

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

Date: May 28, 2025

9:15 a.m.

Start Time: 9:15 a.m.

Location: Department of Consumer Affairs
1747 North Market Blvd.
Hearing Room (Suite 186)
Sacramento, CA 95834

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

Wednesday, May 28-30, 2025 - 9:00 a.m. Board Meeting

9:15 a.m.

1.0

Call to Order/Roll Call/Establishment of a Quorum

President Dolores Trujillo, RN called the meeting to order at 9:15 a.m. All members were present (Board member Vicki Granowitz appeared remotely). A quorum was established at 9:16 a.m.

She thanked the public for their patience and announced that Loretta Melby, Executive Officer, would not attend the meeting and is expected to return around June 10, 2025.

Board Members: Dolores Trujillo, RN – President
Nilu Patel, DNAP, CRNA, FAANA – Vice President
Jovita Dominguez, BSN, RN
Patricia “Tricia” Wynne, Esq.
Roi David Lollar
Vicki Granowitz (appeared remotely per Gov. Code, § 11123.2(j))
Alison Cormack

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

9:17 a.m.

2.0

General instructions for the format of a teleconference call

A reminder was provided that the Board may not discuss or act on any matter raised during public comment unless it is listed on the

agenda, except to decide whether to place the matter on a future agenda (Gov. Code §§ 11125 and 11125.7(a)).

9:18 a.m.

3.0

Public comment for items not on the agenda; items for future agendas

**Public Comment(s)
for Agenda Item**

3.0:

Bobby Dalton G. Roy (SEIU Local 1000, representing NECs):
Advocated for higher wages for NECs. Urged the Board to compel the DCA to follow CalHR Manual Section 1715 regarding employee compensation requests.

Mary Adorno (California Association of Health Services at Home):

Requested updated data on NPs who have met board certification requirements to practice independently. Asked that the statistics be posted on the website. Inquired about the Board's opposition to the Nurse Licensure Compact and requested a formal comment.

Paloma Serna (Mother of Elisa Serna, deceased 11/11/2019, Los Colinas Jail):

Spoke about the trial of Dana Lee Pasqua and alleged neglect of care. Pasqua was acquitted due to a jury deadlock. She mentioned other nurses involved: Alicia Robusa, Loraine Roka, Rovina Ecedro, Hazel Komama, and May Bell Domingo, claiming they wrote negative comments about her daughter in nursing notes.

Reza Pejuhesh responded that the Board has not been in support of joining the Nurse Licensure Compact, and documentation is available in prior meeting minutes. He also stated that an administrative hearing date for Dana Lee Pasqua is scheduled for next month.

President Trujillo announced that Agenda Items 5.4.1 and 5.4.2 would be reordered to occur after 11:00 a.m.

9:29 a.m.

4.0

Review and possible action: Approval of prior meeting minutes

4.1 February 26-27, 2025

4.2 March 20, 2025

Board Discussion: **Alison Cormack** noted that page 19 of the March 2025 minutes showed **Vicki Granowitz** as voting "Yes" on an item, but believes she was not present at that meeting. This should be verified.

Motion: **Dolores Trujillo** moved to approve the minutes of the February 26–27, 2025, and March 20, 2025, meetings, and to authorize BRN staff to correct the recorded vote of Vicki Granowitz if necessary as

suggested by Alison Cormack, and to make non-substantive corrections to typos and name misspellings.

Second: Patricia Wynne

**Public Comments
for Agenda Item(s)**

4.0: None.

Vote:

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

Motion Passed

9:33 a.m. 5.0 Report of the Administrative Committee

9:33 a.m. 5.1 Executive Officer Report

Board Discussion: **Patricia Wynne** asked about the four-day-per-week return-to-office policy, noting that remote productivity appeared higher. She inquired whether post-return data would be compared.

Evon Lenerd Tapps confirmed data comparisons will be made and staff support will be provided during the transition.

Public Comment(s) for Agenda Item 5.1: **Bobby Dalton G. Roy (SEIU Local 1000):** Expressed that staff worked at high quality levels throughout the pandemic. Criticized the Governor's Executive Order for lack of input and advocated for flexibility and a wait for the State Auditor's report

9:40 a.m. 5.2 Information only: 2022-2025 Strategic Plan and goal progression

Board Discussion: **Alison Cormack** inquired about the "clinical facility authorization database."

Evon Lenerd Tapps explained it's a portal developed in response to the 2019–20 State Auditor report. It allows educational and clinical partners to access facility rotation data after the clinical sites are approved and will replace the EDP-P-18 form.

Alison Cormack appreciated the explanation and ongoing transparency.

**Public Comment(s)
for Agenda Item
5.2:** None.

9:46 a.m. **5.3 Information only:** Regarding 2026 Board and Committee meeting dates

Board Discussion: **Patricia Wynne** noted scheduling conflicts with meetings on March 25, June 24, and September 23 due to a standing engagement. She requested that meetings be moved one week forward.

Dolores Trujillo asked if the dates could be adjusted.

David Lollar had no conflicts.

Evon Lenerd Tapps requested a formal motion to consider the change.

Matthew Yeates noted that moving the dates up would reduce turnaround time between committee and board meetings from 16 to 9 days, complicating web posting requirements.

Alison Cormack suggested shifting meetings to Thursdays and Fridays.

Jovita Dominguez supported the idea.

