



# Clinical Nurse Specialist Advisory Committee Meeting

## **SUPPLEMENTAL MATERIALS**

August 15, 2024

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# Agenda Item 2.0

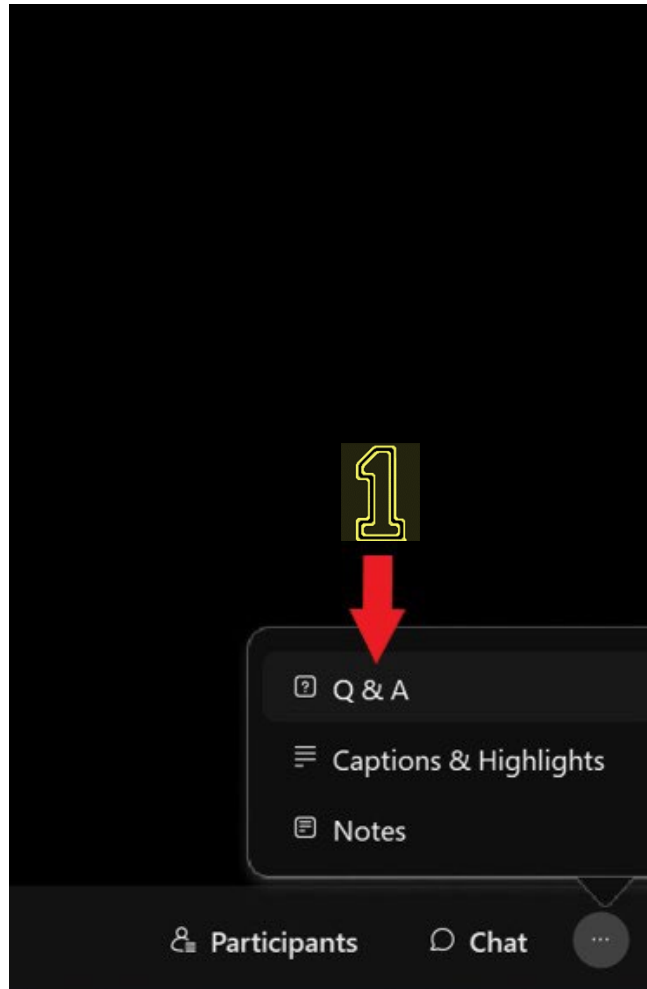
## **General instructions for the format of a teleconference meeting**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024

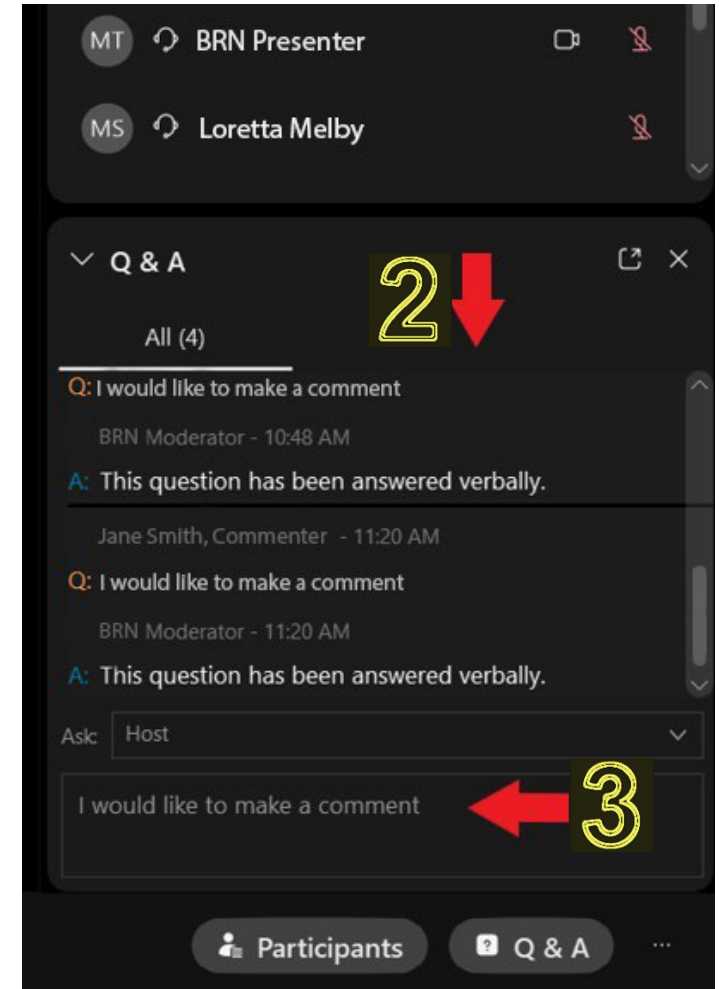
## Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the '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, your line will be opened (click the 'Unmute me' button), and you will have **two (2) minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

