



# Nurse Practitioner Advisory Committee Meeting

## MEETING MATERIALS

September 23, 2025

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## Agenda Item 2.0

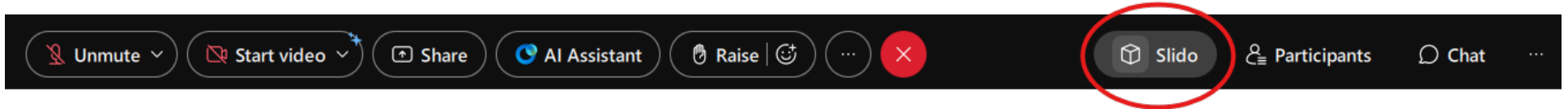
### **General instructions for the format of a teleconference meeting**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

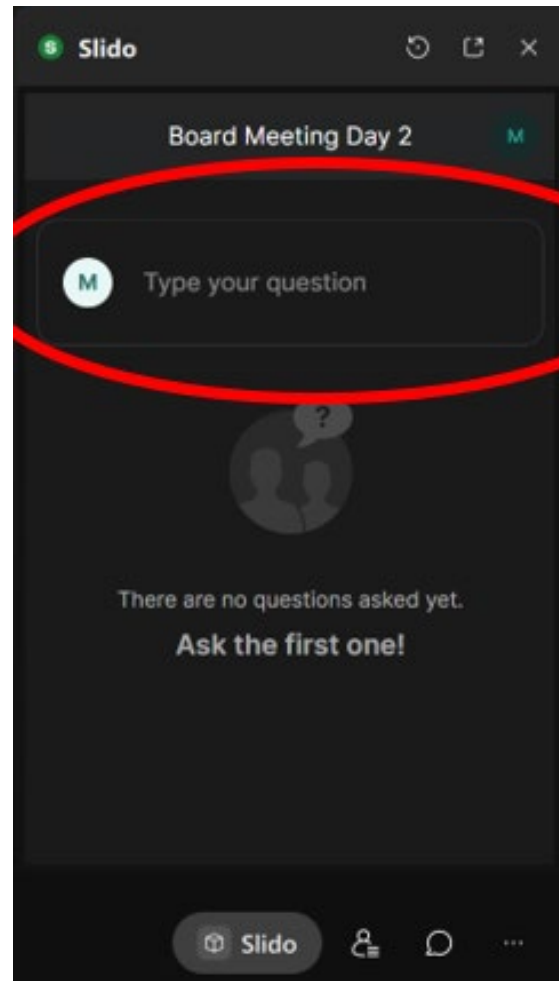
## Participating During a Public Comment Period *(if joining the meeting remotely via WebEx)*

If you would like to make a public comment:

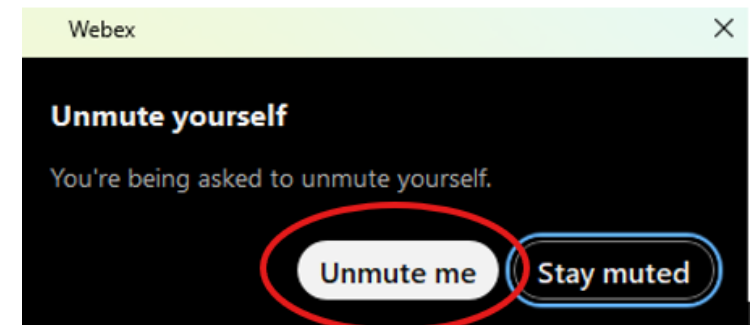
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



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), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.





## Agenda Item 4.1

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

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

**CALIFORNIA BOARD OF REGISTERED NURSING  
NURSE PRACTITIONER ADVISORY COMMITTEE  
MEETING MINUTES**

**DRAFT**

**DATE:** March 18, 2025

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

**LOCATION:** The meeting was accessible to the public both in-person at the primary physical meeting location below, and remotely via a teleconference platform, in accordance with Government Code section 11123.5:

1747 North Market Blvd.  
Hearing Room, 186  
Sacramento, CA 95834

All members of the Committee that attended the meeting, as indicated below, participated from remote locations.

