



# Clinical Nurse Specialist Advisory Committee Meeting

## **SUPPLEMENTAL MATERIALS**

October 6, 2026

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## Agenda Item 2.0

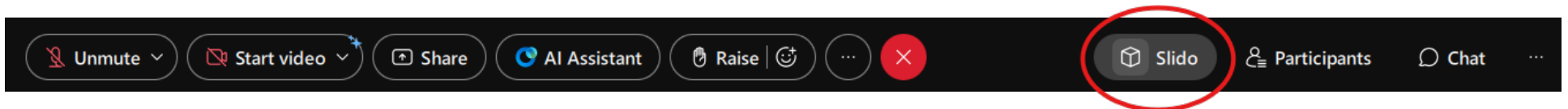
### **General instructions for the format of a teleconference meeting**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

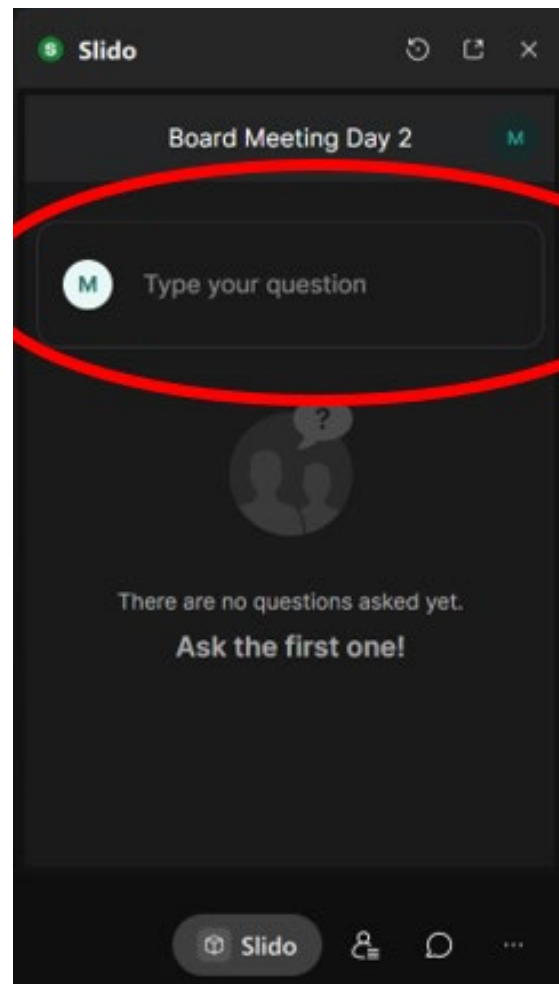
## Participating During a Public Comment Period

If you would like to make a public comment:

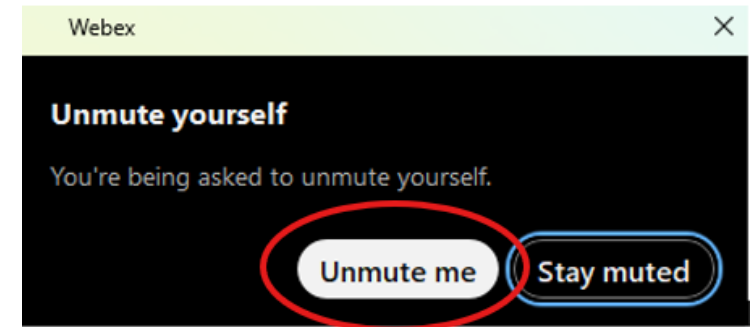
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



2. The 'Slido' panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the 'Slido' Q&A panel, type "I would like to make a comment." You will be identified by the name or moniker you used to join the Webex session, and your line will be opened. On the "Unmute yourself" pop-up, click the 'Unmute me' button (this may be hidden behind other open applications). Every effort is made to take comments in the order which they are requested.





## Agenda Item 4.1

**Discuss and vote on whether to approve previous meeting's minutes**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING  
CLINICAL NURSE SPECIALIST ADVISORY COMMITTEE MEETING  
MEETING MINUTES**

**DATE:** April 7, 2026

**START TIME:** 1:00 p.m.

**LOCATION:** **NOTE:** In accordance with Government Code section 11123.5, the meeting was held via a teleconference platform and all committee members participated remotely with a member of the Board's staff present at the primary physical meeting location below:  
1747 North Market Blvd., Ste. 100  
Sacramento, CA 95834

1:00 p.m.     **1.0**

**Call to Order, Roll Call, and Establishment of a Quorum**

Jessica Lightcap, Chair, called the meeting to order at 1:00 p.m. All members were present except Marilyn Ababio. Elizabeth Scruth joined on camera at 1:09 p.m. Quorum established at 1:02 pm.