**NOTE:** Please submit a new request for each agenda item on which you would like to comment.



## Agenda Item 4.1

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

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024

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

**DATE:** January 18, 2024

**START TIME:** 1:00 pm

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

- 1:01 pm     **1.0**     **Call to Order/Roll Call/Establishment of a Quorum**  
Loretta Melby, Executive Officer, called the meeting to order at 1:01 pm. Quorum established at 1:04 pm.
- Clinical Nurse Specialist Advisory Committee Members:**     Elissa Brown, MSN, RN, PMHCNS-BC  
Shannon Buckley, MSN, RN, CNS – Joined at 1:06 p.m., having technical difficulties  
Jessica Lightcap, MSN, RN, AACNS-P  
Kerri Krogen, MSN, RN, AACNS-AG  
Angelique Ellingboe, LCSW – Joined at 1:08 p.m., having technical difficulties
- BRN Staff Representatives:**     Loretta Melby, RN, MSN, Executive Officer  
Reza Pejuhesh, DCA Legal Affairs, Attorney
- Reza advised members to be on camera.
- 1:08 pm     **3.0**     **Public comment for items not on the agenda; items for future agendas.**
- Public Comment for Agenda Item 3.0:**     No public comments.
- 1:14 pm     **4.0**     **Information only: Advisory committee member training**
- 4.1 Roles and Responsibilities: CRNAAC Members, Board Staff, Meeting Etiquette**
- Discussion:**     Presented by Loretta Melby, Board of Registered Nursing, Executive Officer.
- 1:25 pm     **Public Comment for Agenda Item 4.1:**     No public comments.
- 1:27 pm     **4.2 Meeting Structure: Bagley-Keene Open Meeting Act, Quorum, Voting, Public Records Act**

**Discussion:** Presented by Reza Pejuhesh, Department of Consumer Affairs (DCA), Legal Affairs, Board Legal Counsel.

**Kerri Krogen:** Asked to clarify that a sub-committee can only be two members. Reza said it could be three or more but would be subject to open meetings act requirements.

**Jessica Lightcap:** Asked if there is a preferred method of communication while working in a subcommittee based on the Public Records Act (PRA).

**Loretta Melby:** Explained that members could about setting up an email specifically for this committee via Gmail or another communication option.

**Reza Pejuhesh:** Explained that there is no preferred method of communication on a subcommittee, but emails are subject to PRA so members should keep tone and content in mind when communicating with others.

**Loretta Melby:** Asked if Angelique Ellingboe had any comments since she is using her cell phone to attend the meeting.

**Angelique Ellingboe:** Stated she did not have any comments or questions about this issue.

**Break from 2:28 – 2:40 pm**

**Meeting reconvened and quorum established at 2:40 pm**

2:41 p.m. **Public Comment for Agenda Item 4.2:** No public comments.

2:43 p.m. **4.3 Legislation, Regulations and Rulemaking**

**Discussion:** Presented by Marissa Clark, Board of Registered Nursing, Chief of Legislative Affairs and Steven Vong, DCA, Legal Affairs, Board Regulation Counsel.

**Kerri Krogen:** Asked why a Governor would take any action if it were automatically passed without signature.

**Marissa Clark:** Stated that it depends on the governor, it might be a controversial bill, the clock runs out, or it's a quieter way to let it pass. She does not see this happen very often, if at all.

**Elissa Brown:** Asked if there is a way for the nursing community to let the BRN know about a bill they're interested in if it isn't on the agenda.

**Marissa Clark:** Stated that public comment is a way to let the Board know but a member can always contact herself or the Executive Officer to let them know.

**Loretta Melby:** Explained that a bill might not be under the BRN's jurisdiction.

**Kerri Krogen:** Asked if there are members of the Legislature that BRN takes legislation to.

**Marissa Clark:** Explained that it is a good practice to work with the committees that BRN bills go through which are the Assembly and Senate Business and Professions because they are BRN subject matter experts in the Legislature.

**Elissa Brown:** Appreciates that there is some draft regulation language from the association.

**Kerri Krogen:** Asked when the list of trainings must be completed by that were mentioned in the Board Member Orientation Training.

