care provider to also be alert. She thinks it's a formal protection for the healthcare provider as well. She's not in support of it.

Motion: **Patricia "Tricia" Wynne** **Motion to Oppose**

Second: **Alison Cormack**

10:03 a.m. **Public Comment for Agenda Item:**

Jacqueline Winters-Hall: Stated that she's a registered nurse, a public health nurse, and a forensic nurse examiner in rural northern California. Their hospitals are on the front line of crime in their community, and they take immense pride in the trauma informed medical and forensic care that they provide to their patients. In her role, she provides forensic medical exams for pediatric, adolescent, adult, and geriatric patients every day. Their emergency department trauma team and forensic nursing team provide care to these patients who are victims of criminal violence. They're in rural northern California. They do not have a trauma recovery center. They do not have a family justice center. There are no resources for human trafficking. If someone calls the human trafficking hotline, they are told to call the police or come to the hospital. They have a dual certified domestic and sexual violence agency. They are wonderful. However, they are unable to provide in person services to the hospital for domestic violence. They just started providing services on January 16th of this year for in person accompaniment for sexual assault. Prior to that, it had been in 2019 that they had in person advocacy for sexual assault. They have been providing forensic medical exams by themselves without any support. Advocacy is woefully underfunded. There is no money in this bill to
provide training for medical professionals or increase their advocacy options up here. Law enforcement is the one that has the ability to put patients up in motels. She also wanted to say more about being rural and how underfunded they are and how awful this is going to be for their patients. But she wanted to thank Lori for her testimony regarding her experience as a forensic examiner, one correction is that this bill also changes that the forensic medical exam right now for

sexual violence does not go into the medical record. It is a legal document. They document meds, labs, and if the patient required medical care in the emergency department in Epic. The injuries and the findings and the statements of the patient go on the forensic medical exam form, not part of the medical record. This bill, to her, she's not a lawyer, she's a nurse. But this bill looks like the forensic medical record with all of the injuries and the pictures of very intimate areas that are now protected and sequestered from the medical record will be part of the medical record. If a patient gets in a car accident, is the insurance company going to see their genital photos? That's extremely concerning to her. She has concerns on all levels. (Time Ended)

Casey Gwynn: Stated the she is the President of Alliance for Hope International – speaking in opposition to AB 3127 and supporting the motion just as it was made. He chaired the attorney general's task force on domestic violence in California in 2005. The last time they looked at the suspicious injury reporting law, they recommended keeping it, but recommended some changes. Those changes were not pursued at the time. Since that time, there has been no comprehensive analysis of any state entity about the suspicious injury reporting law. This bill is based on anecdote, and they are terrified that more victims are going to die. The terrified victim who comes in who's been strangled, not a life-threatening injury, because the definition of life threatening in this bill is likely to result in death. A strangulation victim can come in with a traumatic brain injury, a carotid dissection, serious injuries, and if she's not likely to die without intervention, it's not reportable. And nothing is reportable under this current bill because they've taken out all liability. There's no repercussion and no liability, civil or criminal, for reporting or not reporting. There's no sanction if you don't do the warm linkages, the referrals, the handoffs. What they're expecting emergency room trauma nurses to do, especially in busy centers, is going to become a piece of paper, and terrified victims are going to walk out with a piece of paper. Right now, they have 30 family justice centers in California. Those forms, the medical mandated reporting forms, go to the Family Justice Center and advocates follow up with victims in those cases. They need those forms. They need that reporting so they can reach out and offer services. Survivors always have the choice to choose not to participate with law enforcement at any time, and we choose, in this case to completely oppose this bill and urge you not to negotiate. They've tried for two years to negotiate, and the supporters will not negotiate a reasonable compromise.

Kim Walker: Stated she is a licensed registered nurse in California. She's also been a sexual assault forensic examiner for the last 20 years.
Just a little bit further from Ms. Melby, SAFEs provide the trauma informed medical care and forensic evidence collection for survivors of sexual assault, domestic and intimate partner violence, strangulation, and abuse across every age group, all of which have seen an increase over the last several years. She also serves on the executive leadership board for Cal SAFE, which is the California Sexual Assault Forensic Examiners Association. They represent the 49 safe exam teams currently active in California. They are dedicated to providing the highest standard of medical forensic care and ensure their patients are supported, believed, and safe. They are specially trained to document and collect the objective evidence both medical and forensic of harmed survivors, and these actions are critically important tools both for the health care of the patient and for any potential civil or criminal liability that they choose to pursue. They also we want to make sure that the abuser can be held accountable when the survivor chooses to move forward. Cal SAFE strongly opposes this bill as written. They do agree that the relevant penal code sections for mandatory reporting do need to be looked at, amended, and center the patient in all the decision making, but this bill as written is a dangerous overreach. They feel that it will create confusion and unintended consequences in its implementation. They are concerned about the places that it doesn't address. Particularly it will impede healthcare providers from acting in cases where they have grave concerns of the patient's ongoing safety. It will make it optional for healthcare providers to report to law enforcement regardless of the severity of injury. It will leave survivors without support of trauma informed in person advocates in many cases and it will leave the highest risk survivors vulnerable to their abuser. It also will negatively impact the current processes for SAFE exams teams to be able to respond because the mandated reporting is a key element for patients getting to them so that they can provide their exams. If passed, they are concerned that this will further roll back the safety net for at risk populations, particularly women and girls of any background. They feel that there are significant improvements that can be made, and they ask that you oppose this as written in its entirety until they can get the author and sponsors to change it to a meaningful, implementable. Thank you.