1:00 p.m.	<b>1.0</b>	<b>Call to Order/Roll Call/Establishment of a Quorum</b> Samantha Gambles Farr – Chair, called the meeting to order at 1:00 p.m. Quorum established at 1:02 p.m.
	<b>Nurse Practitioner Advisory Committee Members:</b>	Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA – Chair Edward Ray, MD, FACS - Vice Chair Andrea Espinosa, MD Jan Johnson Griffin - MSN, APRN Kevin Maxwell, PhD, DNP, FNP-BC, RN (joined meeting during discussion of agenda item 5.0) Sally Pham, MSN, RN, FNP-BC Betha Schnelle, MBA, MPH
	<b>BRN Staff Representatives:</b>	Loretta Melby, RN, MSN, Executive Officer Reza Pejushesh, DCA Legal Affairs Division, Attorney
1:04 p.m.	<b>3.0</b>	<b>Public comment for items not on the agenda; items for future agendas.</b>
	<b>Public Comment for Agenda Item 3.0:</b>	No public comments in any location.
1:06 p.m.	<b>4.0</b>	<b>Review and vote on whether to approve previous meetings' minutes</b>
		<b>4.1</b> September 24, 2024
	<b>Discussion:</b>	Samantha Gambles Farr opened the agenda item and requested any corrections or comments.

No comments or questions.

**Motion:** **Edward Ray** Motion to approve September 24, 2024, meeting minutes.

**Second:** **Jan Johnson Griffin**

**Public Comment for**

**Agenda Item 4.0:** No public comments in any location.

**Vote:**

	SGF	ER	AE	JJG	KM	SP	BS
Vote	Y	Y	Y	Y	AB	Y	Y
Key: Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

1:09 p.m.

**5.0**

**Information only:** Report from the Board of Registered Nursing's (BRN) Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020) and Senate Bill (SB) 1451 (Reg. Sess. 2023-2024)

**Discussion:**

Andrea Espinosa asked about the 103 NP and whether the transition to practice hours must be in the area of practice, national certification, etc.

Loretta Melby said that requirement was removed as to 103 NPs and changed in the law by SB 1451.

Andrea Espinosa asked if a 103 NP could practice just in orthopedics.

Loretta Melby said yes with the caveat that it has to be in a group setting if done without standardized procedures with at least one physician and surgeon or more.

Andrea Espinosa asked if the orthopedic NP could practice as a 104 NP.

Loretta Melby said that for the 104 NP the area of practice has to be in alignment with the education and national certification of the practitioner. She read language from Business and Professions Code section 2837.104, subdivision (c)(1) in support of this, and stated that the areas must be in the population focused national certifications that the Board recognizes (and not specialty certifications).

Andrea Espinosa said the language seems to be watered down. She said orthopedics falls under family medicine.

Loretta Melby agreed and said there is a possibility to work independently under family medicine if everything in Business and Professions Code section 2837.104(c)(1) aligns.

Andrea Espinosa said the major concerns people had with specialty NPs working independently were that they have no control of any of the competencies other than the board certification. She said the intent of the law was to increase service for primary care providers in underserved areas. This will make it easier to go into a specialty for independent NPs, but that was not the intention.

Loretta Melby said the comments about this should have been directed during the public comment process in the legislature. The BRN's role is to implement statutory language as written. She clarified that Andrea Espinosa is speaking from her personal thought process and not as the BRN which Andrea Espinosa agreed. She spoke about practice based on competence which is established by the employer. There is not a defined area in which the 103 NP is limited to practice; they are limited to the type of facility in which they practice, which must have a physician and surgeon practicing with them. The risk to the public is addressed by the fact that it is still competency based at the healthcare facility level, and they are still required to practice with at least one physician and surgeon.

Andrea Espinosa asked about an example where a 103 NP wants to practice rheumatology independently and said that the competency gained while working as a 103 is enough. How do we protect the public?

Loretta Melby said she thinks it is addressed in the current law because nothing within section 2837.104 changed and because of the statement in that section that they cannot practice beyond their scope of clinical professional education and training, including the specific areas of concentration, and they can only practice within the limits of their knowledge, experience, and national certification. She read the language in section 2837.104 requiring the NP to consult and collaborate with other healing arts providers based on the clinical condition of the patient. As to anything that falls outside of their competency, scope of practice, experience, there are guidelines, and it is clear under subdivision (c)(3) that a NP shall establish a plan for referring complex cases and emergencies to a physician and surgeon or other healing art provider with specific referral criteria and plan.