**Loretta Melby:** Explained that Board staff will reach out to provide guidance.

3:35 pm **Public Comment for Agenda Item 4.3:** No public comments.

3:37 pm **5.0 Discussion and possible action: Regarding election of Chair and Vice Chair positions**

**Discussion:** Presented by Loretta Melby, Executive Officer.

**Elissa Brown:** Nominated Kerri Krogen to serve as Chair and herself to serve as Vice Chair.

**Kerri Krogen:** Explained that she would feel comfortable with the Vice Chair role but she is hesitant about accepting the Chair role because she is not as experienced as Elissa or Shannon.

**Loretta Melby:** Stated that support is given to the Chair but if this is not right for Kerri then she does not have to accept to nomination.

**Reza Pejuhesh:** Suggested opening up for others to nominate or be nominated as Chair.

**Jessica Lightcap:** Asked how long someone serves as Chair/Vice Chair.

**Loretta Melby:** Stated that it is one year but it could be extended to more than one year.



**Jessica Lightcap:** Explained that if Kerri does not want to be Chair then she could do it for one year.

**Kerri Krogen:** Stated that she is not opposed but would prefer to do it in the future and she yields to Jessica.

**Loretta Melby:** Asked if anyone else is interested in the chair and when no comments were made, she asked if Elissa still wants to be Vice Chair.

**Elissa Brown:** Stated that she did want to still be Vice Chair.

**Motion:** **Kerri Krogen:** Motioned for Jessica Lightcap to be Chair and Elissa Brown to be Vice Chair of the CNSAC.

**Second:** Jessica Lightcap

3:44 pm **Public Comment for Agenda Item 5.0:** No public comments.

**Vote for Both:**

	<b>EB</b>	<b>SM</b>	<b>JL</b>	<b>KK</b>	<b>AE</b>
<b>Vote</b>	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB					

**Motion Passed**

3:46 pm **6.0** **Discussion and possible action: Regarding meeting dates for 2024**

**Discussion:** Presented by Loretta Melby, Executive Officer. She explained the vote from the CRNAAC meeting.

**Elissa Brown:** Stated that she is unavailable on August 29, 2024.

**Kerri Krogen:** Stated that her calendar is open and suggested August 23, 2024 as an option.

Jessica Lightcap, Elissa Brown and Shannon Buckley all agreed that August 23, 2024 works for them.

**Loretta Melby:** Explained that this date is the day after the Board meeting and may not be ideal; however, Board staff but will work with the committee members to find a suitable date.

**Jessica Lightcap:** Stated that August 9, 2024 does not work for her either.

**Loretta Melby:** Summarized the dates that would not work for members.

**Motion:** **Elissa Brown:** Motioned to schedule a meeting in the last two weeks of August 2024, except for the dates that do not work for members.

**Second:** Jessica Lightcap

3:51 p.m. **Public Comment for Agenda Item 6.0:** No public comments.

**Vote:**

	<b>EB</b>	<b>SM</b>	<b>JL</b>	<b>KK</b>	<b>AE</b>
<b>Vote</b>	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB					

**Motion Passed**

3:53 pm **7.0** **Discussion and possible action: Regarding CNSAC members' terms of office as specified in the charter**

**Discussion:** Presented by Loretta Melby, Executive Officer.

**Kerri Krogen:** Stated that she would like four years.

**Elissa Brown:** Stated that she would like three years.

**Jessica Lightcap:** Stated that she would like the four year term.

**Loretta Melby:** Asked Shannon Buckley if she would accept three years and Shannon agreed. She further stated that Angelique Ellingboe is set for four years.

**Motion:** **Elissa Brown:** Motioned to appoint Kerri Krogen, Jessica Lightcap, and Angelique Ellingboe to four years; Elissa Brown and Shannon Buckley to three years.

**Second:** **Kerri Krogen**

3:56 p.m. **Public Comment for Agenda Item 7.0:** **Nimian:** Asked how a person could become a member of this committee.

**Loretta Melby:** Stated that this is not part of this agenda item but gave brief information about the application process. She invited the public commenter to email her for additional information.

**Reza Pejuhesh:** Stated that the committee is full at this time.

**Loretta Melby:** Explained that a member of another committee moved out of state which became an opportunity for another person to participate.