Julio De Leon: Stated the he is a Lieutenant with the Riverside sheriff's office, legislative representative – They've been involved in this type of legislation for the last three years. This is the third iteration of a bill of this sort, and they've opposed it every single year. This year, they are concerned about the language and the dangerousness

and unintended consequences that this bill could provide. They did an analysis in their agency, if you don't know Riverside County's the fourth most populus county in the state and they have the fourth largest police agency in the state as well. They cover 17 contract cities throughout their county and service approximately two million people throughout their county. In those two years between May of 2022 and May of 2020 they had a total of 678 domestic violence incidents where either strangulation or suffocation was a factor. That doesn't include the total domestic violence incidents that they've responded to, only the ones they've identified as either involving a form of strangulation or suffocation. That is very significant, 678 in two years and the data is clear on this, the red flags and domestic violence are clear, as Casey spoke about the data, indicates women who are strangled are 750% more likely to be killed by the same partner later. With the current language, if it doesn't allow or eliminates the mandatory reporting of strangulation or suffocation, then this could potentially lead to more women dying of domestic violence in California. In the committee hearing and the legislative committee hearing last week he believes the proponents' said Kentucky is now the most dangerous for women because they eliminated mandatory reporting in that state and the proponents said there were other factors or there could have been other factors, not necessarily only the mandatory reporting that was taken away, but they were unable to provide any other factor. That's a way, he's also an attorney, for defense attorneys to raise some reasonable doubt without any proof of any evidence to support that claim. They're afraid California may lead to statistics similar to Kentucky if this bill passes and it would lead to dangerous and potentially deadly encounters involving domestic violence. Thank you for allowing me to speak.

No requests for public comment at the Sacramento location.

Additional Board Discussion:

Patricia Wynne said the public comment leads her to a stronger opposed position but said she wants to be mindful if this takes the board completely out of the conversation because she would like the board to remain in the conversation. She cannot imagine an amendment that would address the concerns. She asked Loretta Melby and Marissa Clark about suggested amendments that the board would like to see to remove its opposition to this bill. But she wants to do whatever the board feels are correct.

Marissa Clark said for clarification, if the board had specific areas it would like to amend that gives her specific areas to focus on in conversations with legislative staff.

Loretta Melby said that if there are not any specific areas that the board wants to focus on or wants the authors to know about to work on in next year's iteration of the bill or the end of this session to try to get the bill to a more palatable place for the board then saying Oppose is completely appropriate. She can represent to the authors every item and why the board is opposed. This gives her direction, but she doesn't necessarily need direction, she wants to let the board know if they have specific amendments then she could focus on those but if not, she can work with supporting an opposed position if the board votes that way.

David Lollar appreciates the clarity, precision, and persuasion of the public speakers which made him write down a question ahead of time. What amendments would get the board to support it at this point. Without knowing what those are, if none exists, then it sounds like instead of trying to figure it out, just oppose it outright.

Loretta Melby said one of the things heard in public comment and one shared is really having them look at the current process in place for sexual assault victims that has the ability for the victim to choose whether they go to law enforcement for immediate intervention or whether it is held by law enforcement for future potential choice. It gives the victim the ability to say they want this documented, seek services, but doesn't want the assaulter to know they are there, so as not to have law enforcement show up at their home or wherever it might be because they don't want to aggravate the assaulter in any other manner because they maybe could not escape or get to a place of safety immediately. The current reporting done within the sexual assault community allows for, evidence collection and proper storage that maintains chain of command (custody). It allows for reporting so the community, the state, the people that chose to move to those locations know what the crime statistics are, and it allows for the victim to feel like they have the power of how they want their care to be done and so the current process is done within the sexual assault nursing and medical community is a balance. They have 18 months to come back. She's talking about ten years ago when she was a part of the sexual assault nursing community, there was 18 months where they could come back and say they want to pursue charges and then their case can be reopened and moved forward. It allows for a lot of those fears to be addressed and to give the victim of this occurrence, this assault, whatever occurs an onus of themselves where this can go to law enforcement, or this cannot. She thinks there is an opportunity where this can address that allows for what everybody wants. She doesn't understand the opposition for moving with that. She met with the sponsors and had a robust discussion. She even brought up the strangulation aspect because on initial review of

strangulation, when a person comes in, they may just be clearing their throat or talk with a raspy voice and a person might think it's an illness and then they go home, and the esophageal and tracheal swelling continues, and they die silently. So, strangulation is an issue that was brought up in conversations as well and was brought up in public comment again today because that doesn't present as an immediate life threatening, incident, but absolutely can be. We do want people to seek support and medical care. She knows what they're hearing from the sponsors and from people involved in this that if there are mandated reporters, some people do not seek care. That's why they're bringing this forward is because they want the people to seek care that wouldn't seek care if this was going to be reported to the police. She understands why this law needs to be looked at, why it does need to be addressed, but she thinks there is a current process out there that it would be nice for people to look at to see how that has been working for the last 15 years. It gives the victim the ability for self-choice, but it also allows for statistics, it also allows for process, it also allows for a chain of command (custody), it allows for a lot of these assistances.

