

2020

The California Board of Registered Nursing



2020 Sunset Review

California Board of Registered Nursing
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Forward

The Assembly Committee on Business and Professions and Senate Committee on Business, Professions and Economic Development provided the Board a sunset review survey document that contained 13 subject categories, or sections, of questions.

This report is written in narrative form answering the specific questions from the sunset review survey document; therefore, the questions as provided are included unedited in the text. The data presented in this report covers July 1, 2016 through June 30, 2020. However, the narrative includes some actions and developments through November 2020.

The information is organized within 12 sections and includes headings that correspond to the specific information requested. Additional information and details may be included to provide more description of the subject matter. Pages six through eight contain a list of acronyms and terms used throughout the report. Section 13 of the report contains the requested attachments; supplementary attachments are also included, as noted throughout the report.

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Acronym List

Title	Acronym
Accreditation Commission for Education in Nursing	ACEN
Administrative Law Judge	ALJ
Advanced Practice Registered Nurse	APRN
Advanced Practice Registered Nursing Advisory Committee	APRNAC
Assembly Bill	AB
Assistant Executive Officer	AEO
Associate Degree in Nursing	ADN
Association of California Nurse Leaders	ACNL
Authorization to test	ATT
Baccalaureate of Science in Nursing Degree	BSN
Bagley-Keene Open Meeting Act	Act
Boards of Nursing	BONs
Budget Change Proposal	BCP
Bureau of Medi-Cal Fraud and Elder Abuse	BMFEA
Bureau for Private Postsecondary Education	BPPE
Business and Professions Code	BPC
California Association of Colleges of Nursing	CACN
California Office of the Attorney General	OAG
California Business, Consumer Services and Housing Agency	BCSH
California Board of Registered Nursing	BRN
California Board of Vocational Nursing and Psychiatric Technicians	BVNPT
California Code of Regulations	CCR
California Community Colleges	CCC
California Community Colleges Chancellor's Office	CCCCO
California Department of Consumer Affairs	DCA
California Department of Justice	DOJ
California Department of Public Health	CDPH
California Department of Social Services	CDSS
California Education Code	EDC
California Nursing Students' Association	CNSA
California Office of Human Resources	CalHR
California Office of Statewide Health Planning and Development	OSHPD
California Organization of Associate Degree Nursing Program Directors	COADN
California State Auditor	CSA
Certified Nurse-Midwife	CNM
Clinical Nurse Specialist	CNS
Commission on Collegiate Nursing Education	CCNE
Computerized Adaptive Testing	CAT
Consumer Protection Enforcement Initiative	CPEI
Continuing Approval Visit	CAV
Continuing Education	CE

Title	Acronym
Continuing Education Provider	CEP
Criminal Offender Record Information	CORI
Division of Investigation	DOI
Drug Enforcement Administration	DEA
Education Issues Workgroup	EIW
Emergency Medical Services Authority	EMSA
Entry Level Master's Degree of Nursing	ELM
Executive Officer	EO
Federal Bureau of Investigations	FBI
Fiscal Year (State)	FY
Franchise Tax Board	FTB
Governor's Interagency Council on Veterans	ICV
Health and Safety Code	HSC
Information Technology	IT
Insurance Code	INS
Interim Permit	IP
Interim Suspension Order	ISO
International English Language Testing System	IELTS
Intervention Evaluation Committees	IECs
Licensed Practical Nursing/Vocation Nursing	LPN/VN
Licensed Vocational Nurse	LVN
Master's of Science in Nursing Degree	MSN
National Board of Certification and Recertification for Nurse Anesthetists	NBCRNA
National Council Licensing Examination Registered Nurse	NCLEX-RN
National Council of State Boards of Nursing	NCSBN
National Practitioners Data Bank	NPDB
No Longer Interested	NLI
Nurse Practitioner Advisory Committee	NPAC
Nurse Practitioner	NP
Nurse-Midwifery Advisory Committee	NMAC
Nursing Education and Workforce Advisory Committee	NEWAC
Nursing Education Consultant	NEC
Nursing Practice Act	NPA
Nursing Regulatory Body	NRB
Nursing Workforce Advisory Committee	NWAC
Office Expenses and Equipment	OE&E
Office of Administrative Hearings	OAH
Office of Administrative Law	OAL
Office of Information Services	OIS
Pearson Professional Test Centers	PPC
Penal Code	PEN
Public Health Nurse	PHN
Public Information Unit	PIU

Title	Acronym
Record of Arrest and Prosecution	RAP
Registered Nurse	RN
Senate Bill	SB
Substance Abuse Coordination Committee	SACC
Supervising Nursing Education Consultant	SNEC
Supervising Special Investigators	SSI
Temporary License	TL
Test of English as a Foreign Language	TOEFL
The nine-member Board of Registered Nursing	Board
United States	US
United States Postal Service	USPS
University of California, San Francisco	UCSF

Introduction

It has been four years since the California Board of Registered Nursing's (BRN) previous supplemental sunset report in 2016. The BRN continues its commitment of public protection through its six main program areas: Consumer Services and Board Operations; Office of Legislative Affairs; Licensing; Nursing Education; Continuing Education and Research; and Enforcement. Since the previous supplemental sunset report, the BRN has undergone an internal reorganization, a relocation, and BRN website and other technological and computer system changes.

As a California consumer protection agency, the BRN's responsibilities are to meet the mandate of consumer protection through ensuring the highest quality registered nurses (RNs). In addition to issuing licenses to RNs, the BRN issues certificates to advanced practice registered nurses (APRNs) which include Certified Nurse-Midwives (CNMs), Nurse Practitioners (NPs), Nurse Anesthetists (NAs), and Clinical Nurse Specialists (CNSs). The BRN also issues certificates to Public Health Nurses (PHNs), approvals to Continuing Education Providers (CEPs), and maintains a statutorily mandated list of Psychiatric/Mental Health Nurses.

The BRN also regulates and approves California educational prelicensure nursing programs, including but not limited to their curriculum, facility sites, and faculty, including the Nursing Program Director and Assistant Director, CNM programs (if requested), and NP programs both in-state and out-of-state. Other statutorily authorized programs that further enhance consumer protection are the CE Program and the Intervention Program.

A nine-member Board establishes policies for the BRN's legislatively mandated and regulatory programs and activities. The Board operates with a structure of five standing committees that conduct public meetings and make recommendations to the full Board. For the past four years, the Board generally met five times throughout the year to conduct the business of the Board. At the November 2020 Board Meeting, the Board voted to align the number of meetings with the statutory and Professions Code (BPC) section 2709 to meet at least once every three months, reducing the number of scheduled meetings to four full Board Meetings. Additionally, four Committee Meetings per year were scheduled. The Board has the flexibility to revise the meeting schedule as deemed necessary.

The BRN strives to have quality customer service standards; however, the BRN experienced some delays in processes and challenges with customer service. The BRN has taken many steps to improve and will continue to evaluate means to enhance customer service and shorten processing timeframes. Some recommendations in this report are related to addressing these issues and enhancing various areas in the BRN.

This report demonstrates the outstanding work performed by the Board and the BRN staff. We respectfully await a determination regarding our new sunset review period from the Governor's Office, Senate Business, Professions and Economic Development Committee, and Assembly Business and Professions Committee.

California Board of Registered Nursing

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

For the period of July 1, 2016 through June 30, 2020

Section 1: Background and Description of the Board and Regulated Profession

History

1.1 Provide a short explanation of the history and function of the board. Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

Regulation of RNs first began in 1905. The BRN was established to protect the public by regulating the practice of RNs. In 1939, the Nursing Practice Act (NPA) was established describing the practice of nursing; and although the title “registered nurse” has continued to be used, the scope of the BRN’s regulation has moved from registration to the licensure level with a defined scope of practice. The BRN is responsible for implementation and enforcement of the NPA, which includes laws related to nursing education, licensure, practice, and discipline.

Legislation in 1974 added the certification of RNs in specialty practice areas as a BRN function. The legislation was enacted to provide title protection, standardize the educational requirements, and define the scope of practice for certain specialty RN categories. In 1975, significant modifications to the NPA were enacted. BPC section 2725, which defines the scope of RN practice, was amended for the first time since 1939. The amendment provided a more current description of RN practice and allowed for expansion of practice that reflects health care technology and scientific knowledge advancements. The legislative intent in amending the section was to:

- Recognize that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities.
- Provide clear legal authority for functions and procedures that have common acceptance and usage as nursing functions.
- Recognize the existence of overlapping functions between physicians and RNs.
- Permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses.

Board member composition was first established in 1977. It included three public members, three direct care RNs, one educator, one RN administrator and one physician. A restructure in 2006 changed the physician member to be another public member. This Board composition remains the same today. The current statutory length of Board members’ terms is four years

In 1988, Senate Bill (SB) 1267 established the Registered Nurse Education Program within the Health Professions Education Foundation housed at the California Office of Statewide Health Planning and Development (OSHPD) to increase the number of RNs in underserved areas of California. Education scholarship and loan repayment programs are available to eligible applicants in exchange for completing a two to four-year service obligation in direct patient

care in a medically underserved area of California. The program is funded, in part, through a current \$10 surcharge on all RN license renewal fees.

In 1990, California became the first state in the nation to require fingerprints for RN applicants. When fingerprinting began, manually processed fingerprint cards were required from applicants. In 2000, the BRN implemented LiveScan procedures for applicants located in California which significantly expedited the fingerprinting process timeframes. In October 2008, emergency regulations were enacted requiring fingerprinting of all licensed RNs who were not previously fingerprinted by the BRN. The vast majority of RNs are without disqualifying Criminal Offender Record Information (CORI); however, obtaining fingerprints allows the BRN to review any prior convictions a nurse may have and also provides for notification to the BRN of any subsequent arrests and/or convictions.

With the implementation of Assembly Bill (AB) 2138 in July 2020, the BRN changed the initial application and license renewal conviction reporting question and will be reporting out the required specific metrics annually. Currently, the BRN has not seen an impact to public protection as our licensees continue to go through a fingerprinting process for the purpose of conducting a criminal history search for information from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The fingerprints remain on file with the DOJ, who provides reports to the BRN of any future convictions on an ongoing basis. BRN's initial licensees may experience a delay in processing until the BRN receives the results of CORI.

In 1994, the BRN implemented a cost recovery program which requires disciplined nurses to reimburse the BRN for some expenses incurred in processing their case. In 1996, the BRN implemented a Citation and Fine program to address minor and/or technical violations of the NPA in lieu of the traditional disciplinary process.

In order to more effectively implement its mission of public protection, the BRN continues to actively participate in the national discipline databases. In 2000, the BRN began participating in the National Council of State Boards of Nursing (NCSBN) newly initiated computer system to enhance the exchange of discipline information among boards of nursing (BONs). In 2011, the BRN became a member of the NCSBN NURSIS system that exchanges licensure verification and discipline information among BONs. NCSBN is an independent not-for-profit organization that brings together BONs to act and counsel together on matters of common interest.

Functions

As a consumer protection agency, the BRN is comprised of programs whose responsibility, functions, and duties are foremost to meet the mandate of consumer protection for California. The BRN is structured with six main program areas: Consumer Services and Board Operations; Office of Legislative Affairs; Licensing; Nursing Education; Continuing Education and Research; and Enforcement. The program areas work together to carry out the BRN's mission to protect and advocate for the health and safety of the public by ensuring the highest quality licensed RNs in the State of California.

Consumer Services and Board Operations Division (formerly known as Licensee and Administrative Services): This program area includes licensee and public support services, including the Public Information Unit (PIU), that assist incoming callers and the people who visit the public counter, and those who handle outgoing mail and distribution of incoming mail;

the Cashiering Unit that processes all of the incoming monies; the Renewals Unit that processes all licensees' renewals and maintenance such as updating records for name/address changes; the Fingerprint Unit, that processes licensee fingerprint duties; and the Correspondence Unit. Support services also include the administrative functions that support the BRN including personnel and budgets. The information technology (IT) staff support all of the internal BRN stakeholders.

Office of Legislative Affairs: This unit was formed when the BRN completed a reorganization in 2018 and is responsible for developing and managing the BRN's regulatory and legislative needs, and representing the BRN during interactions with legislators, legislative committees, the Department of Consumer Affairs (DCA) Executive Management, the California Business, Consumer Services and Housing Agency (BCSH), Department of Finance, and the Governor's Office. The staff provide guidance and expertise to the Board Members, the EO, and the AEO on a wide variety of legislative matters, public affairs issues, topics and current events which impact or relate to the BRN's functions or policies. This unit tracks and monitors pending legislation, respond to legislative inquiries regarding fiscal and programmatic impact, and reviews regulations and recommends courses of action for implementation.

Licensing Division: The Licensing Division includes three program areas: Licensing Program, Nursing Education and Continuing Education and Research. The Licensing Program ensures that only qualified applicants, pursuant to the Board's laws and regulations, receive a license to practice. It includes evaluators and support for the review of both domestic and international RN and APRN applications. Staff communicate with the BRN approved nursing programs, with schools outside of California, and with international programs as well as other BONs. Staff provide support for the examination services vendors including NCSBN, the examination provider, and Pearson VUE, the examination administrator.

Nursing Education: The Nursing Education section has Nursing Education Consultants (NECs) on staff who offer evidenced-based nursing education expertise and consultation. They work with proposed new nursing programs and monitor already approved nursing programs, both prelicensure and APRN programs, ensuring approved program curricula prepares safe, competent RNs and advanced practice nurses. Nurse-Midwifery programs may also seek program approval from the BRN. The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The NECs provide ongoing orientation and support to program directors, assistant directors, and faculty, and refer and provide guidance to institutional administrators to regulations when needed. The NECs provide consultation on laws and regulations related to RNs and APRNs for BRN staff, other government agencies, the general public, health care agencies, professional organizations, and other nursing stakeholders. They prepare, participate in, and disseminate evidence-based research reports and presentations on nursing workforce and nursing practice issues, including trend forecasting, workforce and workplace issues, medical and technological advances, emerging consumer protection and health and safety issues, and related health policy development, implementation and evaluation.

Continuing Education and Research Unit: This is another newly formed unit when the BRN completed a reorganization in 2018. This unit will have a Supervising Nursing Education Consultant (SNEC) who will report directly to the Chief of Licensing and will oversee several staff who will perform CEP activities, evaluation of CEP applications, licensee CE audits, and CEP audits and nursing research. BRN has have started the recruitment process by advertising for positions and hope to begin hiring and onboarding staff in the first half of 2021.

Enforcement Division: The Enforcement Division includes five units: Complaint Intake, Investigations, Discipline, Probation Monitoring, and Intervention. The Investigations Unit is within the Enforcement Division but reports directly to the AEO. When a complaint is received, it is reviewed by the Complaint Intake Unit. If it appears a violation may have occurred, the complaint is transferred to the Investigation Unit, which then determines if it should be investigated by internal, non-sworn special investigators in the Investigation Unit or by sworn peace officers in DCA's Division of Investigation (DOI). The BRN investigators are trained specifically for investigating RN cases. Complaints are investigated and, if warranted, referred for disciplinary action. Also, when necessary, the BRN recruits and works with qualified RNs, serving as Expert Practice Consultants, to review case materials, prepare written opinions, and testify at administrative hearings as needed. The Discipline Unit processes all disciplinary documents and monitors the cases while they are at the California Office of the Attorney General (OAG). If an RN is placed on probation, the BRN's probation monitors ensure the individual is complying with the terms and conditions of probation. The BRN Intervention Program is a voluntary and confidential program offered to RNs with a substance use disorder and/or mental health disorder. The Intervention Program monitors and supports RNs in recovery.

Board Jurisdiction

The BRN is responsible for regulating the practice of RNs in California. Currently there are over 450,000 RNs in California. The BRN also regulates interim permittees, i.e., applicants who are pending licensure by examination, and temporary licensees, i.e., out-of-state applicants who are pending licensure by endorsement. The interim permit (IP) allows the applicant to practice under the supervision of an RN while awaiting examination results. Similarly, the temporary license (TL) enables the applicant to practice registered nursing pending a final decision on the licensure application.

In addition to issuing licenses to RNs, the BRN issues certificates to APRNs. Currently, there are over 35,000 RNs who hold an APRN certificate and over 36,000 RNs with a PHN certificate issued by the BRN. The BRN has title and practice authority for all licenses and certifications issued. The year following the listing indicates when the BRN was granted legislative authority to regulate that practice:

- CNM (1974); CNM Furnishing* Numbers (1991)
 - NP (1977); NP Furnishing* Numbers (1986)
 - CRNA (1983)
 - CNS (1997)
 - PHN (1992); and
 - The statutorily mandated list of Psychiatric/Mental Health Nurses (1984)
- * Furnishing or ordering of drugs or devices is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures. (BPC §§ 2836.2 & 2746.51, subd. (d).)*

In addition to its licensing and certification functions, the BRN also approves and currently oversees the following RN programs and providers:

- 145 California Prelicensure Registered Nursing Programs who all offer certificates of completion for select Licensed Vocational Nurse (LVN) to RN students (92 Associate Degree (ADN), 41 Baccalaureate Degree (BSN), and 12 Entry Level Master's (ELM) Degree programs);
- 26 NP Programs; and
- Over 2,300 Registered Nursing CEPs.

APRN Programs who comply with the Board's requirements but are not formally approved by the BRN:

- 3 Nurse-Midwifery Programs; and,
- 11 CNS Programs.

Out-of-State NP Programs who have provided evidence of compliance with Title 16 of the California Code of Regulations (CCR) § 1486:

- 20 non-California based NP Programs.

Other statutorily authorized programs that further enhance consumer protection have been enacted by the BRN and include the CE Program which was established to implement the 1976 statute mandating CE for renewal of RN licenses. Mandatory CE is the primary method used by the BRN as an indicator of on-going competence for RNs with active licenses. Since 1978, the BRN has required RNs to complete a total of 30 contact hours of CE biennially to renew their licenses in the active status. The BRN continues to work towards the implementation date of January 1, 2023, for BPC section 2736.5 to ensure that all CE courses for licensees contain curriculum that includes the understanding of implicit bias.

The Diversion Program, established in 1985, now known as the Intervention Program, is a voluntary alternative to traditional discipline for RNs whose practice might be impaired due to substance use disorder or mental illness. Through the Intervention Program, the BRN can provide a framework for rehabilitation for nurses and return them to practice. In FY 2019/2020, 112 RNs enrolled in the program with a known recidivism rate of 5.3 percent. The success of the Intervention Program is due to several factors that include: early and immediate intervention; strict eligibility criteria; prohibiting the RN from resuming practice until deemed safe; individualized rehabilitation plans; close monitoring; work site monitor required when returning to work; involvement in nurse support groups; and stringent criteria for determining successful completion.

1.2 Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

Nursing is an integral component of the health care delivery system. The Board establishes policies for its legislatively mandated and regulatory programs and activities, which are then implemented by the BRN staff. The BRN affects public policy by collaborating and interacting with legislators, consumers, health care providers, health care insurers, professional organizations, and other state agencies. The Board takes a proactive role evaluating nursing trends impacting health care in order to make sound policy decisions. The Board Member Administrative Manual (Orientation Packet) is included in **Section 13, Attachment A**.

Pursuant to BPC section 2702, the Board is composed of nine members. The current Board composition includes four public members, two RNs in direct patient care practice, an APRN, a RN educator, and a RN administrator. Seven of the members are appointed by the Governor, one by the Rules Committee of the California State Senate, and one by the Speaker of the Assembly. The Board meets at minimum four times throughout the year to address work completed by various committees and hear discipline cases. A listing of current Board members is provided in the following table and **Section 13, Attachment E** includes Table 1a showing Board Member attendance at Board and committee meetings.

Board Committees and Their Functions

The Board members work effectively through a structure of five Board standing committees. The committees conduct public meetings, review and analyze issues as they relate to registered nursing, and make recommendations to the full Board to set policy and make enforcement decisions. To enhance communications and maximize effectiveness, each committee develops program-specific goals and objectives every two years. The committees report annually on progress toward the achievement of the goals and objectives to the full Board. Each committee is comprised of two or more Board members, which includes a committee chair, and meets at minimum four times each year. Currently, all committees have four Board members and at least one assigned BRN staff liaison, except for the Administrative Committee that includes the Board President and Vice-President. A chart showing the relationship of each standing committee to the Board is included in **Section 13, Attachment B**.

Standing Committees

Administrative Committee (non-statutory)

Considers and advises the Board on matters related to Board organization and administration. The committee is comprised of the Board President and Vice President.

- Michael D. Jackson, MSN, RN, CEN, President – Chair
- Kenneth Malbrough, Vice President
- Loretta Melby, MSN, RN, Executive Officer – Staff Liaison (Non-member)

Enforcement Intervention Committee (non-statutory)

Advises the Board on matters related to laws and regulations pertaining to the Enforcement Division.

- Imelda Ceja-Butkiewicz – Chair
- Elizabeth Woods, MSN, RN, FNP
- Mary Fagan, PhD, RN, NEA-BC
- Kenneth Malbrough
- Shannon Johnson, Enforcement Division Deputy Chief – Staff Liaison (Non-member)

Education/Licensing Committee (non-statutory)

Advises the Board on matters relating to nursing education, including the approval of prelicensure and advanced practice nursing programs, the National Council Licensing Examination Registered Nurse (NCLEX-RN), CE and competency, and matters related to the Licensing Division

- Michael D. Jackson, MSN, RN, CEN – Chair
- Karen Skelton
- Kenneth Malbrough
- Mary Ann McCarthy, EdD, MSN, RN, PHN, NEC – Staff Liaison (Non-member)

Legislative Committee (non-statutory)

Provides information and makes recommendations to the Board and committees of the Board on matters relating to legislation and regulation affecting RNs, the DCA, and other healing arts boards.

- Dolores Trujillo, RN – Chair
- Imelda Ceja-Butkiewicz
- Kenneth Malbrough
- Michael D. Jackson, MSN, RN, CEN

- Thelma Harris, MSN, RN, PHN, Chief of Legislation – Staff Liaison (Non-member)

Nursing Practice Committee (non-statutory)

Advises the Board on matters relating to nursing practice, including common nursing practice and advanced practice issues relating to CNM, CRNA, CNS, and NP practice. The Committee also reviews staff responses to proposed regulation changes that may affect nursing practice.