**Vote:**

	<b>EB</b>	<b>SM</b>	<b>JL</b>	<b>KK</b>	<b>AE</b>
<b>Vote</b>					

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

**Motion Passed**

4:00 pm      **8.0**

**Discussion and possible action: Regarding the formation of subcommittees**

**Discussion:**

Presented by Loretta Melby, Executive Officer. She explained the membership and the process that occurred at the CRNAAC meeting earlier today. She said there are subcommittees for regulations and website updates. However, she stated that this committee can create whatever subcommittees the group is interested in.

**Elissa Brown:** Stated that she would be interested in the regulation subcommittee with application process included.

**Loretta Melby:** Explained that the focus could be broad or more narrow. She asked for another volunteer.

**Kerri Krogen:** Volunteered to be on the regulations subcommittee.

**Loretta Melby:** Asked if there was any interested in having a subcommittee that focused on website updates.

**Jessica Lightcap:** Asked about other examples of subcommittees.

**Loretta Melby:** Explained that a subcommittee can focus on anything that directly impacts CNS' in California and are under the jurisdiction of the BRN.

**Jessica Lightcap:** Stated that she would volunteer for the website updates subcommittee.

**Shannon Buckley:** Volunteered to join Jessica Lightcap on the website updates subcommittee.

**Loretta Melby:** Asked Angelique if she would like to be on her own subcommittee or wait to see what happens at the next meeting.

**Angelique Ellingboe:** Stated that she said she would wait.

**Reza Pejuhesh:** Reminded the members about the communication among members about the subcommittees. He also mentioned that BPC section 2838.1(a) and 2838.2(b) are statutes that could be looked at for implementing regulations.

**Loretta Melby:** Explained where statutes and regulations are located on the BRN website.

**Motion:** **Kerri Krogen:** Motioned to approve Elissa Brown and Kerri Krogen to serve on the Regulations Subcommittee and Jessica Lightcap and Shannon Buckley to serve on the Website Subcommittee

**Second:** Jessica Lightcap

4:21 p.m. **Public Comment for Agenda Item 8.0:** No public comments.

**Vote:**

	<b>EB</b>	<b>SM</b>	<b>JL</b>	<b>KK</b>	<b>AE</b>
<b>Vote</b>	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB					

**Motion Passed**

4:28 pm **9.0** **Adjournment: Loretta Melby,** adjourned the meeting at 4:28 pm.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**  
Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Jessica Lightcap**  
Chair  
Clinical Nurse Specialist Advisory Committee

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



## Agenda Item 5.0

**Discussion and possible action: Regarding meeting dates for 2025**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024

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

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**AGENDA ITEM:** 5.0  
**DATE:** August 15, 2024

**ACTION REQUESTED:** Discussion and Possible Action: Regarding meeting dates for 2025

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

**BACKGROUND:**

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

A proposed schedule is included in the meeting materials; however, the 2025 Board and Board Committee schedule will not be finalized until after the Board votes during the August 2024 Board meeting.

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

## BRN Board, Committee, and Advisory Committee Meetings in 2025

<b>January 16, 2025</b>	<b>Advisory Committees</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>January 29, 2025*</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>February 26-27, 2025*</b>	<b>Board Meeting</b>
<b>March 2025</b>	<b>Advisory Committee</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>March 2025</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>April 23, 2025*</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>May 21-22, 2025*</b>	<b>Board Meeting</b>
<b>June 2025</b>	<b>No Scheduled Meetings</b>
<b>July 10, 2025*</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>August 14, 2025</b>	<b>Advisory Committees</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>August 20-21, 2025</b>	<b>Board Meeting</b>
<b>September 2025</b>	<b>Advisory Committee</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>September 2025</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>October 22, 2025*</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>November 19-20, 2025*</b>	<b>Board Meeting</b>
<b>December 2025</b>	<b>No Scheduled Meetings</b>

\* This date will not be finalized until after the August 2024 Board Meeting.



## Agenda Item 6.0

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

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024



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

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**AGENDA ITEM:** 6.0  
**DATE:** August 15, 2024

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

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

**BACKGROUND:**

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

- Public Engagement and Website: Shannon Buckley and Jessica Lightcap
- Regulations: Elissa Brown and Kerri Krogen

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



## Agenda Item 7.0

### **Information only: Overview of the Clinical Nurse Specialist (CNS) role and history**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024

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

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**AGENDA ITEM:** 7.0  
**DATE:** August 15, 2024

