



Nursing Practice Committee

MEETING MATERIALS

May 13, 2026

Nursing Practice Committee
May 13, 2026

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Agenda Item 4.0

REVIEW AND VOTE ON WHETHER TO APPROVE PREVIOUS MEETING'S MINUTES

BRN Nursing Practice Committee | May 13, 2026

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

DRAFT

Date: Wednesday, February 11, 2026

Start Time: 9:00 a.m.

Location: The Nursing Practice Committee meeting was held via remote access in accordance with Government Code section 11123.5. All Committee members joined the meeting remotely.

9:01 a.m. 1.0 Call to Order / Roll Call / Establishment of a Quorum
Chairperson Nilu Patel called the meeting to order at 9:00 a.m. A quorum was established at 9:01 a.m. All Committee members were present.

Committee Nilu Patel, Chair
Members: Jovita Dominguez, BSN, RN
Vicki Granowitz

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

9:02 a.m. 2.0 General instructions for the format of a teleconference meeting

The BRN Moderator provided instructions regarding the use of WebEx/Slido for public comments, muting protocols, and meeting procedures.

9:04 a.m. 3.0 Public comment for items not on the agenda; items for future agendas

Public Comment for Agenda Item 3.0: None

9:05 a.m.

4.0

Review and vote on whether to approve previous meeting minutes

4.1 October 30, 2025

Committee Discussion: None

Motion: **Vicki Granowitz** moved to approve the Nursing Practice Committee meeting minutes from October 30, 2025, and to allow BRN staff to make non-substantive changes to correct name misspellings and/or typographical errors.

Second: **Jovita Dominguez**

Public Comment for Agenda Item 4.1: None

Vote:

	NP	JD	VP
Vote:	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB			

Motion Passed

9:07 a.m.

5.0

Information only: Advisory committee updates

Executive Officer Lori Melby reported that no advisory committees had met since the November Board meeting, except for the Nursing Education and Workforce Advisory Committee (NEWAC), which met on January 21, 2026.

Updates from the NEWAC Meeting included:

Development of standardized crosswalks for CCNE, NLN CNEA, and ACEN accreditation reports to align with BRN continuing approval requirements.

Progress on implementation planning for Senate Bill 1015, requiring NEWAC to study and recommend standards for coordinating clinical placements.

Discussion of workload challenges for NEWAC members and strategies to support project progress.

Committee Discussion: None

Public Comment for Agenda Item 5.0: None

9:14 a.m.

6.0

Discussion and possible action: Nomination of the Nursing Education and Workforce Advisory Committee (NEWAC) public member

Committee Discussion: None

Motion: **Vicki Granowitz** moved to approve the nomination of Matthew Hubbs to fill the NEWAC public member vacancy.

Second: **Nilu Patel**

Public Comment for Agenda Item 6.0: One member of the public asked whether the employer representative position was a union role.

Executive Officer Melby clarified that union-designated seats are separate, and the employer representative category only requires that the applicant employ RNs.

Vote:

	NP	JD	VP
Vote:	Y	Y	Y

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

Motion Passed

9:23 a.m.

7.0

Information and discussion only: Overview of nurse practitioner practice under Business and Professions Code section 2837.104

Executive Officer Melby provided an overview of the implementation of AB 890, the creation of the 103 and 104 Nurse Practitioner categories, and the impact of SB 1451 on eligibility for legacy national certifications.

Key points included:

California has 45,540 licensed NPs, but only around 2,700 have applied for and obtained 103 NP status.

The 103 NP designation is required before applying for 104 independent practice status.

Some employers are not allowing certified 103 NPs to practice in the 103 role, limiting their ability to accrue required hours.

SB 1451 reopened eligibility for legacy national certifications and removed specialty-specific restrictions for 103 practice settings.

The 104 application is available but undergoing updates to align with SB 1451.

Committee Discussion: Committee members expressed appreciation for the clarity provided, noting that many NPs had longstanding questions about the transition from standardized procedures to 103/104 practice.

Public Comment for Agenda Item 7.0: **None**

9:38 a.m.

8.0

Discussion and possible action: Future roles and responsibilities of the Nursing Practice Committee

Committee Discussion: **Chair Patel** opened the item for discussion. Committee members discussed the evolving scope of the Nursing Practice Committee and the potential need to refine or expand its responsibilities to better support the Board's regulatory and advisory functions. No specific direction was finalized during the discussion.

Motion: **Nilu Patel** moved to continue the discussion of the future roles and responsibilities of the Nursing Practice Committee at a subsequent meeting.