- Elizabeth Woods, MSN, RN, FNP – Chair
- Dolores Trujillo, RN
- Mary Fagan, PhD, RN, NEA-BC
- Michael D. Jackson, MSN, RN, CEN
- Janette Wackerly, MBA, RN, SNEC – Staff Liaison (Non-member)

Board Attendance

2016 BRN Board Member Attendance

#	Name	1/10/2016	1/13/2016	1/14/2016	2/10/2016	2/11/2016	3/8/2016	3/9/2016	3/10/2016	4/13/2016	4/14/2016	5/11/2016	5/12/2016	6/15/2016	6/16/2016	7/11/2016	8/10/2016	8/11/2016	9/14/2016	9/15/2016	9/16/2016	10/4/2016	10/5/2016	10/5/2016	10/6/2016	10/27/2016	11/10/2016	Attended	Attended %	
1	Imelda Ceja-Butkiewicz	I	x	d	x	x	x	x	d/I	x	x	x	I/d	x	x	x		d	x	x	x	x	x					21	80.8%	
2	Pilar De La Cruz-Reyes		x	e	x	x	x	x	e	x	x	x	e	x	x		x	e	x	x	x	x	x		e/d		x	22	91.7%	
3	Jeanette Doug																	e	x	x	x	x	x					0	0.0%	
4	Donna Gerber							x	I	x	x	x	e/I	x	x	x	x	e/I								x		12	57.1%	
5	Michael Jackson		x	e/n	x	x	x	x	n/e	x	x	x	e/n	x	x	x	x	e/n	x	x	x	x	x	x	I	e/d	x	x	25	100.0%
6	Cynthia Klein	I	x	d/n	x	x	x	x	d/I/n	x	x	x	n/I/d					n/d									x	14	56.0%	
7	Raymond Mallel		x	e/d	x	x			d	x	x	x	e/d	x	x	x	x	e/I/d	x	x	x					x	x	19	76.0%	
8	Trandie Phillips	I	x	n			x	x	I/n	x	x	x	n/I	x	x	x			x	x	x	x	x	x	I	e	x	x	22	84.6%
9	Bhavna Shamasunder				x	x	x			x	x	x																6	54.5%	
10	Elizabeth Woods		x	n	x	x	x	x	n	x	x			x	x	x	x	n	x	x	x	x	x	x	I	e/d	x	x	23	92.0%
11	Barbara Yaroslavsky													x	x	x	x	I	x	x	x					x	x	10	71.4%	
Attended		3	7	7	7	7	7	7	8	9	9	8	7	8	8	7	6	8	7	7	7	5	5	3	4	6	7		69.5%	



BRN Board Meeting (Discipline)
 BRN Board Meeting (Administration)
 BRN Board Meeting (Committee)
 BRN Board Meeting (Ad Hoc)

Committee

e - Education/Licensing Committee
 I - Legislative Committee
 d - Intervention/Discipline Committee
 n - Nursing Practice Committee

2017 BRN Board Member Attendance

#	Name	1/10/2017	1/11/2017	2/8/2017	2/9/2020	3/7/2020	3/8/2017	4/4/2017	4/5/2027	5/9/2017	5/10/2020	6/6/2017	6/7/2017	6/8/2017	8/8/2017	8/9/2020	9/6/2017	10/3/2017	10/4/2017	Attended	Attended %
1	Imelda Ceja-Butkiewicz	x	d/l	x	x		d						x	x	x	l/d	x			10	55.6%
2	Pilar De La Cruz-Reyes	x	e	x	x	x	e	x	x	x	e	x	x	x	x	e	x		e	17	94.4%
3	Donna Gerber			x	x	x	e/l/n	x	x			x	x	x				x	l/e	11	61.1%
4	Michael Jackson	x	e/n	x	x	x	d/e/l/n	x	x	x	e/n/l	x	x	x	x	e/n/l	x	x	n/l/e	18	100.0%
5	Cynthia Klein	x	d/n							x	n/d	x	x	x	x	n/d		x	n/d	11	61.1%
6	Raymond Mallel (term ended 6/1/2017)	x	d/e	x		x	d/e	x	x	x	e/d									9	100.0%
7	Trandie Phillips			x	x			x	x	x	n/l		x	x	x	e/n/l	x	x	n/l	13	72.2%
8	Elizabeth Woods	x	l/n	x	x	x	n	x	x	x	n	x	x	x	x	n	x	x	n	18	100.0%
9	Barbara Yaroslavsky	x	l	x	x	x	l/n	x	x	x	l	x	x	x	x		x	x	l/d	17	94.4%
Attended		7	7	8	7	6	7	7	7	7	7	6	8	8	7	6	6	6	7		82.1%



BRN Board Meeting (Discipline)
 BRN Board Meeting (Administration)
 BRN Board Meeting (Committee)
 BRN Board Meeting (Ad Hoc)

Committee
 e - Education/Licensing Committee
 l - Legislative Committee
 d - Intervention/Discipline Committee
 n - Nursing Practice Committee

2018 BRN Board Member Attendance

#	Name	1/10/2018	1/11/2018	1/23/2018	2/14/2018	2/15/2018	3/14/2018	3/15/2018	4/11/2018	4/12/2018	5/9/2018	5/10/2018	6/13/2018	6/14/2018	8/15/2018	8/16/2018	9/27/2018	10/10/2018	10/11/2018	11/14/2018	11/15/2018	Attended	Attended %
1	Imelda Ceja-Butkiewicz	x	l/d	x			x	d/l	x	x	x	d/l	x	x	x	d	x	x	d/l	x	x	18	90.0%
2	Pilar De La Cruz-Reyes	x	e	x	x	x	x	e		x	x	e	x	x	x	e/n	x	x	e	x	x	19	95.0%
3	Donna Gerber	x	e/l/n	x	x	x	x	e/l	x	x	x	e/l	x	x	x	e/n		x	e/l	x	x	19	95.0%
4	Michael Jackson	x	e/l/n	x	x	x		e/n	x	x		e/n	x	x			x	x	n/e	x	x	16	80.0%
5	Cynthia Klein	x					x	d/n	x	x		d/n	x	x	x	d/n		x	n/d			12	60.0%
6	Trandie Phillips			x	x	x	x	e/n/l	x	x	x	n/l					x	x				11	55.0%
7	Elizabeth Woods	x	n		x	x	x	n	x	x	x	n	x	x	x	e/n	x	x	n	x	x	19	95.0%
8	Barbara Yaroslavsky	x	l/d	x	x	x	x	d/l	x	x	x	d/l	x	x	x	e/d	x	x	d/l			18	90.0%
Attended		7	6	6	6	6	7	8	7	8	6	8	7	7	6	6	6	8	7	5	5		82.5%



BRN Board Meeting (Discipline)
 BRN Board Meeting (Administration)
 BRN Board Meeting (Committee)
 BRN Board Meeting (Ad Hoc)

Committee
 e - Education/Licensing Committee
 l - Legislative Committee
 d - Intervention/Discipline Committee
 n - Nursing Practice Committee

2019 BRN Board Member Attendance

#	Name	1/10/2019	1/10/2019	2/13/2019	2/14/2019	2/14/2019	2/26/2019	3/14/2019	3/14/2019	4/10/2019	4/11/2019	5/9/2019	5/9/2019	6/12/2019	6/13/2019	8/15/2019	9/11/2019	9/12/2019	10/17/2019	11/13/2019	11/14/2019	12/5/2019	Attended	Attended %
1	Imelda Ceja-Butkiewicz	d	x	x	x	x	x	l/d	x	x	x	x	d/l	x	x	l/d	x	x	d	x	x	x	21	100.0%
2	Pilar De La Cruz-Reyes (termed 6/19)	e	x	x	x	x	x	e	x	x	x			x	x								12	85.7%
3	Donna Gerber	e/l	x	x	x	x	x									x	x	l/e	x	x	x		12	57.1%
4	Michael Jackson	e/l/n	x	x	x	x	x	n/l/e	x	x	x	x	e/n/l	x	x	l/n/e	x	x	l/n/e	x	x	x	21	100.0%
5	Cynthia Klein (termed 6/19)	d/n	x	x	x	x		d	x		x		n										9	64.3%
6	Trandie Phillips	l		x	x	x	x	n/l/e	x	x	x	x	e/l	x	x	l/n	x	x	l/n	x	x	x	20	95.2%
7	Elizabeth Woods	d/n	x	x	x	x	x	n/d	x	x	x	x	d/n	x	x	n/d	x	x		x	x	x	20	95.2%
8	Ken Malbrough (began term 5/19)											e/d		x	x	e	x	x	d/e	x	x	x	10	100.0%
Attended		7	6	7	7	7	6	6	6	5	6	4	6	6	6	5	6	6	5	6	6	6		87.2%



BRN Board Meeting (Discipline)
 BRN Board Meeting (Administration)
 BRN Board Meeting (Committee)
 BRN Board Meeting (Ad Hoc)

Committee
 e - Education/Licensing Committee
 l - Legislative Committee
 d - Intervention/Discipline Committee
 n - Nursing Practice Committee

2020 BRN Board Member Attendance

#	Name	1/9/2020	1/17/2020	2/19/2020	2/20/2020	3/11/2020	3/12/2020	4/15/2020	4/16/2020	5/27/2020	5/28/2020	6/9/2020	6/24/2020	8/4/2020	8/13/2020	8/13/2020	9/16/2020	10/15/2020	11/18/2020	Attended	Attended %
1	Imelda Ceja-Butkiewicz	d/l	x		x	x	d/l	x	x	x	x	x	x	x	x	d	x	d/l	x	17	94.4%
2	Mary Fagan (Began Term 8/10/2020)																x	n/d	x	3	60.0%
2	Donna Gerber (term ended 8/2020)	e/l	x	x	x	x	l/e	x	x	x	x	x	x	x					x	14	100.0%
3	Michael Jackson (1 yr grace 6/2020)	e/l/n	x	x	x	x	e	x	x	x	x	x	x	x	x	n/e/l	x	e/n/l	x	18	100.0%
4	Trandie Phillips (Term ended 6/1/20)		x	x	x	x	l	x	x	x	x									9	90.0%
5	Karen Skelton (Began Term 1/31/20)							x	x	x	x	x	x				x		x	8	50.0%
6	Dorlores Tjillo (Began Term 1/31/20)			x		x	l	x	x	x	x	x	x	x	x	n	x	l/n	x	15	93.8%
7	Elizabeth Woods	d/n	x	x	x	x	d	x	x	x	x	x	x	x	x	n/d	x	n/d	x	18	100.0%
8	Ken Malbrough		x	x	x	x	e/d	x	x	x	x	x	x	x	x	e/d	x	l/e/d	x	17	94.4%
Attended		4	6	6	6	7	7	8	8	8	8	7	7	6	5	5	7		8		87.0%



BRN Board Meeting (Discipline)
 BRN Board Meeting (Administration)
 BRN Board Meeting (Committee)
 BRN Board Meeting (Ad Hoc)

Committee
 e - Education/Licensing Committee
 l - Legislative Committee
 d - Intervention/Discipline Committee
 n - Nursing Practice Committee

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (Public or RN Professionals)
Michael D. Jackson	05/10/2012	06/01/2017	06/01/2019*	Governor	Nurse Educator
Imelda Ceja-Butkiewicz	02/06/2014	06/01/2017	06/01/2021	Governor	Public
Elizabeth Woods	02/06/2014	01/18/2018	06/01/2022	Governor	Advanced Practice
Dolores Trujillo	01/21/2020	NA	06/01/2022	Governor	Direct Patient Care
Karen Skelton	01/21/2020	NA	06/01/2021	Governor	Public
Mary Fagan	08/17/2020	NA	06/01/2023	Governor	Nurse Services Administration
Kenneth Malbrough	04/03/2019	05/27/2020	06/01/2024	Senate Rules Committee	Public
Susan Naranjo	11/16/2020	NA	06/01/2024	Speaker of the Assembly	Public

* Currently serving in a grace period.

Other Committees

The NPA authorizes the appointment of specific committees: The Nurse-Midwifery Advisory Committee (NMAC), the Nurse Practitioner Advisory Committee (NPAC), and the Intervention Evaluation Committees (IECs). The Board is also authorized under BPC section 2710.5 to appoint advisory committees, with permission of the Director of DCA, as needed to advise the Board on nursing matters. Membership on these committees includes a variety of experts and stakeholders. The advisory committees are convened on an as-needed basis.

Nurse-Midwifery Advisory Committee (BPC § 2746.2) – The NMAC advises the Board, through the Nursing Practice Committee, on nurse-midwifery practice and education issues and requirements. The first NMAC was appointed in 1984. The Committee is composed of at least one CNM knowledgeable about nurse-midwifery practice and education, one physician who practices obstetrics, one RN familiar with nurse-midwifery practice, and one public member. With the passage of SB 1237, effective January 1, 2021, the Board must appoint a committee of qualified physicians and surgeons and nurses to consist of four qualified CNMs, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member. This committee will make recommendations to the Board on all matters related to nurse-midwifery practice, education, appropriate standard of care, and other matters as specified by the Board. The committee must also provide recommendations or guidance on care when the Board is considering disciplinary action against a CNM.

Intervention Evaluation Committees (BPC § 2770.2) – The responsibilities of the IECs are to: review, evaluate, and make recommendations to the Board on whether a RN should be admitted to the Intervention Program; recommend a rehabilitation program, approve treatment programs to include treatment, supervision, and monitoring requirements for participants, and receive and review information concerning the RN participating in the program to consider whether he or she may with safety continue or resume the practice of nursing; and advise the Board on Intervention Program policies. Each IEC is comprised of three RNs, a public member, and a physician who each have expertise in substance use disorders or mental illness. Currently, there are 14 IECs throughout California that meet with Intervention Program participants on a regular basis.

Nurse Practitioner Advisory Committee (BPC § 2837.102) – The NPAC advises the Board, through the Nursing Practice Committee, on NP education and practice issues. The first NPAC was formed in 1995. The Committee consisted of NPs representing NP educational programs, RNs familiar with NP practice and education, and representatives of NP organizations; however, NPAC met on an as-needed basis and has not met since the last sunset review. With the passage of AB 890, effective January 1, 2021, the Board must appoint a NPAC to advise and make recommendations to the Board on all matters related to nurse practitioners, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. The Board expects this committee to be established by February 2021. This committee must also provide recommendations or guidance to the Board when the Board is considering disciplinary action against a NP. The committee shall consist of four qualified NPs, two qualified physicians and surgeons with demonstrated experience working with NPs, and one public member.

Nursing Education and Workforce Advisory Committee (non-statutory): NEWAC combines the Education Issues Workgroup (EIW), formerly the Education Advisory Committee, and the Nursing Workforce Advisory Committee (NWAC). The EIW was originally formed as a Committee in 2002 to support the goals of the Governor's Nurse Workforce Initiative. The Committee provided expert input on educational issues related to reforming nursing education to assist in alleviating the nursing shortage. The NWAC, formed in November 2001, provided guidance to the Board on the content and surveys regarding RN workforce issues; recommended strategies to address disparities in workforce projections; and identify factors in workplace that positively and negatively affect the health and safety of consumers and nursing staff. Over time these committees evolved into a workgroup with the main task of assisting the BRN by reviewing the Annual School Survey which is completed by all BRN approved nursing programs in California and the Biennial RN Survey and Forecasting Reports. Due to the interdependence between some workforce and education issues the Nursing Education and Workforce Advisory Committee (NEWAC) was formed. NEWAC advises the Board, through the Nursing Practice Committee, on current and projected issues affecting the nursing workforce and education in California and reviews and provides input on the Biennial RN Survey and Forecasting Reports, Annual School Survey and other research related to the RN workforce in California. The NEWAC includes members from nursing education, nursing associations, and other state agencies.

Advanced Practice Registered Nursing Advisory Committee (non-statutory) - The Advanced Practice Registered Nursing Advisory Committee (APRNAC) was established in 2017 and makes recommendations to the Board, through the Nursing Practice Committee, on issues involving advanced practice by clarifying and articulating the sufficiency of the four APRN roles and recommend changes to the NPA, regulations, and policy, developing recommendations for joint statements related to scope of practice and APRN functions, reviewing national trends in regulation of APRNs, and collaborating with other Board committees on matters of mutual interest. This committee structure is two CNSs, four NPs, two CNMs, and two CRNAs. With the passage of SB 1237 and AB 890, the Board is evaluating the future of this committee as it has overlapping functions outlined in the statutory guidelines for the NPAC and NMAC. The Board understands the need for CNS and CRNA specialties to continue to work on matters that affect their practice and, therefore, will evaluate and determine the appropriate next steps.

1.3 In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

A special Board Meeting that was scheduled for January 9, 2020 was not able to occur due to lack of quorum. However, this Board Meeting was later held via teleconference on January 17, 2020; therefore, there was no impact to operations.

Major Changes since Last Sunset Review

1.4 Describe any major changes to the board since the last Sunset Review.

Change in Leadership

Executive Officer Appointment

In February 2020, Loretta Melby, RN, MSN, was appointed acting Executive Officer (EO) and subsequently appointed EO in June 2020. Ms. Melby has 25 years of healthcare experience including 19 years as a registered nurse, with 13 of those years being in a variety of nurse management and leadership roles. Ms. Melby has earned several professional degrees and certificates which include a BSN and a Master's Degree in Nursing (MSN). Throughout her career, she has demonstrated an in-depth knowledge of the nursing practice from all levels - a nurse, clinical instructor, director of nursing program, a nurse education specialist, sexual assault nurse examiner, nursing administration and practice manager, and a NEC. She has a wide range of experience and skills that will be invaluable to the BRN.

Assistant Executive Officer

The Board welcomed Evon Lenerd Tapps, MBA, as the Assistant Executive Officer (AEO) in July 2019. Mrs. Lenerd Tapps earned her bachelor's degree from California State University (CSU), Sacramento in Government and minor in Criminal Justice and her Master of Business Administration from Western Governor's University. She brings over 30 years of state service to the Board having worked for the State Controller's Office, DOJ, the California Department of Health Services, the California Department of Public Health (CDPH) and the California Department of Social Services (CDSS). Her vast background working across many functions including budget, enforcement, licensing and legislation will be of great value to the evolving culture of the BRN.

Chief of Legislation

In December 2018, the Board welcomed Thelma Harris, RN, PHN, MSN, as the Chief of the Office of Legislative Affairs. Ms. Harris is a RN who has worked as a lobbyist for more than 16 years. Her experience includes working in pharmaceutical and health care organizations, managing lobbying teams, and community activism. She brings an extensive understanding with various aspects of the legislative process and the nursing practice. The Board is fortunate to have her knowledge and experience to promote its mission.

Chief of Licensing

The Board welcomed McCaulie Feusahrens as the Chief of the Licensing Division in January 2020. Ms. Feusahrens earned her Bachelor of Arts degree in Communications from CSU, Monterey Bay. She brings over 20 years of county and state service to the BRN having worked in arenas that serve and protect California's most vulnerable individuals while at the Sacramento County Department of Human Assistance, the California Department of Education (CDE), and the CDSS. Her knowledge and background working across many areas including

policy analysis, project management, licensing, enforcement, stakeholder engagement, and continuous quality improvement brings a fresh perspective and great value to the BRN.

Deputy Chief of Consumer Services and Board Operations

In February 2020, the Board welcomed Matthew Yeates as Deputy Chief of the Consumer Services and Board Operations Division. He has over 15 years of policy, legislative, managerial and administrative experience with the State and professional non-profit organizations. His state experience includes serving at the CDPH and CDSS where he has over seven years working in and managing licensing programs. He holds a Bachelor of Arts in Mass Media Communication from CSU, Sacramento and has attended CSU, Sacramento College of Continuing Education's Advanced Supervisor Academy. He is a recognized leader in project management, having received three Service Excellence Awards from his previous Department, he brings a strong managerial foundation and a vision of innovation to the BRN.

Deputy Chief of Investigations

The Board welcomed Scarlett Treviso in her new role as the Deputy Chief of Investigations in July 2020. Ms. Treviso earned a Bachelor of Science degree in Biological Sciences from CSU, Sacramento. She started as a Supervising Special Investigator in the BRN's Investigation Unit, when it was formed in 2012, helping this section grow into what it is today. She has over 27 years of knowledge and experience from her county, city and state service in both criminal and administrative investigations. She is an asset to the BRN, and her vast experience will allow her to lead her team in developing and implementing improved policies and procedures.

BRN Reorganization

The BRN continues to review its internal business processes and, in 2019, submitted a Budget Change Proposal (BCP) to request additional staff to meet its daily operational needs throughout all program areas. The proposal requested 67 positions which were authorized. The additional staff will be used to improve customer service, processing times, and other essential operations of the BRN. With these additional positions, the BRN temporarily house staff in a second location within the DCA Complex while a permanent location is renovated to accommodate these staff.

Military Veterans

The BRN supports veterans entering the nursing profession by working with the nursing programs, the California Department of Veterans Affairs, the Governor's Interagency Council on Veterans (ICV), and DCA to assist military veterans in the RN application process. The BRN developed a page on its website dedicated to resources for members of our military, which provides contact information for BRN Executive Leadership and a mailbox designated for military licensure and application questions. Also, it provides easy access to information on temporary and expedited licensure for military spouses, along with a link to DCA's military members resource page for military personnel and their families. Finally, this page includes information on waiving licensing renewal fees and CE for active duty military/reservist licensees.

Legislation Sponsored by or Affecting the Board

The BRN has not sponsored any legislation since the last sunset report. The BRN's involvement in the legislative arena includes tracking bills and reporting through the Legislative Committee to the Board, testifying at legislative hearings, and implementing legislation that

impacts the Board. Below is a summary of key legislation that became effective from 2017 to 2020 and directly impacts the field of nursing. Unless otherwise noted, legislation becomes effective January 1 of the year after passage.

2017 Legislative Year

SB 554 (Stone, Chapter 242) Nurse practitioners: physician assistants: buprenorphine

This bill prohibited interpreting the NPA or any provision of state law from prohibiting a nurse practitioner from furnishing or ordering buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified. The Board supported this bill.

SB 799 (Hill, Chapter 520) Nursing

This was the Board's sunset bill and did the following:

- extended the repeal date of the provisions establishing the Board and the EO position to January 1, 2022;
- deleted the continuous appropriation, thereby subjecting all moneys in the Fund to appropriation by the Legislature;
- required the California Research Bureau to prepare and deliver a report to the Legislature by January 1, 2019, that evaluates to what extent employers voluntarily report disciplined RNs to the Board and that offers options for consistent and reasonable reporting mechanisms;
- deleted provisions providing for the suspension of a current investigation while a RN is in the program and, instead, authorized the Board to investigate at its discretion complaints against RNs participating in the intervention program;
- prohibited disciplinary action with regard to acts committed before or during participation in the intervention program, unless the RN withdraws or is terminated from the intervention program;
- required the Board, by January 1, 2019, to deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving CE opportunities, and, by January 1, 2020, to report to the appropriate legislative committees on its progress implementing this plan;
- required that the alternative forms of CE available to licensees include online forms of CE; and
- increased the report threshold to \$10,000 for a person licensed under the act and defined "insurer" for those purposes.

2018 Legislative Year

AB 2138 (Chiu, Chapter 995) Licensing boards: denial of application: criminal conviction

This bill required all licensing boards to reduce barriers to licensure for individuals with prior criminal convictions by limiting a regulatory board's discretion to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with offenses older than seven years no longer eligible for license denial, with several enumerated exemptions. It also prohibited licensing boards from requiring an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. The Board opposed this bill, unless it was amended.

SB 1480 (Hill, Chapter 571) Professions and vocations [Omnibus]

The Board supported this bill which was DCA's omnibus bill and did the following:

- authorized the EO to adopt a decision entered by default and a stipulation for surrender of a license;
- established a fee paid by a RN for an evaluation of his or her qualifications to use the title "public health nurse" of not less than \$300 or more than \$1,000;
- established a penalty for failure to renew a certificate to practice as a PHN within the prescribed time; and
- required the BRN to reimburse any RN who paid more than \$300 for an evaluation between April 5, 2018, and December 31, 2018.

2019 Legislative Year

AB 239 (Salas, Chapter 83) Community colleges: registered nursing programs

The Board supported this bill which extended operation of the following provisions relating to admission to community college nursing programs until January 1, 2025:

- authorizes a community college registered nursing program to use any diagnostic assessment tool that is commonly used in registered nursing programs and approved by the Chancellor of the California Community Colleges (CCC).
- authorizes a community college registered nursing program to use additional multicriteria screening measures, administered in accordance with specified requirements, if it determines that the number of applicants to that registered nursing program exceeds its capacity.
- authorizes such a community college registered nursing program to admit students in accordance with a random selection process or a blended combination of random selection and a multicriteria screening process, as specified.

AB 241 (Kamlager-Dove, Chapter 417) Implicit bias: continuing education: Requirements

This bill required BRN to adopt regulations requiring all CE courses for its licensees to include specified instruction in the understanding of implicit bias in treatment. The Board's position was to oppose. It is important to note that the Board supported the understanding of implicit bias and the promotion of bias-reducing strategies to address how unintended biases in decision making may contribute to health care disparities. The Board opposed the bill's delivery of the implicit bias training. Specifically, implicit bias training in every course versus a specific implicit bias training course.

AB 1514 (Patterson, Chapter 291) Deaf and Disabled Telecommunications Program

This bill was an urgency bill and authorized a NP to certify the needs of an individual who has been diagnosed by a physician and surgeon as being deaf or hard of hearing to participate in the program after reviewing the medical records or copies of the medical records containing that diagnosis. The Board supported this bill.

2020 Legislative Year

AB 890 (Wood, Chapter 265) Nurse Practitioners; Scope of Practice

Beginning January 1, 2023, this bill authorized NPs to practice independently, without standardized procedures or protocols with a physician, in a defined healthcare setting, after completing a three-year transition to practice (with the Board to establish, by regulation, the minimum standards for such transition period) and met other listed requirements; and it

authorizes NPs to practice independently outside of a defined healthcare setting upon receiving certification from the Board after completing a three-year transition to practice and three additional years of practice experience as a nurse practitioner in good standing according to standardized procedures or protocols with a physician. Additionally, it requires the BRN to establish a NPAC to advise and make recommendations to the Board on all matters relating to nurse practitioners. establishes physician consultation, collaboration, and referral requirements; and requires the BRN and the DCA to identify or develop an examination that tests for independent practice competency. The Board opposed this bill unless it was amended. The Board opposed the bill's requirement of two physician and surgeons on the NPAC.

AB 2288 (Low, Chapter 282) Nursing Programs; Clinical Hours

This bill contained an urgency measure and did the following (until the end of the 2020–21 academic year, and under specified conditions during a declared state of emergency):

- authorized the director of an approved nursing program to obtain approval from the BRN to utilize substitute hours not in direct patient care in order to meet BRN requirements for students to earn direct patient care clinical experience (allowing clinical simulation up to 50% for medical-surgical and geriatric courses, and up to 75% for mental health-psychiatric nursing, obstetrics, and pediatrics courses);
- authorized the use of preceptorships without having to maintain specified written policies during a declared state of emergency; and
- authorized the director of an approved nursing program to obtain approval from the BRN to allow education in theory to precede clinical practice, if certain requirements are met.

The Board supported the introductory bill language as it closely mirrored the provisions of the DCA waivers and the draft emergency regulation that the Board was pursuing to help the progression and graduation of nursing students while ensuring safe patient care during a state of emergency. However, as the bill went through amendments, the Board identified unintentional consequences where it was not inclusive of all nursing programs, did not support the use of telehealth, reduced direct patient care experiences to an unsafe level, and did not allow for provisions that would open clinical facilities back up to the students so that they could support the licensed healthcare workers on the frontlines and care for the patients diagnosed with COVID-19, which gave rise to the state of emergency.

SB 1237 (Dodd, Chapter 88) Nurse-Midwives: Scope of Practice

This bill removed the requirement for a CNM to practice midwifery according to standardized procedures or protocols with a physician as well as did the following:

- revised the provisions defining the practice of midwifery;
- authorized a CNM to attend pregnancy and childbirth outside of a hospital setting;
- authorized a CNM to furnish or order drugs or devices incidental to their scope of practice without physician supervision, and to furnish drugs or devices outside of their scope of practice, as well as Schedule IV and V controlled substances, in accordance with standardized protocols with a physician;
- required a CNM to provide specified disclosures to a patient; and,
- established new reporting and data collection requirements.