Vicki Granowitz said this is moving forward without any studies that define what is being talked about. There are differences between stranger sexual assaults or friend's sexual assaults, child sexual assault is different, but where there's domestic violence and sometimes people can say I have no choice, they're more likely to report because it's out of their hands and they can say this is just what the law is. There has been no research that she's seeing that shows her that the supporters know what they're talking about other than that they think this will work and she doesn't mean to offend anybody, but she's also persuaded by the woman from the rural community that there will be no money put forward to implement the warm handoff to increase resources. So, you will have a process that can't be implemented in significant areas of our state and those unintended consequences are going to be problematic. She thinks this whole thing seems ill advised and rife with unintended consequences. The more she listens the more she thinks it's a bad idea.

Nilu Patel asked if Marissa Clark knows if there are any legal implications, if this bill were to pass, and a provider were to report it anyway. Do you know what could happen if a provider were to report it against the patient's wishes.

Marissa Clark said she's not sure what that would look like.

Reza Pejuhesh said he's not sure, but when it's mandatory reporting and spelled out in law that it's mandatory, as a provider there is some

shielding the concern that pops into mind and again he hasn't analyzed this but is the sharing of personal medical information with somebody when you don't have an obligation or their authorization to provide it, seems risky, but again, he can't say for sure.

Loretta Melby asked Marissa Clark if there was some language written in that protects the health care providers on the reporting that was added last year.

Marissa Clark that was correct, if this bill were to pass and mandates were to go away.

Loretta Melby said she thought it was more around non-reporting. They were protected for non-reporting, not protected for reporting.

Marissa Clark agrees but wanted to review the language.

Alison Cormack said page 16 of the report has a paragraph that addresses this.

Reza Pejuhesh read, although he sated he wasn't sure if it was right, "a health practitioner shall not be held civilly or criminally liable for any report made or not made pursuant to this section or for any other acts taken or not taken in relation there to or resulting there from in good faith compliance with this section and other applicable state and federal laws." So, if this bill were to pass, if a provider made a report that was mandated under this, they wouldn't be held liable. That if they didn't make a report that was not required, they wouldn't be held liable. He's not sure if that answers the question of whether, currently, if somebody makes a report without consent of the patient when they're not required to Loretta Melby said it's not based on consent, she thinks the overarching issue the bill sponsor brought forward is a healthcare professional, when a person presents to you and you're made aware of this, you're mandated by law to report and the patient doesn't have a say in that.

Vote:

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

Motion Passed

10:31 a.m. **4. SB 607 (Portantino) Controlled substances**

Board Discussion: Alison Cormack asked how long the requirement for describing these dangers to minor has been in place.

Marissa Clark said that's a good question and began to look for the information to respond.

Alison Cormack said she's curious if this has been effective, then certainly of more interest, but if this has either been in place for some period of time or has not been found to change things. Usually, she's a big fan of education.

Marissa Clark said it looks like it was established in 2018.

Alison Cormack thanked Marissa Clark for finding the information and said there's no description in the language about using words that general folks would understand, like a word different than Benzodiazepine. The bill doesn't ask to explain it in ways that your average person would understand.

Marissa Clark said it doesn't, she's not sure if it's assumed that the bill is speaking to the prescriber, then the prescriber would translate the language to a patient. But there's nothing that specifically requires it.

Alison Cormack is interested to hear what the other board members have to say.

Patricia Wynne said she's surprised at this point in the session to see there is no support or opposition to this bill. Marissa Clark said since the analysis was posted there has been both. She said the bill had not come before the committee until recently, but she can report from the recent analysis that was posted. The registered support is the California Association of Highway Patrolmen, the Chrysalis Center, Medical Board of California. Registered Opposition is California Medical Association, California Orthopedic Association. Patricia Wynne said she's aware of what's going on with opioid addiction in the country and it's tragic. But she also sees the needs for opioids when people are experiencing enormous pain. She doesn't know enough whether to say to take this pain medication, but she knows people get addicted and she doesn't know if there are cross purposes. She like Alison is curious to know what the board members think about this because she doesn't feel like she knows enough to make a really informed decision on a bill like this.

Nilu Patel said as a CRNA who gives opioids on a regular basis for procedures that there is an actual need and they always educate their patients who are recovering who don't really take or want to take

opioids that there are studies on interventions to help with pain, especially for patients undergoing procedures and CRNAs are really involved in doing non-opioid types of anesthesia, which is very effective. But in this particular instance, taking home medications, there aren't many options. She thinks educating the public and expanding upon the education is a really good idea. It's important.

Dolores Trujillo said that as a nurse, she believes this is a good idea.

Vicki Granowitz thinks this is a good idea and thinks she might be missing it if there's a level at which minors can't understand this discussion and then there's no discussion that defines some sort of age range or assessment of the cognitive ability of a minor to understand the information. She asked if she's missing something.