Alison Cormack commented that it would be a minor adjustment.

**Public Comment(s)
for Agenda Item
5.3:** None.

Motion: **Patricia Wynne** moved to adopt the following 2026 Board and Committee meeting dates:

- March 26–27
- June 25–26
- September 24–25

Second: **David Lollar**

Vote:

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

Note: Agenda reordered to take items 5.5 – 5.7 and 6.0

9:51 a.m.

5.5 Information only: Post-contract report for DCA contract with HORNE, LLP

Board Discussion: **Alison Cormack** commented that the project clearly identified a problem and provided a solution. She referred to a graph on page 68 that shows dramatic improvements, emphasizing that this demonstrates how investing in state systems and processes can deliver meaningful outcomes.

Evon Lenerd Tapps shared that HORNE, LLP partnered effectively with BRN, applying root cause analysis and sustainable, long-term solutions.

Patricia Wynne commended the collaboration and the BRN's open-mindedness in addressing problems and reducing backlogs.

Lenerd Tapps added that BRN licensing staff proactively implemented the "concierge service" before the contract ended, adopting HORNE's recommendations.

**Public Comment(s)
for Agenda Item**

None.

5.5:

10:06 a.m.

5.6 Information only: Solution converting fingerprint hard cards to electronic Live Scan submissions via a contracted vendor

Board Discussion: **Patricia Wynne** asked about the fees.

Matthew Yeates said the vendor cost is unknown, but initial estimates range from \$51–99.

Dolores Trujillo asked about the \$49 fee.

Yeates clarified that \$49 covers the FBI/DOJ fee; the vendor adds an additional fee.

Evon Lenerd Tapps confirmed that the Executive Officer supports the item.

**Public Comment(s)
for Agenda Item
5.6:**

None.

10:12 a.m.

5.7 Information only: Inherent risk to public servants in carrying out regulatory duties, security at future Board meetings; death threats; threatening emails

Board Discussion: **Dolores Trujillo** stated that this item is deferred to the next board meeting.

Break from 10:12 – 10:30 a.m.

Quorum reestablished at 10:31 a.m.

10:31 a.m.

6.0

BRN future priorities and proposals for review and possible action

10:31 a.m.

6.1 Discussion and possible action: Regarding joining the National Council of State Boards of Nursing (NCSBN) Prelicensure Annual Report Core Data Survey
Presenter: Nancy Spector, NCSBN

Board Discussion: **Dolores Trujillo** asked how long it takes to receive a report if California participates.

Nancy Spector replied that once all data is verified and errors corrected (based on program responses), it typically takes about three weeks.

Alison Cormack asked if there's a cost.

Spector confirmed there is no cost.

Cormack asked how the programs are contacted.

Spector explained the survey link and PDF are sent to the Board, which then distributes it to programs.

Cormack said participation sounds manageable unless the Board adds questions.

Patricia Wynne asked why California hasn't previously joined and if this is the first presentation.

Trujillo confirmed this is the first time before the full board.

Spector noted previous presentations to the Board and NEWAC. UCSF currently collects similar data for California.

Evon Lenerd Tapps added that participation would be low impact for staff and supported by the Executive Officer.

Vicki Granowitz expressed support after consulting with other board members.

David Lollar asked whether a motion was needed.

Motion: **David Lollar** moved to accept participation in the NCSBN Prelicensure Annual Report Core Data Survey.

Second: **Patricia Wynne**

**Public Comment(s)
for Agenda Item**

None.

6.1:

Vote:

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

Motion Passed

Note: Agenda reordered to return to Item 5.4.1 and 5.4.2.

5.4 Information only: Presentation by DCA Budget Office on the following:

5.4.1 Registered Nursing Fund Condition

Board Discussion: **Alison Cormack** praised the financial forecasting and consistency in reserve levels.

Patricia Wynne asked if the months in reserve were unusually high.

Suzanne Balkis explained reserves are healthy due to a post-COVID influx of \$4–5 million. Though 24 months is the max, they expect revenues to drop and costs to rise, balancing the surplus.

Wynne asked if the 38% personal services and 40% operating expenses were standard.

Balkis confirmed those ratios are typical for large boards.

10:57 a.m.

Dolores Trujillo asked if “personal services” referred to staff salaries.

Balkis confirmed it does.

Public Comment(s) for Agenda Item 5.4.1: **Bobby Dalton G. Roy (SEIU Local 1000):** Noted NEC wages top out at \$10,900/month, below market RN rates. Urged use of CalHR Section 1715 to help close the gap.

11:09 a.m.

5.4.2 Board member roles and responsibilities relating to the Board budget

Board Discussion: **Dolores Trujillo** asked if COLA increases were included.

Matt Nishimine confirmed a 3% increase is built in.

Alison Cormack expressed concern about lack of vacancy data and noted complaint volume has increased post-COVID, while applications have decreased. She raised issues with system reliability, noting BreEZe was down five times in a week.

Patricia Wynne discussed NEC recruitment difficulties despite budget surplus.

Nishimine suggested solutions might lie in legislative or administrative action. He praised EO Loretta Melby.

Cormack acknowledged staff contributions.

Nishimine suggested reviewing cost recovery rates.

Evon Lenerd Tapps said staff vacancies (including four NECs) will not be lost until July 1. She attributed BreEZe issues to after-hours maintenance and requested members report specific outages.