Andrea Espinosa is concerned with the misunderstanding – when they talked about referrals in the past, it was related to referrals for something beyond the scope or something such as the patient having appendicitis. She doesn't think there is enough accountability because the board does not do competencies.



Loretta Melby said then it would be outside of their competency, and if they work outside of their competency, then complaints are filed when errors occur, and they would be investigated by the board's Enforcement Division. The board has always maintained that any nurse including regular bedside nurses and advanced practice nurses must work within their area of competency, which must continue to occur even if they work as a 104 NP.

Andrea Espinosa said they have to wait until someone goes past or works outside their competencies to find out.

Loretta Melby said agenda item 6.0 talks about minimal disciplinary issues brought to the board so there is a proven track record of NP practice.

Andrea Espinosa asked about 104 data.

Loretta Melby and Samantha Gambles Farr said there are no 104s so there is no data.

Loretta Melby said the data does not support that a NP is working outside their scope of practice.

Andrea Espinosa doesn't question the data but is concerned for the future.

Samantha Gambles Farr said that the committee is advisory to the BRN, which makes final decisions. She said SB 1451 does a great job helping with the retired and legacy certifications who are some of the most trained and longest standing NPs in California. Prior to SB 1451 they were not allowed to transition to 103 NPs and they now have the ability, with a large majority of those NPs working in primary care.

Loretta Melby and Samantha Gambles Farr noted that committee member Kevin Maxwell had joined the meeting.

**Public Comment for  
Agenda Item 5.0:**

No public comments in any location.

1:36 p.m.

**6.0**

**Discussion and possible action:** Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

**Discussion:**

Edward Ray provided the update for the 2837.101 Transition to Practice subcommittee and explained that they had trouble connecting and only were able to connect a couple days ago. He would like staff to go over the new laws and discuss how they

could make regulation change suggestions to meet the goals and purpose of the committee. He hopes that before the next meeting they can meet and provide suggestions at the next meeting.

Loretta Melby pointed to agenda item 7.0 about regulatory updates but it is not specific to the transition to practice, but there can be more discussion on that.

Betha Schnelle provided an update for the 2837.104 subcommittee and stated they were not able to meet since the last meeting.

Loretta Melby said the application for 104 NP is ready but will not be released to the public until just before January 2026 when it goes into effect. She said staff is addressing how to get verification of clinical hours if a DNP-prepared NP wants to have those counted towards their three years or 4,600 hours of experience to stay in alignment with the verification process to become licensed and signed off by their academic program.

Kevin Maxwell asked if that is something that could happen when they first get licensed as a NP or do they have to wait until they apply to become a 103 NP or 104 NP.

Loretta Melby said she doesn't know if that was considered in the past and she is interested in looking at that. She asked Reza Pejuhesh about primary source verification time limit such as if someone provides it at graduation and it isn't used for maybe 10 years.

Reza Pejuhesh doesn't know if this would be an issue.

Kevin Maxwell wonders if this could become an issue if a program goes out of business.

Loretta Melby said there may be Department of Education guidelines in place, and that there are record-keeping requirements here in California with the CSU, Chancellor's Office, and Bureau for Private Postsecondary Education. There has to be record keeping, even if an academic institution no longer exists.

Samantha Gambles Farr wondered this too especially since programs outside of California may not have these requirements.

Andrea Espinosa wonders if the application for 104NP can request the area of subspecialty – for example, if they have a pediatric certification can the board request a subspecialty to give an idea on what areas people are practicing in to get statistical information. She said when she applied for her license they

asked for subspecialty. It will make her feel better if they receive the training in the area they will practice independently.

