



# Certified Registered Nurse Anesthetist Advisory Committee Meeting

## **SUPPLEMENTAL MATERIALS**

January 16, 2025

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# Agenda Item 2.0

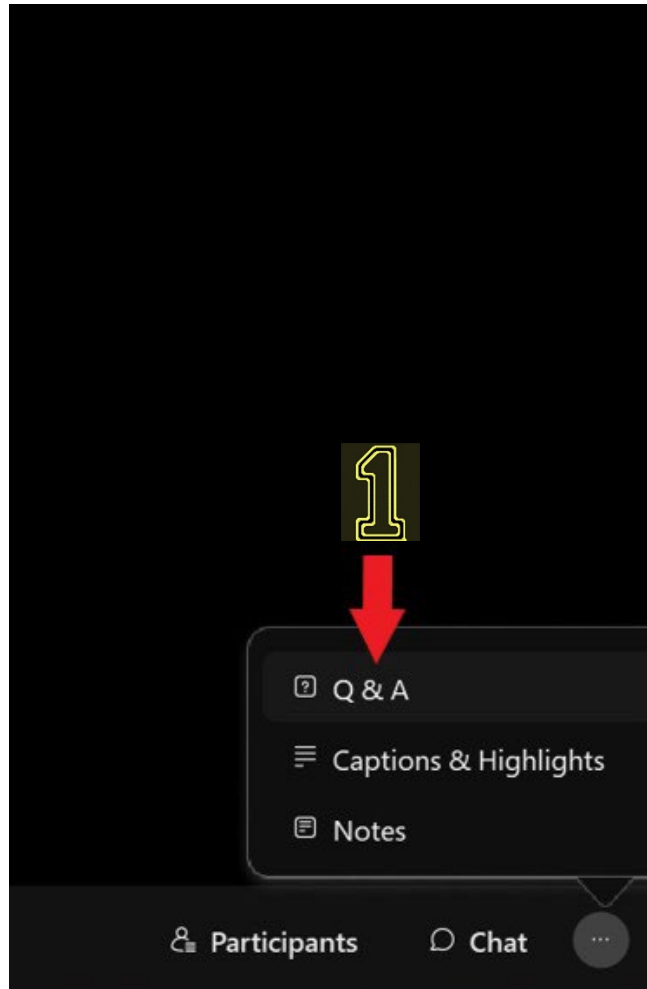
## **General instructions for the format of a teleconference meeting**

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | January 16, 2025

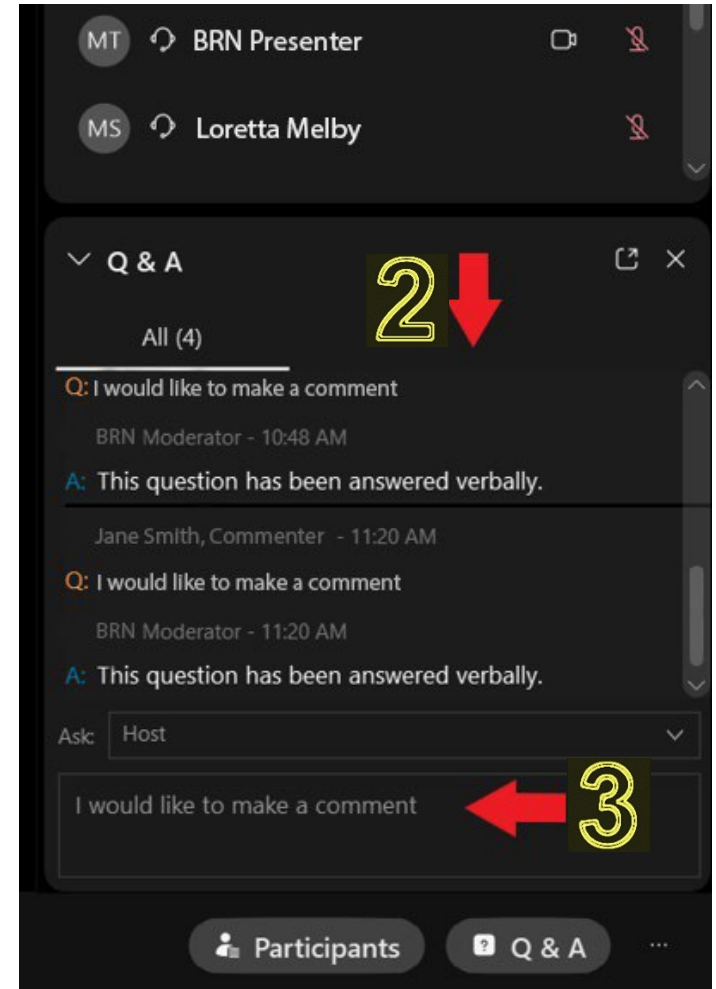
## Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the '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**