Cormack asked for all emails to be shared with Evon, noting that board members often work “after hours.”

Trujillo confirmed she also noticed BreEZe performance issues.

Lenerd Tapps will coordinate with DCA IT.

Trujillo requested a copy of the presentation.

Nishimine and **Lenerd Tapps** confirmed it would be shared with board members and posted online.

Public Comment(s) for Agenda Item 5.4.2: **Bobby Dalton G. Roy:** Appreciated the NEC salary discussion. Noted a reduction in NEC vacancies from 40% (2023) to 27%, but said remaining staff are overburdened. Emphasized CalHR 1715 as a tool for off-cycle raises, stating it has not been denied since 2016 when used by an employer.

Lunch break from 12:06 – 1:10 p.m.

Quorum reestablished at 1:10 p.m.

Return to Agenda Item 7.0

1:11 p.m. 7.0 **Report of the Nursing Practice Committee**

1:11 p.m. 7.1 **Information only:** Advisory committee updates

7.1.1 Nurse Practitioner Advisory Committee (NPAC)

7.1.2 Nurse-Midwifery Advisory Committee (NMAC)

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: **Dolores Trujillo** asked about subcommittee meeting facilitation.

Evon Lenerd Tapps stated this refers to support in scheduling future meetings.

Public Comment for Agenda Item 7.1.1 - 7.1.5: **Melanie Rowe, CRNA:** Expressed appreciation for CRNAAC's work and BRN's support of AB 876 and regulatory efforts in their profession.

Susan Engle: Raised concerns about the impact of artificial intelligence (AI) on nursing practice, particularly in clinical decision-making, documentation, and misinformation ("hallucinations"). She urged the Board to consider future regulations.

Patricia Wynne asked for examples of AI-related problems.

Engle reiterated concerns about AI-generated errors and stressed that nurses are human caregivers, not machines.

Nilu Patel echoed appreciation for the CRNAAC.

Alice Martenegara: Urged the Board to address the rise of AI in nursing, noting its growing use in clinical decision-making, patient education, and simulation. She emphasized the absence of guiding policy and the need for regulations to ensure safe practice.

1:21 p.m.

8.0

Report of the Education/Licensing Committee (ELC)

1:22 p.m.

8.1 Discussion and possible action regarding ELC recommendations to the Board on agenda items presented at the April 17, 2025, committee, including:

- Approval of the proposed curriculum revisions and clinical facilities and to acknowledge the receipt of program progress reports
- Continuing approval of approved nursing programs

Prelicensure nursing programs

Carrington College Associate Degree Nursing Program (was not agendaized for the ELC meeting on April 17, 2025, but included in materials)

Sonoma State University Baccalaureate Degree and Entry Level Master's Degree Nursing Program

University of San Francisco Baccalaureate Degree and Entry Level Master's Degree Nursing Program

Rio Hondo College Associate Degree Nursing Program

Santa Barbara City College Associate Degree Nursing Program

Advanced practice nurse practitioner nursing programs

Sonoma State University Family Nurse Practitioner Program

University of California Davis Family and Psychiatric Mental Health Nurse Practitioner Programs

University of San Francisco Family and Psychiatric Mental Health Nurse Practitioner Programs

Defer taking action on the continuing approval status of prelicensure nursing programs in non-compliance with additional actions specific to each school below

Return to ELC quarterly until areas of non-compliance are cleared

Merritt College Associate Degree Nursing Program
Return to ELC in one year with quarterly reports to the
assigned NEC

Copper Mountain College Associate Degree Nursing Program
Los Angeles City College Associate Degree Nursing Program
Fresno Pacific University Baccalaureate Degree Nursing
Program
Approve teach out and close of an approved nurse practitioner
program
University of Southern California Family Nurse Practitioner
program

Approve an enrollment pattern change for an approved
prelicensure nursing program
University of San Diego, Hahn School of Nursing and Health
Science, Entry Level

Grant initial approval of a new prelicensure nursing program
Pepperdine University Baccalaureate Degree and Entry Level
Master's Degree Nursing Program

Saint Mary's College Baccalaureate Degree Nursing Program

Westcliff University Baccalaureate Degree and Entry Level
Master's Degree
Nursing Program

Defer taking action on requests for an enrollment increase for
approved prelicensure nursing programs with new campus
location
Samuel Merritt University Entry Level Masters and
Baccalaureate Degree Nursing Program

Arizona College of Nursing Baccalaureate Degree Nursing
Program

Board Discussion: Clarification sought on inclusion of Carrington College in vote.

Motion: **Jovita Dominguez** moved to accept all ELC recommendations, and
to grant continuing approval for Carrington College.

Second: **Alison Cormack**

**Public Comment(s)
for Agenda Item
8.1.:**

Karen Fuss Summers: *Written comment in support of Carrington College.*

Vote:

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

Motion Passed

1:31 p.m.

8.2 Information only: NCLEX update

8.3 Information only: Licensing update

Board Discussion: **Alison Cormack** noted a dip in NCLEX third-quarter results with improvement in the fourth. Expressed appreciation for improvements in processing times and asked about the slight rise of NPF applications.

**Public Comment for
Agenda Item 8.3:** **Tina**, a floor nurse, shared her daughter's struggles passing NCLEX despite long education and debt, expressing frustration with lack of support.

Response: **Mary Ann McCarthy** clarified there is no limit on NCLEX attempts and offered support.

