



Certified Registered Nurse Anesthetist Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

October 6, 2026

Table of Contents

2.0	General instructions for the format of a teleconference meeting	3
4.0	Review and vote on whether to approve previous meeting minutes	5
5.0	Discussion and possible action: Regarding election of Chair and Vice Chair positions	17
6.0	Discussion and possible action: Regarding meeting dates for 2027	19
7.0	Information and discussion only: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Certified Registered Nurse Anesthetists (CRNA), including updates to the Board's Sunset Bill (Senate Bill 1302)	22
8.0	Discussion and possible action: Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from subcommittees	24
9.0	Information and discussion only: Data on final dispositions of disciplinary cases against CRNAs	26
10.0	Discussion and possible action: Update of the CRNAAC Charter	29
11.0	Discussion and possible action: FAQ language for Assembly Bill 876 (Reg. Sess. 2025-2026) (Business and Professions Code sections 2826, 2826.5, 2826.6, 2826.7 and 2833.6)	34



Agenda Item 2.0

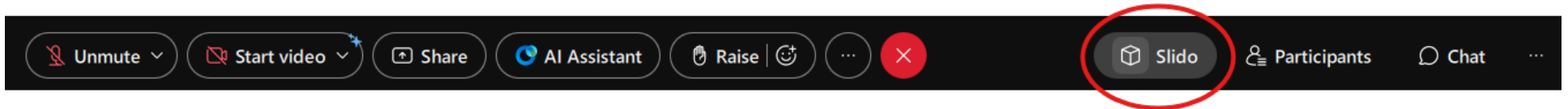
General instructions for the format of a teleconference meeting

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

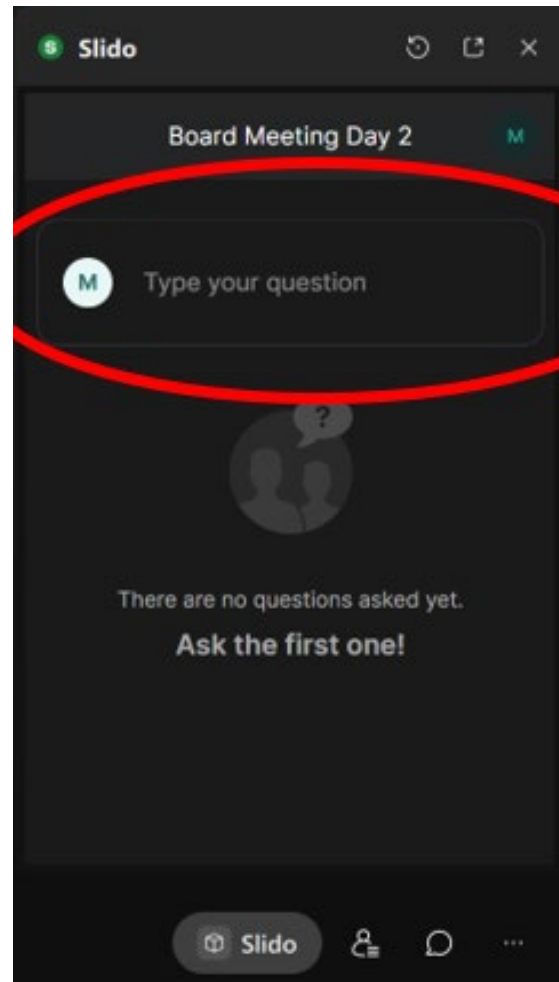
Participating During a Public Comment Period

If you would like to make a public comment:

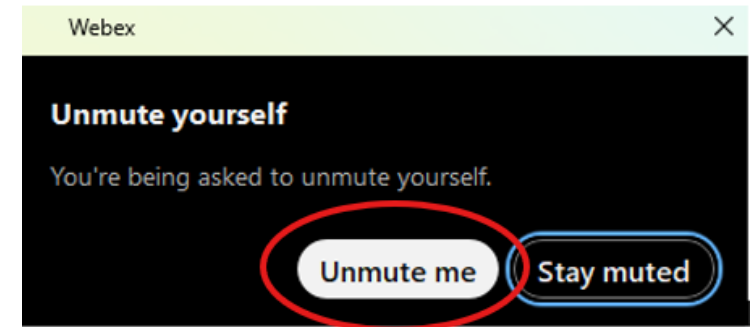
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