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | January 16, 2025

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

**DATE:** August 15, 2024

**START TIME:** 9:05 am

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

9:05 am

**1.0**

**Call to Order/Roll Call/Establishment of a Quorum**

Samantha Polikowski, Chair, called the meeting to order at 9:05 am. All members except Sandra Bordi were present. Quorum was established at 9:06 am.

**Certified Registered Nurse Anesthetist Advisory Committee Members:** Samantha Polikowski, CRNA – Chair  
Joseph Martin, DNP, CRNA – Vice Chair  
Sandra Bordi, DNP, CRNA - Absent  
Karyn Karp, MS, CRNA  
Kathleen Theobald, MA

**BRN Staff Representatives:** Loretta Melby, RN, MSN, Executive Officer  
Harry Skaletzki, DCA Legal Affairs, Attorney

9:09 am

**3.0**

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

**Public Comment for Agenda Item 3.0:** **Joshua Kemper, CRNA at Sierra Nurse Anesthesia in Visalia and South Valley:** He said the advisory committee's role in advising the BRN is vital given the challenges they're facing in the underserved regions. The BRN's strategic plan focuses on public health and CRNAs practicing independently is essential to meeting this goal. The California Department of Public Health (CDPH) is issuing citations to hospitals in the central valley that threaten the foundations of patient care directly contradicting the Nursing Practice Act. These actions have forced hospitals to cancel surgeries, impose unnecessary supervision requirements, and directly harmed patients in California by delaying or denying care. CRNAs are vital to ensuring all Californians have access to quality care. He urges the advisory committee to recommend BRN take immediate action clarifying CRNA independence to CDPH, Centers for Medicare and Medicaid Services (CMS), and healthcare facilities ensuring all California residents receive anesthesia care they need and deserve.

**Emily Frank, CRNA, UC Davis, President elect, CANA:** Echoed Josh's comments regarding CDPH throughout the central valley that

is harming access to patient care which is the top priority for CANA and CRNAs in general. They are all about extending care to rural communities by making sure everyone is getting quality care by the providers that have been doing this for over 100 years. They would like to urge the BRN to support their efforts to make sure all agencies involved, and all hospitals and facilities involved are aware of their independent practice. This has been going on for several months and they need this to end. They need to make sure their patients are protected, and their practice is protected. They are asking for this committee's help on this matter.

**Daffy:** Challenges proposed draft regulations because you abuse your authority by proposing regulations that are outside the scope of California law. You are encouraging your CRNAs and anesthesia.

**Loretta Melby:** Advised commenter this is an agendized issue at item 7.0 and the commenter can make a comment at that time.

**Brian Tune, Executive Managing Partner of Central California Anesthesiology Solutions, faculty at CSU, Fresno:** Wanted to address the committee about importance of CDPH recent surveys and how they've directly impacted Central California as a practicing CRNA for over 20 years. He stated that he has never seen such a dramatic impact with their patients and practice and it is a tremendous threat and has ripple effects throughout the state. As an executive managing partner, he is charged with contracts and assuring all the hospitals have the appropriate anesthesia staff they need to provide the anesthesia care they contract for. This was threatened immediately when many surgeries were delayed while hospitals were investigating and looking at this situation and there was mass confusion. He asked BRN to address this with the CDPH and CMS as this is a critical event that continues to ripple throughout the state and the country.

**Joseph Martin:** Said there were two people trying to make public comments and cannot get through.

Joseph Martin and the BRN Moderator worked to get the call-in users identified via their telephone numbers in order to make public comments.