Second: **Jovita Dominguez**

Public Comment for Agenda Item **None**

8.0:

Vote:

	NP	JD	VP
Vote:	Y	Y	Y
Key: Yes: Y No: N Abstain: A Absent for Vote: AB			

Motion Passed

9:46 a.m.

9.0

Information and discussion only: Overview of the National Council of State Boards of Nursing’s (NCSBN) National Nursing Education Database

A presentation was provided on the National Nursing Education Database, including its purpose, participating states, and the value of national-level nursing education data.

Committee Discussion: **Vicki Granowitz** asked why some states do not participate in the database.

Nancy Spector (NCSBN) responded that turnover among state boards has contributed to delays in participation and that some boards have not yet prioritized the review due to workload. She noted that participation is increasing.

Granowitz observed that many northeastern states appear not to participate.

Spector reiterated that participation is growing.

Executive Officer Melby added that California’s delayed participation was due in part to lack of awareness about the program.

Granowitz suggested that testimony from participating states could be a useful tool to encourage broader adoption.

Public Comment for Agenda Item 9.0: **None**

10:11 a.m. **10.0 Adjournment**

Nilu Patel, Chairperson, adjourned the meeting.

Submitted by:

Accepted by:

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

Nilu Patel
Chair, Nursing Practice Committee
California Board of Registered Nursing



Agenda Item 5.0

INFORMATION AND DISCUSSION ONLY: ADVISORY COMMITTEE UPDATES

BRN Nursing Practice Committee | May 13, 2026

BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: May 13, 2026

ACTION REQUESTED: **Information and discussion only:** Advisory committee updates

- Nurse Practitioner Advisory Committee (NPAC)
- Nurse-Midwifery Advisory Committee (NMAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)

REQUESTED BY: Nilu Patel, DNAP, CRNA, APRN, FAANA
Chair

BACKGROUND:

Loretta Melby, Executive Officer, will provide updates on the activities of the advisory committees.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
McCaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

**DISCUSSION AND POSSIBLE ACTION:
TO APPROVE INITIAL DRAFT OF REGULATORY TEXT
TO AMEND CALIFORNIA CODE OF REGULATIONS
(CCR), TITLE 16, SECTION 1425 TO IMPLEMENT
ASSEMBLY BILL 2015 AND CHANGES TO THE
NURSING PROGRAM FACULTY QUALIFICATIONS**

BRN Nursing Practice Committee | May 13, 2026

**BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary**

**AGENDA ITEM: 6.0
DATE: May 13, 2026**

ACTION REQUESTED: Discussion and Possible Action: Approve initial draft of regulatory text to amend Title 16, California Code of Regulations (CCR), section 1425 to implement Assembly Bill 2015 (Schiavo, Chapter 370, Statutes of 2024)

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Assembly Bill 2015 (Schiavo, Chapter 370, Statutes of 2024) was signed into law by Governor Newsom in 2024. The bill established a process for individuals to apply to the Board of Registered Nursing (Board) for approval to serve as a member of the faculty, director, or assistant director of an approved school of nursing or nursing program.

The following proposed text would make conforming updates to 16 CCR 1425. Specifically, it would remove reference to outdated forms and reporting requirements, specify the type of information an applicant must submit to the Board to receive approval, and clarify how nursing programs must report changes in their director or assistant director positions to the Board.

NEXT STEP: Place on Board Agenda

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Marissa Clark
Chief of Legislative Affairs
Board of Registered Nursing
Email: Marissa.Clark@dca.ca.gov

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF REGISTERED NURSING

PROPOSED REGULATORY LANGUAGE

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Amend Sections 1425 of Division 14 of Title 16 of the California Code of Regulations as follows:

§ 1425. Faculty Qualifications and Changes.

Notwithstanding Business and Professions Code Section 2786.2, all faculty, the director, and the assistant director shall be approved by the board. To receive approval applicants shall submit information showing they meet the minimum qualifications outlined below. Information may include attestations, academic transcripts, and documentation of professional experience that is submitted through the Board's online portal accessible through the Board's website. ~~pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 09/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012) and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference.~~ An approved school of nursing or nursing program must report to the board changes in the nursing program's director and assistant director of nursing positions by emailing the assigned Nursing Education Consultant prior to them assuming the role. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

- (a) The director of the program shall meet the following minimum qualifications:
 - (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
 - (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
 - (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
 - (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or
 - (5) Equivalent experience and/or education, as determined by the board.

- (b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.

- (c) An instructor shall meet the following minimum qualifications:
- (1) The education requirements set forth in subsection (a)(1); and
 - (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
 - (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
 - (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and
 - (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.
- (d) An assistant instructor shall meet the following minimum qualifications:
- (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;
 - (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:
 - (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
 - (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.
- (e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.
- (f) A content expert shall be an instructor and shall possess the following minimum qualifications:
- (1) A master's degree in the designated nursing area; or
 - (2) A master's degree that is not in the designated nursing area and shall:
 - (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
 - (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

Credits

Note: Authority cited: Sections 2715, ~~and~~ 2786, and 2787 Business and Professions Code. Reference: Sections 2786-2788, Business and Professions Code.