**Clinical Nurse  
Specialist Advisory  
Committee Members**

Jessica Lightcap, MSN, RN, AACNS-P – Chair  
Elissa Brown, MSN, RN, PMHCNS-BC – Vice Chair  
Kerri Krogen, MSN, RN, APRN-CNS, AACNS-AG  
Elizabeth Scruth, PhD, MPH, RN, CNS, CCRN, CCNS, CPHQ,  
FCCM, FCNS, FAAN  
Marilyn Ababio (Absent)

**BRN Staff  
Representatives**

Loretta Melby, RN, MSN, Executive Officer  
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

1:03 p.m.     **3.0**

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

**Public Comment for  
Agenda Item 3.0:**

No public comments.

1:06 p.m.     **4.0**

**Review and vote on whether to approve previous meeting's  
minutes**

**4.1** August 27, 2025

**Discussion:** Presented by Jessica Lightcap, Chair.

No comments or questions.

**Motion:** **Kerri Krogen** motioned to approve the minutes from the August 27, 2025 meeting

**Second:** **Elissa Brown**

1:07 p.m.      **Public Comment for Agenda Item 4.1:**      Olena Svetlov, President of CACNS: Expressed appreciation for the opportunity to attend the meeting and emphasized that it was an honor to participate. She reiterated her strong support for the clinical nurse specialist profession and noted that additional comments about CNS practice would be shared later in the meeting. She also signaled her intent to offer remarks regarding the future direction of CNS practice, thanking the committee for convening and for including public engagement.

**Vote:**

| Vote                                                          | JL | EB | KK | ES | MA |
|---------------------------------------------------------------|----|----|----|----|----|
|                                                               | Y  | Y  | Y  | Y  | AB |
| <u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB |    |    |    |    |    |

**Motion Passed**

1:09 p.m.      **5.0**      **Information only:** Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS)

**Discussion:**      Loretta Melby reported that there has been little movement regarding CNS practice. She explained that the BRN's sunset bill is progressing through the legislative process, though no bill language has been released yet. A hearing was held on March 10 that covered broad APRN topics. She noted that one of the BRN's requests in the sunset bill is to require national certification for licensure for all APRNs, which includes CNSs. Another proposal affecting all APRNs involves RN delegation through an ordering process; however, this does not directly affect CNSs in California because CNSs currently do not have ordering authority within their scope of practice. Aside from these updates, she stated that things are generally quiet and remain status quo.

Kerri Krogen agreed that everything seems to be status quo at this time.

Elissa Brown asked for the current status of the sunset review, and

Loretta responded that the BRN still has not received bill language. She anticipates that language will be available by the end of the month, at which point more robust discussion can occur. She mentioned that the group will not meet again until the fall, aligning with the bill-signing stage once legislative revisions are complete. She encouraged participants to join legislative committee meetings and BRN board meetings for updates as the language develops and noted the goal of passing the bill by the end of the year, with continued board work the following year.

1:13 p.m.      **Public Comment for Agenda Item 5.0:**      Olena Svetlov, President of CACNS: Shared appreciation for Loretta Melby's advocacy and personal journey in nursing, noting

how these stories resonate across the profession as CNSs help raise new generations of APRNs, residents, and nurses. She described being asked to lead a team of clinical specialists this year and said the group has been reviewing the sunset bill, welcoming alignment with APRNs. Her main concern is the proposed requirement for national certification, because nationally there are limited certification pathways for CNSs and several have closed. She offered a personal example as an Adult Gerontology Nurse Practitioner and Adult Acute Care CNS, explaining that although she completed adult training, she lacks a corresponding certification pathway to sit for the Adult Gerontology CNS board exam without additional schooling, despite twelve years of CNS practice in critical care. On behalf of California CNS, she asked the board to consider flexibility, such as recognizing other relevant national specialty certifications where no CNS board exam exists, citing areas like wound ostomy and psychiatric CNS where CNS-specific exams are unavailable, so more CNSs can be certified and aligned with other APRNs. She noted that a detailed letter was submitted on January 29 and expressed hope it would be reviewed.

Loretta Melby acknowledged receipt of the letter and said a more in-depth discussion of certification language will take place under agenda item 8.0 during the regulatory updates. She suggested holding public comment until that item to address the issue more fully, clarifying that while the topic connects to the sunset bill, it more appropriately fits within the upcoming regulatory process, and invited continued participation at agenda item 8.0.

1:19 p.m.     **6.0**

**Discussion and possible action:** Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations

**Discussion:** Presented by Jessica Lightcap, Chair.

**Public Engagement**

Jessica Lightcap reported that from the Public Engagement and Website perspective, no members of the public had reached out with questions and there were no new website updates since the last meeting.

**Regulations**

Kerri Krogen noted that she would defer any comments or discussion related to regulations to agenda item 8.0 later in the meeting.