The Board supported this bill, with amendments.

Regulations

The BRN completed several regulations since our last sunset report. Additionally, BRN is in the process of promulgating regulations on several areas including, but not limited to, disciplinary guidelines; monitoring all CE providers and courses; prelicensure nursing program guidelines; clinical facilities guidelines to address clinical displacement; fee structure; and APRN scope of practice. All regulation packages are approved by the Board before commencement.

Completed Regulations

Sponsored Free Healthcare Events – Requirements for Exemption: Former BPC section 901 was repealed as of January 1, 2018, by its own provisions. That section previously allowed health care practitioners who were licensed and in good standing in another state to offer or provide health care services in California in connection with a free sponsored healthcare event. Due to the repeal of BPC section 901, the BRN repealed its regulations pertaining to free sponsored healthcare events.

Status: The Office of Administrative Law (OAL) approved this change, on July 20, 2020, as a change without regulatory effect pursuant to CCR, title 1, section 100.

APRN – Application: Amended CCR, title 16, section 1483 to reflect non-substantive changes to the language, specifically, the revision date to the following three applications that are incorporated by reference:

- Application for NP Certification (Rev. 03/2018)
- Temporary NP Certificate (Rev. 03/2018)
- NP Furnishing Number Application (Rev. 03/2018)

Status: OAL approved on April 24, 2019

APRN – Nursing: Adopted CCR, title 16, sections 1483.1, 1483.2, and 1486 and Amended CCR, title 16, sections 1480, 1481, 1482, 1483, and 1484 to do the following:

- 1) updates definitions relating to NPs and NP education programs;
- 2) identifies categories of NPs;
- 3) updates requirements for obtaining certification and evaluating a RN's qualifications to be certified as a NP;
- 4) establishes requirements to and for NP education programs in California;
- 5) establishes requirements for reporting NP education program changes; and
- 6) establishes requirements for clinical practice experience for NP students enrolled in an out-of-state NP education program.

Status: OAL approved on January 15, 2019

Regulations Currently in the Rulemaking Process

Criminal Conviction History: Proposes to amend CCR, title 16, section 1441, 1444, 1444.5, and 1445 to reduce barriers to licensure for applicants with prior criminal convictions in accordance with AB 2138 (Reg. Sess. 2017-2018). Applicants with prior criminal convictions falling within the AB 2138 guidelines are no longer required to send the BRN documentation regarding their past conviction(s) and/or arrest(s). The BRN is responsible for obtaining this

information independently, however, it may still accept arrest and court records voluntarily submitted by the applicant.

Continuing Education – Article 5: Proposes to amend CCR, title 16, section 1456 to define the regulatory criteria applicable to CE with content relating to experimental medical procedures or treatments. This proposal would restrict such courses to those where the underlying treatment's efficacy is supported by at least two peer-reviewed, publicly available, scientific journals or studies, published in medical and scientific literature, and the procedure or treatment is generally accepted as effective by the medical community. Additionally, proposes to amend regulations to include the requirement that all CE courses include specified instruction in the understanding of implicit bias in treatment.

Prelicensure Nursing Programs: Proposes to amend CCR, title 16, section 1423 to adopt more comprehensive language to address when a material misrepresentation or concealment of facts is identified, in order to better ensure that all relevant information is provided to the Board. Additionally, proposes to amend CCR, title 16, 1432 to clarify that increases in total annual enrollment, or any change in the frequency, timing, or number of new student admissions is a type of substantive change which requires the Board's approval.

Disciplinary Guidelines: Proposes to amend CCR, title 16, section 1444.5 to adopt a set of best practices or standards to address practitioners with alcohol or drug related issues through the implementation of all sixteen standards developed by the Substance Abuse Coordination Committee (SACC) into the BRN Recommended Guidelines for Disciplinary Orders and Conditions of Probation (aka Disciplinary Guidelines).

The BRN was notified by the DCA SACC on March 6, 2019, of changes made to Uniform Standard number four. The BRN amended the regulation language to include this update and will continue to work on this regulatory package to ensure its completion through the BRN's Office of Legislative Affairs.

Registration and Examination: Proposes to amend CCR, title 16, section 1410 as it relates to the information required by the applicant during the application process and specifies that an applicant may apply with either a paper or electronic application.

Prelicensure Nursing Programs (CSA Audit 2019-120): Proposes to amend CCR, title 16, section 1427 to require a nursing program to report in writing any changes the program makes to their use of clinical facilities within 90 calendar days of making a change and submit an annual report to the BRN stating whether the program has made any such changes.

AB 890 Nurse Practitioners - Scope of Practice: Proposes to amend regulations as it relates to certified NPs to practice independently, without standardized producers or protocols with a physician and the establishment of a NP advisory committee.

SB 1237 Nurse Midwives - Scope of Practice: Proposes to amend regulations as it relates to the scope of practice for CNMs.

Major Studies Conducted by the Board

1.5 Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The BRN has conducted several studies and surveys since the last Sunset Report. Some studies continue the ongoing data collection and analysis related to the RN workforce and educational activities, policies, and procedures in California. These studies/reports provide evidence-based data for workforce and fiscal planning based on trend analysis. Below is a brief summary of some stakeholders that utilize this survey data. Additional information regarding these reports and their importance is provided in Section 8.

- OSHPD Healthcare Workforce Development Division relies on this and the annual survey of educational programs to provide data for both their Healthcare Workforce Clearinghouse and Song Brown Healthcare Workforce Training Programs. OSHPD does not independently collect any RN demographic or workforce data.
- Other California governmental agencies such as the California Department of Health Care Services (DHCS), the CDPH, and California Community Colleges Chancellor's Office (CCCCO) access and use this data to obtain RN practice locations, postlicensure education, workforce diversity, and other workforce and demographic information.
- Educators can access the data to complete various analyses of RNs in California. Some examples include: the impact of the economy and recessions on RN employment; staffing and workforce changes in various employment settings; ethnic diversity of RNs and issues related to various ethnic groups; and factors that impact RN employment satisfaction.
- RN employers can access the data for workforce planning, funding, recruitment and Human Resource purposes.

The BRN currently contracts with the University of California, San Francisco (UCSF), Philip R. Lee Institute for Health Policy Studies, to perform these types of studies. A listing of all studies and reports can be found on the BRN website.¹ Below is a summary of each of the major studies completed by the BRN since the last Sunset Report, including the reason each was performed. A listing and website link of the reports listed below is included in **Section 13, Attachment C**.

Biennial Demographic/Workforce Survey of RNs and Forecasting Analysis²

This study is a legislatively mandated (BPC § 2717) biennial workforce study of California RNs. Currently, UCSF and BRN are performing analysis on the twelfth study. Previous studies were conducted in 1990, 1993, 1997, 2004, 2006, 2008, 2010, 2012, 2014, 2016, and 2018. These studies provide demographic and workforce information about working RNs. Due to the large sample size, data is weighted, and an accurate estimate can be made of RNs statewide, as well as regionally, for some data points. Data is also compared with results from previous surveys so trends can be followed. Data from the study and other sources is used to develop a second report which forecasts the supply and demand of the RN workforce in California. Key findings from the 2018 survey included:

- The average age of RNs has declined slightly in recent years to 45, compared to almost 48 in 2004.
- The number of men working as RNs and residing in California has continued to increase from 5.4 percent in 1990, to 13 percent in 2018.

¹ <http://rn.ca.gov/forms/pubs.shtml>

² <https://www.rn.ca.gov/forms/reports.shtml>

- RNs are more ethnically diverse, with 57.4 percent being non-white compared to 33 percent in 1990.
- 45 percent of RNs report having a BSN or higher degree, compared to 39 percent in 1990.
- 81 percent of RNs with active California licenses are employed in nursing.
- About 15 percent (52,978) of RNs with active California licenses live outside of California.
- Almost 10 percent of working RNs residing in California have a license in at least one other state.
- 53 percent of RNs are direct patient care providers, and 64 percent work in acute care hospitals.
- Interaction with patients continues to be the most satisfying aspect of the RN's job, while the amount of paperwork required continues to be the least.
- Average income for RNs has more than doubled since 1997, from \$45,073 to \$107,767 in 2018.

Annual Survey of RN Educational Programs³

These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs, as well as APRN programs and some other post-licensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional reports of the prelicensure programs, statewide reports of postlicensure programs, and a prelicensure program interactive database⁴ are available on the BRN website for data collected over the past ten survey years. Nursing educators and administrators, professional organizations, private and public agencies, and researchers seek this information as they do for the survey of RNs. Key findings from the most recent report (2018-2019) include:

- The report included data from 142 BRN-approved prelicensure RN programs in 2018-2019, compared to 104 in 2003-2004, which represents a 37 percent increase in overall programs.
- 72 percent of the prelicensure nursing programs in California are public, which has decreased from 84 percent in 2003-2004. Private schools account for almost all new program growth.
- From 2009-2010, public school attrition rates have decreased from 14.5 percent in 2009-2010 to 9.3 percent in 2018-2019, while private school attrition rates have increased from 8.3 percent in 2009-2010 to 12.0 percent in 2018-2019.
- Employment of new graduates to California employers is currently approximately 83 percent. The number of new graduates working in hospitals has remained steady from 59 percent in 2009-2010 to 58.6 percent in 2018-2019. The number of graduates who had not found employment at the time of the survey has declined from 28 percent in 2009-2010 to 4 percent in 2018-2019.

California Newly Licensed RN Employment Survey

The BRN partners with Health Impact to conduct what has become an annual survey of newly graduated RNs and their employment experiences. Prior surveys have been conducted in 2016-2017⁵, 2017-2018⁶ and the most recent 2018-2019⁷ report was conducted in fall 2018.

³ <https://www.rn.ca.gov/forms/reports.shtml#school>

⁴ <https://www.rn.ca.gov/forms/rnsurvey201718.shtml>

⁵ https://healthimpact.org/wp-content/uploads/2018/02/CA-Newly-Licensed-RN-Employment-Survey_JAN-2018-FINAL.pdf

⁶ <https://healthimpact.org/wp-content/uploads/2019/02/California-Newly-Licensed-RN-Employment-Survey-Report-of-Findings-Fall-2018-FINAL-Jan-2019.pdf>

⁷ <https://healthimpact.org/wp-content/uploads/2020/06/California-Newly-Licensed-RN-Employment-Survey-Report-Fall-2019.pdf>

Results from this survey found that approximately 84.5 percent of the newly licensed RNs surveyed were reported working in their first RN job. This represents a 25.2 percent increase from 2013, where 59.3 percent of newly licensed RNs were employed. Some variations are found in employment depending upon degree type, geographic location, and type of employment. The majority of nurses who found employment did so within the first six months after licensure.

2017-2018 Survey of Nurse Practitioners and Nurse Midwives⁸

The survey was performed to collect data on NPs and CNMs who were not also certified as a CNS. Like the RN survey, this survey collected demographic, education, and workforce data on these APRNs to provide information on who they are, where and how they work, where and how they are educated, why they do or do not work as an APRN, earnings, and future plans. APRNs have received education beyond their initial RN education to work in an advanced and/or specialized role in the delivery of health care services. Some highlights of the data include:

- At the time of the survey, 20,919 RNs residing in California held a certificate as a NP, CNM or both and did not hold a CNS certificate.
- Over 90 percent of NPs and over 80 percent of CNMs reported holding a MSN or higher as their highest nursing degree.
- NPs and CNMs work in a variety of settings, NPs most commonly reported working in a physician or osteopathic doctor's office or an outpatient clinic. CNMs most often reported working in a combination of clinic and hospital-based labor and delivery unit.
- The average age of NPs and CNMs is 50 to 52 years old compared to 46 years of age for RNs.
- Overall 92.5 percent of NPs and CNMs were at least satisfied with their work.

The Board voted at the November 2020 Board meeting to pursue the inclusion of the other two APRN categories, CNS and CRNA, in the next survey.

Major Publications Completed by the Board

In addition to surveys and studies, the BRN offers other publications, some on a regular basis and some as needed. Many documents provide guidelines for various procedures and activities of the BRN. Below are the significant publications which have been provided by the BRN since the last Sunset Report. A listing of all publications can be found on the BRN website⁹. A listing of the publications below and website links to access the most current edition is included in **Section 13, Attachment C**.

BRN Reports¹⁰

The BRN publishes an online newsletter titled the BRN Report. The purpose of the BRN Report is to provide public information on current policies, procedures, activities and issues related to registered nursing. It includes routine articles, announcements, and updates as well as relevant and current information from guest columnists and other governmental agencies. It is another way the BRN keeps licensees and the public updated on important and relevant topics related to registered nursing.

⁸ <https://www.rn.ca.gov/pdfs/forms/survey2017npcnm-final.pdf>

⁹ <http://rn.ca.gov/forms/pubs.shtml>

¹⁰ <https://www.rn.ca.gov/forms/pubs.shtml#brnreport>

Strategic Plan

In April 2018, the Board formally adopted its current 2018-2021 Strategic Plan.¹¹ The Strategic Plan is included in **Section 13, Attachment F**.

Annual Reports¹²

Every year the BRN provides statistical information on all programs via its annual report to DCA.

National and Other Association Memberships and Participation

1.6 List the status of all national associations to which the board belongs.

The Board is a voting member of the NCSBN which is an independent not-for-profit organization that brings together BONs to act and counsel together on matters of common interest. The NCSBN has membership from all fifty states, District of Columbia, and four US territories. The NCSBN's work includes developing the NCLEX-RN and other examinations; maintaining the NURSIS database, which coordinates national publicly available RN licensure information; providing collaboration opportunities among its members and other nursing and health care organizations; disseminating data related to the licensure of RNs; conducting research on nursing practice issues; and serving as a forum for information exchange for members. The EO and the Board President have been attending and participating as voting members in the NCSBN's Annual Delegate Assembly meeting where policy and administrative decisions are made as well as national level nursing information provided. NECs participate in NCSBN education and practice workgroup teleconference meetings which include NCSBN and other BON representatives to discuss nursing education and practice issues.

The Board requires applicants to pass the NCLEX-RN as one of the requirements for licensure. NCSBN uses RNs from all areas of the US in the examination development, scoring, and analysis of the NCLEX-RN. The BRN encourages RNs in California to participate. Recruitment information is included on the BRN website, in every issue of the BRN Report newsletter, and is often provided at Board and Committee meetings.

Some local, in-state committees, workgroups, and task forces in which BRN staff participate in include, but are not limited to:

- **Association of California Nurse Leaders (ACNL)** – The BRN EO presents at the ACNL annual conference and staff periodically present at meetings in different geographic areas of California (e.g., Sacramento, San Francisco Bay Area, Los Angeles, etc.).
- **HealthImpact** – This agency works to shape health care through workforce strategy, stakeholder convening, and policy advocacy. The BRN EO is a member of the Advisory Committee and attends meetings as needed. California Action Coalition has now been added to HealthImpact as a key initiative. The Coalition was established in 2010 to implement the recommendations outlined in the IOM report, *The Future of Nursing: Leading Change, Advancing Health*.
- **APRN Coalition** – A workgroup related to APRNs, which was developed as part of the California Action Coalition's work, and BRN staff participate in meetings of this workgroup. Most meetings are by teleconference on a bi-monthly basis.
- **California Organization of Associate Degree Nursing Program Directors (COADN) and California Association of Colleges of Nursing (CACN)** – BRN staff regularly

¹¹ <https://www.rn.ca.gov/pdfs/consumers/stratplan18-21.pdf>

¹² https://www.dca.ca.gov/publications/annual_reports.shtml

attend meetings of these organizations that include nursing program directors who collaborate and work on RN education-related topics and issues. There are separate northern and southern California groups that meet independently throughout the year. Two joint meetings are held each year. BRN staff in the area attend the meetings depending upon the locations. One of the joint meetings held each year includes all members from both organizations. BRN staff attend and provide information for new and continuing program directors.

- **Health Professions Education Foundation** – Housed under OSHPD, the Foundation administers the RN Education Program that provides scholarship and loan repayment programs for RNs. It is partially funded by a \$10 surcharge from RN licensure renewals. BRN staff serve on the Nurse Advisory Committee for this Foundation and attend meetings as necessary.
- **Governor's California Interagency Council on Veterans (ICV)** – DCA and/or BRN staff attend workgroup and sub-workgroup teleconference meetings related to resources available in education, employment, housing, and health for California military veterans.
- **The California Department of Public Health** – BRN staff participate in the California Partnership to Improve Dementia Care workgroup. Participants include the DOJ in the Northern Enforcement Network dealing with topics including elder abuse and Medi-Cal Fraud.
- **Southern Section Consumer Protection Council** – BRN staff participate on this council with District Attorneys, OAG, and other state law enforcement staff.
- **Orange County Prescription Drug Abuse Task Force/Riverside CARE Task Force/Ventura County Drug Task Force** – Membership on this task force includes staff from the BRN, law enforcement agencies, medical professionals, health care related agencies and the Drug Enforcement Administration dealing with prescription and narcotic drug abuse issues.
- **Insurance Fraud Task Force/FBI Medical Fraud Task Force** – BRN staff work with these task forces on issues related to the various types of fraud in the health care industry.
- **California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS)** – BRN staff work with CCHCS who offers a strong clinical ladder for RNs and an apprenticeship model for LVNs to become RNs. California correctional nurses serve 125,000 inmates from the border of Arizona to the borders of Nevada and Oregon. The BRN partners with CDCR and CCHCS on issues impacting nursing and institutions within CDCR.
- **California Nursing Students' Association (CNSA)** – BRN staff and the Board President participate to facilitate open communication, build relationships, and encourage nursing students to become active in the growth of the field of nursing.
- **California Hospital Association (CHA)** – The EO is an ex-officio member of the CHA Chief Nursing Officer Advisory Committee and collaborates with CHA to strengthen relationships and build bridges for a stronger nursing workforce.
- **California Community Colleges Workforce and Economic Development Division (WEDD)** – WEDD is focused on preparing CCC students and individuals with skills for 21st century jobs and careers, as well as an entrepreneurial mindset to be successful as an employee or entrepreneur.
- **Consortiums** – BRN staff attend local consortium meetings to learn about clinical issues, discuss trends, and assist in clinical planning while also providing education on BRN statutes and regulations.

- **Health Workforce Initiative (HWI)** – A program of the Workforce and Economic Development division of the CCCCCO, HWI fosters communication and collaboration between the health care industry and education systems. The purpose of the HWI is to identify healthcare workforce needs and cultivate solutions. The role of the HWI is to facilitate a community college response to workforce needs. BRN staff regularly attend meetings that include nursing program directors who collaborate and work on RN education-related topics and issues.

Section 2: Performance Measures and Customer Satisfaction Surveys

Quarterly and Annual Performance Measures

2.1 Provide each quarterly and annual performance measure report for the board as published on the DCA website

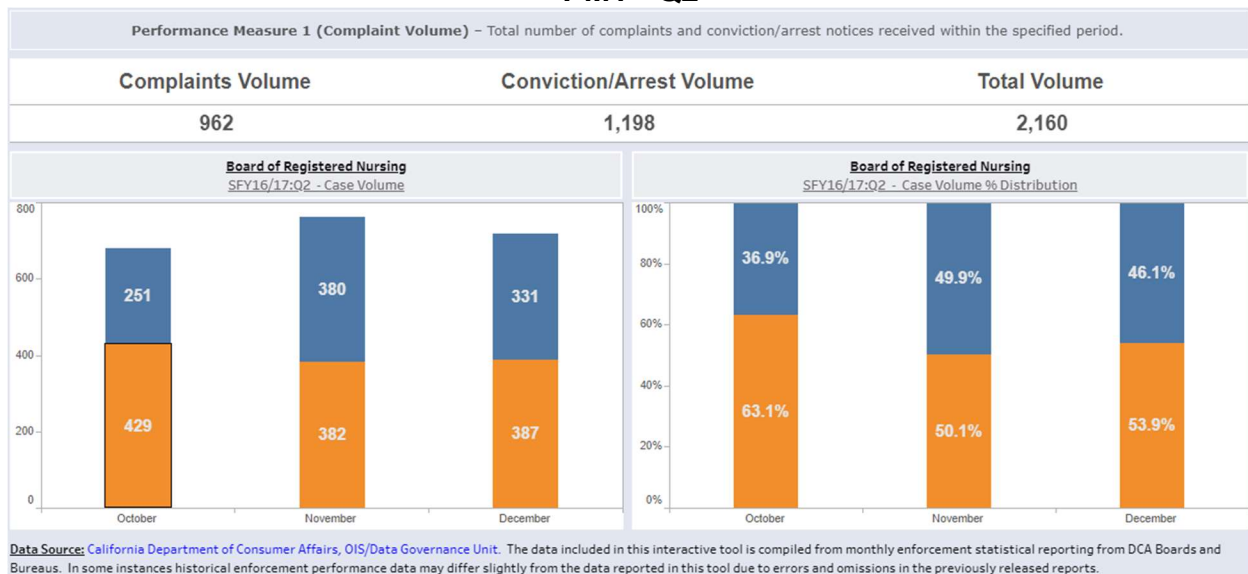
All quarterly and annual performance measure reports for Fiscal Years (FYs) 2016/2017 through 2018/2019 as published by the DCA on its website are below. These reports are part of DCA's Consumer Protection Enforcement Initiative (CPEI). The format of the report is generic for all DCA entities.

FY 2016/2017

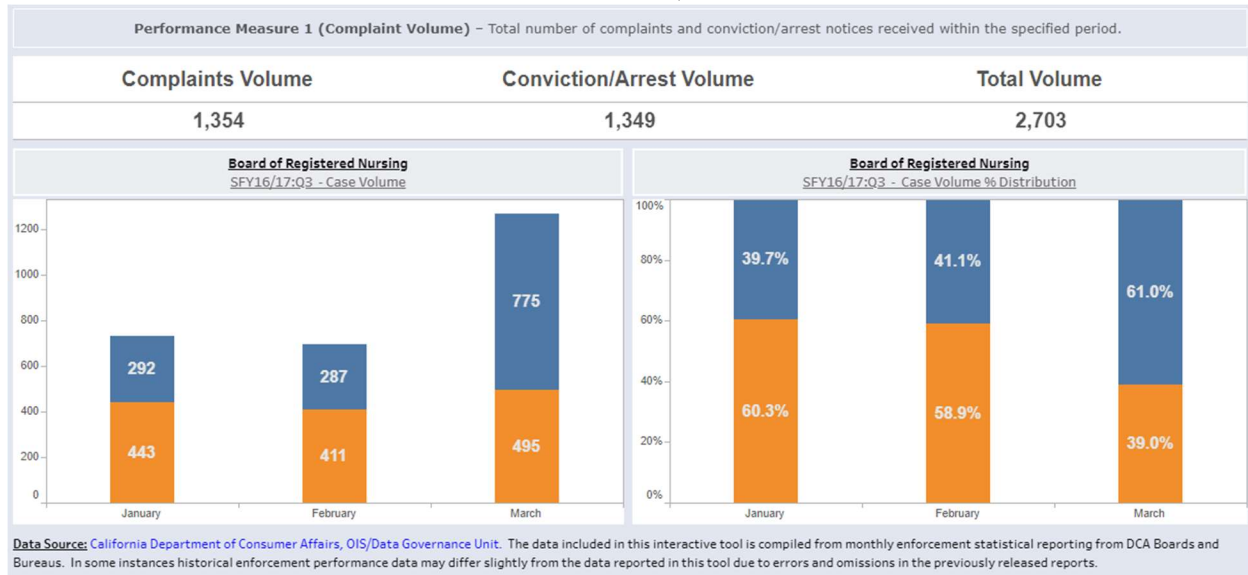
Performance Measure (PM) 1 – Quarter (Q) 1