**Deborah Verela, CRNA:** She has been a CRNA for 33 years and works in a facility that is impacted by the CDPH surveys. She's very familiar with all the work that goes in by the CDPH to ensure patient safety. She's been very fortunate to have worked 33 years as an independent CRNA in the military, the 67<sup>th</sup> combat support hospital in Bitburg Germany. She's practiced 25 years in rural critical access hospitals that otherwise would have extreme travel times and distances in the central valley. These are some of the most vulnerable populations and interrupting their care has been difficult for them from a time standpoint and money. She's encountered multiple survey teams through her practice and understands their

role that the survey that was conducted through CDPH at this time was anything but customary. The act has had real safety implications for these patients, delaying surgical times. CRNAs are 100% trained and board certified to deliver independent anesthesia care and their patients and surgeons rely on them. She's asking that the advisory committee reach out and ask that the Board of Nursing support their practice as defined in state statute, allowing them to fulfill the needs of their patients and their facilities.

**Thomas Butler, CRNA at Cedars Sinai affiliated surgery centers in Beverly Hills:** He's been a CRNA for 11 years and is committed to high quality anesthesia care. He's concerned with the CDPH surveys in the central valley rural facilities. Even though he works in Los Angeles he thinks attention needs to be given because this trend of CDPH forcing hospitals to cancel thousands of surgeries is not one that can be continued. They need BRN to better support CRNAs and their ability to practice independently without physician supervision as they have for decades, given the case law that supports this.

**Kristen Roman, CRNA Cedars Sinai Hospital, CANA board member:** She's a recent graduate and heavily involved in the issues affecting central California. She would like to practice to her full scope and finds that is under attack now. She advocates for regulations to further define the scope of practice and is in full support of all other comments made today.

**Loretta Melby:** Provided clarifying information about this agenda item for the public and advisory committee members. She said this could be added as a future agenda item after going through legal review. She further explained that the Board is actively working on this with DCA Legal, CDPH, and she's personally been involved in many meetings to try to get the concerns answered. She clarified that a CRNAAC member did ask for this topic to be added to today's agenda; however, since it is not within the BRN's jurisdiction as it's a CDPH issue, it could not be added. When something is not under the jurisdiction of the BRN then we cannot opine on it.

9:29 am

**4.0**

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

**4.1** January 18, 2024

**Discussion:** Presented by Samantha Polikowski, Chair.

No comments or questions by members.

**Motion:** **Samantha Polikowski:** Motioned to approve the minutes from the January 18, 2024, meeting.

**Second:** **Kathleen Theobald**



**Public Comment for**

**Agenda Item 4.0: Malik King:** Thanked the members for the job they're doing.

**Vote:**

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

**Motion Passed**

9:32 am

**5.0**

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

**Discussion:** Presented by Samantha Polikowski, Chair.

**Loretta Melby:** Explained the compilation of the various meeting dates listed and that they are proposed for 2025. If any members have issues with the proposed dates, they may be able to be accommodated.

**Motion: Karyn Karp:** Motioned to approve January 16 and August 17 as the meeting dates for 2025.

**Second: Joseph Martin**

**Public Comment for**

**Agenda Item 5.0:** No public comments in any location.

**Vote:**

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

**Motion Passed**

9:36 am

**6.0**

**Discussion and possible action: Report from the three CRNAAC subcommittees: Public Engagement and Website; Regulations; and Regulation Definitions.**

**Discussion:** Presented by Samantha Polikowski, Chair and turned the discussion over to each subcommittee for updates.

**Kathleen Theobald:** Explained the work done by the Public Engagement and Website subcommittee and what they would like on a BRN webpage dedicated to CRNAs with a variety of information, infographics, photos, videos, testimonials, etc.

**Loretta Melby:** Provided clarifying information about what can and cannot be done as a regulatory agency.

**Karyn Karp:** Explained that the proposed regulation discussion will be deferred to the upcoming agenda item but acknowledged Sandra Bordi and CANA's attorney Kate Bulls who drafted the agenda item summary for the agenda item and the regulation language.

**Joseph Martin:** Stated he has no update to provide at this time.

**Motion:** No Motion Made

**Public Comment for Agenda Item 6.0:** **Todd Primack:** Said the information proposed to be added to the website sounds like advocacy and may be over the line. He appreciates the comment to be sure to stay in the lines.

**Break from 9:52 – 10:05 a.m.**

**Quorum re-established at 10:06 a.m.**

10:06 am

7.0

**Discussion and possible action: Regarding the proposed draft regulatory language for CRNAs.**

**Discussion:** Presented by Karyn Karp and Loretta Melby, Executive Officer. Marissa Clark gave an overview of the regulatory process.