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 4.0

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

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Meeting Minutes

DATE: April 7, 2026

START TIME: 9:00 a.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

9:00 a.m. **1.0**

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

Sandra Bordi, Chair, called the meeting to order at 9:00 a.m. All present except Karyn Karp and Kathleen Theobald. Quorum was established at 9:01 a.m. Karyn joined the meeting at 9:14 a.m. Kathleen was able to join and be on camera at 9:29 a.m.

**Certified Registered
Nurse Anesthetist
Advisory
Committee
Members:**

Sandra Bordi, DNP, CRNA - Chair
Samantha Polikowski, CRNA – Vice Chair
Karyn Karp, MS, CRNA
Kathleen Theobald, MA
Charles Griffis, PhD, CRNA, FAANA

**BRN Staff
Representatives:**

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

9:03 a.m. **3.0**

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

**Public Comment for
Agenda Item 3.0:**

Kristen Roman, CRNA, President of California Association of Nurse Anesthesiology (CANA: Thanked the advisory committee for its work and commented on the recent BRN meeting addressing medication compounding practices in medial spas and IV hydration clinics. She emphasized that these environments differ significantly from anesthesia practice, where CRNAs routinely and safely prepare compounded sterile medications for immediate use as part of time-sensitive anesthesia care. She referenced Business and Professions Code (BPC) section 2725.1 and clarified that its language concerns compounding pharmacies rather than the point-of-care preparation performed by trained anesthesia clinicians. Dr. Roman highlighted updated 2023 USP 797/7907 standards, developed with national stakeholder input, which outline evidence-based requirements for aseptic technique, competency, labeling, and timely administration for immediate-use compounded medications. She noted that while USP standards are not enforceable by themselves, they are commonly adopted by facilities, regulators, and accreditors, and she affirmed that CANA continues to

advocate for regulatory alignment with these standards to support safe, practical anesthesia workflows.

Loretta Melby clarified that the BRN did not change or reinterpret law in this area; compounding standards and restrictions originate from the California Board of Pharmacy (BOP). She explained that CRNAs may compound a sterile IV solution with up to two additives for immediate use, consistent with BOP regulations, which recently underwent multiple comment periods. These regulations specify that such compounding must be life or limb saving, used for a single patient, and administered within four hours. She added that while BPC language prohibits RNs and APRNs from compounding, this does not conflict with BOP authority over urgent use compounding. She noted that other APRN groups have raised compounding in the context of the sunset bill, and she offered to add a dedicated discussion at the committee's fall meeting.

Dr. Roman thanked Loretta for the clarification.

Thomas Bachtler, Southern California CRNA, Secretary CANA: Expressed concern that despite passage of AB 876, confusion continues regarding CRNA scope of practice and liability. He noted recurring questions from CRNAs and employers, as well as public misinformation about AB 876, and suggested that the committee develop a publicly accessible FAQ to provide clear, authoritative guidance.

Loretta Melby responded that the BRN could develop FAQ items within its jurisdiction and link externally for issues outside BRN authority. She invited suggestions and encouraged stakeholders to email proposed FAQ topics for consideration.

Thomas Bachtler thanked the Board for its willingness to support clarity and accessibility of information.

9:15 a.m. **4.0**

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

4.1 August 27, 2025

4.2 September 18, 2025

Discussion: Presented by Sandra Bordi, Chair.

No comments or questions by members.

Motion: **Charles Griffis** Motion to Approve the meeting minutes for August 27 and September 18, 2025

Second: **Karyn Karp**

9:16 a.m. **Public Comment for
Agenda Items 4.1
and 4.2:** No public comments.