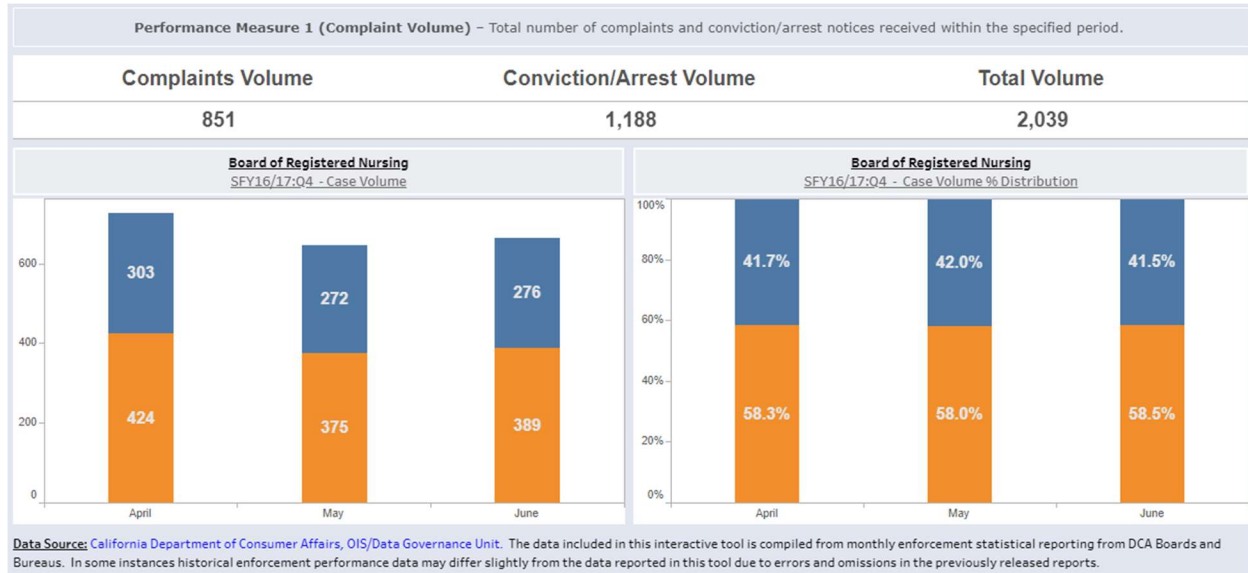
PM1 - Q2



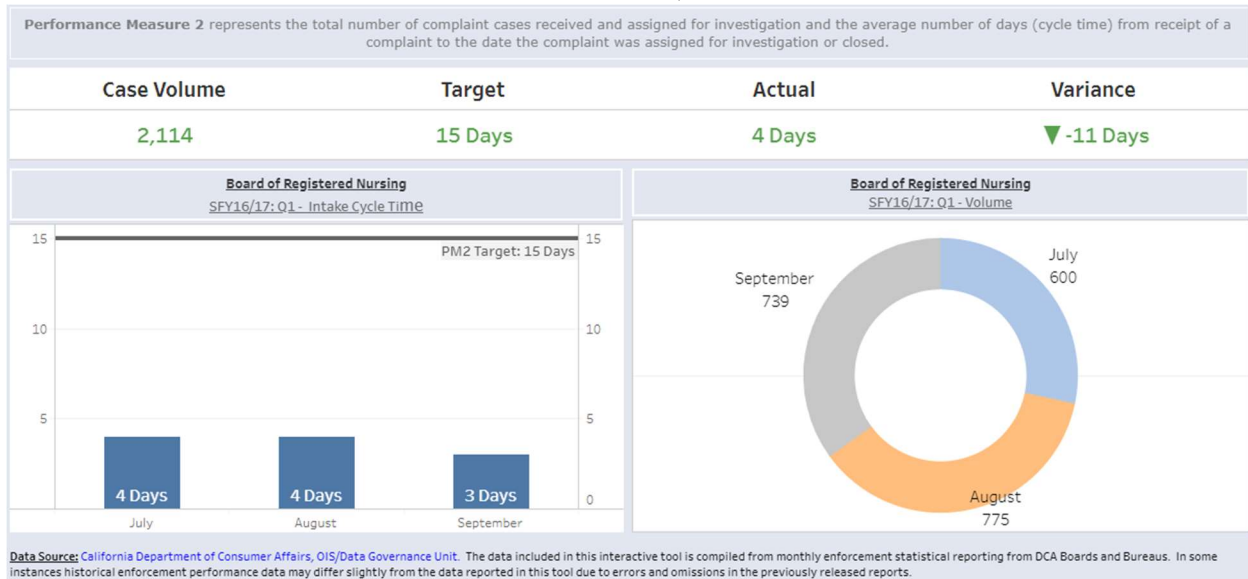
PM1 - Q3



PM1 - Q4

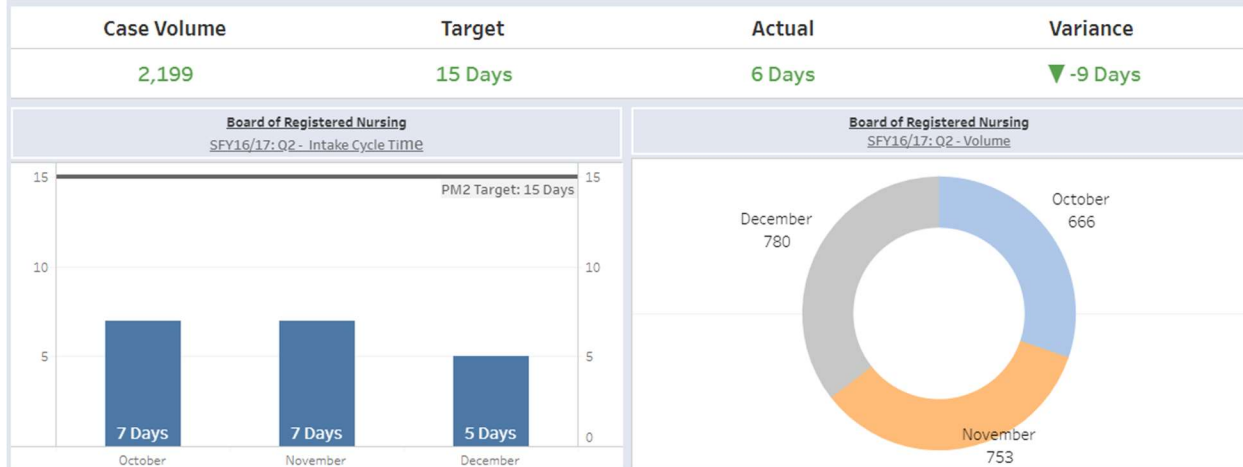


PM2 - Q1



PM2 - Q2

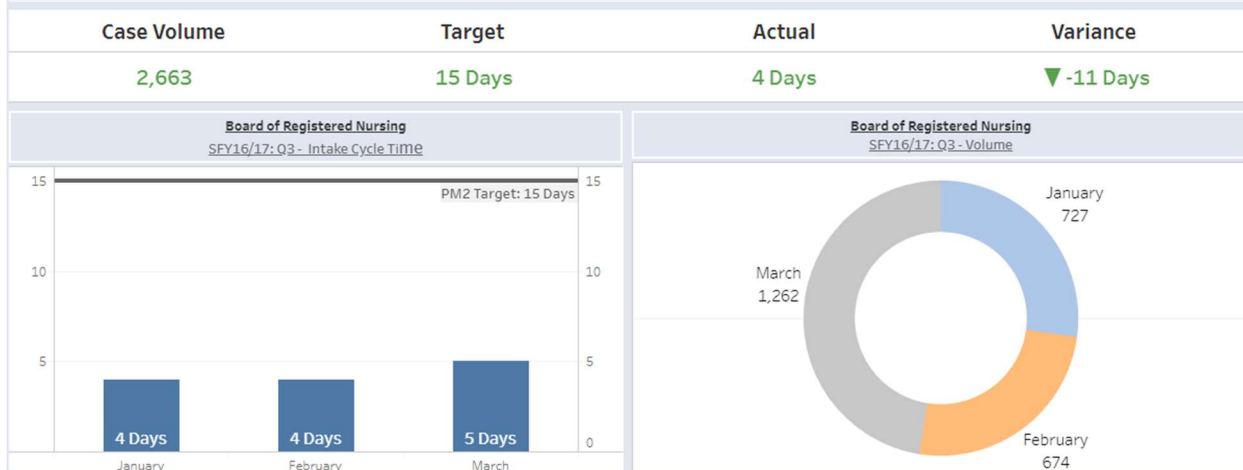
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM2 - Q3

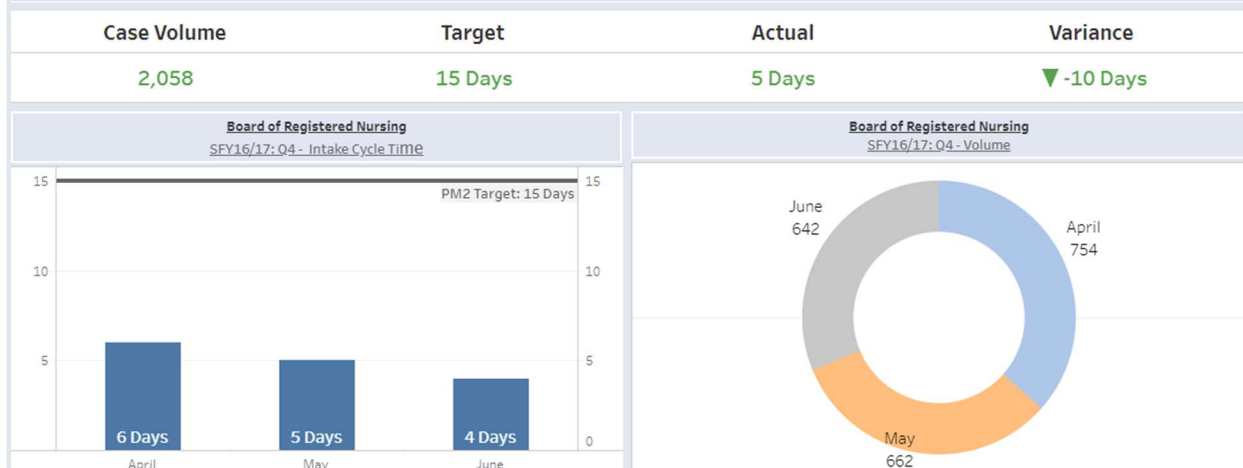
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM2 - Q4

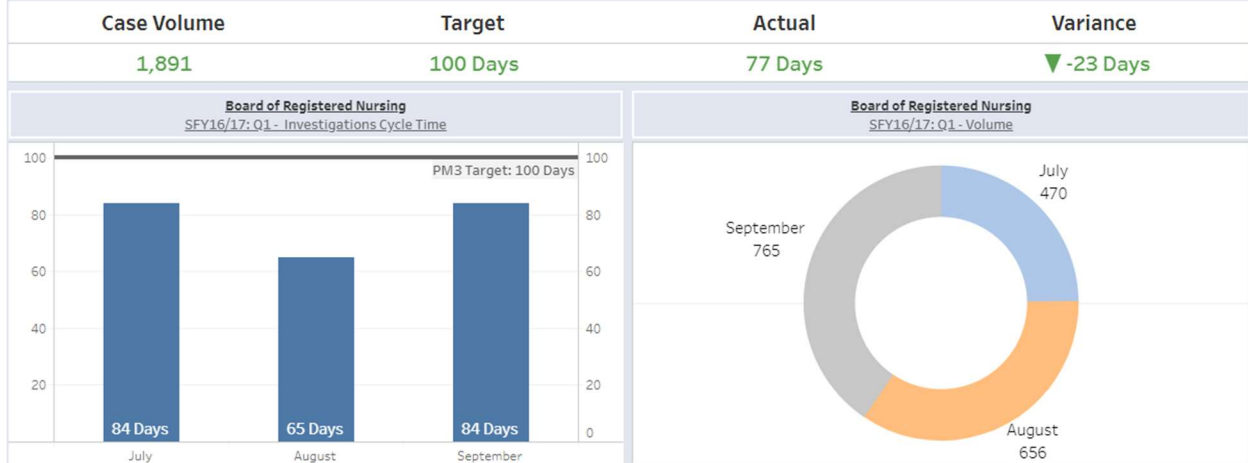
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q1

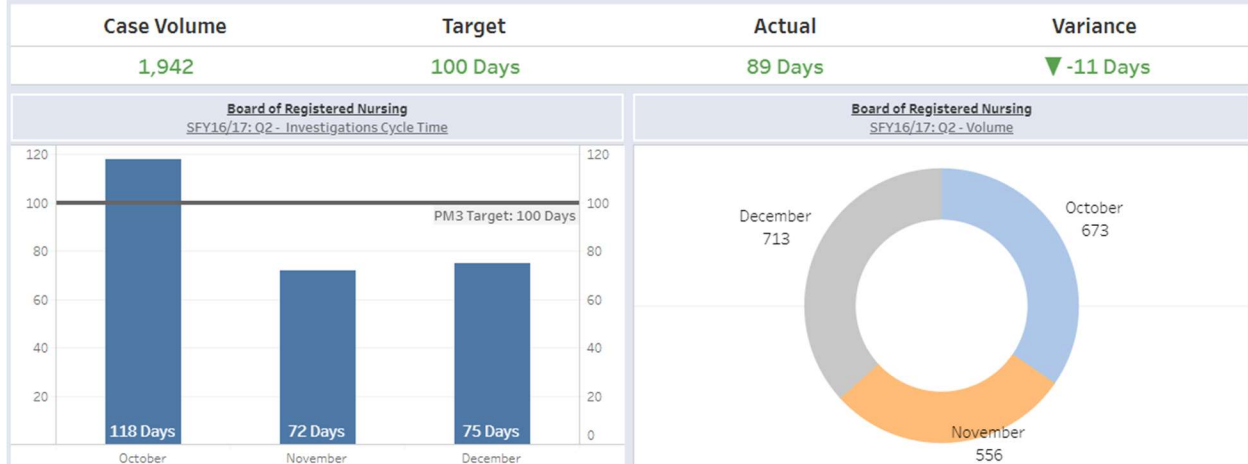
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q2

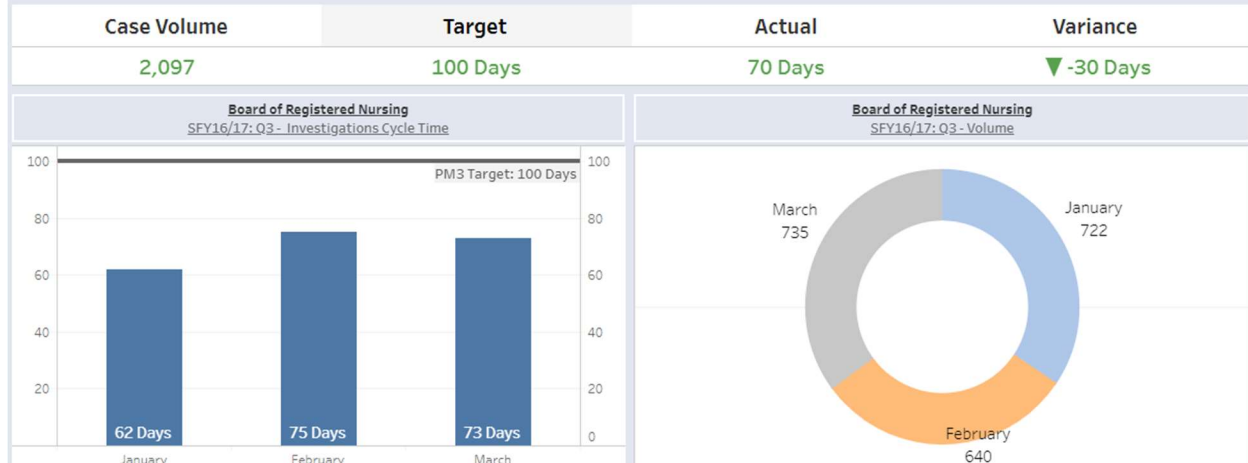
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q3

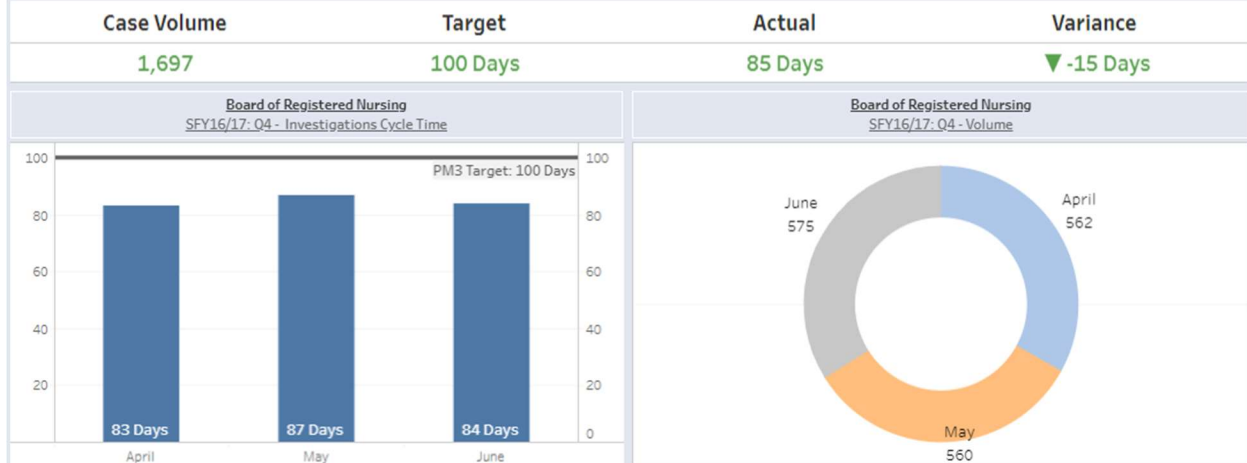
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q4

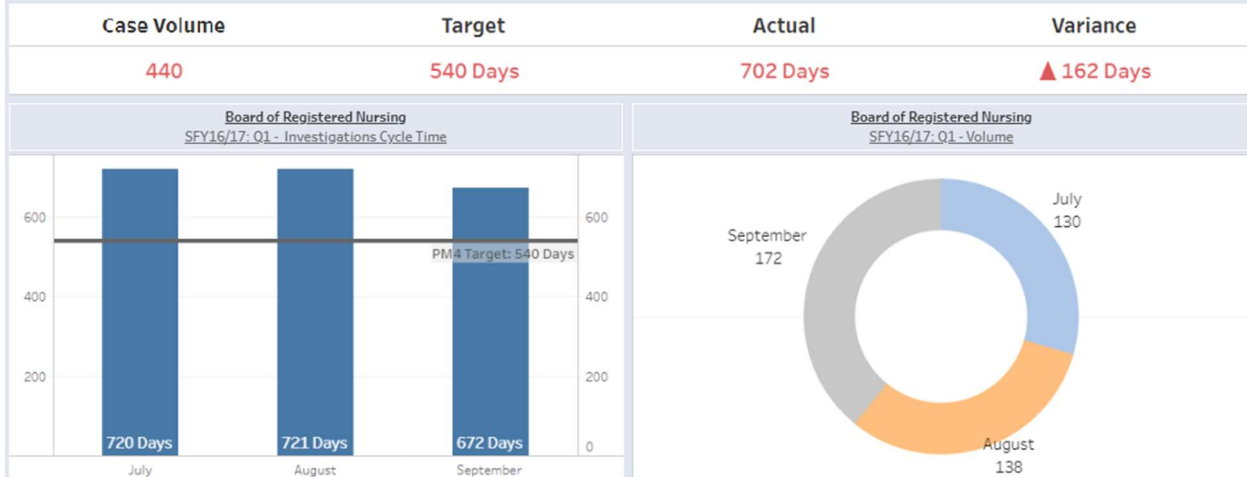
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q1

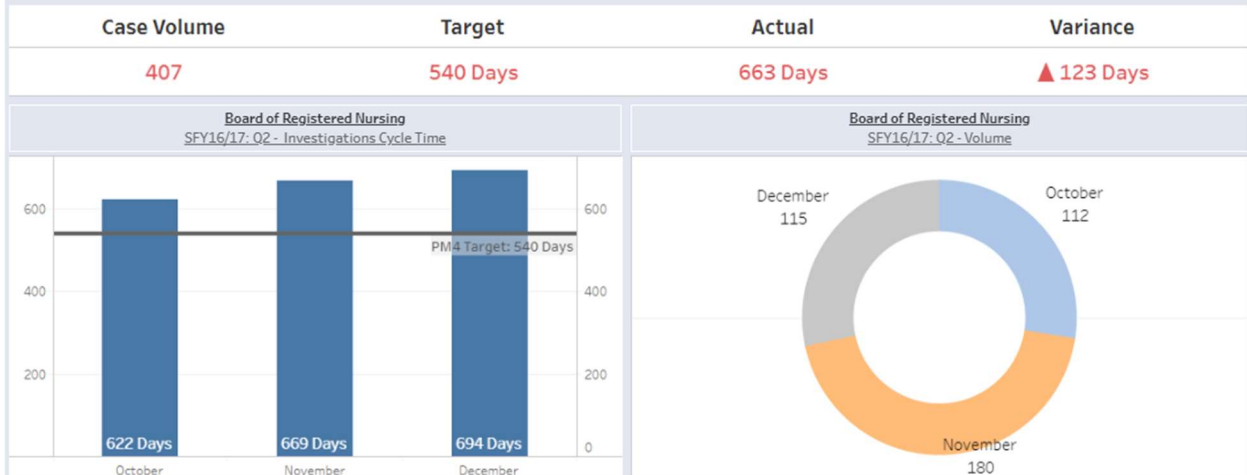
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q2

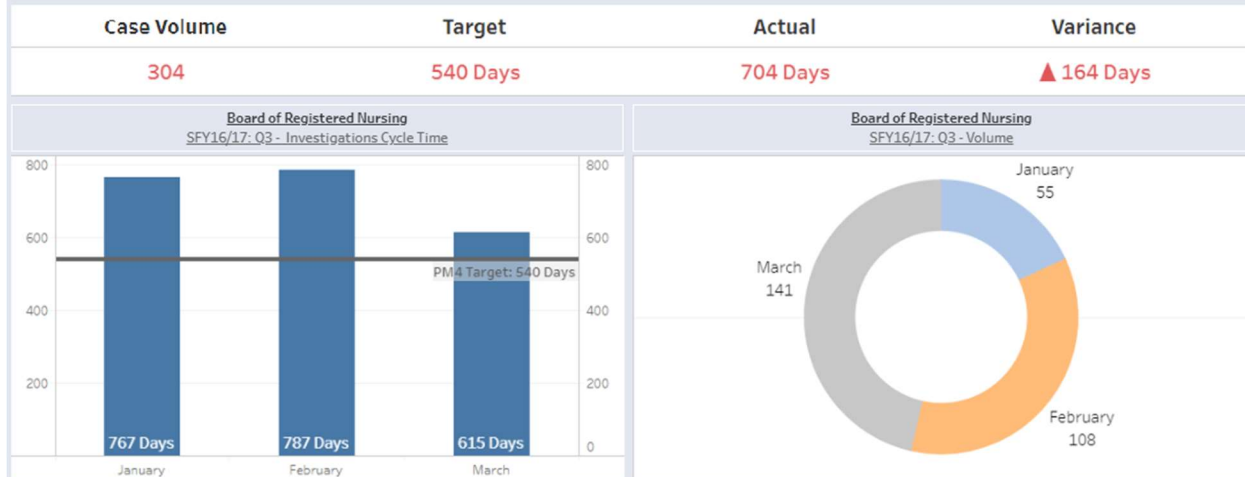
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q3

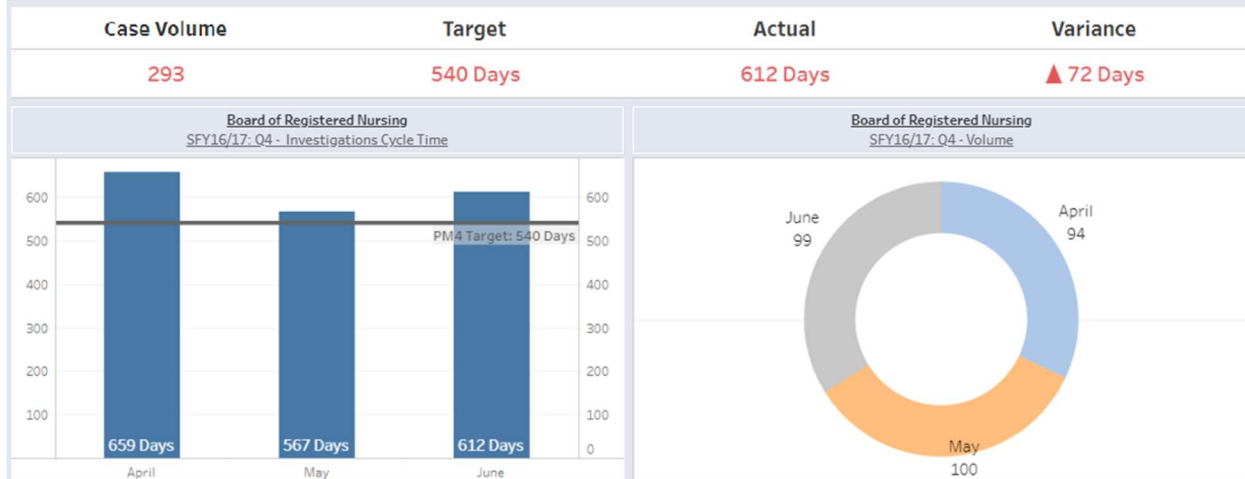
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