**Public Comment for  
Agenda Item 6.0:**

No public comments.

1:21 p.m.     **7.0**

**Information and discussion only:** Data on final dispositions of disciplinary cases against CNSs

**Discussion:** Loretta Melby began by directing the group to page 22 of the meeting materials, noting data on final dispositions of discipline

cases for CNSs from 2018 through the current year and reporting that no disciplinary actions have been taken on CNSs this year. She emphasized concern that active CNS license counts are trending downward, and pointed out that even when discipline does occur, the percentage is relatively low. Loretta then clarified violation categories: “practice” refers to scope-of-practice issues such as negligent or unprofessional conduct; “801 practice” is typically insurance-related; “OSD” denotes out-of-state discipline, where California may take action based on another state board’s discipline (with processes varying by state, e.g., Montana’s nursing board does not act on a first-time DUI). She added that there have been three OSD actions against CNSs in the past six to eight years, that “convictions” are criminal matters, “SUD” covers substance use disorder, “sexual misconduct” is categorized distinctly, and “other” serves as a catch-all that can include items like license holds for unpaid child support. She also referenced the table of active APRN certifications by fiscal year showing where CNSs sit within broader APRN trends.

Kerri Krogen asked whether the board had researched why CNS numbers are declining, suggesting practice authority as a possible factor.

Loretta Melby responded that while there is no specific research, anecdotal factors include a strong federal push and funding for primary care providers, which drives academic program growth and increases the number of nurse practitioners; anticipated growth for nurse midwives tied to legislative efforts to expand women’s access to care; steady demand for CRNAs due to willingness to serve rural and underserved areas amid anesthesia provider shortages. By contrast, CNS growth has been hampered over time by fewer national exams, a lull in full practice authority efforts, and a less robust national organization, coupled with inconsistent understanding of the CNS role across states and title-protection issues in large health systems (e.g., Magnet journeys) where the CNS title may be used without proper licensure or certification. Loretta expressed hope that as the national CNS organization strengthens, trends will improve, following the familiar pipeline of federal focus to state action to academic program expansion.

Elissa Brown raised a related question about mandated reporting by directors of nursing, observing variability across states and sharing a VA experience where misconduct went unreported as an employee moved between institutions.

Loretta Melby explained that California’s BVNPT has employer mandated reporting for LVNs and psychiatric technicians, but the BRN does not have an employer mandate for RNs; she is exploring whether nurses’ general mandated-reporter obligations might require reporting within certain roles (e.g., CNOs or unit leadership), noting she would need to review the Penal Code and consult legal counsel. She added that reports more often involve employees than traveling nurses, where contracts may be canceled instead of formal

discipline, and highlighted that while the BRN receives numerous complaints, comparatively few rise to disciplinary action or can be supported with sufficient evidence.

1:38 p.m.

**Public Comment for  
Agenda Item 7.0:**

Olena Svetlov, President of CACNS: Stated that the decline in the number of CNS licenses in California mirrors broader industry dynamics, including closures of CNS educational programs (she noted UCLA's recent closure) and limited in-state program availability. She contrasted California with a national landscape where, since 2010, roughly 28 states grant CNSs independent practice authority; California remains the only West Coast state without independent, full, or prescriptive practice, while neighboring states (e.g., Washington, Oregon, Nevada, Arizona, New Mexico, Alaska, Idaho) allow CNSs to diagnose, prescribe, and collaborate across the full spectrum of education and licensure. Citing the Institute of Medicine's "Future of Nursing" recommendations, she described her acute-care CNS role leading clinical practice for nurses and physicians and shared that colleagues in other states perform procedures such as intubation and line placement. She recounted that during COVID in Los Angeles, emergency measures enabled CNSs to practice to the full extent arguing this demonstrates the value of expanded authority. To strengthen CNS visibility and impact, she proposed a California mandate for CNS presence in adult and geriatric units (analogous to existing neonatal and pediatric requirements), asserting it would reduce rehospitalizations and address unmet needs among veterans, unhoused patients, and those with heart failure. She closed by thanking LA General (referencing Dr. Nancy Blake's leadership) and Kaiser Permanente Los Angeles Medical Center for supporting robust CNS practice and reiterated her two core requests to bolster CNS authority and placement.

Loretta Melby thanked Olena and clarified that in California, CNSs and other RNs may already perform procedures such as intubation and central line placement under standardized procedures within licensed healthcare facilities; these activities are not contingent upon full practice authority and depend on competence and institutional protocols. She explained that CNSs lack an explicit statutory scope of practice in California and therefore defer to the RN scope; crucially, CNSs cannot prescribe/furnish or place orders, and CRNAs likewise do not have ordering authority. Given variability across states' nurse practice acts, she encouraged CNSs to consult the BRN for case-specific scope questions, noting that the term "full practice authority" can introduce confusion about what is already permissible. She emphasized that many aspects of CNS practice in California can be expansive under standardized procedures, and invited follow-up with the board to verify what can and cannot be done.