Loretta Melby again said BRN is a licensing entity that does not determine competency. There is not a requirement that they tell us where they plan to work, except in certain specific situations where there is legal authority to do so. She referred to regulation section 1482.4 that specifies what is required in the 104NP application, and it does not include what specialty area or what area they choose to work in. We do have a requirement for them to have a national certification in a population focused area, and they cannot move to 104NP without that, and that information is provided to us through primary source verification, which will be known to the BRN at application and shown on license lookup. OPES conducted a review of the population focused national certifications, and they determined that the exam solidified their competency. She said workforce data is collected by HCAI, and they regularly publish the information.

Samantha Gambles Farr provided an update for the Discipline subcommittee. She said they were sent the discipline statistics, but they were unable to meet.

Sally Pham said the data shows a slight increase over time but does not know if this is based on an increase in NPs or not. She said the practice cases are similar across time, but the number of NPs has increased so it appears practice is safer, but it is difficult to tell.

Samantha Gambles Farr said she had the same conclusions based on her review of the data.

Loretta Melby shared her screen where the Licensing and Enforcement data is housed on the DCA data portal. She brought up some data for NPs that the members could use when reviewing data.

Andrea Espinosa asked if the data could be based on 10,000 NPs.

Loretta Melby said a percentage could be shown but doesn't want to alter the data in a way that would make it less clear.

Samantha Gambles Farr has the concern if the data is presented in percentages, and it is not read correctly it could be misinterpreted.

Loretta Melby, Samantha Gambles Farr, and Sally Pham said there has been exponential growth of NPs over the last five years. Loretta Melby said there are over 40,000 NPs.

**First Public  
Comment for  
Agenda Item 6.0:**

Angela W: She said if a person is disciplined as a NP by the BRN – out of this data set, there's a total of 419 people – 41% of the people disciplined voluntarily surrendered their license or it was revoked. It looks like one of the requirements for 104 NPs is to have an unrestricted license that has never been the subject of any discipline. She spoke about the different percentages of discipline types – practice, substance abuse, convictions. She said the public is confused about the competency of NPs, and NPs are confused about National Provider Data Base, especially when disciplined for something that has nothing to do with your work. She thanked the committee for their work on this.

**Motion:** **Edward Ray** Motion to have BRN facilitate scheduling subcommittee meetings

**Second:** **Betha Schnelle**

2:05 p.m.

**Second Public  
Comment for  
Agenda Item 6.0:**

Angela W.: She said that the NEWAC committee has an email address where the public can send general inquiries or things they want brought up - is there a possibility of having a general email for the NPAC?

Samantha Gambles Farr: responded that there is such an email address; she and Loretta Melby clarified that it is [NPAC@dca.ca.gov](mailto:NPAC@dca.ca.gov). Loretta Melby stated this information is on the website with the email addresses for the respective advisory committees, and the "Contact Us" portion of the website can be further updated.

Reza Pejuhesh responded to the initial comment from Angela W. and said whether a person has their license surrendered or revoked, they can petition to have a license reinstated after a certain period. It is a hurdle but a pathway to get a license back. He clarified with regard to Angela W.'s comment that a discipline record may be a bar to becoming a 104, he questions where that is in the law. He does not see any language that references a permanent bar to becoming a 104 NP based on prior discipline. He said they must practice in good standing during the transition to practice and during the three years to become a 104.

Angela W responded with the language in the next agenda item about getting a 104 NP certificate with an unrestricted license.

Reza Pejuhesh said the provision referenced for the next agenda item, there is proposed regulatory language under section 1482.4(a)(13)(A) that provides a definition. He said the language

does not say that if someone has ever had any discipline, they cannot become a 104 NP. The language says that during the time a person practiced as a 103 for three years or 4,600 hours, the person could not be subject to a disciplinary order. If a person is disciplined while a 103 NP, the time spent on probation cannot be counted towards hours required to become a 104 NP; however, after their probationary period is over, they could still be eligible to work towards becoming a 104 NP.

Written Comment from Fang Dao Onyx Linkum read by Reza Pejuhesh: Once you were on probation, getting employment is almost impossible for some probationary RN due to limited resources such as limited to no access to medical Reza Pejuhesh addressed the comment to say the BRN's mandate is public protection malpractice insurance for corporations, not having the resources and capacity to fulfill the required disciplinary actions. Why is there not a support network for all probationary nurses to do remediation?