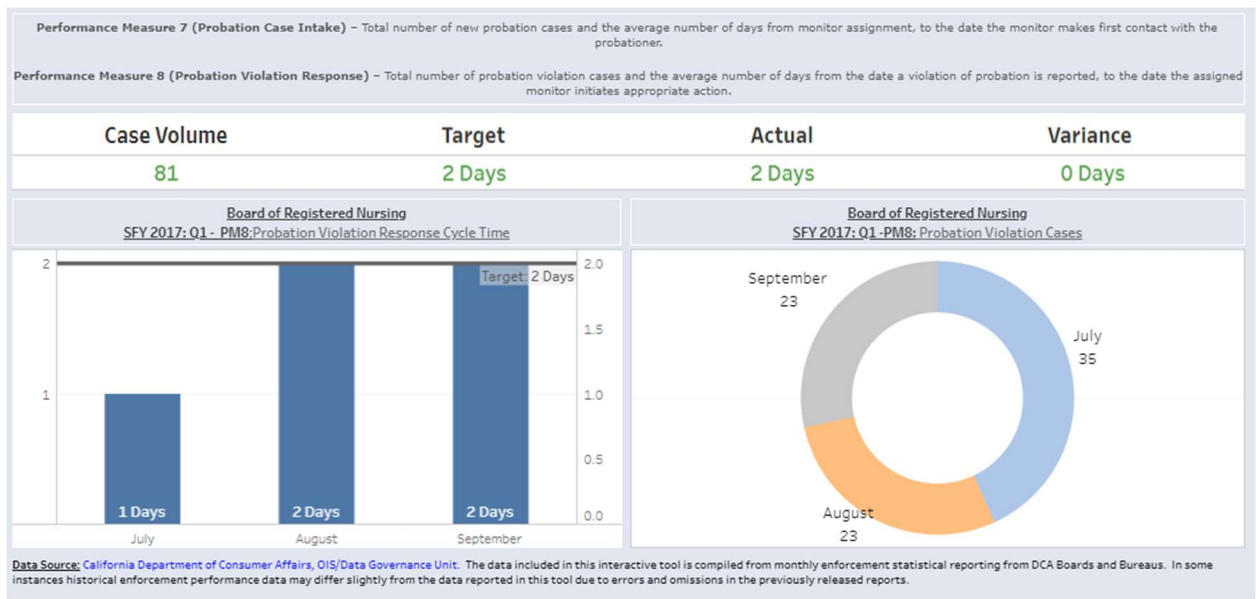
PM4 - Q4

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

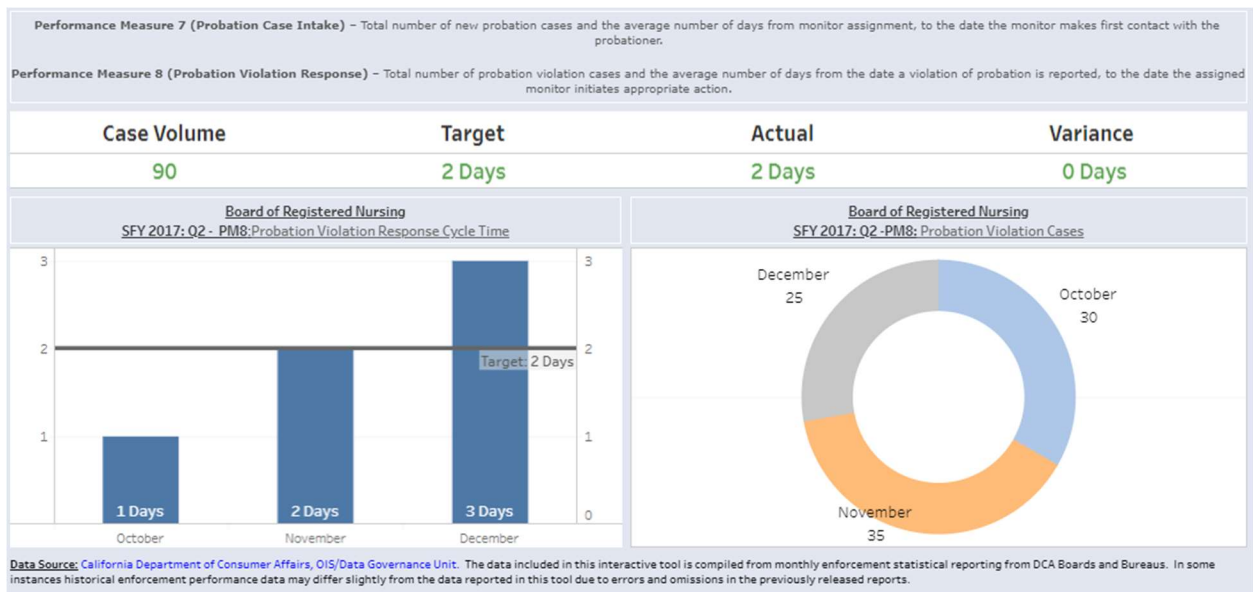


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

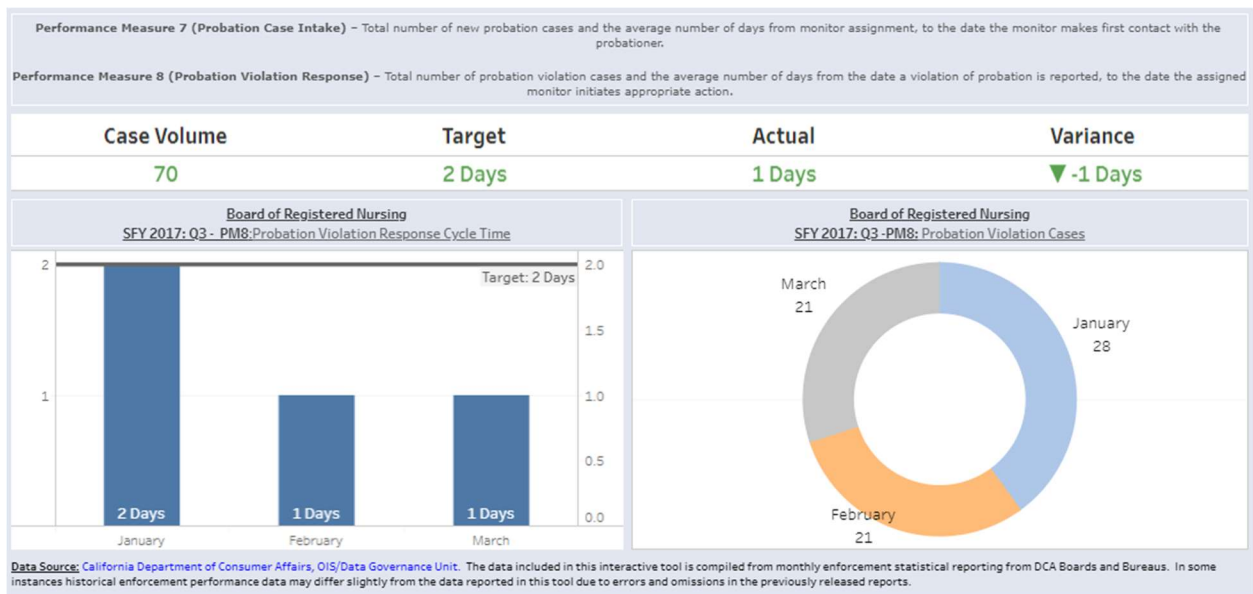
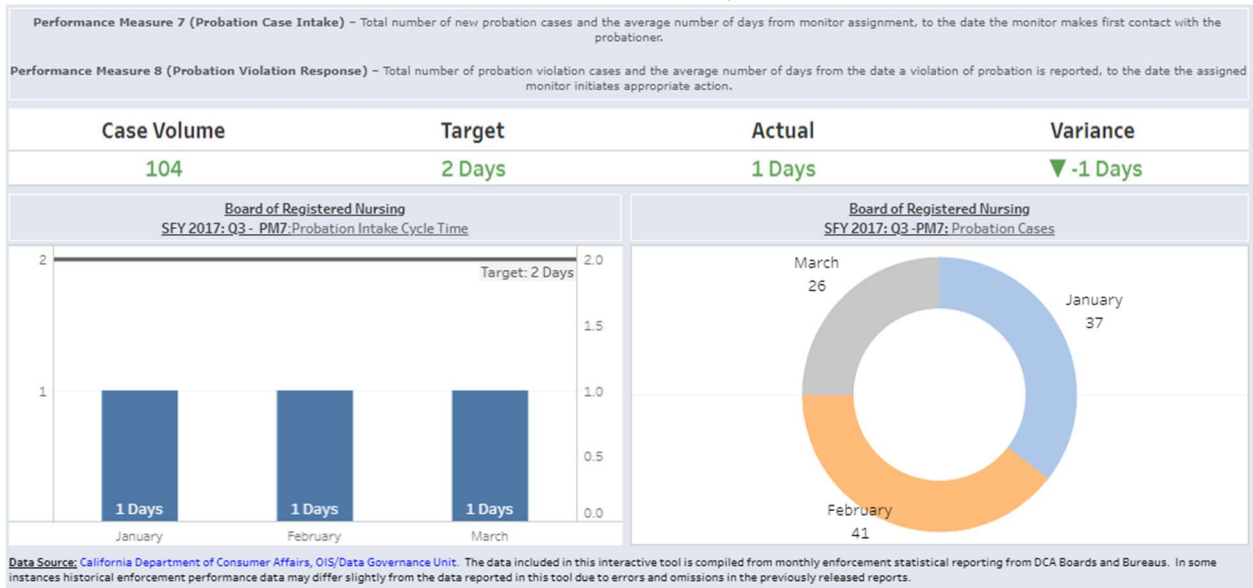
PM 7 and 8 - Q1



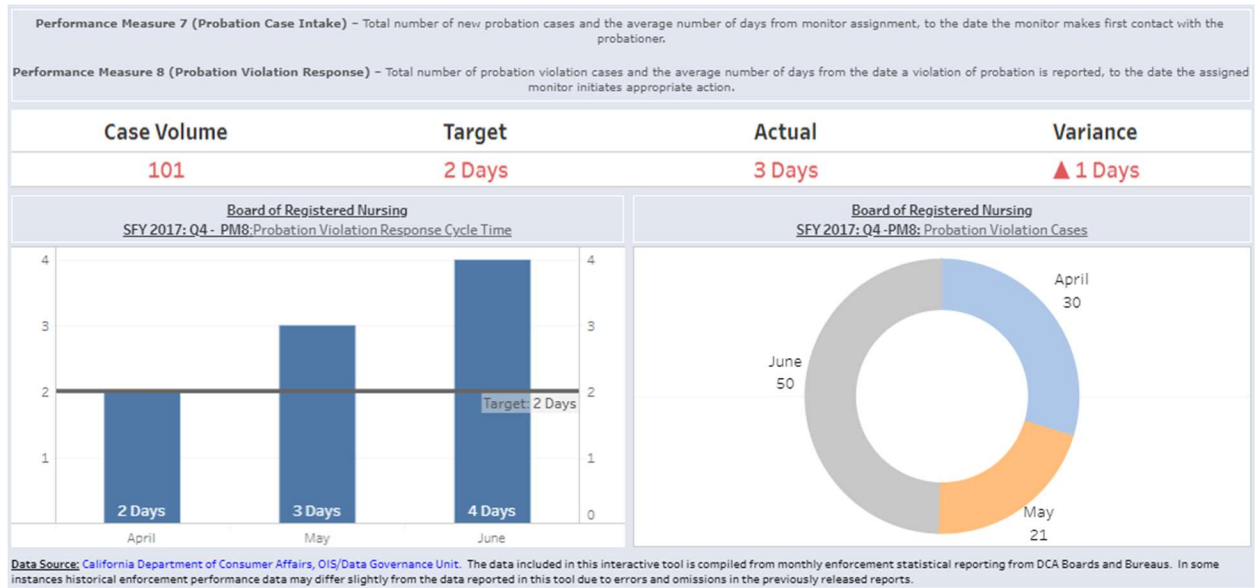
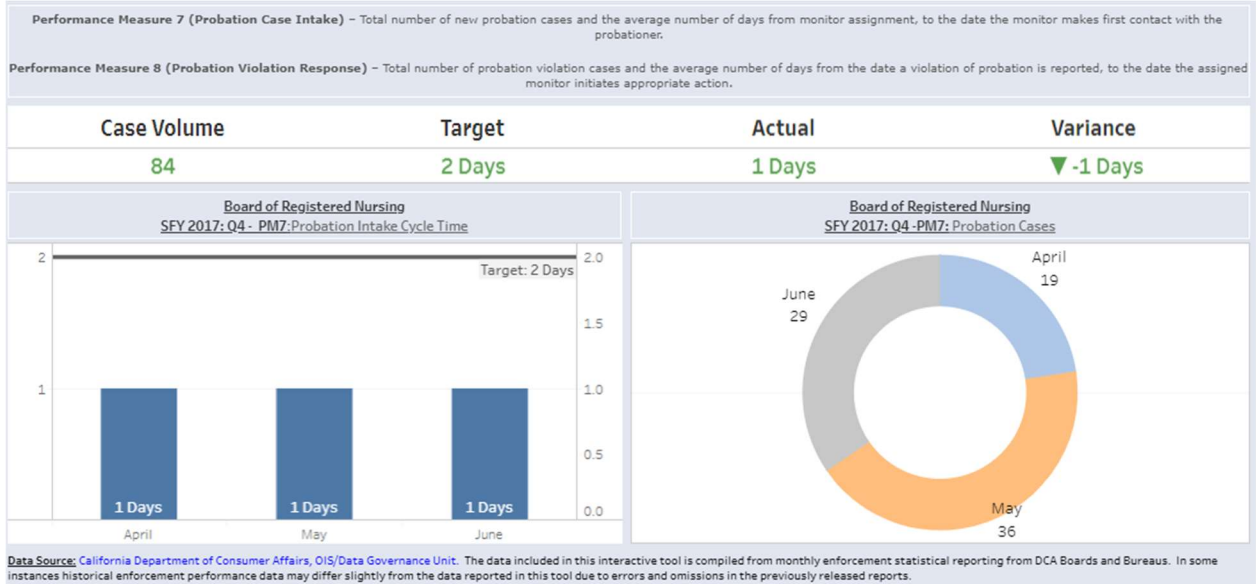
PM 7 and 8 - Q2