**Discussion and possible action:** Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight.

**Discussion:** Kerri Krogen explained that the committee needed to revisit its previously drafted language and decide what it actually wants to recommend, especially in light of the BRN's sunset review and the board's current alignment with national certification requirements for APRNs. She noted that the committee's draft language does not currently require national certification for CNS licensure, but the APRN Consensus Model does, and adopting national certification may be necessary for future legislative efforts toward full practice authority and broader professional recognition. She emphasized that any regulatory language should align with the board's direction to avoid producing recommendations that will simply be rejected. This led to discussion of how requiring national certification would influence academic program oversight, legacy/grandfathering provisions, and regulatory structure. The committee acknowledged that accredited educational programs might continue with board-monitored metrics such as graduation rates, pass rates, and attrition.

Elissa Brown reminded members that a draft had already been circulated for review and encouraged everyone to continue sending input.

Loretta Melby provided context, stressing that the committee's draft has no authoritative impact until adopted through the full regulatory process and explaining that the board has made no changes to the document since receiving it over a year ago. She described the implications of licensure based solely on program completion versus licensure requiring a national exam, particularly how consumer protection, program monitoring, and regulatory oversight differ between these pathways. She offered extended background on why the board supports national certification: it provides a measurable competency benchmark similar to the NCLEX, reduces the need for extensive academic program auditing, and aligns CNSs with the expectations applied to NPs, nurse midwives, and CRNAs. She highlighted practical considerations including CMS billing requirements (which mandate national certification), interstate mobility, workforce alignment with the APRN compact, and the "California effect," where California's large provider base can influence national exam availability. She also explained academic institutions' recent shifts to population-focused CNS credentials (e.g., Adult-Gerontology CNS with additional specialty coursework) in response to discontinued CNS exams, and outlined which national bodies may be viable partners for reinstating or developing new certification exams.

Elissa Brown voiced concern about disenfranchising current CNSs and reiterated the need for alternative competence-based pathways until exams are restored.

Kerri Krogen argued that national certification is essential for alignment with other APRN groups and future independent practice, suggesting that regulatory structures should not be tailored to small subsets.

Elizabeth Scruth supported national certification, noting her experience on a certification board and emphasizing professional recognition, billing capability, and alignment with workforce expectations.

Jessica Lightcap raised cost concerns and asked about statistics on how many CNSs already hold national certification.

Loretta Melby explained that while the board does not collect such data, most out-of-state CNSs and many in-state graduates are nationally certified because of program requirements and historical board approval processes. Committee members agreed it would be useful to gather numbers from CNS professional organizations, though

Elissa Brown cautioned against rushing a decision.

**Motion: Kerri Krogen:** Motion to add National Certification into the regulatory language to be able to draft language and bring it back to the Committee in the fall

**Second: Elizabeth Scruth**

**Further Discussion:** A detailed discussion followed about whether the motion language should be softened or reframed, but Loretta clarified that voting to include national certification at this stage does not change current licensure requirements and only directs staff to draft regulatory language for review in the fall, where the committee will again evaluate and may revise the proposal. She explained that any regulatory change would take two to three years and would undergo committee review, practice committee review, full board review, public comment, and OAL approval, during which stakeholder feedback could still alter or reverse requirements.

Reza Pejuhesh raised a procedural question about whether national certification had been clearly noticed on the agenda, noting the item appeared broad enough but encouraging caution.

Loretta Melby responded that national certification has been an ongoing discussion for years, appeared in recent minutes and public reports, and is widely understood by stakeholders as a central regulatory issue; it will also be explicitly noticed in future meetings when draft regulatory language returns.

Reza Pejuhesh agreed that the motion could proceed and suggested that any edits be made before public comment if desired.

Kerri Krogen and Elizabeth Scruth reaffirmed that they wished to keep the motion language as stated.

2:53 p.m.

**Public Comment for  
Agenda Item 8.0:**

Olena Svetlov, President of CACNS: Expressed appreciation for the discussion and stated that, on behalf of the California Association of Clinical Nurse Specialists, CNSs fully support aligning with other APRNs and pursuing national certification in the future. However, she emphasized concerns about the present reality: in her institution alone, she has 26 CNSs and more than half do not hold national certification. She cautioned that if regulatory language were interpreted by employers or HR departments as requiring national certification immediately, many experienced CNSs could lose their jobs, including herself, since her Adult CNS certification exam no longer exists. She noted that many CNSs serve as preceptors for students, and abrupt changes could undermine the pipeline of new CNSs. Olena reiterated the association's request for grandfathering provisions and flexibility for currently practicing CNSs who have longstanding board recognition but lack an available certification exam, suggesting that recognition of alternate national certifications could prevent unnecessary workforce disruption.