Loretta Melby said she isn't missing something directly from the law. Consent law in California, minors can consent, she believes it's, and asks the nurses on the panel to verify since it's been a while since she's had to quote this kind of data, she believes it's twelve years old and above. A nurse can do a minor consent and at twelve years old they can consent for sexually transmitted infection, mental health treatments, pregnancy and not have a parent or guardian involved. At twelve years old, she believes the law has deemed here in California that serves in education and stuff like that can be provided directly to that minor. Beyond that when you're looking at the practice of nursing and medicine, their role is to provide care at the developmental age of that person, not the chronological age of that person. This includes adults that may have severe mental disabilities as well. In their care and education provide that at the appropriate developmental level. As an example, that doesn't necessarily live around narcotic use, but if they have been diagnosed with leukemia and they talk to them about their leukemia IV treatments, their chemotherapy that they will undergo, the pain medication, and the treatments that will be providing to them, and they, unfortunately end up with a very good understanding of the treatments that they're going through even at a young age and even understand death and dying when faced with that. So, within the medical community, that was always what they are to do is to provide care at the developmental level of the person that is being cared for, not the chronological age. Marissa Clark said to clarify, the current law requires notification to the minor or the minor's guardian or whoever consents their care. This law expands the notification to also be provided under law to adult patients. The law expands the notification from minors and now to adults.

Alison Cormack quickly looked up the average reading level and its grade eight across the nation and she didn't want to spend more time

on this but California. She said before amendments are added to this, she asked EO Melby or Ms. Clark to share if in the past, has the legislature ever specified, or is it helpful in the nursing profession to have a level at which this important information should be communicated.

Loretta Melby said not specifically in laws like this. There are various insurance billing laws, various other entities and accreditors and stuff that come in that have specific requirements, but not specifically in this law that she's seen.

Alison Cormack said it seems to her that when one is in pain and about to receive pain medication that simpler language is better. She wonders if this is something the board members and board staff are interested in suggesting these communications be at a level that is understandable to most adults, or the average adult might need. She said that it's anything like what is said when meds are picked up where she has reading glasses, but you need a magnifying glass and a lot of legalese that isn't the information you need. She thinks that for this to be effective it needs to be communicated and then it would probably be helpful for the practitioners who are busy at the end of a visit or surgery trying to share this important information. When the board makes a motion, they should consider suggesting to the author that they look at this topic so it can be an effective intervention.

David Lollar said that considering the bill is for adults on the dangers and addiction properties of opioids, he can't imagine a health care provider using only disciplined specific language with a patient without speaking to them in language that they would understand. He bases that only anecdotally on all the times he's had to visit doctors and nurses with his parents, which is about two or three times a month. He agrees if that's a concern because the board doesn't believe health care providers do this normally, then of course the board should add that kind of language to this. His comment is he's stunned and surprised because you would think when does this not happen anyway? It's a no brainer in a sense, to him personally, he's looking at this going, well, of course they do that, they're talking no opioids. He had to add that comment that he can't imagine any doctor or nurse not talking to him and if they say something and he crosses his eyes than not explaining to him in his own words.

Reza Pejuhesh stated that a way to look at this, which is not the only way, there has been a more modern trend to have laws written in plain language as well as communicating legal requirements or medical language. That may not be the only way to describe what Board Member Alison Cormack has in mind but the flip side is if you

impose a requirement that the information be conveyed in a certain way is that creating grounds for a complaint or liability that patients can say, I didn't understand the information or they didn't provide it to me in a way that she can understand and of course that is the goal that the provider give the information to the patient in a way that they can understand. Does that open the flood gates to some other type of complaint. As a patient, they are given a whole lot of information that goes in one ear and out the other, but it's also important for the patient who is actively listening to ask questions if they don't understand. It can go both ways, whether imposing a mandate that language be clear and understandable or the responsibility on the patient to ask if they aren't sure.

Nilu Patel said her perspective on this is when opioids are prescribed for post operative pain relief, they're just prescribed. Oftentimes it's not discussed with the patient. She thinks this would really enhance that, like it says, expand it to adults to really indicate that this is a drug that can be potentially abused and if it were to continue, so she thinks again, she's in support of the education aspect of this.

Alison Cormack said the information is very helpful and wonders if Marissa Clark has any indication what the Pharmacy Board is thinking about this. She would like to know if they think it's a good idea for the providers to be discussing this. Do they think it'd be more effective to have a different kind of warning that comes with it. Should they be aligned and feels like this is a little bit standalone. She's interested if Marissa knows anything about what the Pharmacy Board thinks about this.

Marissa Clark stated that she does not know of the Pharmacy Board going on the record about this yet. The only one she's seen formally on the record and can verify is the Medical Board who is in support of it. She's not sure if other boards have weighed in on it.

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

Second: **Patricia "Tricia" Wynne**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

Vote:	DT	JD	PW	VG	DL	AC	NP

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

Motion Passed

10:49 a.m. **5. SB 639 (Limon) Alzheimer's disease**

Board Discussion: Alison Cormack asked if there are currently any laws for nurses specifying continuing education courses a nurse must take. She remembers last time there were recommendations.