Vicki Granowitz emphasized individual responsibility for exam success.

Tina responded that her daughter wanted to continue but could not afford it. She called for better systems to support future nurses.

2:30 p.m.

9.0

Closed Session

9.1 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.

9.2 Pending Litigation

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

- *Zapanta v. California Board of Registered Nursing, Superior Court of California, County of Sacramento, Case No. 24WM000189*
- *Maxine Okafor v. Board of Registered Nursing, Superior Court of California, County of Los Angeles, Case No. 24STCP03471*

Note: Board recessed to May 29, 2025 – 9:00 a.m.

Thursday, May 29, 2025 – 9:00 am Board Meeting

9:15 a.m.	1.0	<p>Call to order, roll call, and establishment of a quorum</p> <p>President Dolores Trujillo called the meeting to order at 9:15 a.m.; quorum established at 9:17 a.m.</p> <p>Board Members: Dolores Trujillo, RN – President Nilu Patel, DNAP, CRNA, FAANA – Vice President Jovita Dominguez, BSN, RN Patricia “Tricia” Wynne, Esq. Roi David Lollar Vicki Granowitz Alison Cormack</p> <p>BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer - Absent Reza Pejuhesh – DCA Legal Affairs Division, Attorney</p>
9:18 a.m.	4.0	<p>Report of Enforcement/Investigations/Intervention Committee (EIIC)</p> <p>Note: <i>Agenda reordered to take items 4.5 and 4.7</i></p>
9:18 a.m.	4.5	<p>Discussion and possible action: Regarding the use of oral fluid (saliva) testing in addition to other current methods of random drug and alcohol testing for probationers and/or Intervention Program participants, and related considerations including access to in-person test sites, validity of alternative testing methods, relative costs, etc.; presentation by Vault Health</p> <p>Board Discussion: Dolores Trujillo asked what steps are needed to add oral fluid testing to the Board’s contract for probationers and Intervention participants.</p>

Shawn O'Neil (Vault) replied that an addendum could be issued and signed, allowing oral fluid testing. They would then coordinate with the Board on integrating it into the random testing schedule.

Trujillo asked for average turnaround time for test results.

Dr. Ferguson (Vault Medical Director) explained negative results are faster. They use two-part testing: an initial screening and a confirmatory test. The screening is sensitive but not highly specific.

Dolores Trujillo requested a more specific timeframe.

O'Neil said that for a negative test, assuming no shipping delays, turnaround is about two days.

Dr. Ferguson added that shipping delays must be considered.

Trujillo asked if oral fluid kits could be mailed to participants when testing sites are unavailable.

O'Neil confirmed this is a viable option, especially if participants are traveling.

Nilu Patel asked which company performs the lab testing and whether any conflict of interest exists.

Dr. Ferguson clarified they use immunoassay devices from Abbott but do not use Abbott Labs. The actual testing is done by CRL and DrugScan, which are independent labs.

Patel asked if delays in shipping affect sample integrity.

Dr. Ferguson said oral fluid has advantages over urine in this regard. Urine degrades over time and with heat (pH rises), while oral fluid includes preservatives that preserve validity during transit.

Alison Cormack asked for the detection windows of various test types.

Dr. Ferguson responded:

Oral fluid: 36–48 hours

Urine: 3–5 days (up to 2 weeks for barbiturates)

Hair (scalp): Up to 90 days

Blood (used for alcohol only): 2–4 weeks

Cormack also commented on the number and type of tests used for data collection.

Patricia Wynne asked if oral testing could begin immediately following a motion.

Shannon Johnson confirmed yes.

Patricia Wynne asked how staff would handle cases where a participant is traveling and unable to test. Would staff approve exceptions, or would this be handled by the vendor?

Johnson said it would depend on internal processes. Approval could come from a manager or analyst, and decisions would be case-specific.

Wynne asked whether using two labs with certification was sufficient.

Dr. Ferguson said yes—they currently use two certified labs.

Wynne asked if more certified labs are expected.

Dr. Ferguson said oral fluid testing has long been approved by HHS and now by DOT. Labs are in the process of becoming certified under the National Laboratory Certification Program. More labs are expected soon.

Wynne asked whether oral fluid testing could be used for international travel.

O'Neil said it depends on the country, due to potential shipping delays and result validity.

Dr. Ferguson suggested oral fluid testing might be used during the trip, followed by a longer-detection method (e.g., hair) upon return.

Motion: **Patricia Wynne** moved to allow oral fluid testing as an acceptable method of random drug testing for probationers and/or Intervention Program participants, at the discretion of the probation monitor or Intervention Program manager.

Second: **David Lollar**

Public Comment for Agenda Item 4.5: No public comment was initially received due to Webex technical issues.

At 11:34 a.m., public comment was opened after the issue was resolved and public comment was allowed for this agenda item:

Leann: Thanked the Board for considering participant concerns. She asked how long it would take for an individual to be permitted to use oral fluid testing within their contract.

Patricia Wynne asked for a response.

Shannon Johnson explained the contract would be between the Board and Vault, not participant-specific. An addendum would be needed. She advised that Intervention participants can contact their clinical case manager at Premier, and probationers should contact their probation monitor if they're interested in this option.

Vote:

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

Motion Passed

9:53 a.m.

