

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
ENFORCEMENT, INTERVENTION, AND INVESTIGATIONS COMMITTEE
MEETING MINUTES**

Date: October 21, 2025

Start Time: 1:00 p.m.

Location: The Enforcement, Intervention, and Investigations Committee meeting was held via remote access in accordance with Government Code section 11123.5. All Committee members joined the meeting remotely.

1:00 p.m.

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

Chairperson Patricia Wynne, called the meeting to order at 1:00 p.m. A quorum was established at 1:01 p.m., with all members present.

Committee Patricia "Tricia" Wynne, Esq., Chair

Members: David Lollar
Alison Cormack

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

1:03 p.m.

2.0 Public comment for items not on the agenda

**Public Comment
for Agenda Item**

2.0: No public comments requested.

1:04 p.m.

3.0 Review and vote on whether to approve previous meeting minutes

3.1 April 17, 2025

Committee

Discussion: **Alison Cormack:** Apologized for technical difficulties she had to deal with during the last meeting.

Motion: **Alison Cormack** Motion to Accept EIIC Meeting Minutes from April 17, 2025, and allow BRN staff to make non-substantive

changes to correct name misspellings and/or typos that may be discovered in the document.

Second: David Lollar

**Public Comment
for Agenda Item**

3.1: No public comments requested.

Vote:

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

Motion Passed

1:06 p.m.

4.0

Information and Discussion Only: Enforcement Division updates

Committee

Discussion: Patricia Wynne: Asked staff how oral fluid testing is working.

Shannon Johnson: Stated oral fluid testing works well as a supplemental or emergency test, particularly in rural areas, but should not be used routinely. She noted discussions with Vault regarding whether to wait for the current contract expiration on June 30, 2026, to incorporate oral fluid testing, or to amend it sooner.

Alison Cormack: Asked about Table A for complaint intake, noting a substantial increase in public complaints that is not offset by a reduction in applicants. She emphasized this should be considered in preparation for sunset review.

Shannon Johnson: Explained that complaints increased due to specific issues, including FBI Operation Nightingale cases. Many complaints do not result in disciplinary action, as most are resolved during complaint intake and do not impact the enforcement unit. She will attempt to separate these numbers for clarity.

Alison Cormack: Appreciated the context and noted media-driven complaint spikes will likely continue in the digital era.

Loretta Melby: Agreed, noting social media can drive high complaint volumes. She asked Shannon Johnson to clarify what constitutes applicant complaints.

Shannon Johnson: Explained applicant complaints arise when background history issues require enforcement review. Some applicants are reviewed under AB 2138 guidelines and returned to licensing if appropriate. The numbers on the chart reflect applicants pending enforcement review for more than one year, some connected to the FBI Operation Nightingale cases.

Loretta Melby: Clarified that increases in RN licenses are separate from applicant complaints and are not comparable. Public complaints, convictions, and arrest applications reflect total numbers, not a comparison.

Shannon Johnson: Clarified that the number of pending applicants has decreased substantially, from 3,086 to 1,627, reflecting more efficient handling under AB 2138.

Alison Cormack: Requested a reminder of exclusions under AB 2138 and how the law changed board review processes.

Shannon Johnson: Explained criminal history older than seven years is excluded unless cases are egregious. All applicants with criminal cases are reviewed by enforcement, though many do not remain in enforcement.

Loretta Melby: Added that AB 2138 removed questions about criminal history from applications; applicants may voluntarily submit information. Background checks now rely on fingerprinting through DOJ and FBI. Enforcement review occurs after applicants take the NCLEX, so licensing may be delayed even if the exam is passed.

Patricia Wynne: Suggested some data be flagged or footnoted, with dropdowns showing drivers behind increases, to help the committee and public understand the numbers.

Shannon Johnson: Agreed this could be added if time allows before the next board meeting.

Patricia Wynne: Clarified this is not a directive for the next board meeting but noted it would provide useful context.

**1:21 p.m. Public Comment
for Agenda Item**

4.0: No public comments requested.

1:22 p.m.

5.0

Information and Discussion Only: Investigations Division updates

Committee

Discussion: **Patricia Wynne:** Noted that this was the fourth consecutive meeting reflecting high caseloads with supervisors actively working cases. She asked whether there was any indication the situation would improve.

Nichole Bowles: Explained that supervisors balance managerial responsibilities with limited casework and do not carry full caseloads. Supervisors typically handle cases without direct patient harm and refer cases requiring expedited investigation to special investigators. They also assist investigators by completing preliminary tasks, including file setup and background research.

Patricia Wynne: Requested an update on the pilot triage process.