**ACTION REQUESTED:** Information Only: Overview of the Clinical Nurse Specialist (CNS) role and history.

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

**BACKGROUND:**

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

## HISTORY OF THE CLINICAL NURSE SPECIALIST

### **What is a Clinical Nurse Specialist (CNS)?**

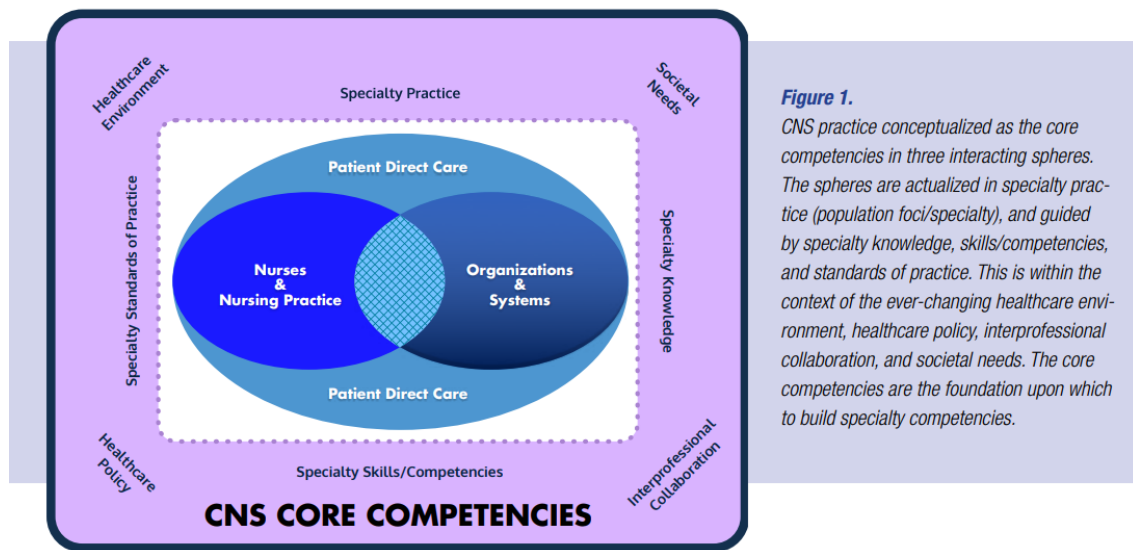
There are four types of Advanced Practice Registered Nurses which include clinical nurse specialists, nurse practitioners, certified nurse midwives, certified registered nurse anesthetists. (<https://www.rn.ca.gov/applicants/ad-pract.shtml>)

The National Association of Clinical Nurse Specialists (NACNS) defines a CNS as an APRN prepared by a master's, doctoral, or post-graduate certificate level CNS program. CNSs diagnose, prescribe and treat patients and specialty populations across the continuum of care. The CNS improves outcomes by providing direct patient care, leading evidenced-based practice, optimizing organizational systems, and advancing nursing practice (NACNS, 2024).

The California Board of Registered Nursing defines a CNS as a BRN certified RN who is an advanced practice nurse providing expert clinical practice, research, education, consultation and clinical leadership with an identified patient population. The scope of clinical nurse specialist practice includes patients, nursing personnel and organization systems. Clinical nurse specialists work in direct patient care and indirect patient care activities that affect a broad range of patients. (<https://www.rn.ca.gov/applicants/ad-pract.shtml>)

Anecdotally, CNSs are often referred to as the innovators in practice, as constant mentors for nurses and others, and as coordinators and collaborators in patient care practice. CNSs are the “engineers” of healthcare systems; the “go-to” professionals, who understand and know the broader system. The CNS helps coordinate care and treatment, and assists patients, families and staff to best navigate, negotiate, and work within healthcare systems and the community.

CNS core competencies can be grouped into three interacting spheres of impact within the population. The three spheres of impact are see in this graphic below.



(NACNS, <https://www.aacnnursing.org/Portals/0/PDFs/Teaching-Resources/NACNS-CNS-Statement.pdf>)

## **History of Titling and Certification/Licensure of the CNS in California**

In 1993, the BRN conducted a study regarding the recognition of Definition of the title Clinical Nurse Specialist. The results showed that there were various and conflicting definitions of a CNS being used within the state. As a result, the Legislature found that the public was being harmed by this conflicting usage of the title CNS due to the disparity in qualifications of RNs using the title.

On July 1, 1998, the Legislature added Article 9., “Clinical Nurse Specialists,” commencing with the addition of section 2838 of the Nursing Practice Act, to Chapter 6 of Division 2 of the Business and Professions Code, Section 2838. This code requires that any RN who desires to practice as a CNS, ***must*** be certified by the BRN for the State of California. A registered nurse cannot use the title CNS, ***unless*** certified by the BRN as a CNS.