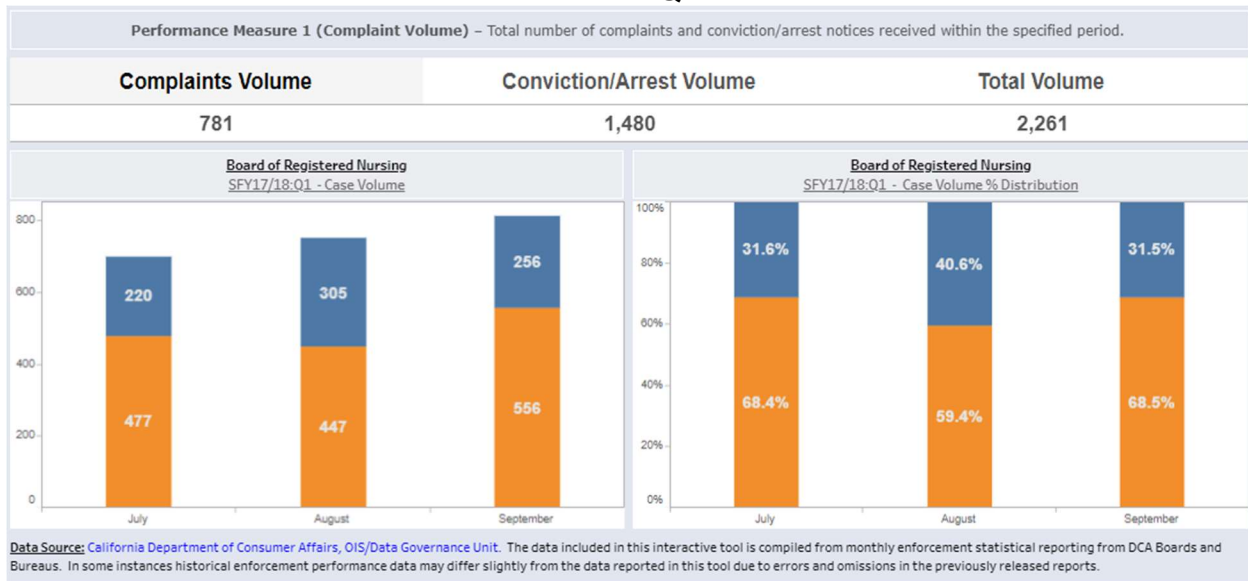
PM 7 and 8 - Q3



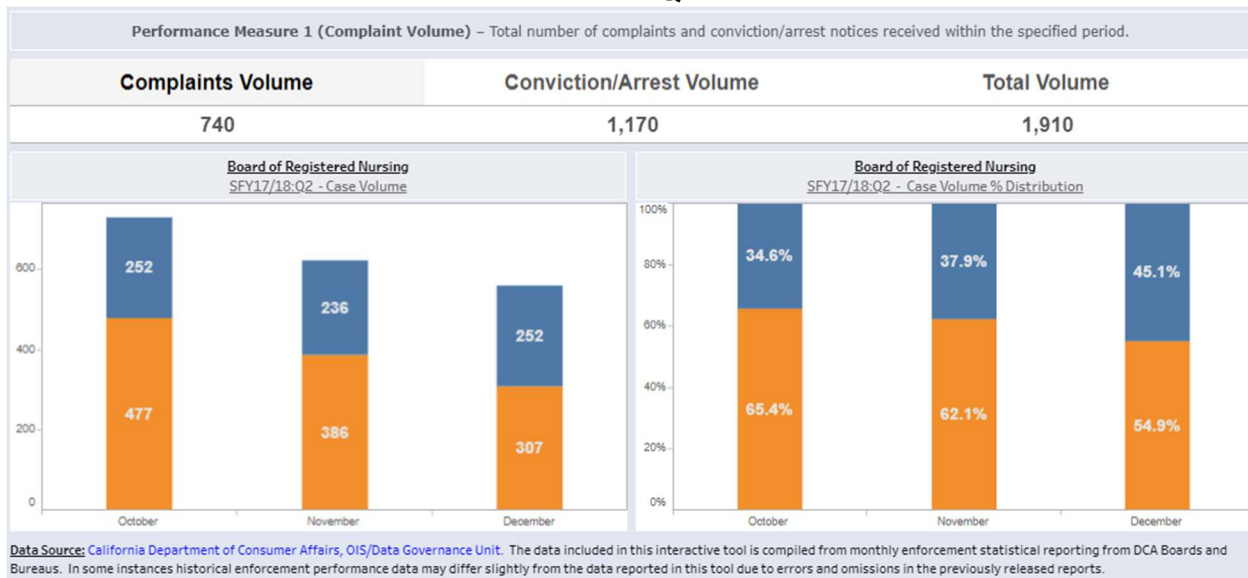
PM 7 and 8 - Q4



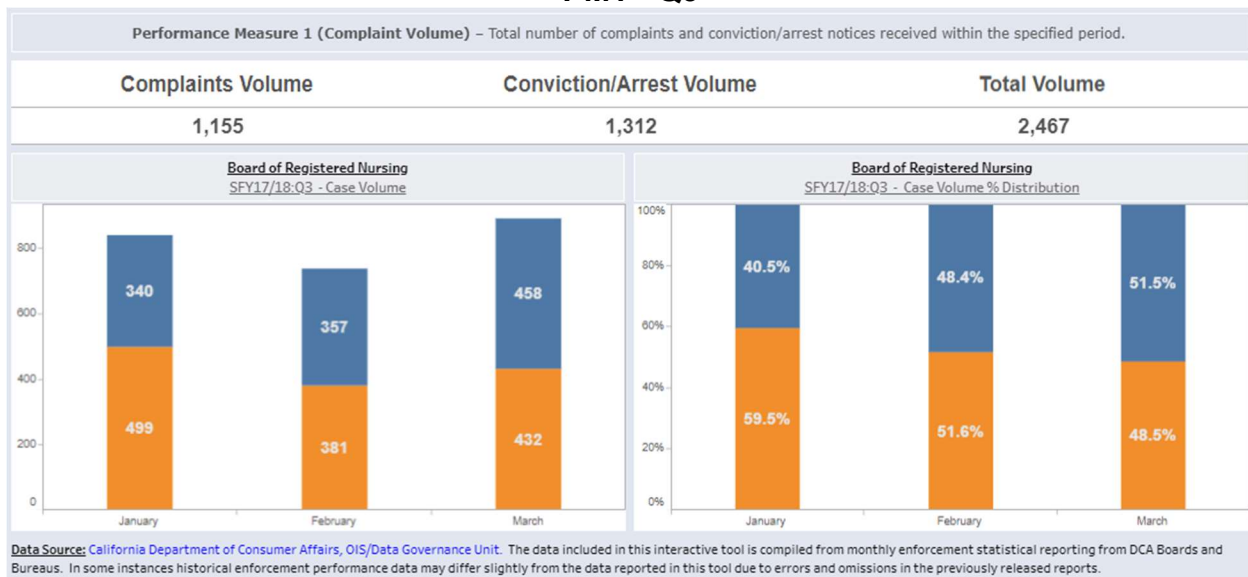
PM1 - Q1



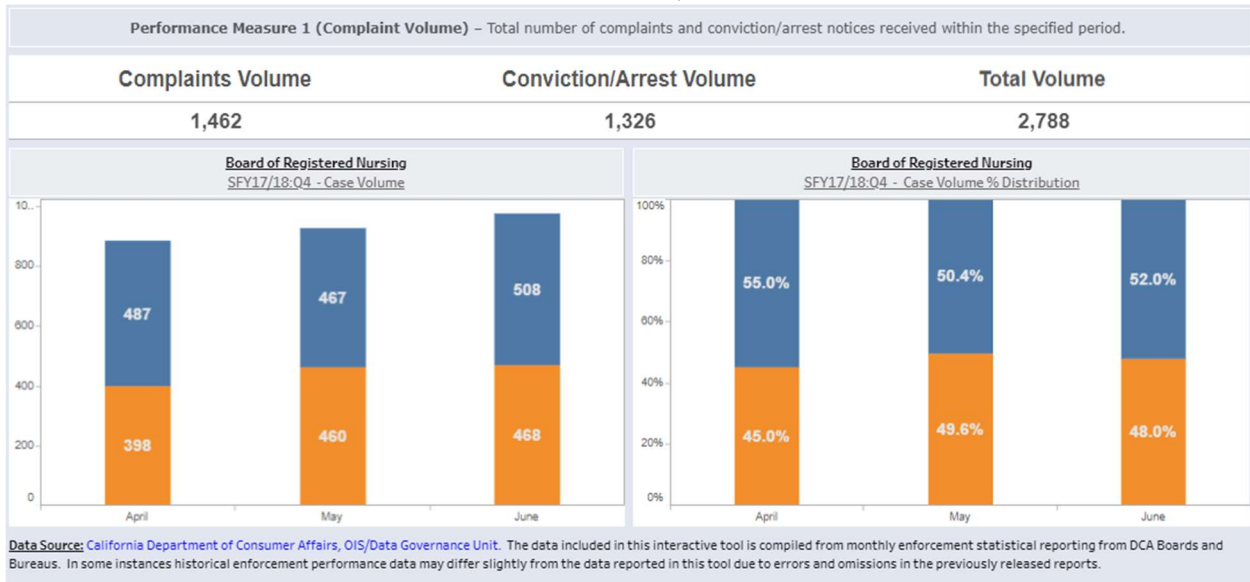
PM1 - Q2



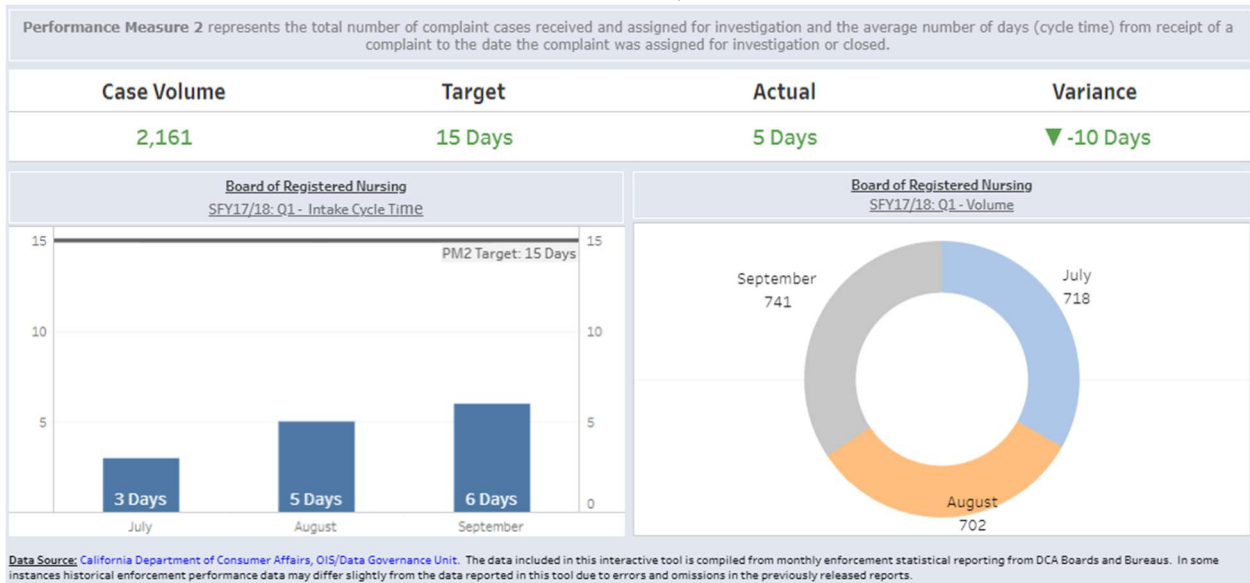
PM1 - Q3



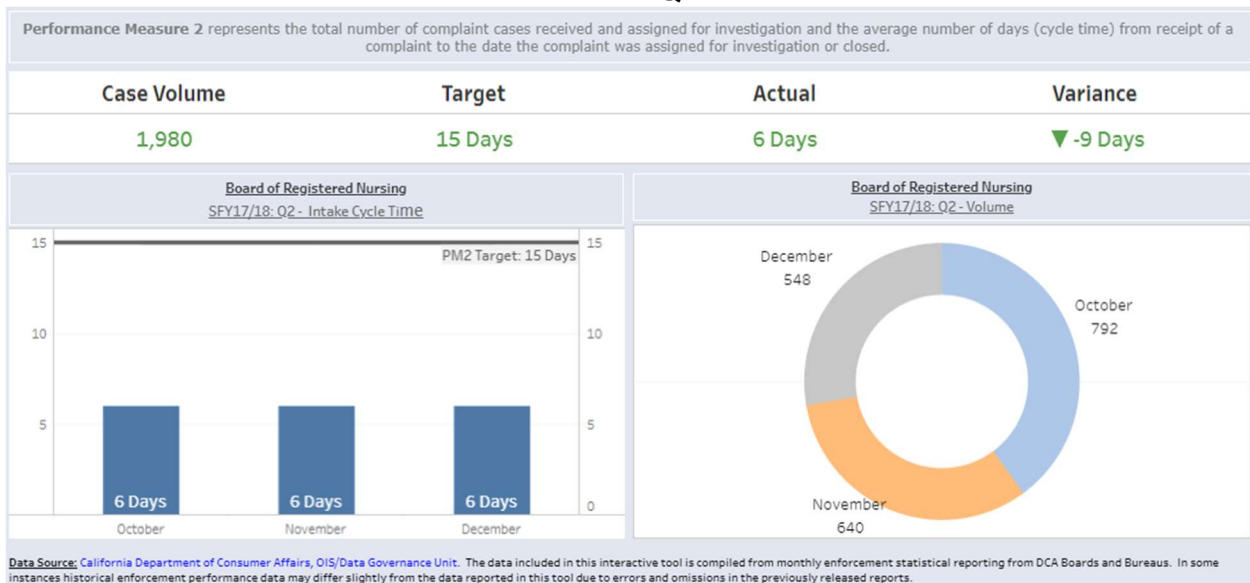
PM1 - Q4



PM2 - Q1

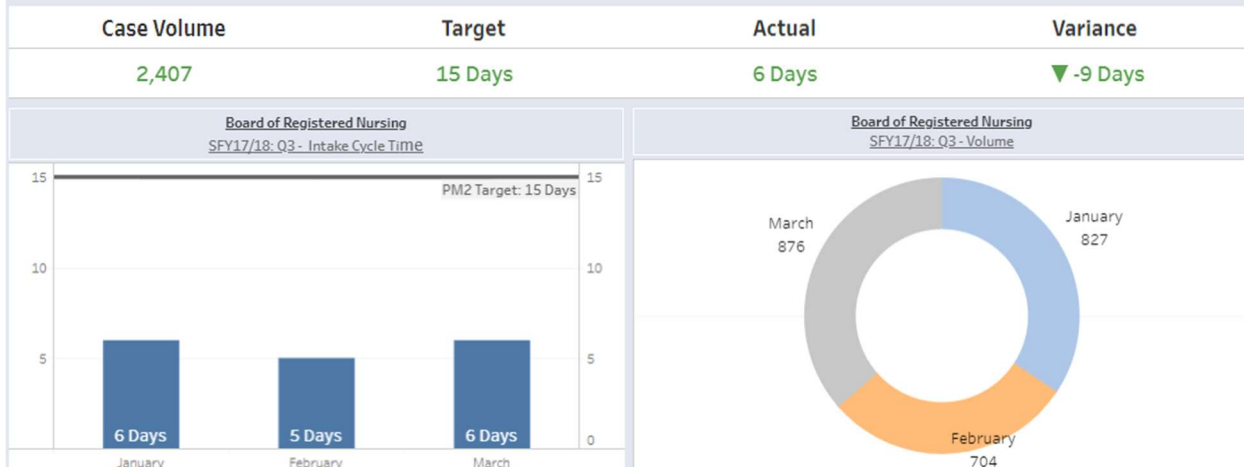


PM2 - Q2



PM2 - Q3

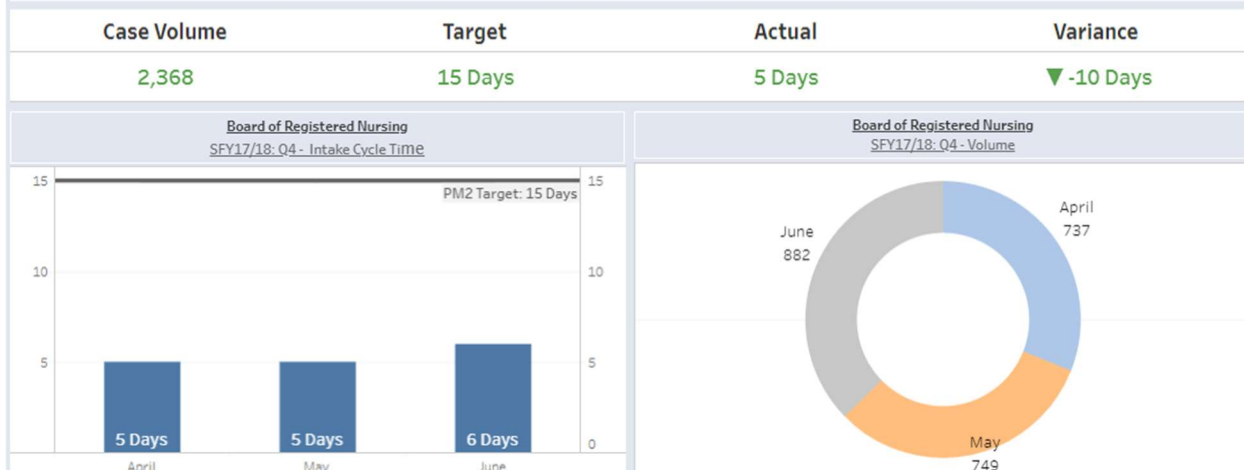
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM2 - Q4

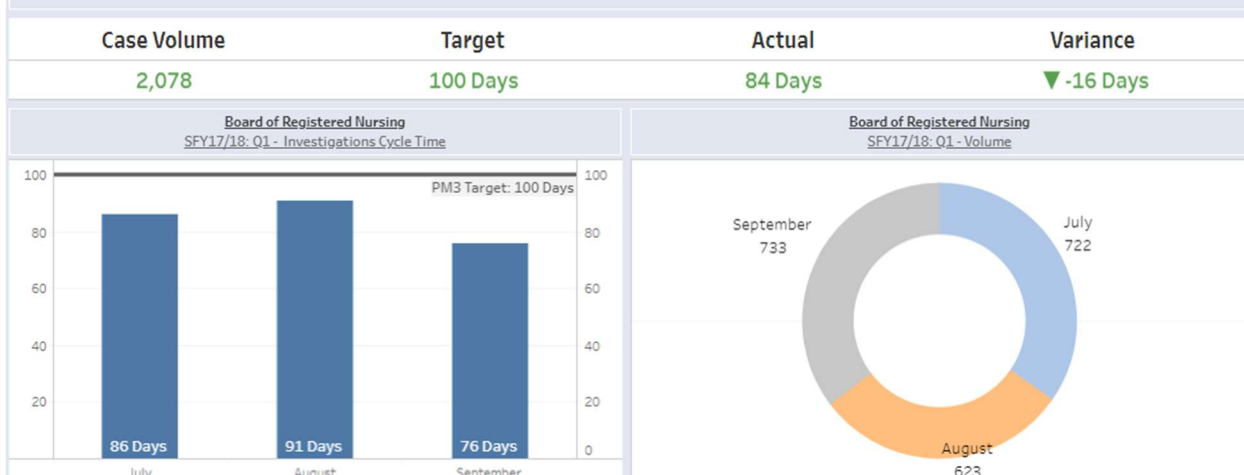
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PM3 - Q1

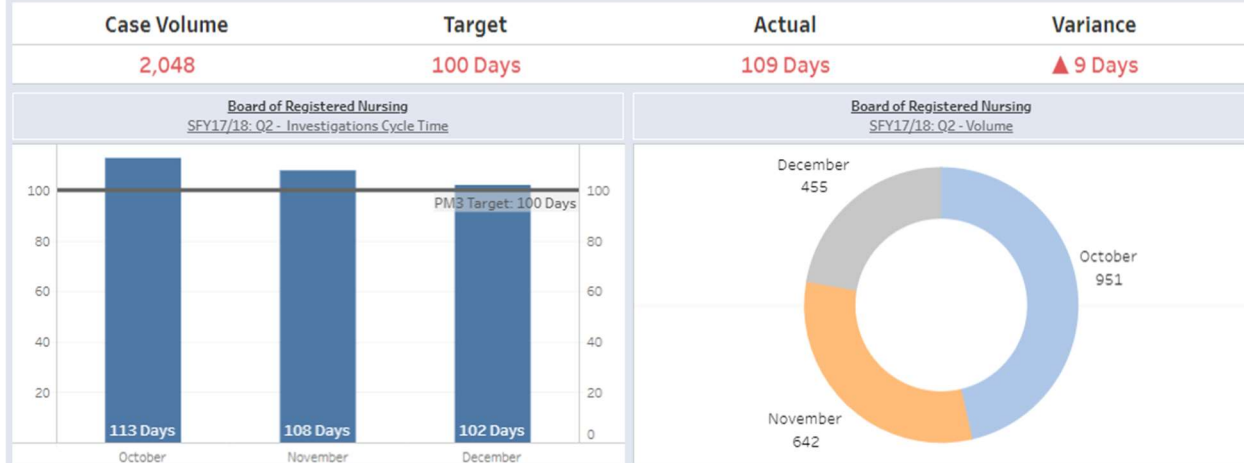
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q2

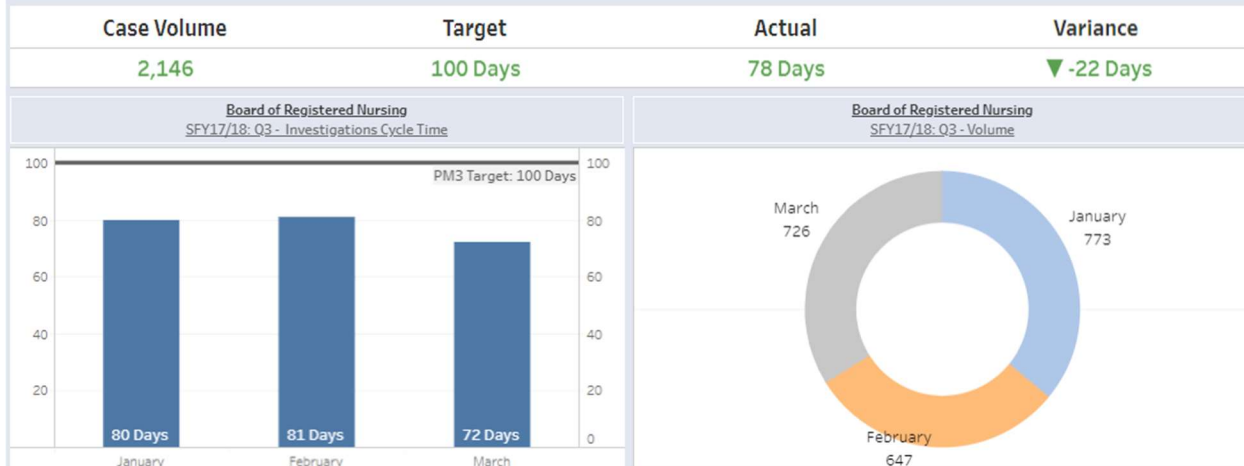
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q3

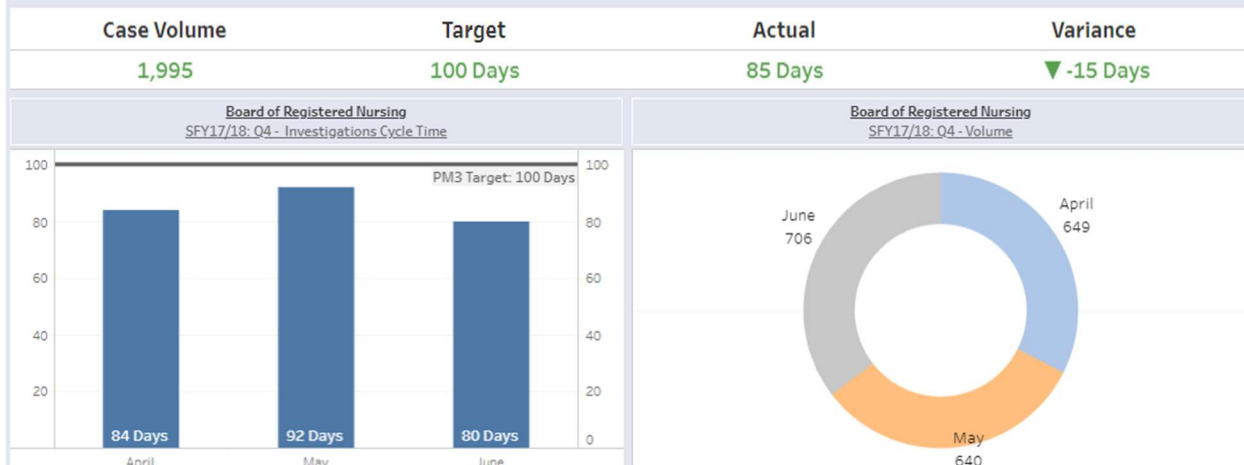
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



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PM3 - Q4

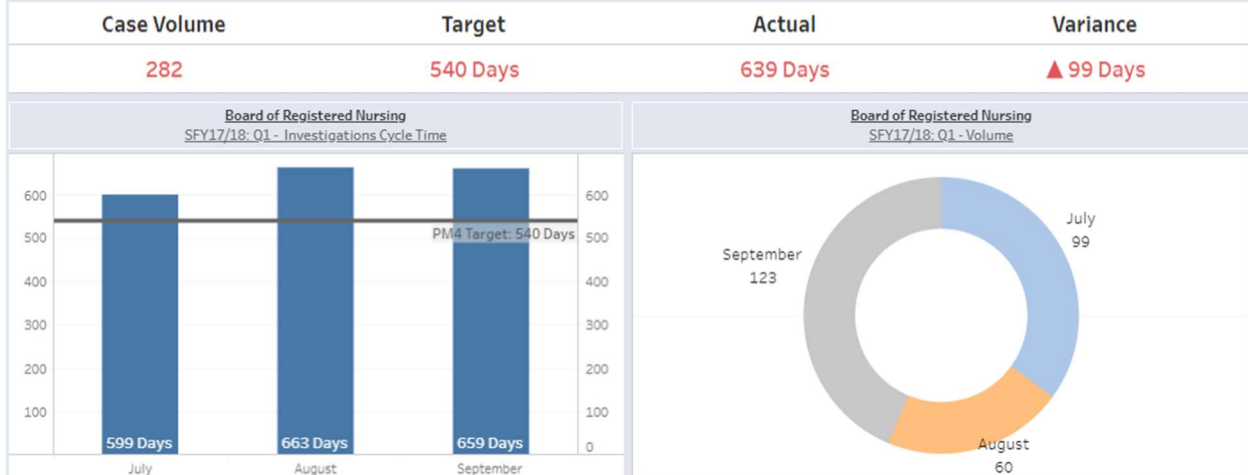
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q1

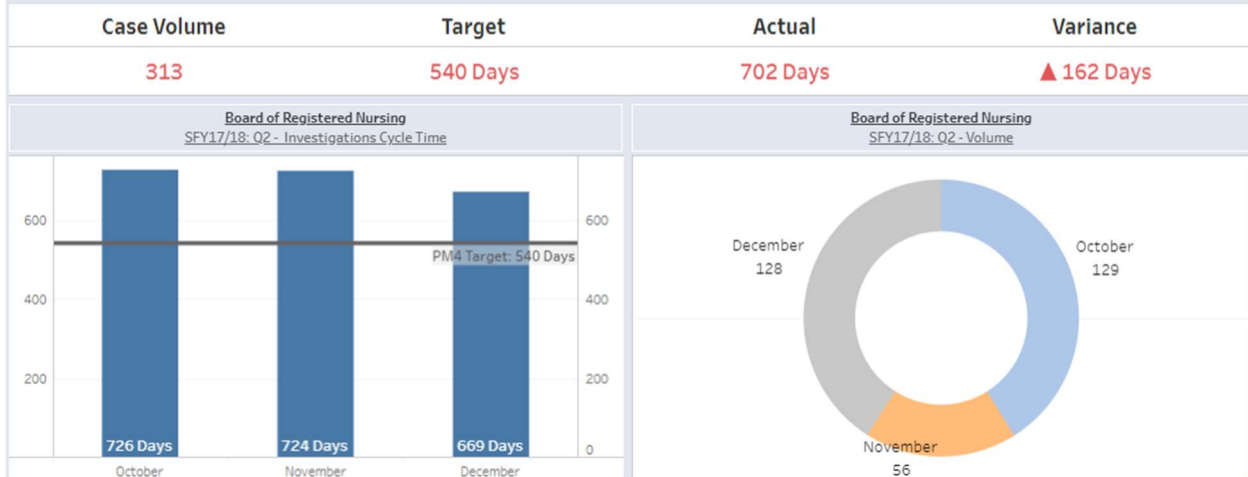
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q2

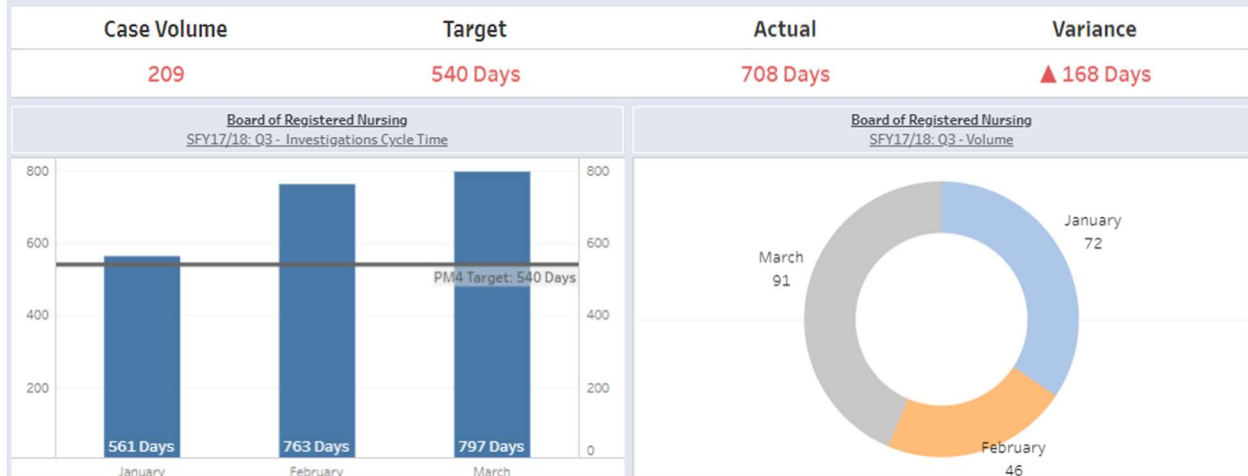
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q3

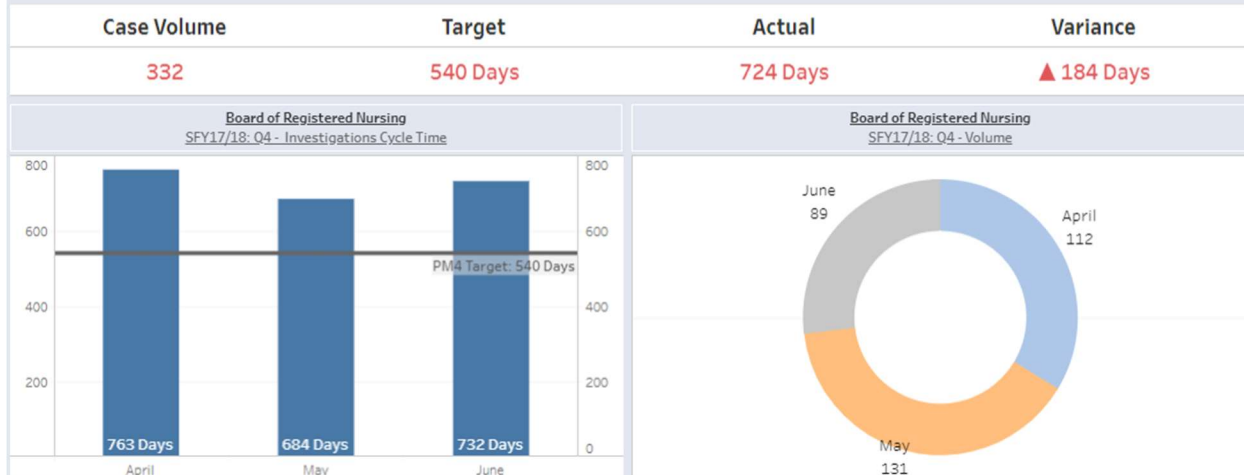
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM4 - Q4

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

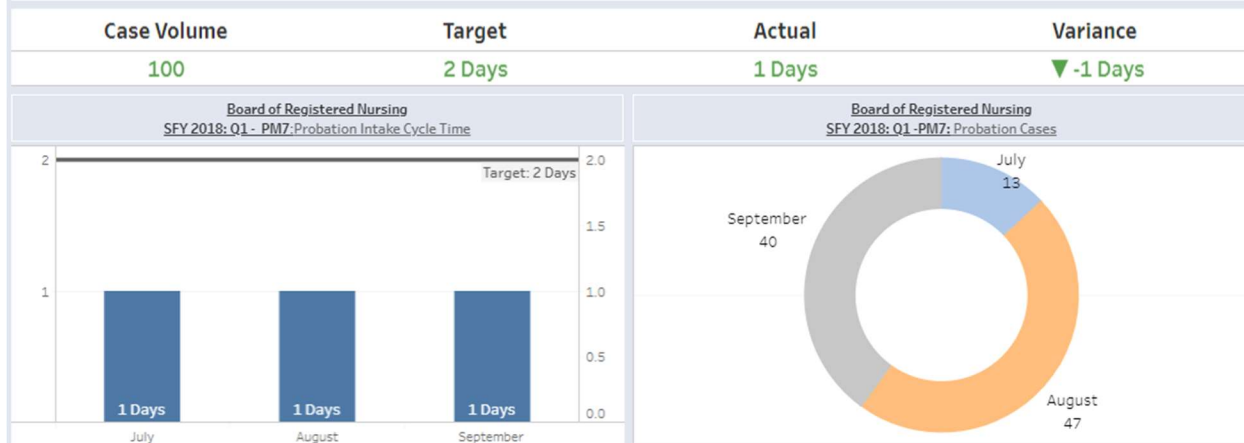


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM 7 and 8 - Q1

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

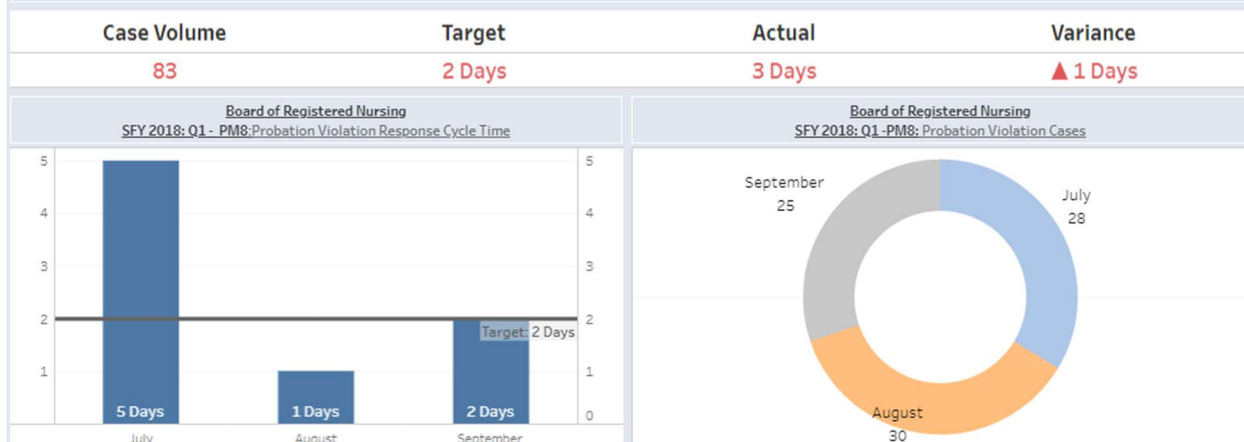
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