No initial comments or questions by the committee members.

After Public Comment:

**Joseph Martin:** Appreciates everyone's time here today and the comments. He supports the proposed draft regulatory language for CRNAs and echoes the comments of some of his colleagues. It is important for the public to note the issue on safety and he explained about an independent study done in 2010 by Health Affairs that looked at over 700,000 patient interactions and found no greater harm to patients whether anesthesia was provided by a physician or CRNA independently or in a care team model. It's important that the public knows that CRNAs have proven to provide safe, quality, effective care, with evidence. He explained that he served as program director at National University in Fresno California and the comment by Dr. Contech is appreciated but is factually inaccurate and misleading to the public. CRNAs are educated with over 90 hours in advance pharmacology which rivals physician education in advanced pharmacology. As his colleague, Ms. Frank brought up, the appellate court in 2010 upheld that CRNAs are allowed to practice independently in the state of California. This has been going on for decades and any comments to mislead the public is something that is egregious and a deviation is factually inaccurate. He thinks everyone is here today to provide care to the public and care to the community. Having read the report from CDPH on Stanislaus Surgical Hospital and the ones from other central valley hospitals there has not been one finding of actual patient harm. He encourages the public to do the due diligence and to not be misled by large voices here that have an agenda.

**Karyn Carp:** Stated that CRNAs in California have always been exempt from registering with DEA in accordance with Code of Federal Regulations Title 21, Part 1301.22. CRNAs licensed in California are authorized in accordance with the code of federal regulations to write medication orders under the auspices of their own facility's DEA registration. That is the only protocol needed for a CRNA clinical anesthesia practice in California.

Loretta Melby: Appreciates the work of the subcommittee and stated that where it says, "including a nurse anesthesiology resident, registered nurse anesthesiologist" it will need to be added to the definition section because in the statute, the title that is used is nurse anesthetist and that is the only title that's in there. She proceeded to read Business and Professions Code section 2826(a). The statute does not refer to nurse anesthesiologists, and if the BRN were to use this term it would have to be added in the definition section of the regulation or supported in statute. She further explained that the other issue brought up in public comment was the use of "doctor" and she wants to ensure the advisory committee members understand that there's a bill currently moving through the legislative session that addresses use of doctor and the BRN must adhere to statutory requirements. As the legislative session comes to an end, we'll see what happens with the term doctor moving forward.

**Joseph Martin:** Stated that an issue about supervision was brought up in public comments, and it's very important the public is aware that the CDPH released an All Facilities Letter (AFL) 15-07 on June 18, 2015, which stated that CRNAs do not require physician supervision pursuant to an exemption recognized by CMS. This AFL rescinds previous guidance regarding procedural sedation contained in AFL 13-17. He further stated that the Governor, CMS, and CDPH have stated on the public record for over a decade that CRNAs in California do not require physician supervision pursuant to an exemption recognized by CMS. He wanted the public to know and be educated and make informed decisions about this.

**Loretta Melby:** Stated that there may be an updated AFL issued to address this issue and when it comes out, she will share it. She pointed to the BRN's website where the regulations reside to explain there are no regulations for CRNAs and CNSs. Regulations can go through the process ensuring there is statutory authority to do so. She explained how she, board staff and legal staff, will review the regulatory language line by line to ensure it all ties back to legislative authority of the BRN. If there are any issues, they can be brought back to CRNAAC for consideration. She also explained Joseph Martin did not have any definitions to report out on for his subcommittee, but his focus could be changed to regulatory definitions and legislative focus to do research on any items that are discovered through this regulatory process that would need to have statutory implementation before moving forward. She said it is good

to look at California law for others practicing in similar capacities. She provided an example of CNMs and explained that they have standardized procedures that have expanded their scope and she recommended clearly defining the path to independent practice and when standardized procedures could be appropriate. She also stated that the committee may want to add the Federal Code of Regulations, as suggested by Karyn Carp, regarding schedule II which is not clearly spelled out in statute or regulation. She also stated that it would be good to address the new graduates and out-of-state nurse anesthetists and she explained that CRNAs are the license to require national certification versus the others that allow an applicant to be licensed if they completed a California Board-approved program; and the international graduate also needs to be addressed in the regulation.