The BRN has accepted the standards of the National Association of Clinical Nurse Specialists (NACNS) Statement on CNS Practice and Education, and the American Association of Colleges of Nursing (AACN) Essentials of Masters Education for Advanced Practice.

In order to be eligible to be certified as a CNS in the state of California, an RN must have ***completed an accredited advance practice nursing program***, and a ***minimum of 500 hours of clinical practice*** concurrently with master’s level course work in the five component areas of competency. This course work may be completed at any nationally accredited master’s/post-master’s nursing academic program. There are five original main components of the CNS role including: expert clinical practice, research, education, consultation, and clinical leadership. There are a few methods of certification in California.

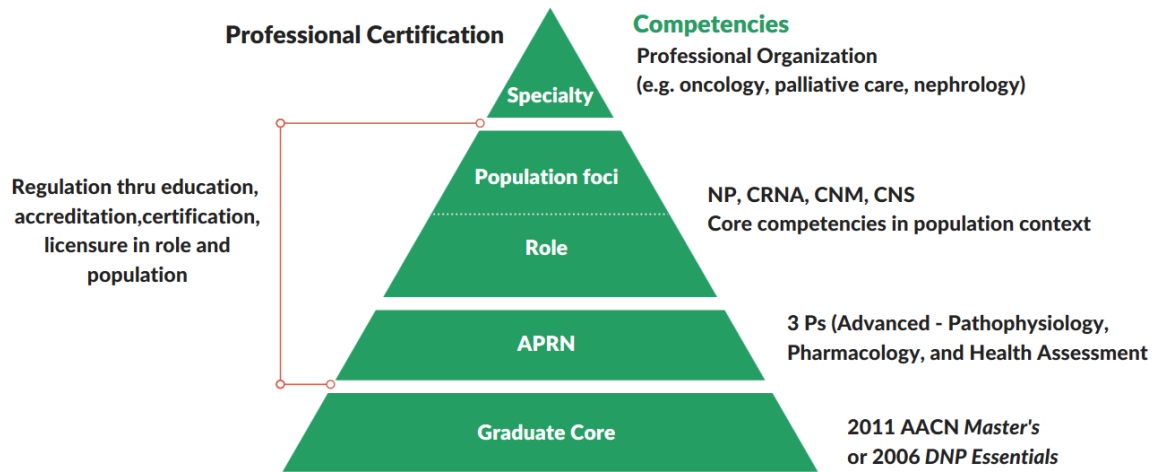
## **Standardization of CNS Education and Post-Graduate Certification Exams**

In 2008, CNS education was standardized by publication of the Consensus Model for APRN Licensure, Accreditation, Certification, and Education (APRN Consensus Work Group, 2008). That document has since been used by certification bodies to guide certification eligibility criteria and by state boards of nursing to regulate advanced practice. The National Council of State Boards of Nursing (NCSBN) criteria that certification bodies require at least 500 supervised practicum hours. Therefore, to ensure that CNS graduates were eligible to take post-graduation certification examinations, CNS programs had to include at least 500 precepted practicum hours regardless of specialty. The requirements in the Consensus Model continue to drive regulation and certification requirements. The Consensus Model (APRN Consensus Work Group, 2008) provided clarity related to the four roles of advanced practice: CNS, CNP, CNM, and CRNA. The APRN Consensus Model offered policy guidance that identified the four APRN roles and outlined the core elements that are minimum requirements to be considered an APRN.

The core criteria required to be considered an APRN are: (APRN Consensus Work Group, 2008)

- ❖ Education in one of the four identified APRN roles.
- ❖ Education in at least one of six identified population foci (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/ gender related, psych/mental health).

- ❖ Education that includes the “3 Ps”: advanced physiology/pathophysiology, advanced health/physical assessment, advanced pharmacology.
- ❖ Certification in at least one of the roles and at least one of the population foci through a nationally accredited program.
- ❖ Licensed at the APRN level in at least one of the roles and at least one of the population foci.