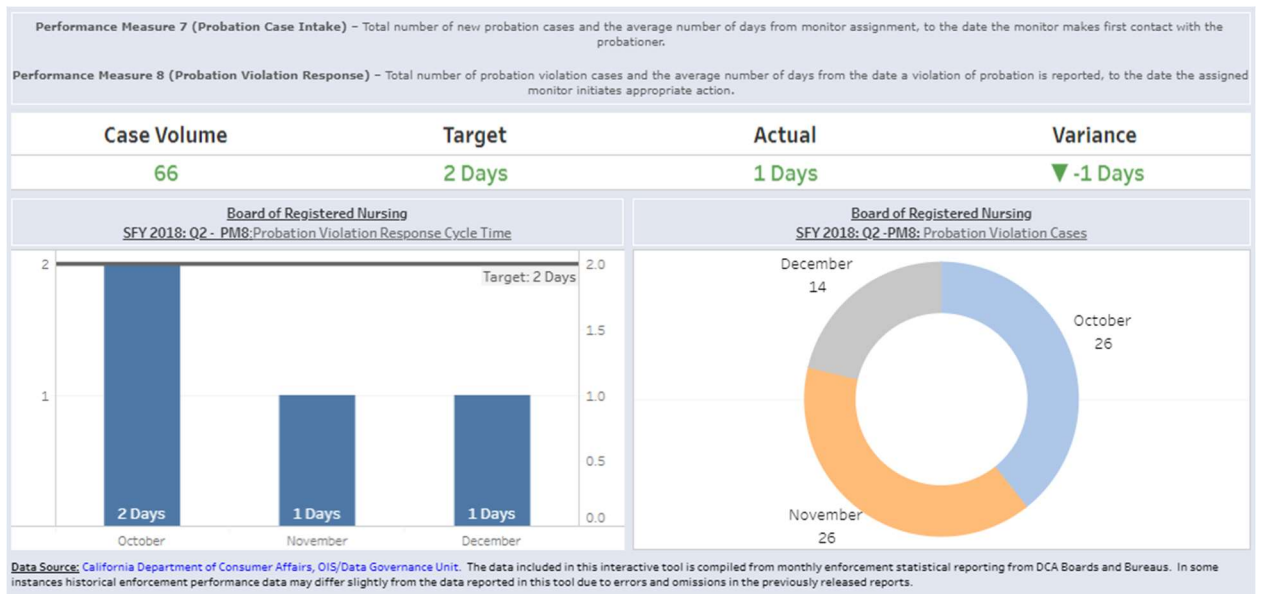
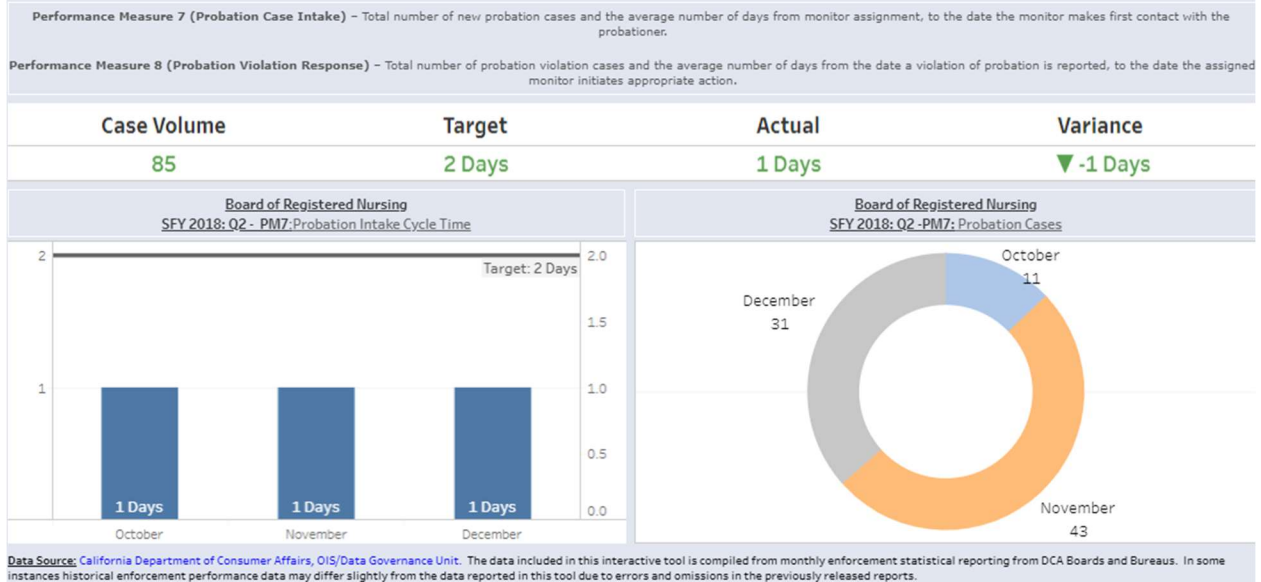
Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

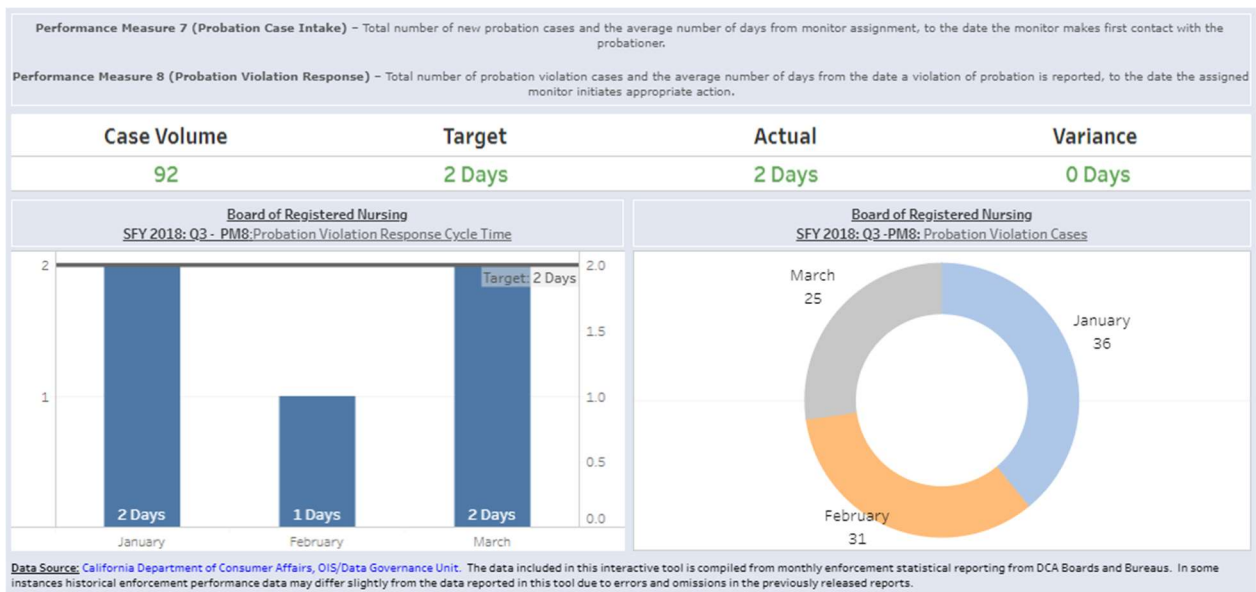
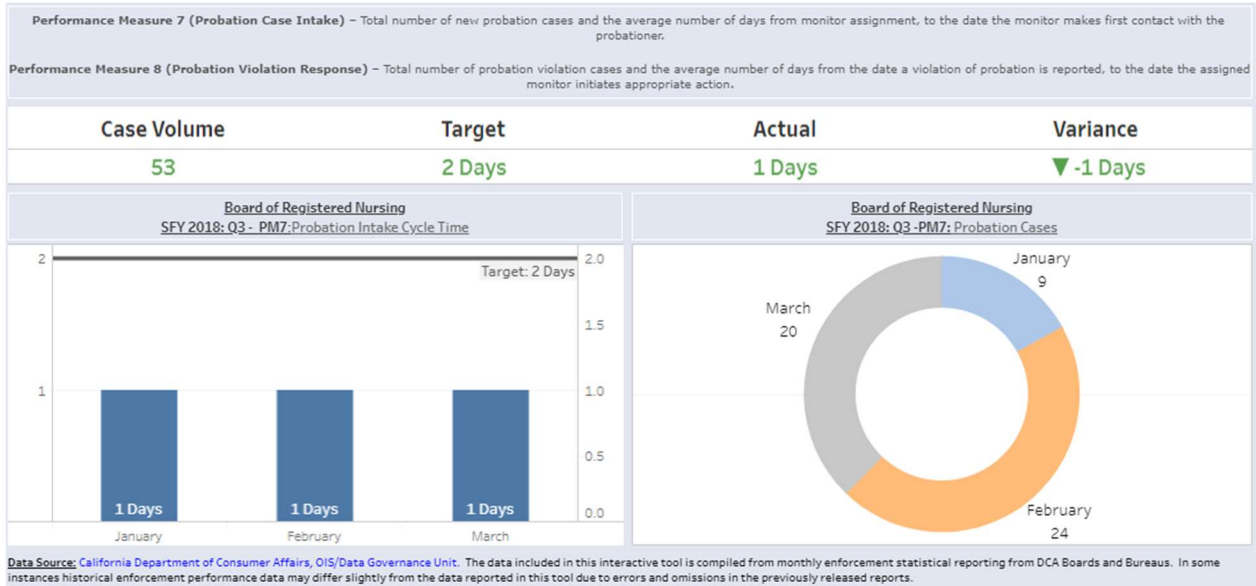


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

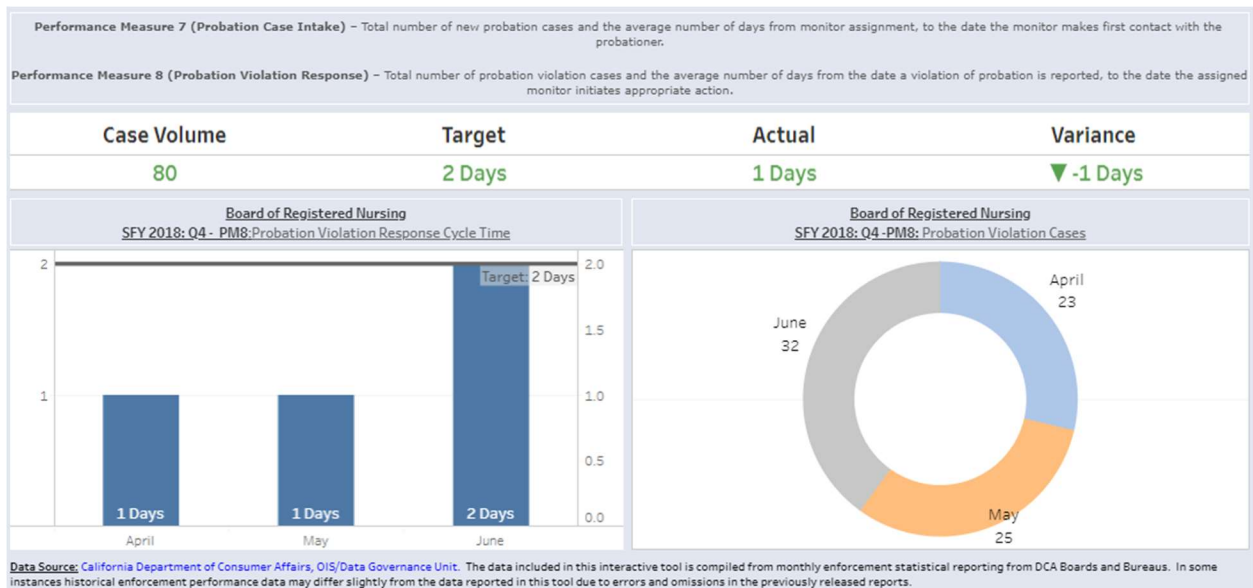
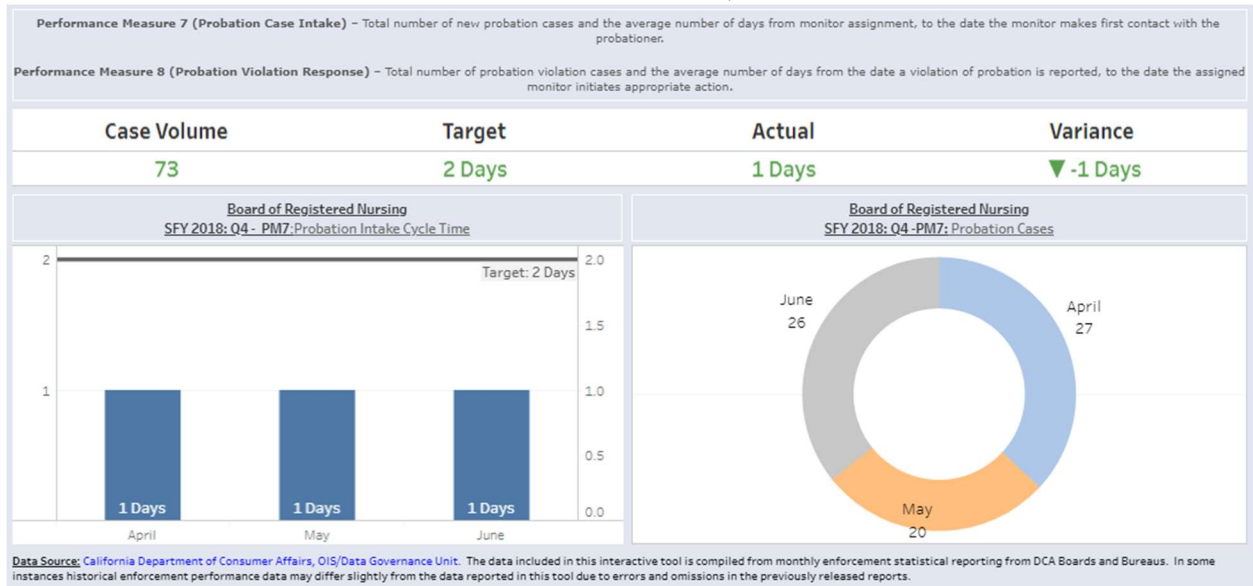
PM 7 and 8 - Q2