**Joseph Martin:** Appreciates the suggestions and agrees they definitely need to take this under consideration.

**Motion:**

**Joseph Martin:** Motioned to keep the draft proposal in the advisory committee while edits are made.

**Second:**

**Karyn Karp**

10:18 am

**Public Comment for Agenda Item 7.0:**

In Sacramento

**Melanie Rowe, CRNA, Practice Director CANA:** Stated that she's in support of the regulations and thanks the committee for their work. She said there are six times where "certified nurse anesthetist" is mentioned and she requests "registered" be added to read "certified registered nurse anesthetist." She said she looks forward to the regulatory process and if CANA can be a resource for the statement of reasons, they are happy to do so. They look forward to helping support how these regulations can inform the public.

On Webex

**Joshua Kemper, CRNA:** Stated that he's in strong support of the draft regulatory language while identifying a few unclear phrases. One of the concerns was highlighted by Melanie Rowe. Next in scope of practice A, 1 through 3, the language, "shall not be required to perform certain tasks like that of a circulating nurse." He thinks could imply that independence may be conditional, so he'd like to suggest strengthening the language to be more assertive and definitive, including perhaps even saying something like, "certified registered nurse anesthetists expressly prohibited from being assigned or required to perform the duties of a perioperative registered nurse" and so on and so forth. Another line saying something like, "a CRNA shall practice independently and shall not provide nurse anesthesia services pursuant to standardized procedures or under the supervision of any physician, podiatrist, or dentist requesting anesthesia services." The next one stating, "the anesthesia services shall encompass preoperative, interoperative and post operative care" and so forth might be twisted to suggest

that CRNAs only provide care when specifically requested and could otherwise be limited. He would like to see clarification that, “CRNAs have the authority to manage the full spectrum of anesthesia related care independently as soon as a patient is admitted for surgery” or whatever reason they would be admitted needing anesthesia using language like, “CRNAs are independently authorized to manage the full continuum of anesthesia care including preoperative, interoperative and post operative services once a patient is admitted for a surgical or dental procedure without the need for separate or specific requests for each aspect of care.” This is something that's come up with multiple surgeons that have talked about this concern that if they want to change the type of anesthesia, then the surgeon would have to go back and change an order for anesthesia from general anesthesia to spinal anesthesia, e.g., and they're concerned and kind of spooked by the idea that they're somehow liable in that situation which clearly they are not. Moving forward to potentially unclear language for the requirement for trainees to practice under the supervision of CRNAs or physician assistants. They might be misinterpreted to suggest that CRNAs must practice under similar supervision. He suggests adding an additional language saying comma at the end of the trainees' section say comma, whereas Certified Registered Nurse Anesthetist practice independently without such supervision. Again, some of this may not actually be unclear but it came across as unclear to him on a quick read.

**Charles Griffis, CRNA, PhD., PhD nurse researcher, clinical instructor of anesthesiology at USC:** stated that he's in support of the proposed regulations and feel they will clarify the critical role of CRNA and the provisions of healthcare for California.

**Bryan Tune, Central California Anesthesiology Solutions:** Stated that he's the executive managing partner of 22 independent CRNA practice sites throughout central California down to southern California. Their patient population is large, and he applauds these language changes. He stated that on a weekly basis he receives phone calls from institutions requesting assistance in dental care. This is very big in the central valley and patients are going one year without receiving appropriate dental care. This is almost exclusively pediatric dental. These changes would really help them to appropriately serve these patients and meet the need that exists. He applauds the changes and hopes the BRN will act on these to help improve practice and improve patient care within California.

**Lucas Evensen, California Medical Association:** Stated that they're still analyzing the proposed language and do not have a position or suggested amendments. The proposed language seeks to rework the way the healthcare system engages with CRNAs, including how entities and people that aren't within the board's jurisdiction engage with them. In addition to any policy concerns, it warrants a full vetting before moving forward to ensure the changes are within the board's authority to regulate. They look forward to the

opportunity to provide additional comments as the process moves forward.