Agenda Item 7.0

**DISCUSSION AND POSSIBLE ACTION:
TO APPROVE INITIAL DRAFT OF REGULATORY TEXT
TO AMEND CCR, TITLE 16, DIVISION 14 TO ADD
REQUIREMENTS FOR CERTIFIED REGISTERED
NURSE ANESTHETISTS**

BRN Nursing Practice Committee | May 13, 2026

**BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary**

**AGENDA ITEM: 7.0
DATE: May 13, 2026**

ACTION REQUESTED: Discussion and Possible Action: Approve initial draft of regulatory text for Certified Registered Nurse Anesthetists (CRNAs) and implementation of AB 876 (Flora, Chapter 169, Statutes of 2025)

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

AB 876 (Flora, Chapter 169, Statutes of 2025) was signed into law by Governor Newsom in 2025. Among other changes, the bill established a definition for the term “anesthesia services” and clarified that an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient provides authorization for 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.

The Board does not currently have regulatory guidance for CRNAs. Consequently, the proposed text below contains both policy guidance related to implementation of AB 876 as well as operational guidance related to education and application requirements FOR CRNAs.

At their April 7th meeting, the Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) voted to recommend that the Board approve the proposed text. However, after listening to public comment and consulting with legal counsel, a couple changes were made to the version that was discussed and voted on by the CRNAAC. Those changes are indicated below with new language in blue italics and deleted language in red strike through.

NEXT STEP: Place on Board Agenda

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Marissa Clark
Chief of Legislative Affairs
Board of Registered Nursing
Email: Marissa.Clark@dca.ca.gov

**DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF REGISTERED NURSING**

DRAFT

**16 C.C.R. § 14xx.
§ Definitions.**

“Nurse Anesthetist” shall mean a “Certified Registered Nurse Anesthetist,” *or* “CRNA,” ~~or “anesthetist”~~ licensed by the board as a Registered Nurse who has met the standard for certification from the board and is certified by The National Board of Certification and Recertification for Nurse Anesthetists or a successor or national professional organization.

“Certification” shall mean a certificate to practice as a nurse anesthetist issued by the Board as set forth in Business & Professions Code, section 2826(a).

“National board certification” shall mean that a licensed Registered Nurse has achieved a passing score on the exam administered by The National Board of Certification and Recertification for Nurse Anesthetists or a successor or national professional organization.

**16 C.C.R. § 14xx.
§ Requirements for Certification as a Nurse Anesthetist**

- (a) Initial Certification.
- (1) To obtain a certification as a nurse anesthetist, 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 nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs; and
 - (C) Has passed the national board certification examination for nurse anesthetists issued by the National Board of Certification and Recertification for Nurse Anesthetists.
- (2) Verification of passing the national board certification examination for nurse anesthetists shall be provided directly to the Board by the National Board of Certification and Recertification of Nurse Anesthetists or through Nursys®, a national database for verification of licensure.
- (A) The National Board of Certification and Recertification of Nurse Anesthetists 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 nurse anesthetist 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 issued 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.

**16 C.C.R. § 14xx.
§ Anesthesia Services Rendered by a Trainee**

In order for a trainee to render anesthesia services, they shall be required to:

- (1) Be a student enrolled in an accredited doctoral anesthesia education program of nurse anesthesia; and
- (2) Those anesthesia services shall be incidental to the course of study; and
- (3) Anesthesia services provided by the trainee shall be under the supervision of a nurse anesthetist or physician anesthesiologist.

**16 C.C.R. § 14xx.
§ Nurse Anesthetist Responsibility, Role and Liability**

~~(1) The nurse anesthetist, when providing anesthesia services, shall not be required to perform the duties of the circulating nurse or scrub assistant as referenced in CCR Title 22, Division 5, Chapter 1, Article 3, section 70217(a)(2).~~

- (1) *A nurse anesthetist shall not be required to perform the duties of a perioperative registered nurse or nurse circulator while engaged in the role of anesthesia provider in the perioperative setting.*
- (2) ~~By virtue of being in the same location as a nurse anesthetist performing anesthesia services,~~ *A* physician, podiatrist, dentist, or other healthcare provider, *by virtue of merely being in the same location as a nurse anesthetist performing anesthesia services,* shall not *be presumed to have necessarily assumed* supervision of the ~~independent~~ nurse anesthetist.