4.7 Information only: Presentation by Birchwood Solutions on services available in connection with Nursing Support Group Management; presented by Elizabeth Temple, M.Ed., Chief Executive Officer, Birchwood Solutions

Board Discussion: During Presentation:

Reza Pejuhesh announced that there were technical issues with public comment due to a Webex update.

Alison Cormack requested that the presentation be posted online, as the content was difficult to see in the hearing room.

Patricia Wynne asked the presenter to finish and suggested taking a break to address the technical issues.

Break was taken from 10:40 – 11:05 a.m.

Pejuhesh explained how public comment could now be made using the updated Webex: On desktop: Click Slido or Chat and type, "I would like to make a comment." On mobile: Tap the three dots in the bottom-right corner and select Slido. If still unable to comment, email Evon.Lenerd@dca.ca.gov.

Quorum was reestablished at 11:13 a.m.

Cormack asked how many groups are currently in person versus online.

Shannon Johnson responded that all groups are currently online.

Cormack asked how many participants are in each group.

Johnson stated that the average is around 15 participants per group, noting this is a bit high. She added there are 350 probationers and 150 Intervention participants who attend groups.

Cormack asked Elizabeth Temple how many participants are in each of Birchwood's groups.

Elizabeth Temple said they assign 10 participants per group.

Cormack asked how much facilitators are paid.

Temple stated the base rate is \$50 per group/hour. Facilitators with a master's or doctoral degree receive a higher rate.

Cormack mentioned that participants often submit letters of recommendation when requesting to exit probation or intervention.

Temple explained that in other states, her company works with the program to determine reporting needs. Sixty days before completion, they provide notes on financials, attendance, and facilitator support for completion. These reports can also be used for return-to-work or narcotic restriction removal.

Cormack asked about the retention rate of existing facilitators after transitioning to Birchwood's model.

Temple said that most facilitators remain, provided they apply and meet the qualifications. Applications are reviewed, and facilitators are interviewed. Those who do not continue usually have health or workload concerns.

Pejuhesh commented that the presentation clarified how the company operates but reminded the board that state procurement laws require a competitive bidding process. No contracts can be awarded without formal solicitation.

Public Comment for Agenda Item 4.7: **Reza Pejuhesh** asked that public comment address this agenda item.

Leann (participant): Expressed concerns about the increased cost (more than current fees, which may be \$0–\$100/month). Worried about potential silencing of participant complaints, which are currently welcome in the groups. Felt the current groups offer peer sharing, not structured educational sessions, and feared a shift toward IOP-style therapy. Mentioned that no cancellations during holidays could limit time with family. Believes this model may create issues if implemented.

Susan Engle (*written comment*): Asked what the licensing requirements are for facilitators.

Elizabeth Temple responded:

Requirements include:

Master's degree or higher in mental health or substance use

Professional license in the relevant field

4 years' experience in SUD or mental health

If a former participant, must have 2 years post-completion

Patricia Wynne asked Shannon Johnson for current facilitator requirements.

Shannon Johnson stated they are outlined in the Uniform Standards.

Motion: **Patricia Wynne** moved to direct staff to investigate the feasibility of a nurse support group management solution and bring a proposal to the next Enforcement, Investigations, and Intervention Committee (EIIC) meeting.

Second: **Alison Cormack**

**Public Comment for
Agenda Item 4.7:** None.

Vote:

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

Motion Passed

11:38 a.m.

4.1 Information only: Presentation by the Executive Officer regarding reviews in which the requirements of direct patient care and work passing narcotics were removed or imposed by the Intervention Evaluation Committee, and review of program extension beyond three years; presentation of Intervention Program statistical data

Board Discussion: **Patricia Wynne** asked what "Failure to Derive Benefit" means.

Evon Lenerd Tapps said the regulations permit this designation.

Wynne requested clarification.

Lenerd Tapps explained it applies when a participant states they aren't benefiting from recovery efforts, deny having a problem, or express they no longer want to be in the program. She asked Shannon Johnson to add details.

Shannon Johnson said participants may want to remain in the program but fail to make progress.

Dolores Trujillo expressed concern that it takes two to three years to identify this, instead of within six to nine months.

Johnson explained that return to work can take six months to a year. For those requiring residential treatment or intensive outpatient care, it could take one to two years.

Trujillo asked if participants are evaluated more frequently early on.

Johnson said there is an initial diagnostic evaluation and regular check-ins, though not continuous re-evaluation.

Trujillo asked whether nurses are required to work with access to medication (i.e., pass narcotics).

Lenerd Tapps clarified it's not a requirement, but the IEC may recommend it as part of the recovery plan.

Trujillo said she believed it was a requirement for some.

Lenerd Tapps reiterated it's a recommendation, not a requirement.

Trujillo asked if a nurse can complete the program without returning to pass medications.

Lenerd Tapps confirmed they can.

Reza Pejuhesh emphasized that this condition is never required but may be imposed on a case-by-case basis and subject to Executive Officer review.

Public Comment for Agenda Item 4.2: **Leann (Participant):** Reported receiving mixed messages from Premier. Said nurses who previously diverted may be told they must return to work passing narcotics, even if they haven't held clinical positions in years. In prior meetings, it was stated this wouldn't apply if the nurse's condition had been treated. She requested clarification.

Patricia Wynne asked Evon Lenerd Tapps to respond.

Evon Lenerd Tapps said it's case-by-case, based on the individual's recovery plan. She will consult with Premier to clarify messaging.

