

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

Date: June 29, 2023

Start Time: 11:05 a.m.

Location: **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not being provided.

The Board of Registered Nursing held a public meeting via a teleconference platform.

Thursday, June 29, 2023 - 11:05 a.m. Nursing Practice Committee Meeting

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|----------|------------|---|
| 11:05 am | 7.0 | <p>Call to Order/Roll Call/Establishment of a Quorum</p> <p>Dolores Trujillo, called the meeting to order at: 11:05 am. All members <u>present</u>. Mary Fagan is absent due to technical issues. Quorum was established at 11:06 a.m.</p> <p>Board Members: Dolores Trujillo, RN
Mary Fagan, PhD, RN, NEA-BC – <i>via phone after 7.2</i>
Jovita Dominguez, BSN, RN
Vicki Granowitz</p> <p>BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – DCA Legal Attorney
McCaulie Feusahrens-Licensing Chief, Staff Liaison</p> |
| 11:06 am | 7.1 | <p>Public Comment for Items Not on the Agenda; Items for Future Agendas</p> <p>Public Comment for Agenda Item 7.1: No public comments.</p> |
| 11:08 am | 7.2 | <p>Review and vote on whether to approve previous meeting's minutes:</p> <p>7.2.1 January 26, 2023</p> <p>Committee Discussion: No comments or questions.</p> |

Motion: Dolores Trujillo: Motioned to accept meeting minutes from January 26, 2023, and allow BRN Staff to make non-substantive changes to correct name misspellings and/or typos that may be discovered in the document.

Second: Vicki Granowitz

Public Comment for Agenda Item 7.2: No public comments.

Vote:

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

Motion Passed

***Mary Fagan joined the meeting.**

11:36 am

7.3

Information only: Discussion of the request of certified 103 Nurse Practitioners to remove the 103-distinction due to employment issues

Committee Discussion: Mary Fagan asked if any education has been offered for organizations to help guide them if they have a mixture of NPs. She said there has been confusion, at her organization in particular, on what it means for a hospital regarding NPs with standardized procedures.

Loretta Melby said a 103 NP can continue to work in a NP role with standardized procedures. A NP can continue to work in a traditional role. She said a lot of guidance has been provided. The presentation for the next agenda item will talk about employment of 103s. The presenter has been working with Loretta Melby and Garrett Chan to increase education and knowledge around what 103 NPs are.

Vicki Granowitz doesn't understand why organizations have a concern about it. What is the problem? Loretta Melby said this is brand new and unknown when you look large organizations that have policies and procedures outlined into what providers can do and then they designate who those providers are and how they operate but don't know how an independent practitioner functions in a role. Vicki Granowitz said it boils down to change, which is difficult, and a turf issue.

11:59 am

Public Comment for Agenda Item 7.3:

Monica Christine Nandwani: Asked if there is any guidance around corporate practice of medicine and how that might apply to what a 103 and 104 might be. Loretta Melby thinks there might be information in the upcoming presentation. Reza Pejushesh said this isn't on the agenda but could be proposed for a future agenda.

Break for lunch at 12:06 pm return at 12:40 pm
Meeting resumed at 12:40 pm, Quorum re-established at 12:41 pm

12:40 pm

7.4

Information only: Presentation by Surani Kwan with Sutter Health on employment for Nurse Practitioners with the 103-distinction

Committee Discussion: Loretta Melby opened the agenda item and introduced Surani Hayre-Kwan, DNP, MBA, FNP-BC, FACHE, FAANP, Director, Professional Practice & Nursing Excellence with the Office of the Chief Nurse Officer at Sutter Health as the presenter of this agenda item.

Mary Fagan asked if NPs need to be re-privileged as a 103.

Surani Hayre-Kwan said the only reason would be if the NP was not previously privileged.

Mary Fagan said then nothing needs to be changed than the normal process with standardized procedures and privileging.

Vicki Granowitz asked what Surani thinks it will take to get the organizations to stop asking people to get rid of their 103 statuses.

Surani Hayre-Kwan said she doesn't know if it's political as much as it is power, controlling what happens to the patient is likely the basis of this. She said there is a misperception in the medical community that NPs who have 103 status can conduct surgery on a patient. The NP is not able to conduct surgery once they become a 103 NP. She was quite shocked when she was asked this question in a meeting with a physician executive group. She said there is a lot of confusing information being provided by the medical association.

Mary Fagan asked if some of the information presented by Surani can be added to the BRN website.

Loretta Melby said there is a lot of information on the website but information from today's agenda items will be added to the 890 information on the website.

Mary Fagan asked if Surani would be able to do presentations in the community on a broader scale.

Surani Hayre-Kwan said she is happy to do that, and her employer supports her doing it. She thinks it is very important as part of the professional association for NPs.

Vicki Granowitz asked if Surani could come back in two years to provide updates.

Surani Hayre-Kwan and Loretta Melby said that would work perfectly as it will be right before the 104 NP becomes active.

1:04 pm **Public Comment for Agenda Item 7.4:** Monica Christine Nandwani: Appreciates the information presented. She wanted to know about the corporate practice of medicine since there is some confusion from the California Medical Association (CMA) disseminated information. Surani said the information has been retracted since it is patently false. Reza is unaware of the CMA statement but said the legislative intent of AB 890 could not have been clearer as to the intent of getting 103 and 104 NPs free from standardized procedures in a process that could allow them to do so safely and competently.

Elissa Brown, CNS: Appreciates Surani's presentation and advocacy. Education is key to this. She thinks there has always been a power struggle and this gives physicians more things to question.

Carmen Comsti, CNA: Said they have NPs who have been trying to obtain 103 status where the employers have directed physicians not to sign the attestations. She appreciates the efforts of the BRN and board putting together clarifying information on the website.

Rubi Hickson, ICU NP at UCSF: She is concerned with the information in CCR 1487 saying the NP shall use the standardized phrase enferma especializada and has used the phrase enfermedad practicante which is a literal term of a nurse practitioner. She said enferma especializada is a specialized nurse which doesn't say you are a NP. She is working with the National Association of Hispanic Nursing to try and get common language to describe a nurse practitioner. Surani said she had a conversation about this last week with a patient and a translator based in Guadalajara Mexico who also said enferma especializada is not a NP. She would like to see a national standard for this. Loretta Melby explained the language in the statute is explicit and says "shall." Any change to the language must be made through the legislative process. She said NPs must use the term in statute, but you could add the additional language to further clarify but you must use the statutory language. Reza added his understanding of the statute and regulations regarding this phrase.

7.5

Advisory committee updates – informational only

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

Committee Discussion: No comments or questions.

Public Comment for Agenda Item 7.5:

Elissa Brown, CNS: Thanked the committee for their work. She was at ANAC as a representative from California that also took up the issue of national nursing workforce center act addressing the nursing crisis understanding the value of nurses. She was proud to tell legislators that California is working on nursing workforce. She asked how many public members applied for the committees. Loretta Melby said there were two interested in CNSAC and zero for CRNAAC.

1:22 pm

7.6

Adjourn

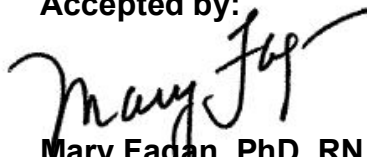
- Mary Fagan, Chairperson, adjourned the meeting at 1:22 pm.

Submitted by:



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

Accepted by:



Mary Fagan, PhD, RN, NEA-BC
Chairperson
California Board of Registered Nursing