Loretta Melby said CE courses are recommendations.

Alison Cormack said this would be the first requirement about CE content for nurses.

Loretta Melby said there is one for implicit bias that is required for everybody for continuing providers when they deliver content. If nurses are educated outside California they must take 1 hour of implicit bias. She said that if the board supports the bill, it is not implementable in its current written form and would need amendments.

Reza Pejuhesh added that there is CE requirement for nurses who furnish schedule 2 drugs.

Loretta Melby explained those that furnish and if they elect to furnish schedule 2 opioid drugs then they must take additional training and request the additional certification from the board.

Alison Cormack said she has some general thoughts. It's plausible that there are practitioners in the state who did not learn of the research when they went through their initial training and perhaps there's more information available now that would help them to provide better care to our older population, so that's certainly plausible. She said having served on boards and councils before, she is afraid that this would open the door to a lot of types of education that would add up to more than a hundred percent over time because there are many important populations in the state and we would all hopefully want to believe that everyone was up to speed on everything, which she thinks would be difficult. She the other thing she wonders about what problem is trying to be solved. Is there evidence, whether anecdotal or database, that nurse practitioners are not up to speed on the latest developments in gerontology or dementia. She would be interested in understanding that at a reflective basis, does it make sense for people who treat this population to take these

courses, yes. But the board has seen this in the past in other related areas, the desire for a particular segment of the population to carve out their part means that at the end of the day she worries about it adding up. 20 % doesn't seem like a huge number, but she can imagine if someone was a midwife, a nurse, she can see how that would be hard to track at the end of the day. She's interested in hearing from her colleagues on this. She understands the population is aging and there's information available that NPs should have. She's interested to hear what others have to say.

Loretta Melby said NPs do not have a CE requirement, RNs do. 20% of nothing is nothing. She stated that the BRN cannot implement this bill the way it is currently written and that is of concern. Specific CEU requirements are done through an accrediting board or the employer, it is not typically done through the board. If a NP is working in a hospital setting, in a labor and delivery unit, and part of the annual performance review is to attend a skills fair and get re-competency validated on many items performed on an annual basis. There's CE specific to that employer in the role a NP serves the employer. Additionally, if a NP operates under policies and procedures within the hospital or clinic that outline what needs to be done to maintain competency based on employer, insurance agencies, accrediting agencies, etc., that are used by the healthcare facility they're employed at with specific CE requirements. This type of specificity doesn't live under a regulatory body but with an employer, accrediting agency, or insurance company.

Nilu Patel echoes everything Loretta Melby said. CE is built into the system of those providing care and to mandate a provider who sees one and five patients be required to take additional courses and 20 hours is quite a bit of time for this specific patient population. She wonders where it ends, Ms. Cormack stated. She thinks it is very important, education is built into the system in standardized procedures. There's a referral system for those specialists in this type of area.

Motion: **Dolores Trujillo** **Motion to Watch**
Loretta Melby reiterated that this bill cannot be implemented as written.

Reza Pejuhesh wanted clarification on the implementation problem. The bill implements the general CE statute that applies to all RNs but does not specifically say NPs in fulfilling that requirement have to fulfill the percentage and compliance and audit ability is lacking given the board does not have the numbers or means to verify the percentage of a patient population. He thinks it could be implemented with those

and hopefully the author would understand the board has not ability other than to take a licensee's word for it. What is the amendment that would need to be made.

Loretta Melby said she needs language that speaks to the nurse practitioner's RN license CEU requirement. She needs it to say that 20% of NPs RN license CEU requirement to be able to tie it back to the RN license CEU requirement. If it's tied back to a NP CE requirement, NPs do not have a CEU requirement specific to their license, it is specific to the RN license. If it's tied to license renewal and for some reason this wasn't done, then NPs potentially could not renew their license, and would be an impact as well. She needs this language addressed to not have those unintended consequences if the Board was to take a Support position or if the board was to take a position of opposeand put this back in the hand of the employers where it lives today, then she would not need to do this, but with a watch position, this bill stays as is without any board position that we can give to an author, and if this passes, because it's not a bad bill, she will have great difficulty implementing this and doing anything if this is not done as this is a "shall."

Reza Pejuhesh said he has a couple of things he sees there's two issues that have kind of generally been brought up with this bill. One is the lack of a real meaningful ability to enforce noncompliance with it, and the other is the issue, the confusion over, NPs not having their own specific continuing education statute or regulation and that relating all back directly to the RN CE requirement. A couple quick things on those two points and he'll leave it there. On the enforcement piece again, as was said, the board doesn't have this data, you don't collect it, so the board couldn't really enforce whether an NP is validly certifying whether they have 25% or more of their patients over 65 years of age. The board really doesn't have the ability to enforce if a NP does make that certification, then they must comply with the second part that requires them to complete 20% of their CEs in this particular area so there's some room for enforcement. It might not be the enforcement where the board has the ability to do enforcement is missing the bigger area of you don't know whether they are certifying correctly or not to, to trigger that requirement in the first place that's on the enforcement side. On the other issue of, can this practically be implemented because it's not referring to a specific NP CE requirement. He thinks it may be a difference in how he's reading it, but he thinks he could read it in a way that makes sense. It requires NPs to complete 20% of their 30 units that are required as RNs to be in this area if that trigger is met that 25% or more of their patients are 65 older.