Vote:

Vote	CG	KK	KT	SB	SP
	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

9:18 a.m. **5.0**

Information and discussion only: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Certified Registered Nurse Anesthetists (CRNA), including introduced legislation that may impact CRNAs

Discussion: Presented by Loretta Melby, Executive Officer, who provided a brief update, noting that aside from the ongoing sunset review, there were no significant developments impacting CRNA practice. She reported that the BRN held its sunset hearing on March 10, 2026, which coincided with the nurse anesthesiologist lobby day, resulting in a strong turnout and supportive testimony for the BRN's sunset extension. She explained that the Board is continuing to work closely with legislative staff as the sunset bill moves forward and emphasized that bill language has not yet been released, though it is expected by the end of the month. Once the language is available, she anticipates more substantive discussion on any proposed changes. Loretta shared that the BRN is hopeful for a four-year sunset extension, which is typical, and expressed appreciation for stakeholder engagement throughout the process. Sandra Bordi thanked Loretta and BRN staff, as well as Dolores Trujillo, for presenting at the public hearing.

Charles Griffis requested an explanation of what the sunset process entails.

Loretta welcomed him to the committee and outlined that the legislative sunset review evaluates whether the BRN's nine-member policy setting Board should continue its authority and structure. She clarified that "sunset" applies to the board itself, not BRN staff, and that if the Board were allowed to sunset, her role as executive officer would also sunset, shifting the BRN under the Department of Consumer Affairs as a bureau, altering how nursing policy and legislative positions are handled. She described the cycle in which the BRN submits a formal report, undergoes a legislative hearing, and awaits bill language that must be passed and signed by the governor for the board to continue. Loretta stated she does not foresee the Board ceasing to continue, citing significant improvements made in recent years and ongoing collaboration with stakeholders.

9:25 a.m. **Public Comment for
Agenda Item 5.0:** No public comments in any location.

9:26 a.m. **6.0** **Discussion and possible action:** Regarding creation and/or modification of subcommittees, and report from the three CRNAAC subcommittees: Public Engagement and Website; Regulations; and Regulation Definitions

Discussion: Public Engagement and Website
Samantha Polikowski reported that since the last meeting, the public engagement and website subcommittee has continued refining its framework for a dedicated BRN webpage highlighting CRNAs. The subcommittee further outlined key components such as AB 876 related FAQs, educational material, infographics, photos, videos, and narrative elements including testimonials to better engage the public. Their next step will be a working session with BRN leadership and the web development team, including collaboration with Loretta and McCaulie, to review the proposed content structure and begin translating it into the final webpage layout.

Sandra Bordi asked whether the new content would build upon the existing CRNA section of the BRN website.

Loretta Melby confirmed it will integrate with current material but must undergo legal review and meet statewide web-design requirements, which may lead to modifications.

Regulations

Sandra Bordi deferred this update to agenda item 10.0

Regulation Definitions (sunsetting)

Sandra Bordi noted that this subcommittee remains vacant and has no report.

Loretta Melby explained that the regulations definition subcommittee is no longer necessary and recommended formally sunsetting it. She also noted that new member Charles Griffis could join another subcommittee, form a subcommittee of one, or choose not to join one immediately.

Reza Pejuhesh provided clarification regarding Bagley-Keene requirements, explaining that subcommittees of two members may collaborate freely outside public meetings, while a subcommittee of one is permissible but functions differently and can later add members, although may not be necessary to create.

Loretta Melby added examples of successful single-member subcommittees in other advisory groups and reiterated that any member may take on special projects even outside formal subcommittee structure.

Charles Griffis expressed interest in leading a subcommittee focused on developing FAQs, particularly those related to recent legislation such as AB 876.

Loretta Melby asked the public engagement subcommittee whether this work could be handed off to Charles.

Samantha Polikowski confirmed this would be fine, and Kathleen added that the completed FAQ content can later be added to the website.

Motion: **Karyn Karp** Motion to sunset the Regulations Definitions subcommittee and to allow Charles Griffis to form a subcommittee on FAQs that could include the new legislation.

Second: **Sandra Bordi**

9:36 a.m. **Public Comment for
Agenda Item 6.0:** No public comments.