Loretta Melby clarified that any future national-certification requirement would not remove existing CNSs from practice, pointing to how nurse practitioner grandfathering was handled.

Vicki, CRNA: Said she received notice of the meeting only that morning and suggested providing earlier notifications to increase public participation; she expressed interest in following future meetings in the fall and voiced support for pursuing national certification for CNSs.

Loretta Melby explained that BRN agendas are posted to the website within Bagley-Keene requirements, typically 10 days in advance, and that the same notice goes out via the BRN email listserv; she guided attendees to the BRN homepage's "Quick Hits" to join the email list, and noted that the annual meeting calendar is available on the BRN meetings page, with materials and webcasts posted to support virtual participation. Loretta encouraged Vicki and others to subscribe or check the meetings page regularly for timely updates.

Vicki thanked the board for the clarification and support.

**Vote:**

|                                                               | JL | EB | KK | ES | MA |
|---------------------------------------------------------------|----|----|----|----|----|
| Vote                                                          | Y  | Y  | Y  | Y  | AB |
| <u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB |    |    |    |    |    |

**Motion Passed**

3:09 p.m.     **9.0**

**Adjournment: Jessica Lightcap**, adjourned the meeting at 3:09 p.m.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Jessica Lightcap**

Chair  
Clinical Nurse Specialist Advisory Committee

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**Loretta Melby, MSN, RN**

Executive Officer  
California Board of Registered Nursing



## Agenda Item 5.0

**Discussion and possible action: Regarding election of Chair and Vice Chair positions**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 5.0**  
**DATE: October 6, 2026**

**ACTION REQUESTED:** Discussion and possible action: Regarding election of Chair and Vice Chair positions

**REQUESTED BY:** Loretta Melby, Executive Officer

**BACKGROUND:**

CNSAC members will nominate and vote on a committee Chair and Vice Chair to facilitate meetings in collaboration with the Board's Executive Officer. The Chair will develop the meeting agendas in collaboration with the Board's Executive Officer, staff liaison, and other Board support staff. The Vice Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact CNSAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Assistant Executive Officer  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 6.0

**Discussion and possible action: Regarding meeting dates for 2026**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 6.0**  
**DATE: October 6, 2026**

**ACTION REQUESTED:** Discussion and possible action: Regarding meeting dates for 2027

**REQUESTED BY:** Loretta Melby, Executive Officer

**BACKGROUND:**

The CNSAC will meet twice per year. Meetings will be open to the public and adhere to the Bagley-Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Assistant Executive Officer  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)

## Board, Committee, and Advisory Committee Meetings in 2027

|                             |                                                                                                                                                                                    |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>January 20, 2027</b>     | <b>Board Advisory Committee Meeting</b><br>Nursing Education and Workforce Advisory Committee                                                                                      |
| <b>February 10-11, 2027</b> | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement, Investigations, and Intervention Committee<br>Legislative Committee |
| <b>March 24, 2027</b>       | <b>Board Meeting</b>                                                                                                                                                               |
| <b>April 6, 2027</b>        | Clinical Nurse Specialist Advisory Committee<br>Certified Registered Nurse Anesthetist Advisory Committee                                                                          |
| <b>April 27, 2027</b>       | <b>Board Advisory Committee Meeting</b><br>Nurse-Midwifery Advisory Committee<br>Nurse Practitioner Advisory Committee                                                             |
| <b>May 12-13, 2027</b>      | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement, Investigations, and Intervention Committee<br>Legislative Committee |
| <b>June 23, 2027</b>        | <b>Board Meeting</b>                                                                                                                                                               |
| <b>July 28, 2027</b>        | <b>Board Advisory Committee Meeting</b><br>Nursing Education and Workforce Advisory Committee                                                                                      |
| <b>August 4-5, 2027</b>     | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement, Investigations, and Intervention Committee<br>Legislative Committee |
| <b>September 22, 2027</b>   | <b>Board Meeting</b>                                                                                                                                                               |
| <b>October 5, 2027</b>      | <b>Board Advisory Committee Meetings</b><br>Clinical Nurse Specialist Advisory Committee<br>Certified Registered Nurse Anesthetist Advisory Committee                              |
| <b>October 19, 2027</b>     | <b>Board Advisory Committee Meetings</b><br>Nurse-Midwifery Advisory Committee<br>Nurse Practitioner Advisory Committee                                                            |
| <b>November 3-4, 2027</b>   | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement, Investigations, and Intervention Committee<br>Legislative Committee |
| <b>December 8, 2027</b>     | <b>Board Meeting</b>                                                                                                                                                               |