Loretta Melby spoke up to ask if the NP doesn't do the six CEUs as 20% of that then the board doesn't renew their NP license?

Reza Pejuhesh said if they certify that 25% of their patients are 65 or older and if they don't complete six or more CEs in a renewal cycle in that particular content area, then he thinks that the ramification would be non-renewal, but that's an area that would be helpful to be spelled out in the language that the outcome is non-renewal.

Loretta Melby said the requirement is 30 CEs for renewal of RN so that's where it becomes very confusing and then how does she roll that out with staff. Those are the concerns especially when the board only audits RN CEU renewals.

Reza Pejuhesh said the board could take a stronger position based on those issues and either Support if Amended or Oppose unless Amended or as he thinks is the current motion Watch, and if the board were to take a Watch he's not sure that rules out any continuing dialogue with the author about these areas of uncertainty.

Nilu Patel said she's largely in support of the other items in this bill. She thinks it's a great bill. She wants to consult Reza Pejuhesh regarding suggesting the number of hours in this area rather than mandating as an amendment.

Loretta Melby asked Marissa Clark if she could clarify if this was put forth by an organization that is looking at accrediting. She asked the reason behind this bill.

Marissa Clark said the original version of this bill started last year which made it pretty far in the process but not across the finish line. The sponsor is the California Alzheimer's Association. In discussions with them, their main focus was trying to increase early identification and diagnosis of Alzheimer's and dementia. The previous version of the bill focused on the existing centers funded through various state agencies, CDPH, DHCS, and making sure there's more coordination and robust information so healthcare providers go to the centers and get the information. This changed and instead of having a hub for providers it inserts education requirements into provider's codes. She thinks the bill has the same intent of increasing awareness and trying to increase early diagnosis. It switches how the information is delivered.

Reza Pejuhesh asked if she understands the ask is for the board to suggest the author revise as this is mandatory in this bill. He stated the Board could suggest something other than a true legal

requirement and gave his personal opinion that if it isn't a requirement most people will overlook and don't know about it.

Nilu Patel stated that she understands that is moot, thinks if it's written in this law there's a strong suggestion to have some education in this particular area that goes a long way rather than mandating it. She would like to see this bill and would be in support of this bill if amended to indicate the legal obligation of mandating hours for this particular specialty be removed.

Dolores Trujillo asked to withdraw her original motion from the floor considering the discussions that have taken place since the motion.

After New Motion:
Alison Cormack stated that she will support this motion, not based on specific implementation items discussed, she believes implementation issues could be managed, but she is persuaded by the fact that continuing education requirements are done through an employer and or accreditation. She believes that's where the decision about current continuing education for a nurse should reside not with the legislature or the board who is behind the curve and less knowledgeable. Based on the fundamental belief that the people closest to the work should make the decisions about further education, she will support the motion.

Reza Pejuhesh said he wanted to understand the motion as Oppose Unless Amended and the amendment suggested is to remove the requirement it be mandatory education. He looked to see what language would be left after the amendment. NPs would be required to certify the patient population is at least 25% of 65 are older that they complete a percentage of their CEs in that content area. Second, if true, they complete a percentage of their CEs in that content area.

Loretta Melby said it would be difficult to track the requirements as written.

Reza Pejuhesh said if those pieces were taken out then there wouldn't be anything left in the bill and the board might as well oppose it unless they are suggesting it remain but be altered to be a policy message from the legislature.

Loretta Melby said they worked with the author on some language and read it, "for the purpose of fulfilling the requirements of this section, all advanced practice registered nurses who provide primary care to a patient population of which over 25% or 65 years or older shall complete at least nine continuing education hours focused on

the additional advanced practice educational preparation and skills consistent with the field of gerontology, the special care needs of patients with dementia and the care of older patients. Compliance with this provision shall be verified by the health care facility where the advanced practice registered nurse provides primary care services to a patient population of 65 years of age or older." She said she and Marissa Clark advised the author's office this could not be implemented as written. They discussed the CE requirements and the author's office agreed with the nine hours. They spoke about the CE requirements for RNs and APRNs. They spoke about auditing and compliance issues adding the language for the health care facilities. She spoke with Marissa Clark about other educational requirements for additional scope issues for nurse midwives that are not monitored by the BRN to try to mirror this language after that.

Alison Cormack said this new information raises more questions. She said this now sounds more like a watch position since the information presented is different than the language being considered. She asked how many extra hours do APRNs do above the 30 hours for the RNs.

Loretta Melby said zero hours because they are not required by BRN to do so.

Alison Cormack asked about the nine hours was suggested above the 30 hours.