Reza Pejuhesh added that Premier case managers do not make program decisions. Any confusion may warrant further discussion with Premier.

Nurse 213 (Participant): Her next IEC is in July. She plans to ask for full access to medications—not because she wants to, but to complete the program. Asked if IEC “recommendations” become requirements.

Pejuhesh said the term “recommendation” can be confusing. If it's included in the contract, it becomes enforceable. Final determination lies with the Intervention Program Manager.

Sarah (Written comment): Asked if the six-month RN employment requirement for probation completion could be removed, as some nurses can't find employment due to their probation status.

Pejuhesh said the employment requirement is part of the disciplinary guidelines, and changing it would require a formal regulatory process, which is lengthy. He is unaware of any efforts to change it.

11:59 a.m.

4.2 Information only: Enforcement Division update

Board Discussion: **Patricia Wynne** asked why the number of complaints is increasing.

Shannon Johnson explained:

Overall complaints have decreased by ~240 in recent years.

Applicant numbers have dropped by half.

Arrests and convictions have doubled.

Public complaints are up by 400 and expected to stay level.

Media attention can cause spikes—e.g., one nurse received 1,800 complaints in one case.

Alison Cormack said there's a clear trend of increasing complaints and longer investigations. As the board prepares for sunset review, staffing needs should be evaluated.

**Public Comment for
Agenda Item 4.2:**

None.

12:08 p.m.

4.3 Information only: Investigations Division update

Board Discussion: **Nilu Patel** asked what "referred" means.

Nichole Bowles explained that "referred" means a complaint has been sent from intake to either the Investigations Division or the Department of Investigations (DOI).

**Public Comment for
Agenda Item 4.3:**

None.

12:13 p.m.

4.4 Information only: Intervention Program update

Board Discussion: **Patricia Wynne** asked about the transition to Premier Health LLC and how it is affecting participants.

Shannon Johnson said the transition is taking longer than expected. Some participants report positive experiences. There have been some issues, but they are being addressed.

Wynne asked how much longer BRN management will continue attending IECs.

Johnson explained, new IEC members are still getting settled. Each meeting involves reviewing 12–16 participants, taking a full day. Documenting discussions is intensive and currently difficult for one staff person to manage.

Evon Lenerd Tapps added that executive-level staff will always attend IECs. The Intervention Program Manager (IPM) is at that level. She has been stepping back slightly, but they are not fully transitioned yet.

**Public Comment for
Agenda Item 4.4:**

Leann (Participant): On her fifth case manager. Feels that case managers don't try to know or advocate for her. Pleased to hear about a new portal being developed. Frustrated by having to complete and email multiple forms monthly. A case manager mentioned a shorter two-page form, but communication about forms is poor.

Nurse 213 (Participant): Agrees with Leann's comments. She's on her third case manager and is hopeful but confused. Didn't know what Premier uses for monthly check-ins. Asked who the current Intervention Program Manager is.

Shannon Johnson responded:
Premier's Director is Dale Osborn.
BRN's Program Manager is Jaspreet Pabla.
Communication concerns can be addressed via: brn-intervention@dca.ca.gov

Lunch 12:25 – 1:10 p.m.
Quorum reestablished at 1:11 p.m.

1:11 p.m.

4.6 Discussion and possible action: Regarding the Policy on Internet Discipline Document Retention (Policy) for discipline decisions being posted on the Board's website, opportunities for revisions to the Policy, and reporting and retention requirements for the National Practitioner Data Bank (NPDB) and Nursys

Board Discussion: **Patricia Wynne** stated that public comments have raised concerns about citations remaining indefinitely on the Board's website—even if the citation involved conduct that occurred prior to becoming a nurse. She noted that the current policy shows most documents are removed after 10 years.

Shannon Johnson responded that:
The document retention schedule is being followed.
Disciplinary documents are removed from the website once they reach the retention limit; however, the website does continue to show a notation showing prior discipline. Documents and the report stay on Nursys® and the National Practitioner Data Bank.
These documents are still considered public records and can be requested by the public at any time.

Wynne asked for clarification: "Even after 25 years, could someone still request the document?"

Johnson confirmed: Yes, even after 25 years, the document remains a public record and can be accessed upon request.

Wynne then invited public comment.

Motion: No motion made.

**Public Comment for
Agenda Item 4.6:** None.

1:17 p.m.

4.8 Discussion and possible action: Reappointment of Intervention Evaluation Committee (IEC) members

Name	Member Type	IEC	Appointment Type	Term Expiration
Lando, Glenda	Nurse	1	Reappointment	6/30/2029
Granovetter, David A.	Physician	1	Reappointment	6/30/2029
Reinfield, Natalie	Public	4	Reappointment	6/30/2029
Barrett, Jason	Physician	5	Reappointment	6/30/2029
Levine, Barry	Physician	7	Reappointment	6/30/2029
Berger, Andrew	Public	7	Reappointment	6/30/2029
La May, Luann	Nurse	12	Reappointment	6/30/2029
Blout, Alexis M.	Nurse	12	Reappointment	6/30/2029

Board Discussion: **Patricia Wynne** stated that she and Nilu Patel serve as the subcommittee responsible for reviewing and interviewing members of the Intervention Evaluation Committees (IECs). After the last board meeting, they met and agreed to reappoint IEC members who had requested reappointment to ensure the Board could meet the 10-day website posting requirement.