(AACN, <https://www.aacnursing.org/our-initiatives/education-practice/teaching-resources/aprn-education>)

## Current Monthly Statistics in California

The following is an approximate breakdown of the current population licensed by the Board as of July 1, 2024:

Description	Active	Inactive	Total
Registered Nurses	532,599	9,325	541,924
Clinical Nurse Specialists	3,076	97	3,173
Nurse Anesthetists	3,214	37	3,251
Nurse-Midwives	1,432	24	1,456
Nurse-Midwives Furnishing	1,148	16	1,164
Nurse Practitioners	39,902	302	40,204
Nurse Practitioner Furnishing	36,764	1926	36,956
Psychiatric/Mental Health	198	6	204
Public Health Nurse	43,907	805	44,712
Temporary License	956	N/A	956
Continuing Education Providers	2,032	N/A	2,032

(BRN, <https://rn.ca.gov/consumers/stats.shtml>)

# History of the Clinical Nurse Specialist

Clinical Nurse Specialist Advisory Committee Meeting, August 2015

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## Types of Advanced Practiced Registered Nurses

- 4 types of APRNs:
  - Clinical Nurse Specialist (CNS)
  - Nurse Practitioner (NP)
  - Certified Nurse Midwife (CNM)
  - Certified Registered Nurse Anesthetist (CRNA)

2

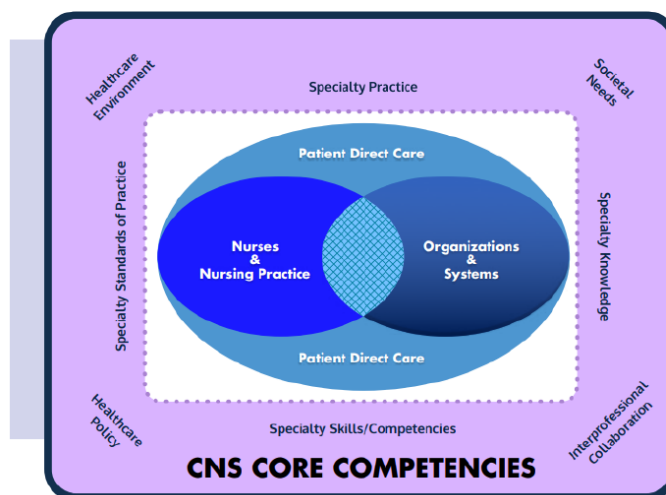
# What is a Clinical Nurse Specialist (CNS)?

- NACNS Definition: (NACNS, 2024)
  - a CNS is an APRN prepared by a master's, doctoral, or post-graduate certificate level CNS program
  - CNSs diagnose, prescribe and treat patients and specialty populations across the continuum of care
  - The CNS improves outcomes by providing direct patient care, leading evidenced-based practice, optimizing organizational systems, and advancing nursing practice
- CA BRN Definition:
  - CNS is a BRN certified RN who is an advanced practice nurse providing expert clinical practice, research, education, consultation and clinical leadership with an identified patient population
  - The scope of CNS practice includes patients, nursing personnel and organization systems.
  - CNSs work in direct patient care and indirect patient care activities that affect a broad range of patients. (<https://www.rn.ca.gov/applicants/ad-pract.shtml>)

3

Anecdotally... CNSs are:

innovators in practice, constant mentors, coordinators and collaborators in patient care and best practice. CNSs are the “engineers” of healthcare systems; the “go-to” professionals, who understand and know the broader system. CNS core competencies can be grouped into three interacting spheres of impact within the population.



**Figure 1.**

*CNS practice conceptualized as the core competencies in three interacting spheres. The spheres are actualized in specialty practice (population foci/specialty), and guided by specialty knowledge, skills/competencies, and standards of practice. This is within the context of the ever-changing healthcare environment, healthcare policy, interprofessional collaboration, and societal needs. The core competencies are the foundation upon which to build specialty competencies.*

(NACNS, <https://www.aacnnursing.org/Portals/0/PDFs/Teaching-Resources/NACNS-CNS-Statement.pdf>)

4



## History of Titling and Certification/Licensure of the CNS in California

- In 1993, BRN study on the recognition of Definition of the title Clinical Nurse Specialist
  - Results: various and conflicting definitions of a CNS being used within the state.
  - As a result, the Legislature found that the public was being harmed by this conflicting usage of the title CNS due to the disparity in qualifications of RNs using the title.
- In July 1998, the Legislature added Article 9., “Clinical Nurse Specialists,” commencing with the addition of section 2838 of the Nursing Practice Act, to Chapter 6 of Division 2 of the Business and Professions Code, Section 2838.
  - This code requires that any RN who desires to practice as a CNS, ***must*** be certified by the BRN for the State of California. A registered nurse cannot use the title CNS, ***unless*** certified by the BRN as a CNS.