Loretta Melby said a physician is required to have 45 hours of continuing education at the provider level to renew their license. She said the Office of Professional Exam Services did a review for AB 890 and suggested the NPs CEUs be increased by 15 to equal 45. Then physicians and NPs would be equal. 20% of 45 CEUs came to nine hours which was the discussion with the author's office. With the suggestion to keep it equal to what a physician will require the NP to do an additional nine hours above the 30 CEUs if they meet these specifications, and it does not affect their license renewal. This requirement elevates this CEU above the basic RN level with an advanced practice focus which more aligns with what the author is asking for with identification and diagnosis which is not in post licensure nursing education CE. Then it addressed the compliance putting it back with the employers.

Alison Cormack understands the reasoning but wonders about the 25% being a magic number because it seems arbitrary, and she's not inclined to support it. She says the numbers are specific and finds the 25% unsubstantiated.

Loretta Melby spoke about the adult geriatric nurse practitioner who is nationally certified and what their requirements are to maintain that certification. She said if they work in an acute care facility the APRN is required to an age specific competency for all RNs on an annual basis that encompasses the geriatric patient but not to the extent that is in this bill. She asked if Marissa had any more background.

Marissa Clark said she checked all the bills this morning to see if anything had changed. She found a minor change with compliance. The language says, “for purposes of fulfilling the requirements in subdivision A,” which is the continued education requirement, “a nurse practitioner shall certify whether they provide primary care to a patient population of which over 25% are 65 years of age or older on a form developed by the board and shall complete at least 20% of all existing mandatory continuing education requirements in a course in the field of gerontology, special care needs of patients with dementia, or the care of older patients.”

Alison Cormack said this is very helpful and is more of a bright line about what the board does and what employers do. She appreciates all the time spent on the details of the bill and sees how everyone is trying to work with the author on this important topic she doesn’t believe this is the board’s responsibility and they have the information to make this decision and subsequent decisions. She prefers the motion to be Oppose since she doesn’t see amendments addressing the central thing of the board to tell nurses who have been licensed what their CEs should be in.

Patricia Wynne agrees with Alison Cormack. She thinks this is the worse venue to address the language of a bill. This should be in the purview of the employer. She suggests the board Oppose the bill unless this is moved from the board’s purview.

Nilu Patel would like to restate her motion that she Opposes this bill.

Marissa Clark said the bill includes physicians and physician assistants. She suggests the position of Oppose will be to all provisions of the bill.

Amended Motion: Nilu Patel to Oppose

Second: **Dolores Trujillo**

Public Comment for SB 639: No public comments in any location.

Vote:

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

Motion Passed

Board took a break from 11:30 – 11:45 a.m.
Quorum reestablished at 11:45 a.m.

11:45 a.m. **6. SB 895 (Roth) Community colleges: Baccalaureate Degree in Nursing Pilot Program**

Previous Position: **Position of Watch**

Board Discussion: Nilu Patel said she's in support of increased education and graduation with a BSN she asked if there is funding for the community colleges to be able to do this.

Marissa Clark said there is a provision that does not expand the number of students. When speaking with the author's office they are focused on upscaling the ADN to the BSN track, so this doesn't establish a brand new program but creating a pathway. To her knowledge the community college would have to cover the costs.

Nilu Patel asked Loretta Melby how many extra units would be required.

Loretta Melby said it would depend how the ADN would implement this. Since there isn't an increase in students the program would not have to come to the board to request an enrollment increase. She said the board doesn't set degree requirements only licensing requirements coursework. The BRN would not be involved in this. If an ADN program requested to be part of this, they would have to submit a curriculum change request would outline specifically the RN-BSN coursework. If they choose to go the RN-BSN route that is not pre-licensure and would not require BRN to be involved. It would require accreditation. She spoke about the education requirements of 60 for ADN and 120 for BSN. She spoke about the transition programs between community college and baccalaureate. If the community college chooses a pre-licensure BSN program, then they would work with the board on their curriculum revision.

Marissa Clark said the appropriations committee said community college chancellor's office said there could be one time prop 98 general funds costs for each pilot district to create and implement the BSN, but they could be absorbable within existing resources.

Alison Cormack said some students go on to a CSU to get their BSN directly or concurrently and some go straight into the workforce. She asked if this is half and half.

Loretta Melby said an ADN student must obtain their license before they complete the additional coursework for the BSN.

Alison Cormack asked if the ADN is paid less than the BSN. Loretta Melby said it depends on the employer, but some employers give pay raises depending on certifications obtained.

Alison Cormack asked if there are jobs that require a BSN instead of an AA.

Loretta Melby said school nurses, public health nurses, and typically managerial roles that does not include charge nurses, teaching nurses at the assistant instructor level must have a bachelor's degree.

Nilu Patel said the trend is to have a bachelor's degree if a hospital is seeking magnet status. There is a certain percentage of BSN nurses within their employment pool.

Loretta Melby said this has been updated for nurses within administration but not for bedside for direct patient care for magnet status. There was previously a push for BSN many healthcare institutions are hiring with an associate degree with a commitment from the nurses to advance their degrees. She was getting a lot of inquiries from healthcare agencies looking at more diverse nursing population and when they hired an influx of bachelor's prepared only it was a less diverse nursing population. They're opening back up to the associate degree level to have a more diverse population more reflective of the community they serve and assist the nurses to get the additional education above the associate degree level.

Nilu Patel appreciated the clarification and stated she was not aware of that.