**Todd Primack, Osteopathic Physician, California Society of Anesthesiologists:** Voiced the concern and opposition to proposed regulations for CRNAs. CRNAs are not independent providers, it's false and misleading to patients and possibly even illegal to state otherwise. Nurse anesthetists can only administer anesthesia under the prescriptive order of a physician or surgeon, dentist, or podiatrist pursuant to present Business and Professions Code section 2720.5(b)(2). The proposed regulations should be amended to reflect this requirement. Second, the proposed language is attempting to expand nurse anesthetist's scope of practice beyond that authorized by statute. Extremely troubling is the proposed language stating that once a physician has requested anesthesia be performed, the nurse anesthetist is free from supervision. This language is inconsistent with California Pharmacy law, which requires the physician provide a patient a medication for specific order. This requirement is in place for good reason. Physicians have training and education to manage patients when complex issues arise and may warrant further care to manage additional medical conditions and possibly to transfer a patient and permit them to the hospital. Third, language that allows nurse anesthetists to use the honorific and abbreviations of doctoral degree is prohibited under business and professions code section 2054. Only persons licensed as a physician and surgeon by the California Medical Board are allowed to use the doctor title. Use of these designations by nurse anesthetists or other non-physician providers would be extremely misleading to public and patients.

**Daffy, retired RN and attorney:** Stated that she challenges the proposed draft regulations because they are outside the scope of California law. You are encouraging CRNAs to act outside the legal scope of practice. You are failing to protect the public from harm caused by CRNAs. CMS, CDPH and other government agencies investigate peri-operative deaths and severe injuries. The CMS Stanislaus Surgical Hospital report of 2/5/2024 documents situations where CRNAs acted outside their legal scope of practice, misled their legal scope of practice, and probably violated controlled substance laws by ordering narcotics while lacking DEA licenses. This report states that CRNAs ordered registered medications with medical doctors' orders. CRNAs ordered contraindicated medications. CRNAs failed to provide appropriate post operative care. CRNAs failed to consult with anesthesiologists when peri-operative emergency occurred. These CRNAs' failures cause timely delay for perioperative last, aspiration, hypoxia, hypertension, and AFIB. Please provide CRNAs with appropriate statutory scope of practice. Please take action to prevent CRNAs from further harming their patients. Please protect the public and your profession.

**Dr. Antonio Hernandez-Conte, California Society of Anesthesiology, as immediate past president:** Stated that he's a



clinical professor at the Kaiser Permanente School of Medicine and a partner with the southern California Permanente Medical Group and a CRNA instructor with the Kaiser Permanente Nurse Anesthetists. He's voicing concern to proposed regulations regarding CRNAs given the recent series of events that occurred under a CRNA-only anesthesia model without anesthesiologists involved at Stanislaus's Surgical Hospital in Modesto California. The CSA is extremely concerned about safety of California patients if proposed regulatory language were adopted. The investigation was triggered by harm that came to patients, patient complaints, and adverse patient outcomes. This was not a politically instigated investigation. The lack of judgement, inability to manage complications and delay in patient care exhibited by CRNAs in Modesto at SSH led to significant harm for multiple patients. This harm is detailed in a 500-page report issued by the California Health and Human Services Agency in conjunction with the US Centers for Medicare and Medicaid Services. Importantly this report underscores that California law does not authorize nurse anesthetists to practice as independent providers. Additionally, the proposed language includes the phrases nurse anesthesiology resident and resident registered nurse anesthesiologist. These phrases are not recognized by California law, but more importantly, the accrediting body, the standards for accreditation of nurse anesthesia programs do not recognize these phrases. Instead, the accrediting body uses students or nurse anesthesia students, and California statutes refer to them as trainees or nurse anesthesia students. Finally, because nurse anesthetists do not complete a formal accredited anesthesia residency program and no such accredited program exists for nurse anesthetists, these phrases are highly inappropriate and would be confusing in hospital surgical settings. Within his own institution at the southern California Permanente Medical Group, the use of the terms nurse anesthesiology resident or nurse resident or nurse anesthesiology are prohibited by the Permanente Medical Group and that is the formal agreement with Kaiser Permanente School of Nurse Anesthesia. He'd like to recommend against any of these proposals on behalf of himself as a Permanente physician and as the immediate past president of the California Society of Anesthesiologists.

**Thomas Bachtler, DNP, CRNA, board member CANA:** Voiced support of the proposed regulatory language update for CRNAs so they may continue to provide or increase access to high quality care for Californians.