Nichole Bowles: Stated she did not yet have data on the pilot but believed it was beneficial. She described enhanced complaint analysis performed by AGPA staff, including development of case chronologies, identification of RNs, obtaining medical releases, and contacting complainants. Feedback from FBI-related cases has been incorporated into the enhanced triage process.

Alison Cormack: Asked about the 37% increase in cases referred to investigation and whether this workload level is expected to continue.

Nichole Bowles: Clarified that social media–driven cases are handled at intake and do not impact investigation workload statistics.

Alison Cormack: Asked whether investigation trends are changing, including cases involving medical spas or improper compounding.

Nichole Bowles: Reported an increase in IV hydration therapy cases, noting the industry’s rapid growth. She explained that the BRN participates in a multi-board IV hydration therapy task force due to concerns about mobile and non-traditional settings administering IV therapies. These cases also arise in medical spa settings involving injections and IV wellness treatments.

Alison Cormack: Expressed concern that the public may not understand IV hydration as a medical procedure requiring appropriate training and supervision.

Loretta Melby: Provided additional clarification regarding compounding medications used in IV therapies.

Alison Cormack: Asked whether a continuing education course could be highlighted to address best practices.

Loretta Melby: Responded that the BRN cannot recommend specific CE courses due to conflict-of-interest concerns and does not hold a CEP license. She stated the BRN works proactively with nursing programs and updates its website to clarify distinctions between compounding and administration. She noted that case volumes are expected to continue rising due to licensee growth and audit findings, and she does not foresee a near-term resolution.

David Lollar: Asked whether staffing could be increased to address the higher case volume.

Loretta Melby: Explained that hiring additional staff is complex and requires legislative action.

Patricia Wynne: Thanked David Lollar for continuing to raise the staffing concern.

David Lollar: Asked about public risk associated with pending investigations.

Loretta Melby: Explained that complaints vary in public risk and all must be investigated under due process principles. Complaints are triaged and appropriately assigned to DOI or BRN investigators.

Nichole Bowles: Emphasized investigators' dedication to consumer protection, noting low turnover despite high caseloads. She acknowledged staff burnout and expressed a desire for additional resources, voicing support for her team.

Patricia Wynne: Expressed appreciation for highlighting the need for investigation staffing.

David Lollar: Commended investigation staff for their efforts despite being significantly outnumbered and stressed the need for additional support to prevent burnout.

**Public Comment
for Agenda Item**

5.0: No public comments requested.

1:49 p.m.

6.0

Information and Discussion Only: Intervention Program updates

**Committee
Discussion:**

Patricia Wynne: Asked about intake numbers shown in Table A (page 41), questioning whether fewer individuals are participating due to reluctance or fear of entering the program.

Shannon Johnson: Responded that multiple factors affect participation, including lack of awareness of the program, cost considerations, and the program's rigor.

Patricia Wynne: Noted a significant increase in the number of RNs referred.

Shannon Johnson: Explained that, historically, only alcohol- and mental health-related complaints received referral letters. Currently, referral letters are sent for all complaints. She stated that additional outreach is still needed.

Alison Cormack: Requested a high-level assessment of what is working well with Premier and what still needs improvement after more than nine months of implementation.

Shannon Johnson: Reported that Premier's clinical case managers and compliance monitors have been highly effective and responsive. She stated she and the Deputy Chief meet multiple times weekly with Premier to provide feedback. She noted the absence of a participant and IEC portal and explained that packets are currently prepared and distributed manually. Testing is underway to determine readiness for IEC member access.

Alison Cormack: Thanked staff for the update.

Loretta Melby: Noted that public comment is one avenue for feedback, but staff also receive comments through other channels. She stated that participants and probationers continue to provide feedback and that staff, particularly Shannon Johnson and her team, are actively addressing concerns. She emphasized the Board's interest in program success.

Alison Cormack: Commented that it is a positive sign that participants and probationers feel comfortable contacting staff with questions.

Loretta Melby: Emphasized transparency, noting that even when public comment is limited, staff continue to address concerns. She stated that enforcement and investigations management remain diligent and responsive.

**Public Comment
for Agenda Item**

6.0: Public Comment (K): Requested clarification regarding an email sent to Intervention Program participants requesting sensitive personal health information, including health insurance

type and member ID. She stated the email, sent by Premier, appeared to require mandatory disclosure and indicated the information was also needed by the BRN. Upon follow-up, she learned the request was optional but expressed concern that new participants might feel compelled to provide the information. She asked whether any follow-up had occurred.