Alison Cormack said this is helpful and an understanding of the ecosystem. She asks about the opposition from CSU Chancellor's office or others.

Marissa Clark said this is already happening at the CSUs and would like the ability to increase their offerings.

Alison Cormack said there are more community colleges located throughout California while the CSUs are not.

Loretta Melby said the enrollment levels do not change with this bill and zero impact on clinical resources.

Alison Cormack asked about other bachelor's degrees offered by community colleges such as dental hygienist.

Marissa Clark said when this first started it couldn't be one offered at the CSU. She said she'll look up other types.

Dolores Trujillo said the question about pay varies but it generally goes by years of experience and steps. She said where she works, they have nurses with bachelor's degrees who receive the same amount of pay as an ADN.

Loretta Melby found the options for degree programs listed under California Community Colleges, applied cybersecurity, network operations, stem cell and genes technology, cloud computing, performance and production of electronic popular music emphasis on electronic digital instrument performance, cybersecurity technology, water resources, physical therapy assistant, digital infrastructure and location service, land stewardship and sustainability, and respiratory care coming soon to Antelope, Bakersfield has research laboratory technology, Cerritos has dental hygiene, industrial automation and a lot more.

Alison Cormack said the medical field are physical therapy, respiratory care, and dental hygiene.

Loretta Melby added that there is a paramedicine is coming to the College of the Siskiyous, public safety management at San Diego Miramar which sometimes overlaps, San Diego Mesa has health information management, bio manufacturing at Moorpark. There are a lot that overlap.

Patricia Wynne said this seems like a good idea where young people can get an education at a low cost throughout California. She asked why the board took the Watch position.

Marissa Clark said there was a question with clinicals and resources.

Patricia Wynne likes the recent amendments for community colleges going for national accreditation. She's inclined to support this but would like to hear from other board members.

Nilu Patel likes the ability to stay put in one place without having to reapply to another state university.

Jovita Dominguez agrees with Nilu Patel.

David Lollar moves to Support.

Vicki Granowitz said there are some powerful organizations and schools in opposition. She wonders if this bill passes if there would be litigation.

Loretta Melby said with the amendments there is less opposition such as the limitation to current enrollment. She said if this is focused on rural areas where there are no local CSUs there is less opposition.

Marissa Clark said there is an upcoming hearing and has not hear any different about litigation.

Loretta Melby said the last time nursing was going to be added it was removed.

Vicki Granowitz asked about limitation of expanding with this bill and any other schools coming to those areas adding campuses.

<u>After Public Comment</u>:
Marissa Clark and Loretta Melby spoke about national certification. CCNE or ACEN is the level sought in this legislation.

Alison Cormack stated that she is interested in the LAO analysis. She asked if there is language the board could consider offering about the public's concerns.

Marissa Clark said there is language the board could consider offering about impact on other programs and data from the community colleges to feed the report as evidence such as surveying outside entities and the CSU chancellor's office.

Alison Cormack asked if the motion is only Support. She asked if there is another driver behind this.

Loretta Melby said she was at the CACN meeting where some of this information was shared. The positives were greater access to the bachelor's degree and in the underserved population areas. CSU Chancellor's office had same opposition about growth. She thinks

data reporting for implementation and at end of pilot would be great. She said an area could become impacted due to growth. She doesn't know if impact could be directly from the pilot if the board approves growth of other programs.

Reza asked if there were only two individuals in public comment.

Motion: **David Lollar** **Motion to Support**

Second: **Patricia "Tricia" Wynne**

Public Comment for Agenda Item: Wendy Hansbrough, Director SON CSU San Marcos, on board of CACN – both are opposed to this bill. She's happy there is no expansion of enrollment but still opposed. She said ADN students do not have to seek licensure prior to enrolling but must have it before the ADN. She said the CSUs have made this a seamless process. The program is asynchronous and no location requirements for students. She said this would be a drain on existing faculty members. This will set up a competition with salaries for faculty members being different. They believe in the BSN and multiple pathways to seek the BSN. They do not believe it should be offered at the community college level.

Robyn Nelson, on board for CACN – not responding pro or con but seeking point of clarification of information about accreditation being CCNE or ACEN which are not considered national.

Vote:

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

Motion Passed

12:20 p.m. **7. SB 1468 (Ochoa Bogh) Healing arts boards: informational and educational materials for prescribers of narcotics: federal "Three Day Rule."**

Board Discussion: Alison Comrack asked what providers have not been enforcing the DEA look like. What is the problem they're trying to solve.

Marissa Clark said that is a good question. She doesn't know if people are aware of the three-day requirement.

Loretta Melby and Alison Cormack discussed that this is a bridge to a substance abuse program.

Alison Cormack asked if we know whether people read their emails.

Loretta Melby said there are issues with reading and comprehension of emails that are sent.

Motion: **Alison Cormack** **No Action Taken**
No Position
Second: **Dolores Trujillo**

Public Comment for Agenda Item: No public comments requested in the Sacramento location or on the WebEx platform.

Vote:

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

Motion Passed

12:28 p.m. **7.0** **Adjourn**

➢ Dolores Trujillo, President, adjourned the meeting at 12:28 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