Reza Pejuhesh addressed the comment to say that in a perfect world there would be more resources and a greater ability for nurses on probation to be able to work, but, unfortunately, not that all of that is in the BRN's control. The BRN's mandate is public protection so when it takes disciplinary action, it does so with public protection as the driving motivator. It's not punitive, it's for the purpose of public protection, whether that is removing them from practice or keeping them working with additional oversight or as low as a public approval which gives the public notice that a transgression occurred that the BRN considered to be enough to qualify as disciplinary. Beyond that the BRN does not have control over what malpractice insurance companies do or employers do. Part of the BRN job is to take the disciplinary actions, put the public on notice, and let the public do with it what it wants. We hope that are employers who look past the discipline record and consider the individual and consider the job and give people a chance; however, at the end of the day we're not in control of any of that. As for resources, there is a limitation on resources, but we do have an alternative to discipline for substance abuse and mental health issues which is the Intervention program and there are resources and a support system for individuals in that program.

**Vote:**

	<b>SGF</b>	<b>ER</b>	<b>AE</b>	<b>JJG</b>	<b>KM</b>	<b>SP</b>	<b>BS</b>
Vote	Y	Y	Y	Y	Y	Y	A
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

2:29 p.m.

## 7.0

**Discussion and possible action:** Regarding proposed regulatory text to incorporate statutory changes from SB 1451 (Reg. Sess. 2023-2024) and other related updates

### **Discussion:**

Marissa Clark opened the agenda item and provided a summary of the proposed regulatory text changes.

Andrea Espinosa said the text sounds fine to her. She asked about the language, which seems to sound like it eliminates transition to practice completely, which she presumed is incorrect.

Marissa Clark said it does not eliminate the requirement of transition to practice, it eliminates the requirement that all of the facets must line up in terms of their area of national certifications. It used to be that their area of national certification, the category in which they complete their transition to practice hours, and the area of specialty of their attestor all had to be the same. This was changed so not all of those requirements must be in the same area.

Andrea Espinosa asked, for clarification, that if someone has a certification in neonatal, could the attestor could be family medicine, and Marissa Clark said that is correct.

Andrea Espinosa asked that it does not eliminate any transition to practice, except for legacy certifications.

Marissa Clark explained the inability of holders of legacy certifications to become a 103 NP under the prior language, and the change made under SB 1451 to address that.

Kevin Maxwell asked about the transition to practice hours for 103 NPs being completed in California but that being struck through in the section for 104 NPs.

Marissa Clark said the language requiring the hours be completed in California is still in statute. We realized that the prior language for the 104 NP application would require applicants to resubmit all of the same information they previously had, which was found to be duplicative and unnecessary. Therefore, we removed all of the requirements that are tied to the establishment of eligibility as a 103 NP from what needed to be submitted to become a 104 NP.

2:40 p.m.

### **Public Comment for Agenda Item 7.0:**

No public comments in any location.

### **Further Discussion:**

Samantha Gambles Farr asked the members if there are any actions they would like to take on the language before it is sent to the board.

Edward Ray said he assumes BRN staff have included any NPAC recommendations for language in the proposal.

Samantha Gambles Farr wants to ensure nothing was missed and the committee has input. No comments were raised, and no motion was made.

2:43 p.m.

## 8.0

**Information only:** Overview of the updated Frequently Asked Questions regarding Nurse Practitioners resulting from the passage of SB 1451

### Discussion:

Kevin Maxwell asked if there needs to be any changes based on the public comment today about discipline that was addressed by Reza Pejuhesh.

Marissa Clark said there are none specific to that, but it could be considered. She only thought this would be affected if it happened during the 103 period.

Loretta Melby said it doesn't mean a NP is permanently stuck at 103. It means if you receive discipline as a 103 your time starts over, and you try to do another three years discipline free.

Kevin Maxwell asked if a person has two years and six months do they have to start over or is it counted towards the requirement.

Loretta Melby said she doesn't think it spelled out to answer the question. She spoke about discipline and the uniform standards. She asked if Reza had any other information to provide.

Reza Pejuhesh said he isn't sure but agrees with what Loretta Melby said.