Loretta Melby and Shannon Johnson: Stated they were not aware of the email. Dale Osborn (Premier Health) was invited to address the concern.

Dale Osborn (Premier): Stated the request for health insurance information is not mandatory. She committed to reviewing the email template to ensure the optional nature of the request is clearly stated. She explained the request serves two purposes:

1. To assist in situations where participants may require imminent or urgent treatment and are unable to communicate effectively, allowing staff to facilitate timely referrals; and
2. To understand the percentage of participants with health insurance, which informs program planning and efforts to reduce financial barriers to participation.

She stated this information helps identify areas for improvement and better support participant treatment and rehabilitation needs.

Loretta Melby: Thanked Dale Osborn for the clarification and response.

Chris Else (Nursing Support Group Facilitator): Acknowledged having previously raised concerns about the Board and program but stated there have been fewer complaints regarding Premier. He noted Premier's contracts are shorter, clearer, and the process more streamlined. He reported receiving fewer referrals, reiterated the importance of developing a portal, and commended staff and Premier for their efforts.

2:12 p.m.

7.0

Information and Discussion Only: Presentation by the Executive Officer regarding cases affected by the motion during the August 2024 Board meeting in which the Board directed:

1. Suspend the imposition of the requirement that work in direct patient care, unless there is additional evidence of patient safety issues.
2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is additional evidence of patient safety issues.

3. If an IEC recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence

Committee

Discussion: **Patricia Wynne:** Thanked Loretta Melby and expressed appreciation that she will be stepping away from this process soon.

Alison Cormack: Stated she had hoped to hear that this response was coming to an end and appreciated the update. She indicated she had no issue with February as an endpoint and would not oppose November.

Loretta Melby: Noted that the upcoming holidays should be taken into consideration.

Alison Cormack: Responded that Loretta Melby, as staff, should also be able to observe the holidays.

Loretta Melby: Expressed appreciation and noted November would mark one year.

Alison Cormack: Recommended that the transition to step away be added as an agenda item for the November meeting.

David Lollar: Agreed that the item should be added to the November meeting agenda.

Public Comment for Agenda Item

7.0: **Chris Else (Nursing Support Group Facilitator):** Thanked Loretta Melby for her work and stated that, following his request a year ago for the Board to take a lighter approach with nurses on this issue, it appears the process is working effectively.

Public Comment (Written – N): Respectfully requested that the Board reevaluate the protocol for publicly posting the names of nurses under investigation on the monthly list of pleadings, citing persistent and disruptive solicitation from legal representatives.

Loretta Melby: Requested that the commenter submit the question directly to her so staff could review the process.

Reza Pejuhesh: Explained that the list includes individuals against whom an accusation has been filed, which is public information. He noted that even if the Board did not publish the list, the information would still be subject to public records requests. He acknowledged that attorney solicitation can be overwhelming and frustrating, and stated the process could be reviewed, though options are limited. He advised that complaints

regarding inappropriate or misleading attorney advertisements should be directed to the State Bar.

Break at 2:29 – 2:45 p.m.

Quorum reestablished at 2:45 p.m.

2:45 p.m.

8.0

Discussion and Possible Action: Presentation by Birchwood Solutions on services available in connection with Nursing Support Group Management; presented by Elizabeth Temple, M.Ed., Chief Executive Officer, Birchwood Solutions

Committee

Discussion:

Patricia Wynne: Stated that the BRN system is inconsistent regarding fees and structure and expressed a need for change. She questioned whether a regulatory change or use of a vendor might be necessary and asked whether other vendors exist.

Loretta Melby: Responded that it is unclear how many vendors are available and noted Premier had no prior experience offering an intervention program before bidding through DCA. She explained that regulations are statute-based and that Premier contracts out for drug screening. She stated oversight of Nurse Support Group Facilitators (NSGFs) could potentially be addressed through contract rather than regulation, though the BRN may want regulatory authority. She emphasized the model is evidence-based per NCSBN. She noted there is no clear path forward and that BRN could not assume this role internally under the current structure.

Alison Cormack: Appreciated additional time to review the issue and slides before a presentation. She noted inconsistencies she observed in NSGF termination letters and questioned training standards for facilitators, particularly given the significantly larger probation population compared to intervention participants. She asked about facilitator training and whether there is an annual conference.

Elizabeth Temple (Birchwood): Described Birchwood's facilitator training model, including monthly meetings for the first two years, facilitator evaluations, peer review, policy review, and eventual transition to annual meetings. She emphasized consistency, engagement, and respect while acknowledging group dynamics.

Alison Cormack: Asked whether facilitator evaluations affect compensation.