## Agenda Item 7.0

**Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS), including updates to the Board's Sunset Bill (Senate Bill 1302)**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.0**  
**DATE: October 6, 2026**

**ACTION REQUESTED:** Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS), including updates to the Board's Sunset Bill (Senate Bill 1302)

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact CNSs.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Assistant Executive Officer  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 8.0

**Discussion and possible action: Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from subcommittees**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 8.0**  
**DATE: October 6, 2026**

**ACTION REQUESTED:** Discussion and possible action: Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from subcommittees:

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The two CNSAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Public Engagement and Website: Jessica Lightcap and Marilyn Ababio
- Regulations: Elissa Brown and Kerri Krogen

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Assistant Executive Officer  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 9.0

**Information only: Data on final dispositions of disciplinary cases against CNSs**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.0**  
**DATE: October 6, 2026**

**ACTION REQUESTED:** Information and discussion only: Data on final dispositions of disciplinary cases against CNSs

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The members of CNSAC will discuss any trends/issues with final dispositions of disciplinary cases against CNSs. Discipline data for the past eight (8) years is included in the two charts below:

**Clinical Nurse Specialist (CNS) Discipline Statistics**

| Type of Discipline                      | 2018     | 2019     | 2020     | 2021     | 2022     | 2023     | 2024     | 2025     | 2026<br>(as of<br>10/1/26) |
|-----------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------------------------|
| Public Repeval                          | 2        | 1        | 0        | 2        | 1        | 0        | 0        | 1        | 0                          |
| Probation                               | 2        | 0        | 1        | 2        | 3        | 1        | 4        | 2        | 1                          |
| Surrender                               | 0        | 2        | 2        | 0        | 1        | 0        | 0        | 0        | 0                          |
| Voluntary Surrender<br>during Probation | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 1        | 0                          |
| Revocation                              | 0        | 1        | 1        | 0        | 1        | 0        | 0        | 0        | 0                          |
| Reinstatement                           | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                          |
| <b>Total</b>                            | <b>4</b> | <b>5</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>2</b> | <b>4</b> | <b>4</b> | <b>1</b>                   |
| Active CNS Licenses                     | 3,556    | 3,458    | 3,391    | 3,323    | 3,137    | 3,209    | 3,042    | 3,029    | 2,969                      |
| Percentage of CNSs<br>Disciplined       | 0.11%    | 0.14%    | 0.12%    | 0.15%    | 0.19%    | 0.06%    | 0.13%    | 0.13%    | 0.03%                      |

### CNS Discipline Statistics – Violation Types

| Violation Type                    | 2018     | 2019     | 2020     | 2021     | 2022     | 2023     | 2024     | 2025     | 2026<br>(as of<br>10/1/26) |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------------------------|
| Practice                          | 2        | 2        | 1        | 2        | 2        | 0        | 1        | 1        | 0                          |
| 801 Practice                      | 0        | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 0                          |
| OSD                               | 1        | 0        | 0        | 0        | 2        | 0        | 0        | 0        | 0                          |
| Conviction                        | 0        | 3        | 2        | 1        | 1        | 1        | 1        | 1        | 1                          |
| SUD                               | 0        | 0        | 1        | 1        | 0        | 0        | 0        | 0        | 0                          |
| Sexual Misconduct                 | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 0                          |
| Other                             | 1        | 0        | 0        | 1        | 0        | 1        | 0        | 2        | 0                          |
| <b>Total</b>                      | <b>4</b> | <b>5</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>2</b> | <b>4</b> | <b>4</b> | <b>1</b>                   |
| Active CNRA Licenses              | 3,556    | 3,458    | 3,391    | 3,323    | 3,137    | 3,209    | 3,042    | 3,029    | 2,969                      |
| Percentage of CNSs<br>Disciplined | 0.11%    | 0.14%    | 0.12%    | 0.15%    | 0.19%    | 0.06%    | 0.13%    | 0.13%    | 0.03%                      |

### Active Licenses by Fiscal Year

| Fiscal Year                               | 18/19   | 19/20   | 20/21   | 21/22   | 22/23   | 23/24   | 24/25   | 25/26   | 26/27<br>(1 Qtr) |
|-------------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|------------------|
| Registered Nurse                          | 451,934 | 458,165 | 466,704 | 480,568 | 524,129 | 534,035 | 549,040 | 568,132 | 573,152          |
| Clinical Nurse<br>Specialist              | 3,458   | 3,391   | 3,323   | 3,137   | 3,209   | 3,042   | 3,029   | 2,969   | 2,925            |
| Certified Registered<br>Nurse Anesthetist | 2,585   | 2,682   | 2,772   | 2,841   | 3,069   | 3,218   | 3,337   | 3,465   | 3,491            |
| Nurse Midwife                             | 1,346   | 1,349   | 1,368   | 1,352   | 1,427   | 1,432   | 1,460   | 1,509   | 1,491            |
| Nurse Practitioner                        | 26,305  | 27,640  | 29,699  | 32,616  | 36,092  | 39,919  | 43,800  | 47,069  | 47,957           |