Vote:

Vote	CG	KK	KT	SB	SP
	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

9:38 a.m. **7.0** **Discussion and possible action:** Frequently Asked Question language for Assembly Bill 876 (Reg. Sess. 2025-2026) (Business and Professions Code, sections 2826, 2826.5, 2826.6, 2826.7 and 2833.6)

Discussion: Loretta Melby invited the committee to begin the FAQ discussion and encouraged Charles Griffis, recently established as a single-member FAQ subcommittee, to take thorough notes.

Reza Pejuhesh outlined constraints for FAQs under the Administrative Procedure Act, emphasizing that any posted answers must mirror existing statute or regulation rather than interpret ambiguous provisions, and offered to meet offline to ensure the content stays within legal bounds. Charles Griffis requested that offline support, and Reza confirmed coordination with Loretta and BRN staff.

Charles Griffis asked about Bagley-Keene requirements.

Loretta Melby clarified that he may consult any stakeholders and BRN staff but not other committee members, and described the workflow: Charles drafts FAQs, BRN legal and executive review/redline for jurisdictional fit, and if gaps or ambiguity surface, those items may trigger a regulatory package or, when appropriate, legislative outreach for public-protection purposes. Loretta

suggested using implementation issues from AB 876 to prioritize high-value FAQ topics, aiming for practical guidance CRNAs can reference on the BRN website.

9:48 a.m.

**Public Comment for
Agenda Item 7.0:**

Thomas Bachtler, Southern California CRNA, CANA Secretary: Proposed a set of common FAQ topics to address ongoing confusion about AB 876, including whether AB 876 expanded CRNA scope, what it says about CRNA independence, the meaning of an “order for anesthesia,” whether physician supervision is required, how facility delivery of anesthesia services is affected, what services are encompassed by “anesthesia services,” whether CRNAs may select and administer medications, and whether standardized procedures are needed.

Loretta Melby asked him to remain available for discussion and clarified at a high level that AB 876 did not expand CRNA practice but codified longstanding practice.

Thomas Bachtler agreed and offered to send his full list and draft responses by email for committee use.

Loretta Melby confirmed email as the best path and the moderator shared the CRNAAC email address.

Dr. Kristen Roman, CANA President: Added an FAQ about whether AB 876 overrides facility bylaws or staffing requirements.

Loretta Melby responded that it does not override bylaws and that staffing requirements are governed by Title 22 under the California Department of Public Health.

9:54 a.m.

8.0

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

Discussion: Loretta Melby provided an overview of CRNA disciplinary data included in the meeting materials. She noted that disciplinary actions among CRNAs remain very low, consistent with prior reports, and emphasized that despite occasional concerns raised publicly about CRNA practice, the BRN does not see those concerns reflected in actual licensure discipline. Loretta shared that California currently has 3,448 active CRNA licenses, and as of six days prior to the meeting, only four CRNAs had any disciplinary action this year: one public reproof, one probation, and two revocations. She reviewed the categories of potential violations, practice-related issues, 801 practice (typically insurance-related), out-of-state discipline, convictions, substance use disorder, sexual misconduct, and other, and explained that this breakdown is included to help contextualize disciplinary patterns. Loretta added that the data also displays active APRN license numbers to help stakeholders interpret discipline rates proportionally; an increase in total disciplinary cases may simply reflect growth in the CRNA

population rather than increased violations of the NPA. She concluded that CRNAs continue to demonstrate strong compliance overall, with very few cases requiring BRN intervention.

9:58 a.m. **Public Comment for
Agenda Item 8.0:**

No public comments in any location.