## History of Titling and Certification/Licensure of the CNS in California

- The BRN has accepted the standards of the National Association of Clinical Nurse Specialists (NACNS) Statement on CNS Practice and Education, and the American Association of Colleges of Nursing (AACN) Essentials of Masters Education for Advanced Practice.
- To be eligible to be certified as a CNS in the state of California, an RN must have ***completed an accredited advance practice nursing program***, and a ***minimum of 500 hours of clinical practice*** concurrently with Master’s level course work in the five component areas of competency.
- This course work may be completed at any nationally accredited master’s/post-master’s nursing academic program.
- There are five original main components of the CNS role including: expert clinical practice, research, education, consultation and clinical leadership.
- There are a few methods to obtain certification as a CNS in California.

## Standardization of CNS Education and Post-Graduate Certification Exams

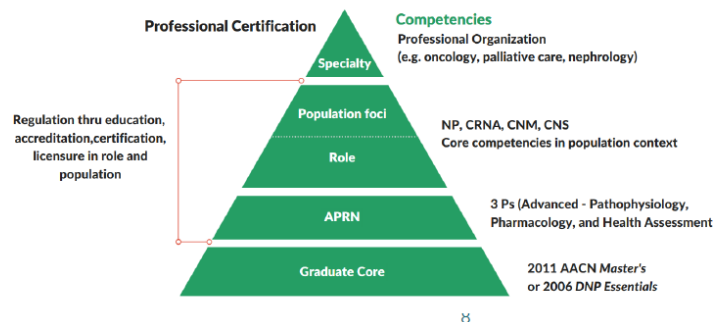
- In 2008, CNS education was further standardized by publication of the Consensus Model for APRN Licensure, Accreditation, Certification, and Education (APRN Consensus Work Group, 2008).
  - That document has since been used by certification bodies to guide certification eligibility criteria and by state boards of nursing to regulate advanced practice.
  - Require at least 500 supervised practicum hours in population
  - Provides clarity related to the four roles of advanced practice: CNS, CNP, CNM, and CRNA
  - The APRN Consensus Model offered policy guidance that identified the four APRN roles and outlined the core elements that are minimum requirements to be considered an APRN.

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## Standardization of CNS Education and Post-Graduate Certification Exams

The core criteria required to be considered an APRN are:  
(APRN Consensus Work Group, 2008)

- Education in one of the four identified APRN roles.
- Education in at least one of six identified population foci (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/ gender related, psych/mental health).
- Education that includes the "3 Ps": advanced physiology/pathophysiology, advanced health/physical assessment, advanced pharmacology.
- Certification in at least one of the roles and at least one of the population foci through a nationally accredited program.
- Licensed at the APRN level in at least one of the roles and at least one of the population foci.



## Current Monthly Statistics in California

The following is an approximate breakdown of the current population licensed by the Board as of July 1, 2024:

Description	Active	Inactive	Total
Registered Nurses	532,599	9,325	541,924
Clinical Nurse Specialists	3,076	97	3,173
Nurse Anesthetists	3,214	37	3,251
Nurse-Midwives	1,432	24	1,456
Nurse-Midwives Furnishing	1,148	16	1,164
Nurse Practitioners	39,902	302	40,204
Nurse Practitioner Furnishing	36,764	1926	36,956
Psychiatric/Mental Health	198	6	204
Public Health Nurse	43,907	805	44,712
Temporary License	956	N/A	956
Continuing Education Providers	2,032	N/A	2,032

(BRN, <https://rn.ca.gov/consumers/stats.shtml>)

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# Thank you



## Agenda Item 8.0

### **Information Only: Presentation on the California Association of Clinical Nurse Specialists (CACNS) taskforce**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 15, 2024

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

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**AGENDA ITEM:** 8.0  
**DATE:** August 15, 2024

**ACTION REQUESTED:** Information Only: Presentation on the California Association of Clinical Nurse Specialists (CACNS) taskforce

**REQUESTED BY:** Elissa Brown, MSN, RN, PMHCNS-BC, FCNS  
Co-Chair

**BACKGROUND:**

Jenny Matays, DNP, APRN-CNS, CCNS, CCRN, EBP-C, FCNS, Magnet Program Director, Kaiser Permanente Roseville Medical Center and Co-Chair of the California Association of Clinical Nurse Specialists (CACNS) Leg Reg Committee, will provide an overview of the Task Force on Full Practice Authority for California Clinical Nurse Specialists, their role, and the responsibilities.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
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California Board of Registered Nursing  
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