### Public Comment for Agenda Item 8.0:

Angela W: She said the information on discipline is always changing so it is difficult to understand. She would like the NPs to educate themselves and the implications of the national provider database. She said even if you work for 10-12 years with no negative things on your record and you go out on disability with a mental health crisis and you don't renew your privileges, they have to report you to the national provider database. You have a mark on your record. If you have discipline and can't start probation because of an ECT and encouraged to surrender your license because you're on disability and can't participate in probation, then you're reported to the national practitioner database. These things never leave your record. She's learned the national provider database is consulted by Medicare and Medi-Cal and insurance companies and hospitals. If you want to go back and be a nursing assistant, you may not be able to do



this. When she was becoming a NP the national provider database was not something she ever learned about. She was the first NP at her hospital and first with privileges. She wants to help educate people about this.

Loretta Melby gave additional context that the national provider database is a federal requirement, not a state requirement. She spoke about the process to report the information and what California looks at.

Samantha Gambles Farr said, as it relates to taking care of our community, we also take care of ourselves. As we work as providers, understanding the business of healthcare is an important aspect as NPs in California now have transition to practice and move into independent practice as 104 NPs. It is very important to make sure we work together in sharing information and work independently to make sure we are aware of specific regulations as it relates to conducting the business of healthcare. Her thoughts are with Angela.

2:59 p.m.

## 9.0

**Information only:** Overview of California Code of Regulations, title 16, section 1484 (Nurse Practitioner Education) and proposed regulatory updates concerning nurse practitioner core competencies, and preceptorship requirements

### Discussion:

Loretta Melby opened the agenda item and provided a history of the need for the regulatory amendments before turning it over to Marissa Clark with provided and overview of the specific language.

Andrea Espinosa asked if online NP studies include in person clinical or if this is related to their education. She asked how the online issue comes into this.

Loretta Melby said it requires in person education for the clinical preceptor. If there is a student that lives in Ohio doing online classes at UC Irvine doing a DNP program, they're doing the theory component here, and to complete the in-person hours, they can currently do it with a NP or physician that lives in Ohio. This does not change that process; it changes the requirement that the preceptor be licensed in California.

Kevin Maxwell asked if we know how many students this was affecting, or whether it was a matter of schools of nursing saying that this limits their ability to recruit students from other states to attend their schools.

Loretta Melby said they were not saying that it limited their ability to recruit. What we heard from academic institutions that previously operated in California was that they had to leave California. United States University was one of them, and they



left California. There was one other school that also came before the board and said they would not be able to meet the approval requirements for NP programs in California, since most of their students were throughout the nation; they asked to be removed and were and are doing an out of state remote process as well. So, to avoid any further academic institutions having to leave for not being able to meet this licensing requirement, which did not affect public protection issues, we updated this to make adoption of the hybrid learning environment more accessible.

3:11 p.m.      **Public Comment on  
Agenda Item 9.0:**      No public comments in any location.

3:13 p.m.                      **10.0**                      **Adjournment:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA - Chair, adjourned the meeting at 3:13 p.m.

**Submitted by:**

**Approved by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Samantha Gambles Farr, RN, MSN,  
FNP-C, CCRN, RNFA**

Chair  
Nurse Practitioner Advisory Committee

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**Loretta Melby, MSN, RN**

Executive Officer  
California Board of Registered Nursing



## Agenda Item 5.0

**Report from the Board of Registered Nursing's Executive Officer on activities which may impact nurse practitioners, including legislation, policy and procedure changes, regulatory updates, etc.**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM: 5.0**

**DATE:** September 23, 2025

**ACTION REQUESTED:**                    **Discussion and possible action:** Report from the Board of Registered Nursing's Executive Officer on activities which may impact nurse practitioners, including legislation, policy and procedure changes, regulatory updates, etc.

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

**BACKGROUND:**

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact nurse practitioners, including the implementation of AB 890 and SB 1451 to NPAC members.

**RESOURCES:**

SB 1451: [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB1451](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1451)

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 6.0

### **Information Only: Overview of the 2026 BRN Sunset Review process**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM:** 6.0

**DATE:** September 23, 2025

**ACTION REQUESTED:** Information Only: Overview of the 2026 BRN Sunset Review process

**REQUESTED BY:** Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**BACKGROUND:**

Loretta Melby, Executive Officer, will provide an overview of the 2026 BRN Sunset Review process. Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee conduct joint sunset review oversight hearings to review the boards and bureaus within the Department of Consumer Affairs (DCA). These boards and bureaus are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process offers the DCA, the Legislature, the boards, and other stakeholders an opportunity to assess board performance and propose recommendations for improvement.