9:59 a.m. **9.0**

Information and discussion only: Overview of the 2026 BRN Sunset Report language impacting CRNAs, including the language regarding the delegation of registered nurses and supervision by advance practice registered nurses

Discussion: Loretta Melby introduced the agenda item by explaining that she would walk the committee through the relevant portion of the BRN's 2026 Sunset Report, specifically the section addressing APRN to RN delegation. She shared the report and directed participants to page 139, where Issue 10.7 is presented. She noted that this issue arose from public comment at a prior BRN meeting and centers on ensuring that RNs may continue to follow direction from APRNs now that standardized procedures have been removed for many APRN categories under AB 890, SB 1237, and AB 876. She summarized that historically, APRNs issued medical orders through standardized procedures because they acted as agents of physicians. With recent bills removing standardized procedure requirements for NPs, CNMs, and CRNAs, statutory clarification is now needed to ensure RNs can continue implementing APRN directed care safely and legally. She emphasized that the ability of APRNs to direct RNs is critical for care continuity, modern workflows, and timely treatment. She explained that the Board's recommendation is to update statute to expressly permit an APRN to direct an RN to provide direct and indirect patient care services, including administering medications and therapeutic agents necessary to implement treatment plans, disease-prevention measures, or rehabilitative regimens. Though the recommendation is confined to APRNs directing RNs, she noted the board would support expansion to other professions through their own regulatory or legislative processes. Loretta then reviewed the underlying statutory framework, focusing on BPC section 2725, which defines RN scope of practice. She highlighted that RNs may perform treatment regimens only when ordered by specific licensed providers (physicians, dentists, podiatrists, clinical psychologists), and historically APRNs fit into the ordering chain through standardized procedures. With standardized procedures no longer required for many APRNs, the statutory language must be updated to recognize APRNs as authorized ordering providers so RNs can continue implementing treatment regimens legally. Loretta stated the Board wants to prevent any misinterpretation that might limit or disrupt long-standing APRN to RN practice patterns, particularly in acute care settings where CRNAs routinely enter preoperative medication or preparation orders. She explained that the proposal is not meant to expand APRN scope; rather, it clarifies RN practice so RNs can legally carry out APRN-directed care without fear of acting outside scope. She noted the board may pursue regulatory or

legislative updates if needed and that this clarification ensures APRNs do not lose the ability to direct RNs simply because standardized procedures were removed.

Sandra Bordi thanked Loretta and expressed strong support, noting that this clarification reflects daily CRNA practice and is essential for continuity of care.

Loretta Melby reiterated that the proposal does not change APRN practice, it clarifies RN scope so RNs remain protected and able to carry out APRN-directed patient care safely under updated statutory language. She underscored that both RN and APRN scopes remain intact, and the update simply ensures APRN generated treatment regimens can continue to be implemented by RNs consistent with existing statutory sections such as BPC section 2725(b)(2).

10:13 a.m. **Public Comment for
Agenda Item 9.0:**

Dr. Kristen Roman, CANA President: Expressed strong appreciation for the BRN's 2026 sunset review and reiterated CANA's full support for the APRN to RN delegation language included in the report. She emphasized that the ability of APRNs to direct RNs is essential for operational efficiency, access to care, and team-based practice across hospitals, ambulatory surgery centers, rural facilities, and community settings. She noted that APRNs routinely coordinate care and direct nursing teams, and that clarifying this authority will strengthen regulatory consistency and continuity of care. Dr. Roman urged the BRN to maintain this provision when formal bill language is released and expressed eagerness to continue collaboration throughout the sunset process.

Dr. Mark Thoma, Chair of Legislative and Practice Affairs for the California Society of Anesthesiologists (CSA): Stated that CSA strongly supports the BRN sunset review process overall. He noted that CSA does have narrow but important concerns related specifically to Issue 13 regarding the proposed APRN delegation authority over RNs. He expressed interest in working collaboratively with the BRN as the process moves forward.

10:16 a.m. **10.0**

Discussion and possible action: Regarding the initial draft proposed text of regulatory language for CRNAs

Discussion:

Sandra Bordi explained that she and Karyn Karp had worked on multiple draft versions over time, particularly after the passage of AB 876, and thanked Loretta Melby and BRN staff for providing guidance to keep the draft aligned with statutory requirements. Sandra noted that all members received the draft as part of the meeting materials and highlighted that the work centered around regulations to accompany Article 7 relating to nurse anesthetists of the Business and Professions Code, with emphasis on section 2826.