Alison Cormack asked about the current reappointment process.

Shannon Johnson explained that:

There is no formal reappointment process at this time.

Staff reach out to IEC members as their terms near expiration to ask if they are interested in continuing.

Cormack expressed concern and said there should be a more formal process, such as requiring a questionnaire.

Nilu Patel said the subcommittee had discussed this and is considering developing formal criteria for reappointment, including possibly requiring an essay.

Cormack appreciated that effort, noting that Board members themselves must complete a formal reappointment process, so IEC members should follow a similarly structured approach.

Johnson added that if there are concerns about an IEC member's performance, they are not considered for reappointment.

Motion: **David Lollar** moved to accept the reappointment of Intervention Evaluation Committee members.

Second: Nilu Patel

**Public Comment(s)
for 4.8:** None.

Vote:

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

Motion Passed

1:23 p.m. 5.0 **Report on Legislation**

1:24 p.m. 5.1 **Discussion and possible action:** Legislative Update

1:24 p.m. **AB 260 (Aguiar-Curry) Sexual and reproductive health care**

Board Discussion: Nilu Patel asked if the bill has any fiscal impact.

Dolores Trujillo stated it appears there is none.

Reza Pejuhesh read from the Legislative Analysis, noting minor, absorbable costs to a few boards and agencies.

Motion: Dolores Trujillo moved to support the bill.

Second: Nilu Patel

**Public Comment(s)
for AB 260:** Nurse 213 didn't comment on this bill but asked if there would be another opportunity to provide public comment on a prior agenda item.

Reza Pejuhesh said there wouldn't be another comment opportunity but invited her to speak now.

Nurse 213 asked whether the case-by-case decision to allow nurses to pass narcotics is based on evidence, and if IECs share that rationale with participants.

Pejuhesh explained that there is not a requirement that the committee provide the justification for such a requirement to the participant. However, decisions can be re-reviewed by the Executive Officer (EO), who can request evidence from the IEC to support imposing such a requirement, if warranted. Decisions vary by IEC

membership but should not be arbitrary. Concerns can be raised with BRN management.

Vote:

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

Motion Passed

1:35 p.m.

AB 836 (Stefani) Midwifery Workforce Training Act

Board Discussion: **Alison Cormack** asked about the cost, noting she thought \$1.2 million was mentioned.

Reza Pejuhesh confirmed HCAI estimates \$1 million to contract a consultant for the workforce study.

Vicki Granowitz read that the fiscal impact is currently unknown.

Motion: **Dolores Trujillo** moved to support the bill.

Second: **Patricia Wynne**

Public Comment(s) for AB 836: **Kim Dau (CNMA Co-Chair):** urged BRN to support the bill, citing the closure of over 50 maternity units across California between 2014–2024 and the ongoing reproductive health crisis.

Vote:

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

Motion Passed

1:43 p.m.

AB 876 (Flora) Nurse anesthetists: scope of practice

Board Discussion: **Nilu Patel** clarified that the bill doesn't expand CRNA scope but clarifies existing practice and reduces confusion. CRNAs are often sole anesthesia providers.

Reza Pejuhesh said the language is somewhat unclear and may be intended as a ratification of past actions.

Patricia Wynne noted opposition from the California Society of Anesthesiologists and asked for clarification.

Patel reiterated the bill is not an expansion and references relevant case law.

Motion: **Nilu Patel** moved to support the bill.

Second: **David Lollar**

Public Comment(s) for AB 876: **Emily Frank (CANA President):** Explained the bill includes case law clarification and was overwhelmingly passed by the Assembly.

Reza Pejuhesh noted "independent practice" is a vague term and should not be relied on alone.

Emily Frank: Emphasized that CRNAs have safely practiced without physician oversight for decades in CA.

Melanie Rowe (CANA): Highlighted the bill maintains its core purpose and is essential for CRNAs to continue providing care without regulatory confusion.

Kate Bowles (CANA Attorney): Clarified that codifying case law (CSA v. Brown) into statute is standard legal practice and necessary to prevent future restrictions on CRNA practice.

Vote:

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

Motion Passed

2:01 p.m.

AB 985: (Ahrens) Anesthesiologist assistants

Board Discussion: **Nilu Patel:** Explained that anesthesiologist assistants (AAs) aren't licensed in CA and would need oversight by an existing board or a new one. The Medical Board appears uninterested.

Patricia Wynne: Called the bill "a solution in search of a problem" and possibly a placeholder.

Alison Cormack: Questioned taking a stance on a bill unrelated to nursing, though noted it seems incomplete.

Nilu Patel: Agreed it's an incomplete and disorganized bill and could be harmful.

Dolores Trujillo: Believes the bill encroaches on CRNA practice and creates confusion.

Motion: **Dolores Trujillo** moved to oppose the bill.

Second: **David Lollar**

Public Comment(s) for AB 985: **Melanie Rowe (CANA):** Urged opposition, warning that AAs would be allowed to administer anesthesia without licensure or standards, creating a patient safety risk. She suggested CRNA education is more rigorous and that AAs should convert to CRNAs through a bridge program.

Vote:

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

Motion Passed

2:13 p.m. **AB 1082 (Flora) Nursing: students in out-of-state nursing programs**

Board Discussion: *Held in committee (considered "dead").*

2:15 p.m. **AB 1215 (Flora) Hospitals: medical staff membership**

Board Discussion: *Bill was canceled by the author.*

Nilu Patel: Said it's now a two-year bill.