This comprehensive process allows the Legislature to review the laws and regulations governing each board, assess its programs and policies, and determine whether it is effectively fulfilling its regulatory responsibilities and statutory mandates. It also includes a review of fiscal management practices and financial relationships with other agencies. Through Sunset Review Oversight, boards are also evaluated on key performance measures, such as timeliness of actions and enforcement activities to ensure they meet the needs of California consumers while promoting regulatory efficiency and effectiveness.

The BRN's sunset review is scheduled for 2026; however, preparatory work on the report is underway. The initial sections of the Board's report provide an overview of the Board's current regulatory program and include data tables and charts. The latter sections address the Board's responses to specific issues either raised by the Board or identified during the previous Sunset Review Oversight. Staff will be drafting the report with the goal of presenting it to the Nursing Practice Committee in October for edits, followed by Board approval in November. The final Sunset Report is due to the Legislature for review on or before January 5, 2026.

**RESOURCES:**

The most recent BRN Sunset Report, background papers, and other reports submitted to the Legislature are below and prior years can be found on the [BRN website](#):

- [2022 Sunset Review Report](#)
  - [March 18, 2022 Background Paper](#)
    - [BRN Response to Issues Identified in Sunset Background Paper](#)
    - [Overview of Recent State Auditor Reports on the BRN](#)

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 7.0

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

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM: 7.0**

**DATE:** September 23, 2025

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

**REQUESTED BY:**            Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**BACKGROUND:**

The NPAC 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  
Chief of the Licensing Division  
California Board of Registered Nursing  
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## BRN Board, Committee, and Advisory Committee Meetings in 2026

<b>January 21, 2026</b>	<b>Advisory Committees</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>February 11, 2026</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>March 26-27, 2026</b>	<b>Board Meeting</b>
<b>April 7, 2026</b>	<b>Advisory Committee</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>April 28, 2026</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>May 13, 2026</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>June 25-26, 2026</b>	<b>Board Meeting</b>
<b>July 29, 2026</b>	<b>Advisory Committees</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>August 12, 2026</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>September 24-25, 2026</b>	<b>Board Meeting</b>
<b>October 6, 2026</b>	<b>Advisory Committee</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>October 20, 2026</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>November 5, 2026</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>December 16-17, 2026</b>	<b>Board Meeting</b>





## Agenda Item 8.0

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

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM: 8.0**

**DATE:** September 23, 2025

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

**REQUESTED BY:**            Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**BACKGROUND:**

NPAC members will identify 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. Only appointed NPAC committee 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 Vice Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NPAC 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  
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## Agenda Item 9.0

**Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM: 9.0**  
**DATE: September 23, 2025**

**ACTION REQUESTED:**      **Discussion and Possible Action:** Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

**REQUESTED BY:**            Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**BACKGROUND:**

The three NPAC subcommittees will provide updates on work conducted and discuss the following subcommittees:

- 2837.101 Transition to Practice
- 2837.104
- Discipline

Additionally, the members of the Discipline subcommittee will provide updates on the work conducted and any trends/issues with final dispositions of disciplinary cases against NPs. Discipline data for the past seven (7) years is included in the two charts below:

**Nurse Practitioner (NP) Discipline Statistics**

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025 (as of 8/12/25)
Public Repeval	13	11	5	10	5	17	19	17
Probation	14	16	23	30	24	24	28	19
Surrender	15	19	9	6	7	8	8	8
Voluntary Surrender during Probation	3	3	3	3	3	6	2	2
Revocation	5	6	12	8	9	15	15	8
Reinstatement	1	0	0	0	0	0	0	0
<b>Total</b>	<b>51</b>	<b>55</b>	<b>52</b>	<b>57</b>	<b>48</b>	<b>70</b>	<b>72</b>	<b>54</b>
Active NP Licenses	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800
Percentage of NPs Disciplined	0.20%	0.21%	0.19%	0.19%	0.15%	0.19%	0.18%	0.12%