Loretta Melby provided important background on the regulatory framework, clarifying that because no CRNA regulations currently exist, all proposed text appears without strikeouts or underlines, it is entirely new regulatory language that would be added to the California Code of Regulations (CCR). She explained that regulations must be authorized by existing statute, and that Article 7, updated recently through legislation, now contains provisions allowing the board to define processes and clarify statutory requirements. Loretta distinguished the Board's authority to clarify existing statutory language from its inability to create new law. She also noted examples where the Board must define processes, such as the "form prescribed by the board" referenced in BPC section 2831, which has never been codified before and is now included in the draft regulations.

Sandra Bordi stated that the draft formally incorporates the credential CRNA into regulation, reflecting the profession's nationally recognized certification. She explained that the new language streamlines the CRNA application process by allowing the national certifying body, the National Board of Certification and Recertification for Nurse Anesthetists, to serve as the primary source verifier of transcripts and proof of graduation, reducing redundant documentation for applicants. She also outlined updates to the definition of a trainee, clarifying that anesthesia services performed by trainees must be incidental to their program of study and supervised by a CRNA or physician anesthesiologist, in alignment with state and national expectations. Sandra reviewed added language concerning CRNA responsibility and liability, reiterating statutory provisions in BPC section 2826 that CRNAs should not be required to perform the duties of circulating nurses or scrub assistants under Title 22, and that physicians or other providers do not assume supervision of CRNAs when anesthesia services are being delivered, consistent with AB 876.

Karyn Karp agreed with the summary and asked the advisory committee for comments or questions to which there were none.

Loretta Melby reminded members that every word in regulatory language carries significance, and urged the committee to propose edits if anything appeared unclear, incorrect, or misaligned with statutory authority. She explained that if the committee approved the draft as written, BRN staff would move it forward to the Board for consideration.

Motion: **Karyn Karp** Motion to move the draft language to the Board

Second: **Sandra Bordi**

10:27 a.m. **Public Comment for
Agenda Item 10.0:**

Dr. Kristen Roman, CANA President: Provided public comment expressing full appreciation for the CRNAAC's work in developing the proposed CRNA regulatory language. She stated that CANA

found the draft regulations to be timely, thoughtfully developed, and aligned with both current CRNA practice and the intent of AB 876. She highlighted that the proposed language offers meaningful clarity for clinicians, employers, and the public, and avoids introducing unnecessary complexity. Dr. Roman affirmed CANA’s strong support for the regulations as written and conveyed hope that they will advance through the regulatory process without further revision, thanking the committee for its extensive work.

Dr. Mark Thoma, CSA: Commented that while CSA appreciates the subcommittee’s efforts, it has specific concerns regarding portions of the proposed regulations, particularly the section addressing CRNA responsibility, role, and liability. He stated that the BRN lacks statutory authority to adopt regulatory language affecting employers or physicians, as those entities fall outside the board’s jurisdiction, referencing earlier discussion related to Title 22 oversight. He also requested removal of the term “independent nurse anesthetist,” noting that “independent” does not appear in AB 876 and was removed during legislative negotiations. He emphasized that BPC section 2833.6 specifies that the law must not be construed to expand CRNA scope, and expressed concern that portions of the draft regulation might attempt to create a status the Legislature chose not to establish. Dr. Thoma noted that using the standalone title “anesthetist” without the nursing designation could confuse the public about whether the provider is an APRN or a physician, and stated that CSA will continue engaging to ensure any regulations remain strictly within statutory boundaries.

Lucas Evensen, California Medical Association (CMA): Provided public comment stating that CMA aligns its position with the CSA’s concerns regarding the proposed CRNA regulatory language. He noted specifically that CMA is concerned with the section addressing nurse anesthetist responsibility, role, and liability, asserting that the draft exceeds the BRN’s jurisdiction. He explained that the first sentence of the section appears to regulate employers, while the second appears to regulate physicians, podiatrists, dentists, and other healthcare providers, all of whom fall outside the BRN’s statutory authority. For these reasons, CMA recommended that this section be removed from the draft regulatory text.