Public Comment(s) for AB 1215: **Kate Bowles:** Explained that AB 1215 is intended to remove outdated CDPH regulations restricting hospital medical staff membership to only certain professions. The bill supports broader inclusion, and various organizations—including CANA and the California Nurses Association—support it. Petitions to CDPH are ongoing.

2:16 p.m. **AB 1400 (Soria) Community colleges: Baccalaureate Degree in Nursing Pilot Program**

Board Discussion: **Dolores Trujillo** asked if there was any opposition.

Reza Pejuhesh noted the CSU Chancellor's Office and UC system opposed the bill.

David Lollar: Acknowledged opposition but argued that expanding capacity for BSN degrees is essential given demand.

Patricia Wynne: Suggested BRN should not get involved.

Alison Cormack: Said access issues might justify BRN involvement and asked if the previous board position was “support.”

Vicki Granowitz: Agreed with supporting the bill, calling it a step toward equity despite potential political risk.

Nilu Patel: Compared it to the transition of CRNA education to doctoral programs. Warned that increased class size may reduce clinical site availability.

Motion: **David Lollar** moved to support the bill.

Second: **Jovita Dominguez**

Public Comment for AB 1400: **Dr. Daniel Ortiz, Jr. (Imperial Valley College):** Supported the bill, noting that rural and underserved communities lack BSN access. Emphasized the importance of local options for low-income students who face transportation and enrollment barriers.

Vote:

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

Motion Passed

2:31 p.m.

President Dolores Trujillo recessed the meeting until Friday, May 30, 2025, at 9:00 a.m.

BRN Board Meeting - Friday, May 30, 2025 – 9:00 a.m.

9:01 a.m.

1.0

Call to order, roll call, and establishment of a quorum

Vice President Nilu Patel called the meeting to order at 9:01 a.m. President Dolores Trujillo was absent. Quorum was established at 9:02 a.m.

Board Members – Present:

- Nilu Patel, DNAP, CRNA, FAANA – Vice President
- Jovita Dominguez, BSN, RN
- Patricia “Tricia” Wynne, Esq.
- Roi David Lollar
- Vicki Granowitz

- Alison Cormack

Absent:

- Dolores Trujillo, RN – President

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

9:03 a.m.	2.0	General instructions for the format of a teleconference call
9:04 a.m.	4.0	Discussion and possible action: Strategic Planning Session facilitated by SOLID

Board Discussion: The strategic planning session was facilitated and documented by Trisha St. Clair from DCA SOLID.

Board members discussed the Board’s Mission, Vision, and Values.

Break: 10:02 – 10:07 a.m.
Quorum reestablished at 10:08 a.m.

Strategic Goals Discussed:

Goal 1: Licensing – Based on prior BRN leadership input.

Goal 2: Enforcement

Goal 3: Alternative to Discipline

Goal 4: Continuing Education

Lunch Break: 11:58 – 12:45 p.m.
Quorum reestablished at 12:45 p.m.

Goal 5: Educational Oversight

Goal 6: Laws and Regulations

Goal 7: Administration and Customer Service

Goal 8: Outreach

Board members agreed that the Strategic Plan would span five years.

SOLID will draft the plan and send it to the Board for review, editing, and final approval.

Public Comment for Agenda Item 4.0 10:08 a.m. – Mission, Vision, Values

- *No public comments.*

10:39 a.m. – Licensing

- *No public comments.*

10:51 a.m. – Enforcement

- **Public Comment (Bingo):**
 - Expressed concern about lack of accessible information regarding enforcement or discipline.
 - Claimed attorneys advise clients not to contact BRN or the intervention program, which leaves them at greater risk.
 - Said individuals are afraid to attend support groups or speak openly for fear of being tracked, suggesting BRN traces phone numbers.
 - Described it as a “catch-22” – individuals who haven't been convicted yet are unable to get clarity from the Board.
 - Also mentioned she was unable to attend the previous day.
- **Reza Pejuhesh (Legal Counsel):**
 - Clarified that BRN does not track or trace phone numbers for the purposes of treating applicants or licensees differently, and expressed concern about misinformation being spread by attorneys.

11:19 a.m. – Alternative to Discipline

- **Public Comment (Bingo):**
 - Noted that more people speak at BRN meetings than other DCA board meetings.
 - Claimed doctors with misdemeanors prior to 2007 do not have public discipline.
 - Criticized limitations on advanced practice nurses regarding the Intervention Program.
 - Stated there is a lack of information but she remains hopeful for improvement.

11:56 a.m. – Continuing Education

- *No public comments.*

1:18 p.m. – Educational Oversight

- *No public comments.*

1:42 p.m. – Laws and Regulations

- *No public comments.*

2:06 p.m. – Administration and Customer Service

- *No public comments.*

2:25 p.m. – Outreach

- **Public Comment (via email from BRN staff):**
 - Reported a significant increase in customer satisfaction in the areas of enforcement and licensing, based on the ongoing analysis of the customer satisfaction survey.

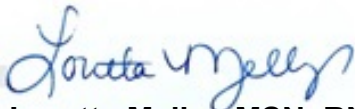
2:30 p.m.

5.0

Adjournment

Vice President Nilu Patel adjourned the meeting at 2:30 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