Elizabeth Temple: Explained compensation is based on years of service and education, with step increases. Compensation also considers number of groups facilitated, participants, and preparation work.

Alison Cormack: Asked about overall costs and referenced BRN budget reserves. She questioned whether a consistent, low- or no-cost model could be created for probationers and intervention participants and viewed this as a potential opportunity for the Board.

Loretta Melby: Explained that probation and intervention are governed by separate contracts and would remain separate even if Premier expanded services. She cautioned that cost figures are not fully accurate and discussed broader budget constraints, including prior sweeps of salary savings and vacant positions. She stated BRN would need allocated funds to take this on.

Elizabeth Temple: Suggested the Board might partially subsidize costs rather than fully fund the program.

David Lollar: Thanked Alison Cormack for raising the issue and encouraged exploring creative funding options. He emphasized the importance of designing any new program with flexibility and lessons learned from prior vendors.

Patricia Wynne: Expressed appreciation for the discussion and questions raised.

Loretta Melby: Noted that Nursing Support Groups' costs vary widely, including zero-cost groups, and that some facilitators refuse to disclose fees.

Motion: **Patricia Wynne** to Recommend the Board explore contracting the oversight of the Nurse Support Group Facilitators to a company with the expectation that the Board will cover the administrative costs and 50% of the costs for the participants/probationers to participate in the group meetings.

Second: **David Lollar**

**Public Comment
for Agenda Item**

8.0: **Chris Else (Nursing Support Group Facilitator):** Stated he was unaware the Committee was discussing costs, noting this was not addressed in the presentation. He expressed concern

about potential costs to individual nurses, particularly given that facilitator fees vary. He noted he does not charge fees and was concerned that nurses currently in no-cost groups could be required to pay under a new model. He supported exploring options for the Board to cover costs or ensure minimal fees for participants.

He emphasized the importance of maintaining locally based nurse support groups, noting that facilitators and participants often share knowledge of local recovery communities, employment opportunities, and resources. He expressed concern about losing this local connection under a centralized model and encouraged retaining geographically based groups.

He stated facilitator training is currently insufficient, noting he has received only one training in three years. He described modeling his facilitation approach after a prior facilitator who also charged no fees. He cited evidence that nurse support groups improve outcomes but noted some nurses are dissatisfied with certain facilitators and are unaware they have a choice. He expressed concern that high fees (e.g., \$80 per session) could be possible.

He suggested exploring enhanced facilitator training requirements through an accredited vendor and certification process. While acknowledging both advantages and drawbacks of a vendor-based model, including increased availability of support, he emphasized cost as the primary concern. He suggested the Board consider whether available funds could instead support in-state training and oversight of facilitators rather than contracting with out-of-state entities.

Loretta Melby: Requested that discussion of specific monetary figures be deferred, noting that cost considerations would be addressed through the formal contract process.

**Additional
Committee**

Discussion: **Patricia Wynne:** Requested staff explore vendor options to improve Nursing Support Group consistency, fairness, and cost transparency.

David Lollar: Agreed and stated this would be a reasonable recommendation to the Board.

Alison Cormack: Supported exploration but urged caution. She recommended surveying NSGFs, current participants, and other boards using similar services to gather data before proceeding.

Patricia Wynne: Asked whether this should return to committee before going to the Board and stated she prefers a single, consistent model for both probation and intervention.

Loretta Melby: Clarified that direction could be given directly to staff without repeated committee review. She explained existing contracts for investigations, probation, and intervention do not preclude additional contracting. She reiterated staffing and resource constraints and noted a budget change proposal would take at least a year.

David Lollar: Supported giving staff direction to proceed.

Alison Cormack: Asked for clarification on what recommendation was being requested.

Loretta Melby: Clarified she was seeking a committee recommendation to the Board.

Alison Cormack: Asked whether the recommendation would include partial or full Board payment.

Loretta Melby: Stated costs cannot yet be defined, and multiple contract variations are possible.

Alison Cormack: Suggested the Board cover administrative costs and 50% of participant meeting costs.

Patricia Wynne: Supported this approach and requested staff develop an RFP proposal to bring back to committee.

Loretta Melby: Restated the proposed recommendation: that the Board explore contracting oversight of NSGFs to a vendor, with the expectation that the Board would cover administrative costs and 50% of participant meeting costs.

Vote:

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

Motion Passed

3:58 p.m.

9.0

Adjournment

- Patricia Wynne, Chairperson, adjourned the meeting at 3:58 p.m.

Submitted by:



Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Accepted by:



Patricia Wynne
Chairperson, EIC
California Board of Registered Nursing