10:32 a.m. **Vote:**

Vote	CG	KK	KT	SB	SP
	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion passes

10:33 a.m. **11.0**

Adjournment: Sandra Bordi adjourned the meeting at 10:33 a.m.

Submitted by:

Accepted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Sandra Bordi

Chair
Certified Registered Nurse Anesthetist Advisory Committee

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

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

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:

CRNAAC 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 CRNAAC 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



Agenda Item 6.0

Discussion and possible action: Regarding meeting dates for 2026

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

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 CRNAAC 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

Board, Committee, and Advisory Committee Meetings in 2027

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



Agenda Item 7.0

Discussion and possible action: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Certified Registered Nurse Anesthetists (CRNA), including updates to the Board's Sunset Bill (Senate Bill 1302)

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: October 6, 2026

ACTION REQUESTED: Discussion and possible action: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Certified Registered Nurse Anesthetists (CRNA), including updates to the Board's Sunset Bill (Senate Bill 1302)

REQUESTED BY: Sandra Bordi, CRNA
Chair

BACKGROUND:

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

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



Agenda Item 8.0

Discussion and possible action: Regarding creation and/or modification of subcommittees, and report from the three CRNAAC subcommittees

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: October 6, 2026

ACTION REQUESTED: Discussion and possible action: Regarding creation and/or modification of subcommittees, and report from the three CRNAAC subcommittees

REQUESTED BY: Sandra Bordi, CRNA
Chair

BACKGROUND:

The three CRNAAC subcommittees will provide updates on work conducted. Additionally, the committee may modify or create subcommittees. The subcommittees and members are as follows:

- Public Engagement and Website: Samantha Polikowski and Kathleen Theobald
- Regulations: Sandra Bordi and Karyn Karp
- Frequently Asked Questions (FAQ) Development: Charles Griffis

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



Agenda Item 9.0

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

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0
DATE: October 6, 2026

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

REQUESTED BY: Sandra Bordi, CRNA
Chair

BACKGROUND:

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

Certified Registered Nurse Anesthetist (CRNA) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 10/1/26)
Public Reproval	6	1	1	0	0	1	2	2	1
Probation	2	0	4	3	4	5	1	1	4
Surrender	4	7	2	4	2	3	0	1	0
Voluntary Surrender during Probation	1	0	1	0	0	0	1	0	0
Revocation	2	2	0	3	1	4	2	3	3
Reinstatement	0	0	0	0	0	0	0	0	0
Total	15	10	8	10	7	13	6	7	8
Active CRNA Licenses	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,465
Percentage of CRNAs Disciplined	0.60%	0.39%	0.30%	0.36%	0.25%	0.42%	0.19%	0.21%	0.23%

CRNA Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 10/1/26)
Practice	5	1	3	1	1	2	0	1	0
801 Practice	0	0	0	1	0	1	1	1	2
OSD	5	3	2	3	1	4	2	2	3
Conviction	1	2	0	1	0	3	2	1	0
SUD	2	3	1	2	5	2	0	1	2
Sexual Misconduct	0	0	0	0	0	0	0	0	0
Other	2	1	2	2	0	1	1	1	0
Total	15	10	8	10	7	13	6	7	8
Active CRNA Certifications	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,465
Percentage of CRNAs Disciplined	0.60%	0.39%	0.30%	0.36%	0.25%	0.42%	0.19%	0.21%	0.23%

Active Licenses/Certifications by Fiscal Year

Fiscal Year	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27 (1 Qtr)
Registered Nurse	451,934	458,165	466,704	480,568	524,129	534,035	549,040	568,132	573,152
Clinical Nurse Specialist	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,969	2,925
Certified Registered 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



Agenda Item 10.0

Discussion and possible action: Update of the CRNAAC Charter

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 10.0
DATE: October 6, 2026

ACTION REQUESTED: Discussion and possible action: Update of the CRNAAC Charter

REQUESTED BY: Sandra Bordi, CRNA
Chair

BACKGROUND:

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

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



The California Board of Registered Nursing's Certified Registered Nurse Anesthetist 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.