### NP Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025 (as of 8/12/25)
Practice	26	27	21	30	17	27	23	18
801 Practice	7	3	1	7	6	1	4	3
Out-of-State Discipline (OSD)	8	14	7	3	5	16	12	14
Conviction	7	6	12	6	7	13	19	14
Substance Use Disorder (SUD)	3	4	5	4	3	3	5	1
Sexual Misconduct	0	0	0	2	3	1	2	0
Other	0	1	6	5	7	9	7	3
<b>Total</b>	<b>51</b>	<b>55</b>	<b>52</b>	<b>57</b>	<b>48</b>	<b>70</b>	<b>72</b>	<b>54</b>
Active NP Licenses	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800
Percentage of NPs Disciplined	0.20%	0.21%	0.19%	0.19%	0.15%	0.19%	0.18%	0.12%

### Active Licenses by Fiscal Year

Fiscal Year	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Registered Nurse	442,383	451,934	458,165	466,704	480,568	524,129	534,035	549,040
Clinical Nurse Specialist	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029
Certified Registered Nurse Anesthetist	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337
Nurse Midwife	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460
Nurse Practitioner	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800

#### RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

#### NEXT STEPS:

#### FISCAL IMPACT, IF ANY:

None

#### PERSON(S) TO CONTACT:

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## Agenda Item 10.0

**Information only: Regarding the transition to practice attestation requirements, as specified in BPC 2837.103(a)(1)(D)(i)-(iv)**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM:** 10.0

**DATE:** September 23, 2025

**ACTION REQUESTED:**                    **Information only:** Regarding the transition to practice attestation requirements, as specified in BPC 2837.103(a)(1)(D)(i)-(iv)

**REQUESTED BY:**                    Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**RESOURCES:**

Loretta Melby, Executive Officer, will provide an overview of the transition to practice attestation requirements, as specified in [BPC 2837.103\(a\)\(1\)\(D\)\(i\)-\(iv\)](#).

**RESOURCES:**

**BPC 2837.103:**

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=2837.103](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2837.103).

(a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (4) of subdivision (a) of Section 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board.

(C) Provides documentation that educational training was consistent with standards established by the board pursuant to Section 2836 and any applicable regulations as they specifically relate to requirements for clinical practice hours. Online educational programs that do not include mandatory clinical hours shall not meet this requirement.

(D) Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours. A nurse practitioner who has been practicing as a nurse practitioner in direct patient care for a minimum of three full-time equivalent years or 4,600 hours within the last five years, as indicated on the application, may be deemed to have satisfied this requirement. For purposes of this subparagraph:

(i) Proof of completion of one transition to practice shall be provided to the board, on a form prescribed by the board, as an attestation from either a licensed physician and surgeon, a certified nurse practitioner practicing pursuant to this section, or a certified nurse practitioner practicing pursuant to Section 2837.104.

(ii) A licensed physician and surgeon or a certified nurse practitioner who attests to the completion of a transition to practice is not required to specialize in the same category as the applicant pursuant to Section 2836.

(iii) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this

section or Section 2837.104 who attests to the completion of a transition to practice is not required to verify competence, clinical expertise, or any other standards related to the practice of the applicant and shall only attest to the completion of the transition to practice, as defined in Section 2837.101.

(iv) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice shall not be subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability for providing an attestation or refusing to provide an attestation pursuant to this section unless the attestation was produced fraudulently.

...

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
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## Agenda Item 11.0

**Discussion and possible action: Discussion of statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications**

Nurse Practitioner Advisory Committee (NPAC) Meeting | September 23, 2025

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

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**AGENDA ITEM:** 11.0

**DATE:** September 23, 2025

**ACTION REQUESTED:**                    **Discussion and possible action:** Discussion of statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications

**REQUESTED BY:**                    Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA  
NPAC Chair

**BACKGROUND:**

Loretta Melby, Executive Officer, will provide an overview of the statutory limitations preventing registered nurses and advanced practice registered nurses from independently compounding medications.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**                    None

**PERSON(S) TO CONTACT:**                    McCaulie Feusahrens  
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