#### RESOURCES:

#### NEXT STEPS:

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Assistant Executive Officer  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 10.0

### **Discussion and possible action: Update of the CNSAC Charter**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.0  
**DATE:** October 6, 2026

**ACTION REQUESTED:** Discussion and possible action: Update of the CNSAC Charter

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The CNSAC members will review the CNSAC Charter and make recommendations for updates, if applicable.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
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## **The California Board of Registered Nursing's Clinical Nurse Specialist Advisory Committee**

The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

### **Background**

On November 14, 2018, the Board appointed the initial members to the Advanced Practice Registered Nurse Advisory Committee (APRNAC). The APRNAC was structured on request of the Senate Committee on Business, Professions and Economic Development and the Assembly Business and Professions Committee with a goal to survey existing laws and regulations to determine what is lacking for regulation of Advance Practice Registered Nurses (APRNs) including the direction to seek legislation, promulgate regulations, and develop advisories to ensure APRNs have sufficient guidance in all practice settings. This committee was comprised of four Nurse Practitioners (NP), two Certified Nurse-Midwives (CNM), two Certified Registered Nurse Anesthetists (CRNA), and two Clinical Nurse Specialists (CNS).

In September 2020, Governor Newsom signed both Senate Bill (SB) 1237 and Assembly Bill (AB) 890 into law which created the Nurse-Midwifery Advisory Committee and the Nurse Practitioner Advisory Committee, respectively. To address the statutorily required activities of these new advisory committees and to eliminate duplicity of work, the APRNAC was brought to the Board for discussion and possible action regarding the continuation and the role of this committee. At the August 2021 Board meeting, the motion was made to maintain the APRNAC with focus on Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS) and issues that affect all APRN groups to exclude Nurse Practitioner (NP) and Certified Nurse-Midwife (CNM) issues.

During the November 2022 Board meeting, the members completed their annual review of non-statutory advisory committees and voted to sunset the APRNAC and develop two new advisory committees, one committee for CNSs and one for CRNAs and to move the CNS and CRNA members of the APRNAC to the prospective new advisory committees.

### **Clinical Nurse Specialist Advisory Committee (CNSAC) Purpose/Charge**

The CNSAC provides a mechanism for nurses and other members of the public to advise and make recommendations to the Board on all matters relating to clinical nurse specialist practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. This committee will focus on Business and Professions Code section [2838.2](#) and make recommendations to the Board to establish categories of clinical nurse specialists and the standards required to be met for nurses to hold themselves out as clinical nurse specialists in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting the standards, the board shall consult with clinical nurse specialists, physicians and surgeons appointed by the Medical Board of California with expertise with clinical nurse specialist, and health care organizations that utilize clinical nurse specialists.

## **Relationship to the Board**

CNSAC is an advisory committee of the Board. CNSAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#). CNSAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or CNSAC staff liaison will facilitate the referral of CNSAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

## **Membership**

In accordance with the Board's motion during the meeting on February 15-16, 2023, the CNSAC shall be composed of the following:

- Four (4) qualified CNSs, and
- One (1) public member.

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- Two of the four licensed CNSs shall serve a term of four years. One licensed CNS shall serve a term of three years and the remaining CNS shall serve a term of two years.
- The public member shall serve a term of four years.

CNSAC members will identify and vote on a committee Chair and Vice-Chair to facilitate CNSAC meetings in collaboration with the Board's EO or CNSAC staff liaison. The CNSAC Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed CNSAC members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The CNSAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact CNSAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of CNSAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the CNSAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the CNSAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

## **Meetings**

The CNSAC meets twice per year. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All CNSAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The CNSAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as

addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the CNSAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

CNSAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and CNSAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the CNSAC members. The Committee will vote to approve draft minutes at CNSAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and CNSAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

**Quorum:**

Three (3) CNSAC members at any CNSAC meeting constitutes a quorum.

**Board Staff:**

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the CNSAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

**Review of CNSAC Advisory Committee:**

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the CNSAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the CNSAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the CNSAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.



## Agenda Item 11.0

**Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | October 6, 2026

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 11.0  
**DATE:** October 6, 2026

**ACTION REQUESTED:**      **Discussion and possible action:** Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

**REQUESTED BY:**            Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The CNSAC members will discuss the proposed regulations for CNSs submitted by the Regulations Subcommittee. Board staff has not yet completed a final review of this language and will do so after the advisory committee provides its recommendations.