**Dr. Kristen Roman, CRNA doctoral program graduate from USC:** Explained that she uses the title doctor with CRNA after it and introduces herself to patients that way because it reflects the education she pursued and graduated from an accredited facility as well as passing a doctoral level national licensing exam to be able to practice at the full scope of practice. She uses the terminology with patients so they understand who she is and the education she

has along with care she will provide them. She is in full support of all the regulatory language changes that are proposed today. She believes they will increase access to care to those patients who are most in need of care within the state of California. She takes personal offense to any of the individuals who are attacking her education, her ability to provide or questioning her ability to help people who need help in the state of California. CRNAs have an incredible safety record. You cannot question their safety. All research points to safe care being provided by CRNA providers. Attacking their scope of practice in this way is offensive to her and to their patients.

**Dr. Christina Menner – president elect, CSA:** Spoke against the proposed regulatory language. In reference both to prior speakers as well as documents she’s reviewed, most of the things they have concern about are the way that patients receive information from providers, when they use “doctor” in a medical setting patients understand that to be a physician meaning an MD or DO, not another type of doctor. If someone goes in and is a “Doctor of Physical Therapy,” they need to introduce themselves as such. If you use doctor, then it should include CRNA. A CRNA is a certified registered nurse anesthetist, not anesthesiologist. That is not their licensure and not their board certification and should not be used in any of the language used in the California statute. She would also like to speak against the safety records. She said the CDPH and CMH records at Stanislaus Surgical Hospital show patient harm was done as well as at Doctors in Modesto; both had immediate jeopardy threats which were not prompted by her organization or any anesthesiologist. These were prompted as CDPH has said from any other type of either patient complaint or something that came directly to them. They found out about these immediate jeopardy things through news articles just like the rest of the public did. She reviewed the reports from CMS and CDPH specifically for Stanislaus where direct harm occurred related to the CRNA care without additional physicians available. She speaks strongly against moving forward with any of this proposed language.

**Emily Frank, CRNA, UC Davis, president elect CANA:** Stated she would like to clarify that despite previous comments, there is case law from 2010 from the California Appellate Court that said CRNAs can practice independently, and the judicial opinion is formed from multiple citations of California statutes. She and the California Appellate Court strongly disagree with previous statements.

**Vote:**

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

**Motion Passed**



**Additional Discussion:** **Loretta Melby:** Stated that she, Marissa, and DCA legal are available for consultation at any point during the process. She stated that the Nursing Practice Committee meets in October and the full Board meets in November with the next Nursing Practice Committee meeting in January 2025 and full Board in February 2025.

11:30 am 8.0

**Adjournment:** **Samantha Polikowski,** adjourned the meeting at 11:30 am.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Samantha Polikowski**

Chair  
Certified Registered Nurse Anesthetist 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: Report from the three CRNAAC subcommittees: Public Engagement and Website; Regulations; and Regulation Definitions.**

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | January 16, 2025

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

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**AGENDA ITEM:** 5.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Discussion and possible action: Report from the three CRNAAC subcommittees: Public Engagement and Website; Regulations; and Regulation Definitions.

**REQUESTED BY:** Samantha Polikowski, CRNA  
Chair

**BACKGROUND:**

The three CRNAAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Public Engagement and Website: Samantha Polikowski and Kathleen Theobald
- Regulations: Sandra Bordi and Karyn Karp
- Regulation Definition: Joseph Martin

**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 6.0

**Information only: Licensure process for Certified Registered Nurse Anesthetists, including California, out-of-state, and international graduates**

Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) Meeting | January 16, 2025

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

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**AGENDA ITEM:** 6.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Information only: Licensure process for Certified Registered Nurse Anesthetists, including California, out-of-state, and international graduates

**REQUESTED BY:** Sandra Bordi, CRNA

**BACKGROUND:**

Loretta Melby, Executive Officer, will provide an overview of the licensure process for Certified Registered Nurse Anesthetists (CRNA).

**RESOURCES:**

CRNA webpage: <https://www.rn.ca.gov/practice/crna.shtml>

General Instructions and Application Requirements for CRNA Certification:  
<https://www.rn.ca.gov/pdfs/applicants/na-instruct.pdf>

Apply online via BreEZe: <https://www.breeze.ca.gov/datamart/loginCADCA.do>

**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)