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Purpose/Charge

The CRNAAC provides a mechanism for nurses and other members of the public to advise and make recommendations to the Board on all matters relating to CRNA practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. This committee will concentrate on Article 7 Nurse Anesthetist in the Business and Professions Code (BPC) with a focus on BPC section [2826](#) and make recommendations to the Board.

Relationship to the Board

CRNAAC is an advisory committee of the Board. CRNAAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#).

CRNAAC 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 CRNAAC staff liaison will facilitate the referral of CRNAAC 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 CRNAAC shall be composed of the following:

- Four (4) qualified CRNAs, 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 CCRNAs shall serve a term of four years. One licensed CRNA shall serve a term of three years and the remaining CRNA shall serve a term of two years.
- The public member shall serve a term of four years.

CRNAAC members will identify and vote on a committee Chair and Vice-Chair to facilitate CRNAAC meetings in collaboration with the Board's EO or CRNAAC staff liaison. The CRNAAC Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed CRNAAC 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 CRNAAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact CRNAAC 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 CRNAAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the CRNAAC 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 CRNAAC 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 CRNAAC 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 CRNAAC 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 CRNAAC 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 CRNAAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

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

Quorum:

Three (3) CRNAAC members at any CRNAAC 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 CRNAAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of CRNAAC 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 CRNAAC 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 CRNAAC 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 CRNAAC 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: FAQ language for Assembly Bill 876 (Reg. Sess. 2025-2026) (Business and Professions Code, sections 2826, 2826.5, 2826.6, 2826.7 and 2833.6)

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | October 6, 2026

BOARD OF REGISTERED NURSING
Certified Registered Nurse Anesthetist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 11.0
DATE: October 6, 2026

ACTION REQUESTED: Discussion and possible action: FAQ language for Assembly Bill (AB) 876 (Reg. Sess. 2025-2026) (Business and Professions Code, sections 2826, 2826.5, 2826.6, 2826.7 and 2833.6)

REQUESTED BY: Sandra Bordi, CRNA
Chair

BACKGROUND:

The Committee will discuss drafting FAQ language intended to assist licensees and stakeholders in understanding the statutory provisions enacted by AB 876.

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

AB 876 FAQs – DRAFT

[Assembly Bill \(AB\) 876 \(Flora, Chapter 169, Statutes of 2025\)](#) was signed into law by Governor Newsom in 2025 and became effective on January 1, 2026. Below are frequently asked questions about how the law impacted the practice of certified registered nurse anesthetists (CRNA).

Did AB 876 expand CRNA scope of practice?

No. AB 876 did not expand or create a new scope of practice. Instead, it clarified and aligned statute with existing law, case law, and long-standing clinical practice regarding CRNA authority to provide anesthesia services.

How did passage of AB 876 clarify CRNA practice in California?

The bill established a definition for the term “anesthesia services” and made clear that an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient provides authorization for the CRNA to select and implement the modality of anesthesia for the patient as well as abort or modify the modality of anesthesia for the patient during the course of care.

How were anesthesia services defined by AB 876?

AB 876 defines anesthesia services as all the following:

1. Preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services.
2. Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist.
3. Providing emergency, critical care, and resuscitation services.

Did AB 876 change how anesthesia services are delivered in facilities?

No. AB 876 does not address staffing at healthcare facilities. Health care facilities may continue to choose their anesthesia delivery model and how CRNAs are utilized in accordance with facility bylaws.

Can CRNAs select and administer medications?

Yes. AB 876 clarified that CRNAs may select and administer medications pursuant to an order by a physician, dentist, or podiatrist for anesthesia services.

Selection and administration of medication by a CRNA, when providing authorized anesthesia services, does not constitute a prescription as defined by federal regulations.

Did AB 876 affect whether a physician, podiatrist or dentist is held liable for a CRNA’s clinical decisions when provide authorized anesthesia services?

No. CRNAs are authorized to provide anesthesia services without supervision, in alignment with facility bylaws, pursuant to the order of a physician, podiatrist, or dentist. Consequently, CRNAs are responsible for their own professional conduct and may be held liable for those professional acts.