In addition, the Regulations Subcommittee will present the findings from the national certification survey conducted in September, which informed the development of the draft regulatory language.

**RESOURCES:**

National Association of Clinical Nurse Specialist (NACNS) Statement on Clinical Nurse Practice and Education: [https://nacns.org/wp-content/uploads/2026/09/Statement\\_on\\_Clinical\\_Nurse\\_Specialist\\_Practice\\_and\\_Education\\_2026-1.pdf](https://nacns.org/wp-content/uploads/2026/09/Statement_on_Clinical_Nurse_Specialist_Practice_and_Education_2026-1.pdf)

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**            None

**PERSON(S) TO CONTACT:**            Marissa Clark  
Chief of Legislative Affairs  
California Board of registered Nursing  
[Marissa.Clark@dca.ca.gov](mailto:Marissa.Clark@dca.ca.gov)

*The draft regulations below are submitted by the CNSAC Regulations Subcommittee for committee discussion. Board staff has not yet completed a final review of this language and will do so after the advisory committee provides its recommendations.*

**DRAFT**

16 CCR § 14XX  
§ 14XX. Definitions.

- (a) "Clinical nurse specialist" means an advanced practice registered nurse prepared by a master's, or doctoral, or post-graduate certificate level CNS program, who meets board certification requirements. The CNS improves outcomes by providing direct patient care, leading evidence-based practice, optimizing organizational systems, and advancing nursing practice.
- (b) "Certification" shall mean a certificate to practice as a clinical nurse specialist issued by the Board as set forth in Business & Professions Code, section 2838.1 (b).
- (c) "National Board Certification" means the certified clinical nurse specialist has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC).

§ 14XX. Categories of Clinical nurse specialists.

- (a) Categories of clinical nurse specialists include:

- (1) Family/individual across the lifespan;
  - (2) Adult-gerontology;
  - (3) Neonatal;
  - (4) Pediatrics;
  - (5) Women's health/gender-related, including perinatal and maternal/child;
  - (6) Psychiatric-Mental Health across the lifespan;
  - (7) For the clinical nurse specialist who graduated from their clinical nurse specialist program prior to January 1, 2028, and holds a certification in a clinical nurse specialist specialty certification that is recognized by one of the member organizations of the National Commission on Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) or successor agencies shall be eligible to apply for a clinical nurse specialist certificate by the Board
- (b) A registered nurse who has been certified by the Board as a clinical nurse specialist may use the title, "advanced practice registered nurse" or "certified clinical nurse specialist" and may place the letters APRN-CNS after his or her name or in combination with other letters or words that identify the category.

§ 14XX. Requirements for Certification as a Clinical Nurse Specialist.

- (a) Initial Certification.

- (1) To obtain certification as a Clinical Nurse Specialist from the board, an applicant must meet the following conditions:
  - (A) Hold a valid and active license as a registered nurse in California, Business and Professions Code, Sections 2700 et seq.;
  - (B) Be a graduate of an accredited clinical nurse specialist program accredited by the Commission on Collegiate Nursing Education (CCNE) or Accreditation Commission for Education in Nursing (ACEN) or Commission for Nursing Education Accreditation (CNEA) or successor agencies;
  - (C) Has passed a national board certification examination for clinical nurse specialists issued by the American Association of Critical-Care Nurses (AACN) or American Nurses Credentialing Center (ANCC) in one or more categories listed in Section 14XX(a).

(2) Verification of passing the national board certification examination for clinical nurse specialists shall be provided directly to the Board by the American Association of Critical-Care Nurses (AACN) or the American Nurses Credentialing Center (ANCC) or through Nursys®, a national database for verification of licensure.

(A) The American Association of Critical-Care Nurses (AACN) or American Nurses Credentialing Center (ANCC) can validate educational transcripts received from the Accredited Program as primary source verification and if accepted for national board certification it will be deemed equivalent for proof of completion of a program for the education of clinical nurse specialist required for licensure.

(3) Submit a completed application for initial certification that includes the following:

(1) Applicant's full legal name [(Last Name), (First Name), (Middle Name) and/or (Suffix)].

(2) Other name(s) the applicant has used or has been known by,

(3) Applicant's physical address,

(4) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address,

(5) Email address,

(6) Applicant's telephone number,

(7) Applicant's Social Security number or Individual Taxpayer Identification Number,

(8) Applicant's birthdate (month, day, and year),

(9) California registered nurse license number issue by the Board,

(10) Pay the applicable fee(s) set forth by the Board in 16 CCR 1417.

(b) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 calendar days from receipt of an application. A decision on certification shall be reached within 60 calendar days of filing a completed application.

(b) Graduates who have completed a clinical nurse specialist education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.

#### § 14XX. Scope of Practice.

(a) Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The clinical nurse specialist shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.