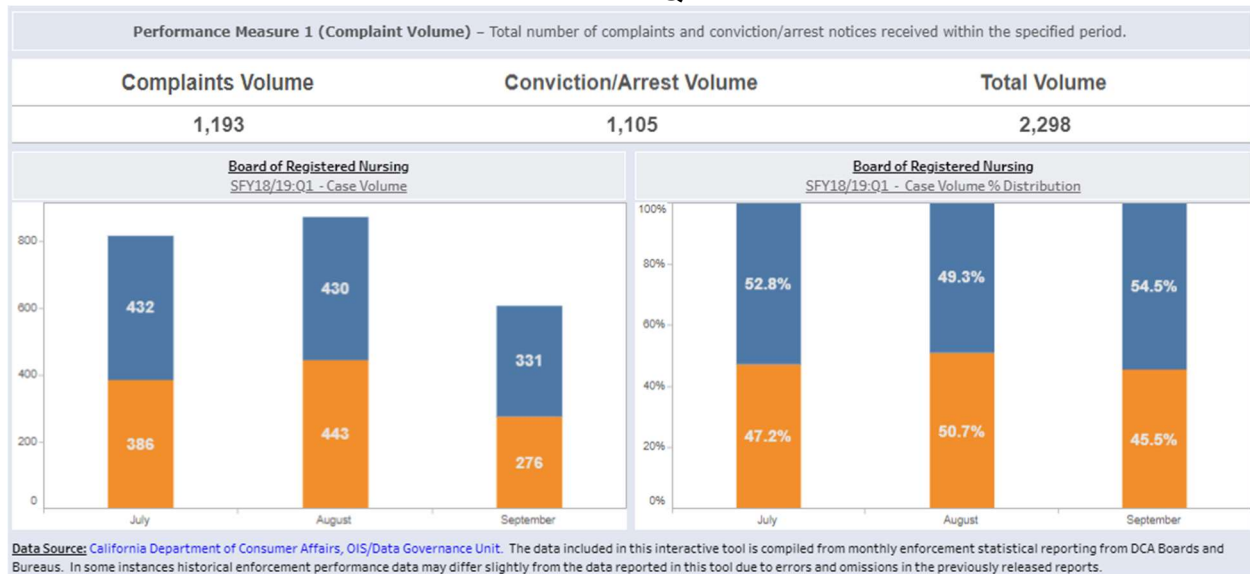
PM 7 and 8 - Q3



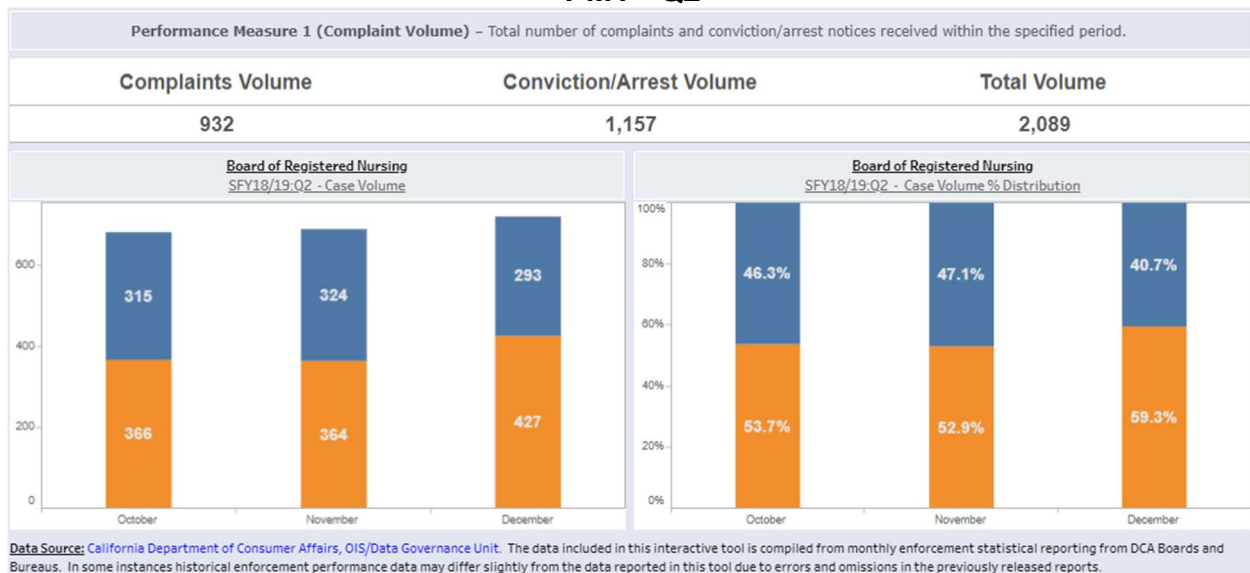
PM 7 and 8 - Q4



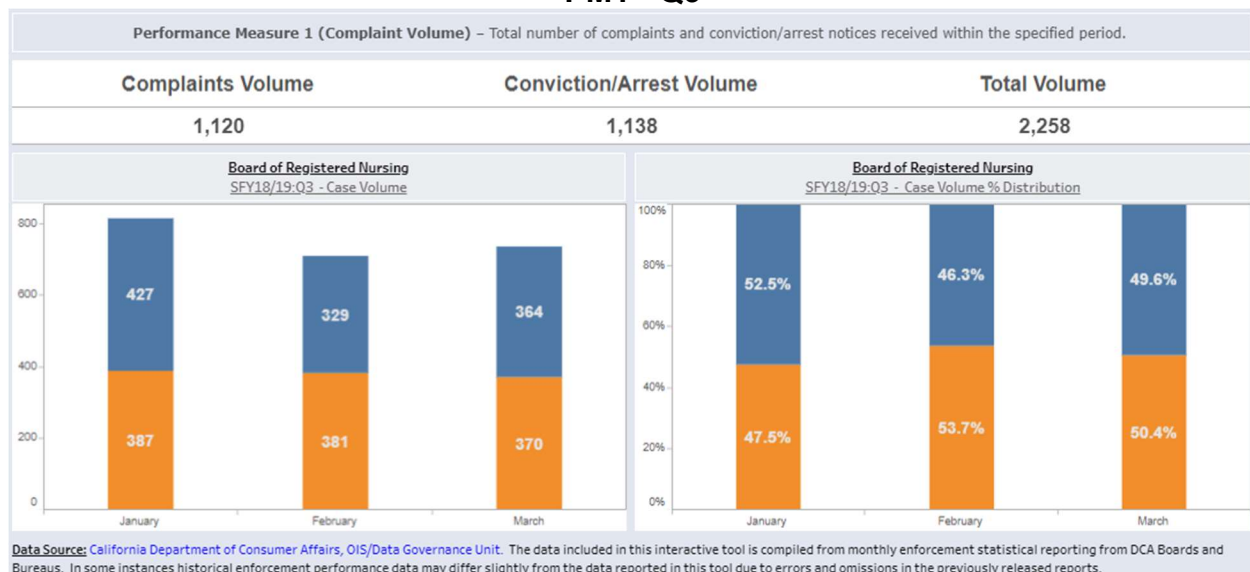
PM1 - Q1



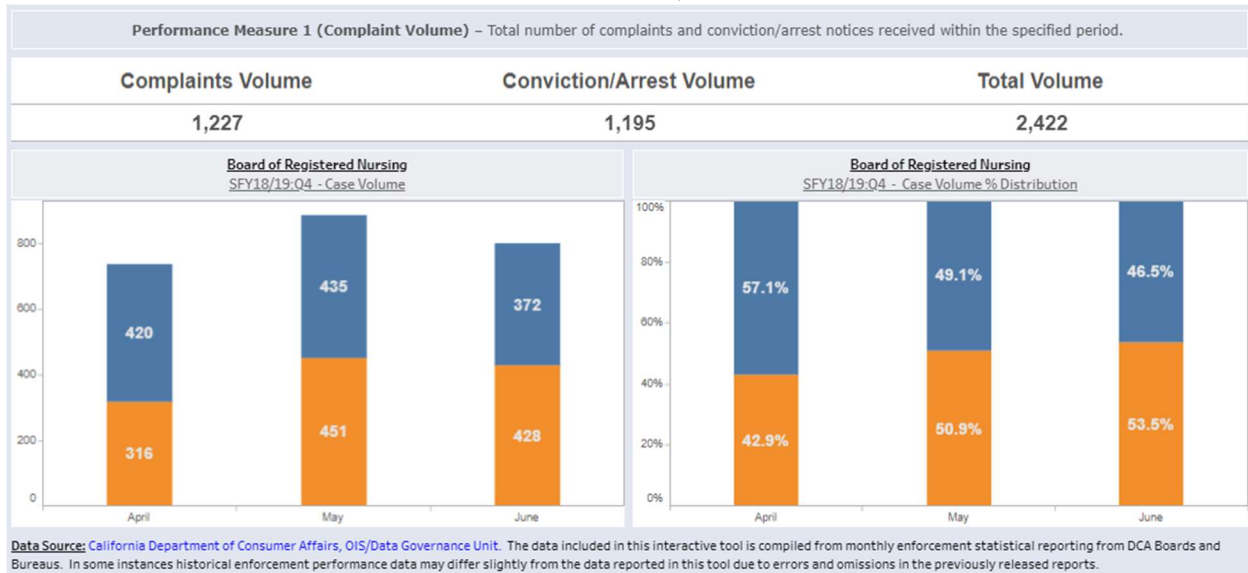
PM1 - Q2



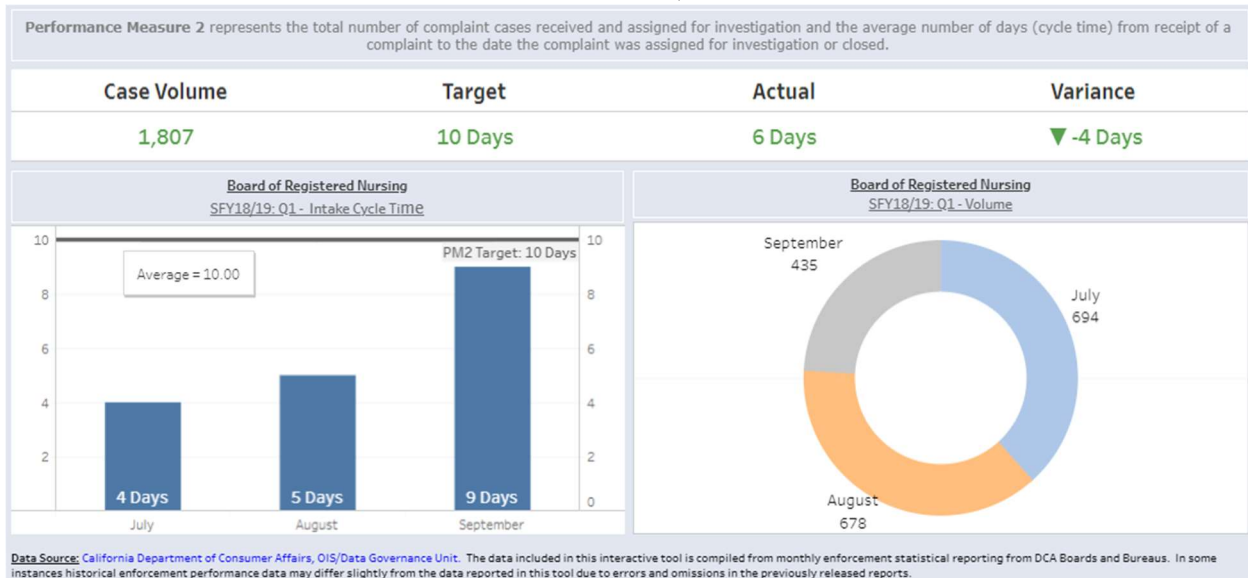
PM1 - Q3



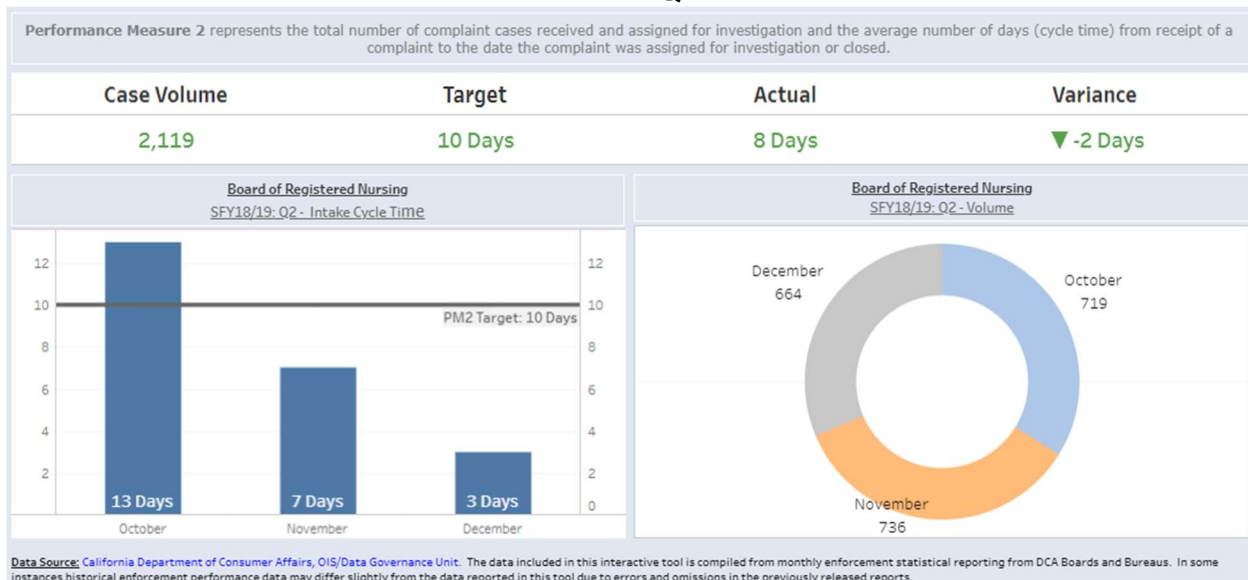
PM1 - Q4



PM2 - Q1

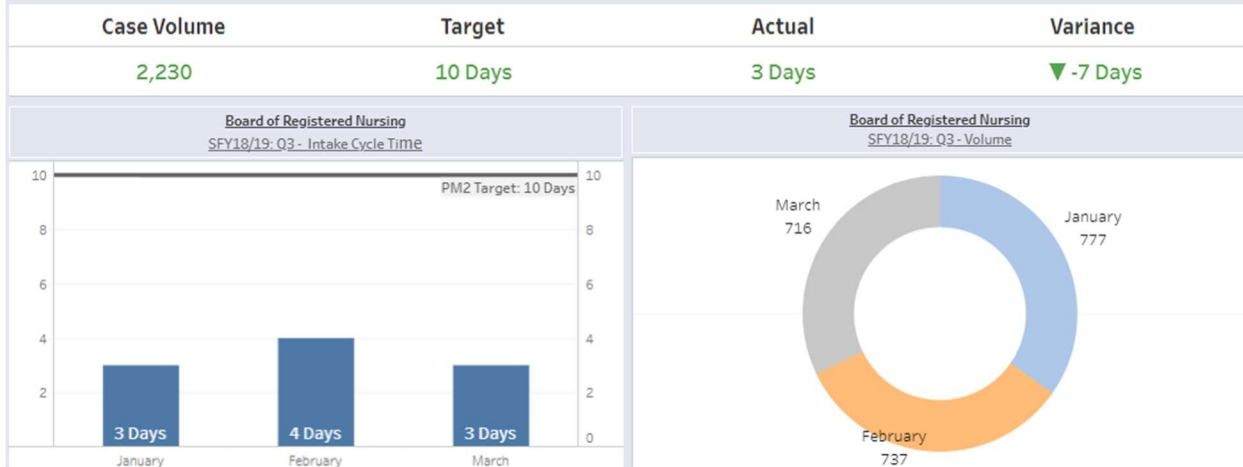


PM2 - Q2



PM2 - Q3

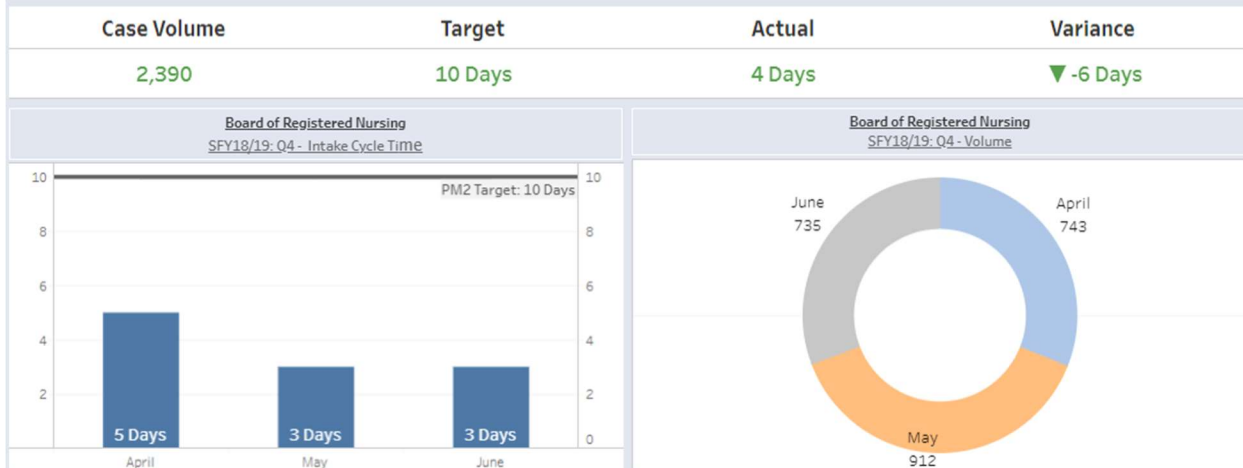
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.



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PM2 - Q4

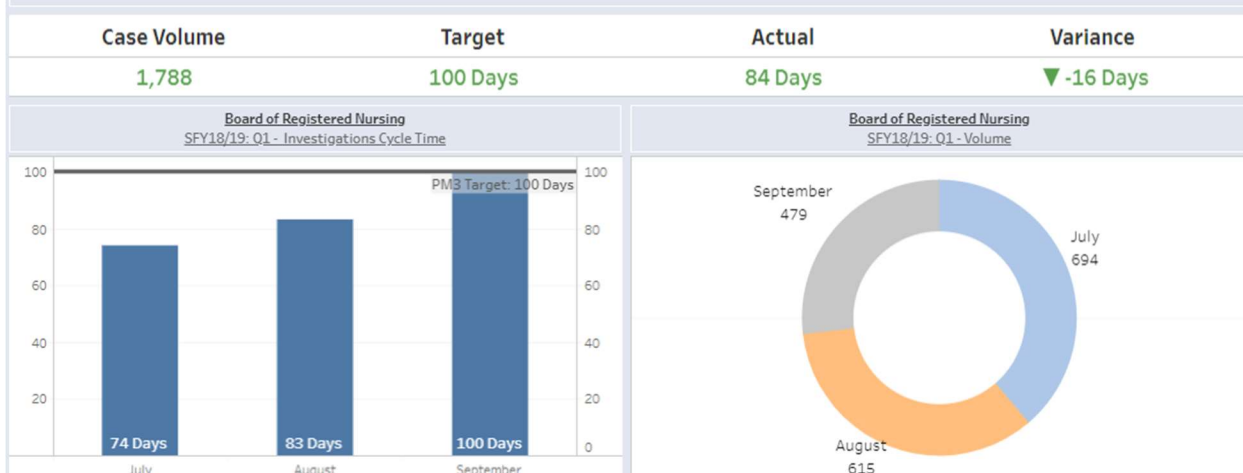
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PM3 - Q1

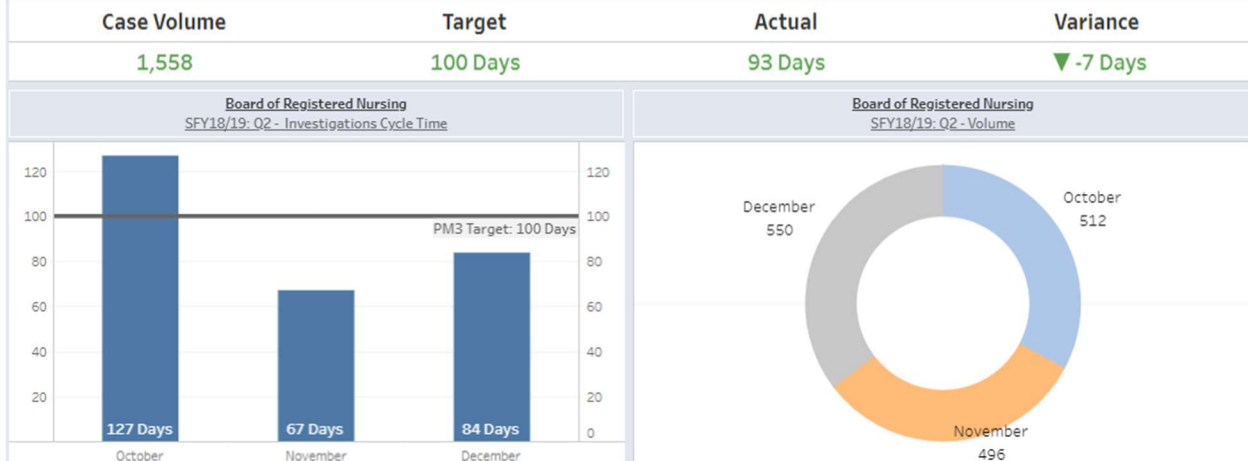
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM3 - Q2

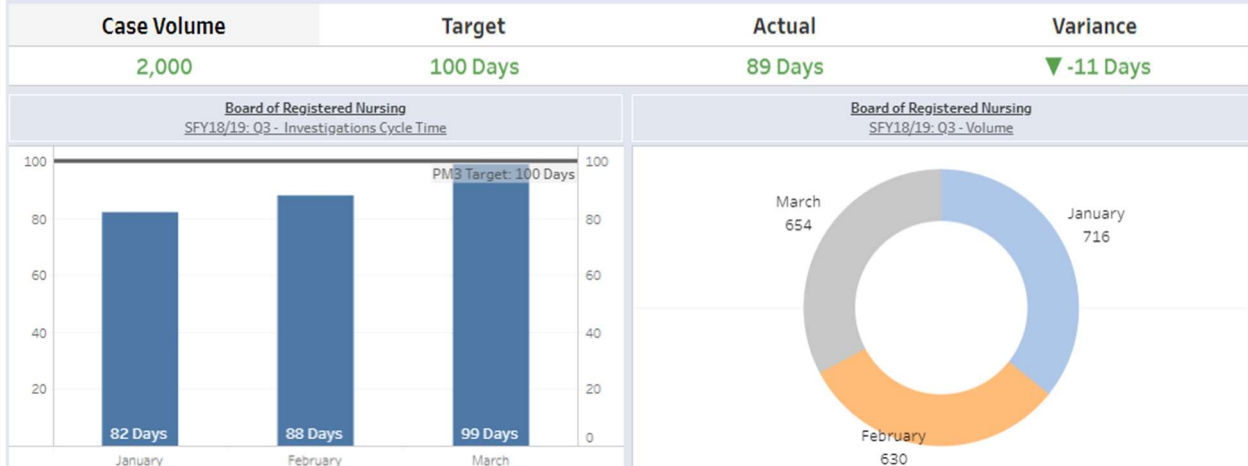
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PM3 - Q3

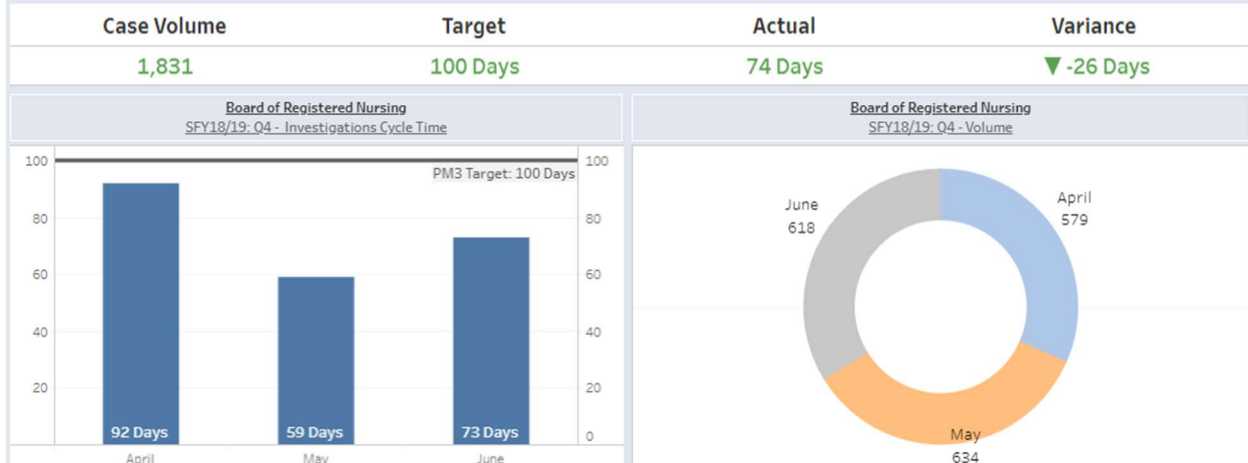
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.



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PM3 - Q4

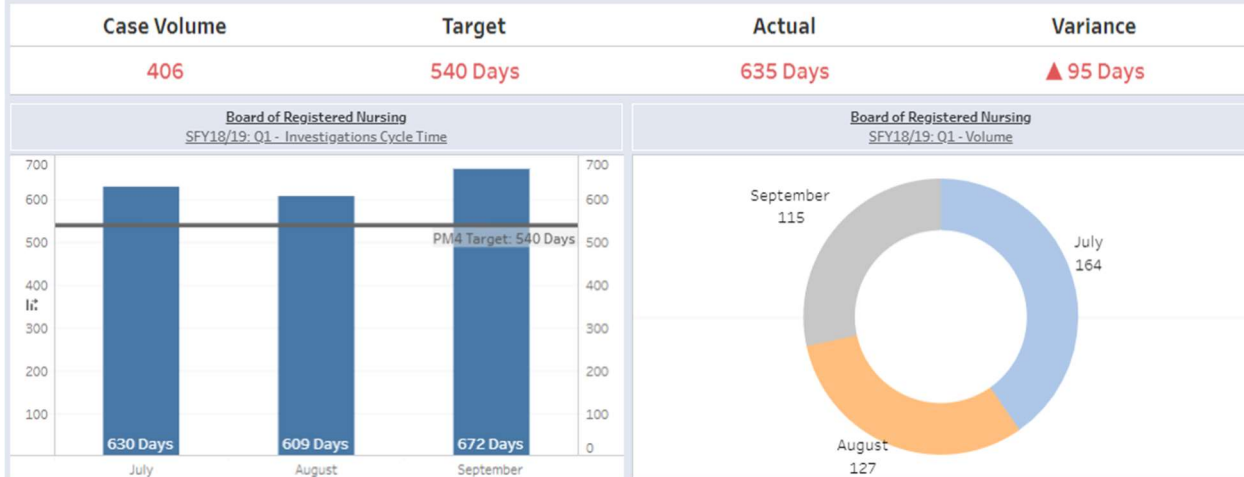
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PM4 - Q1

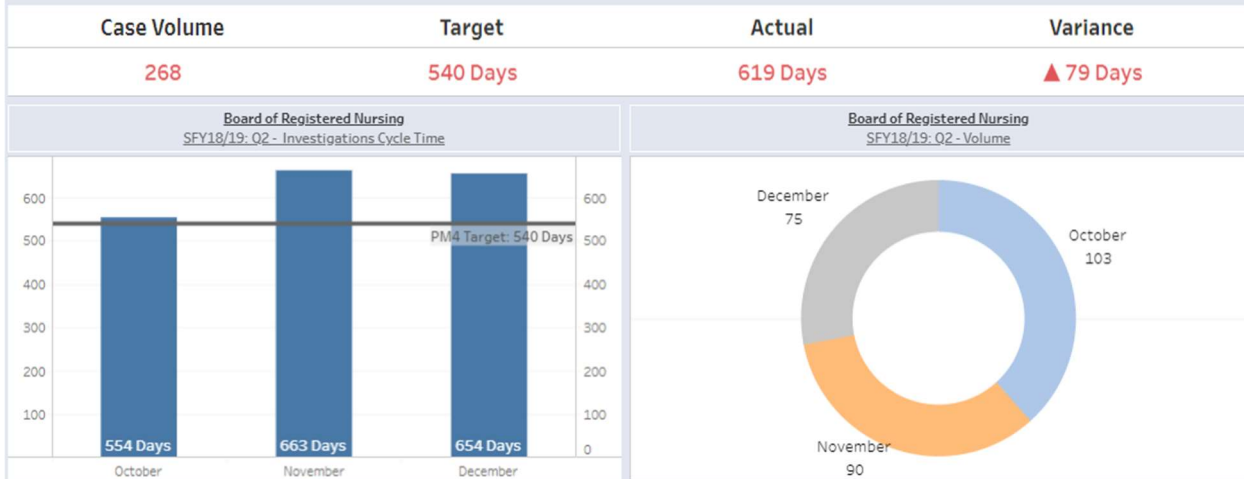
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PM4 - Q2

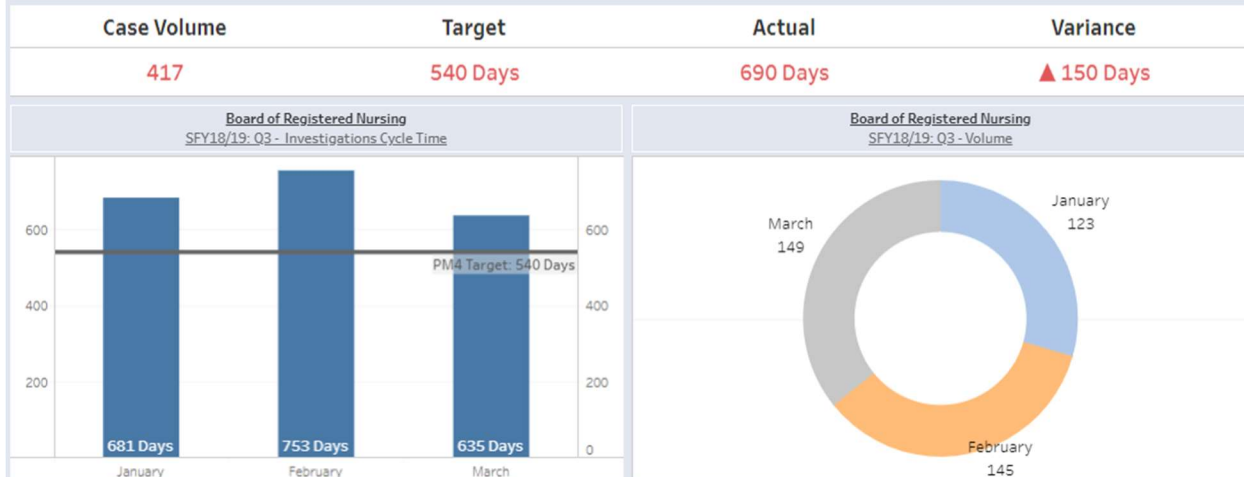
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PM4 - Q3

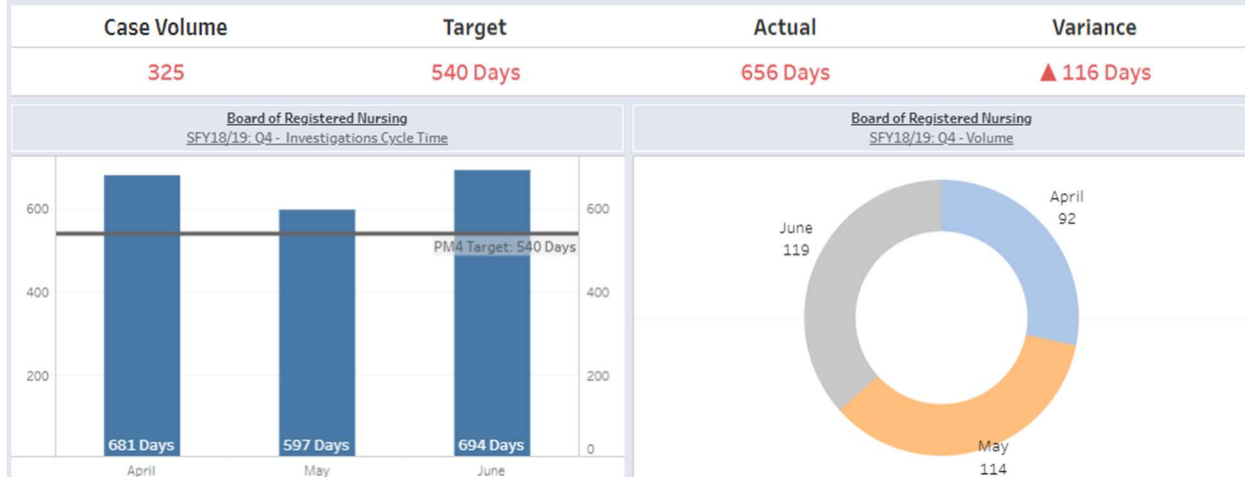
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).



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PM4 - Q4

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

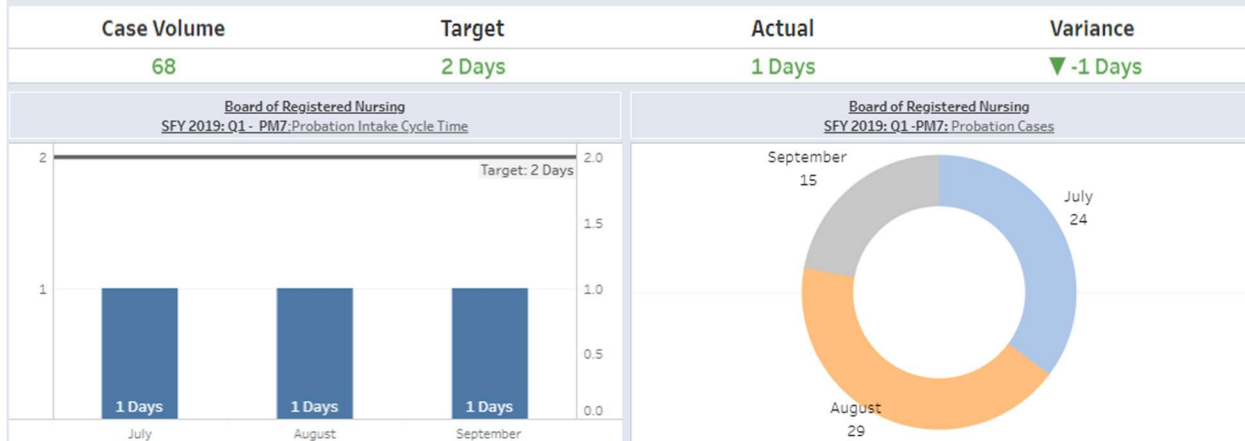


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

PM 7 and 8 - Q1

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

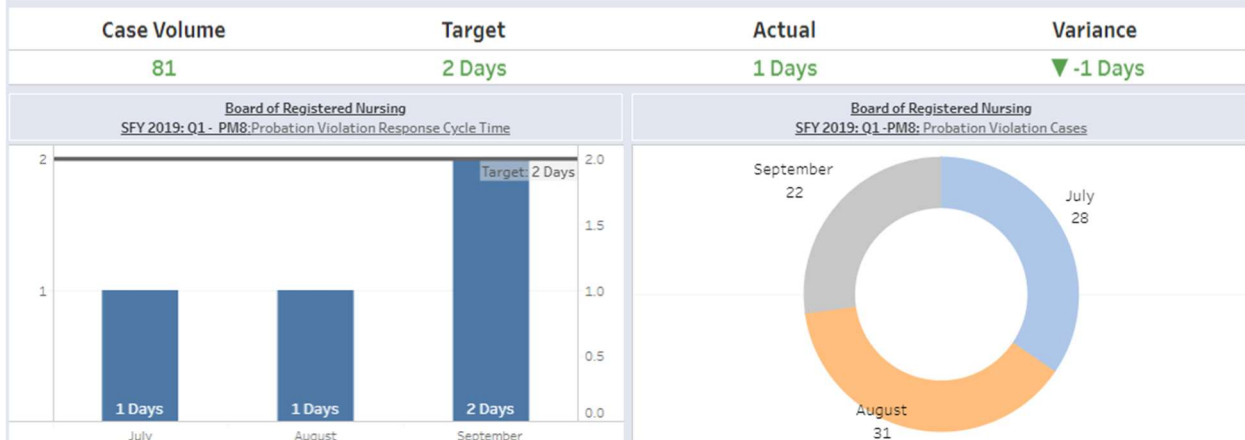
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



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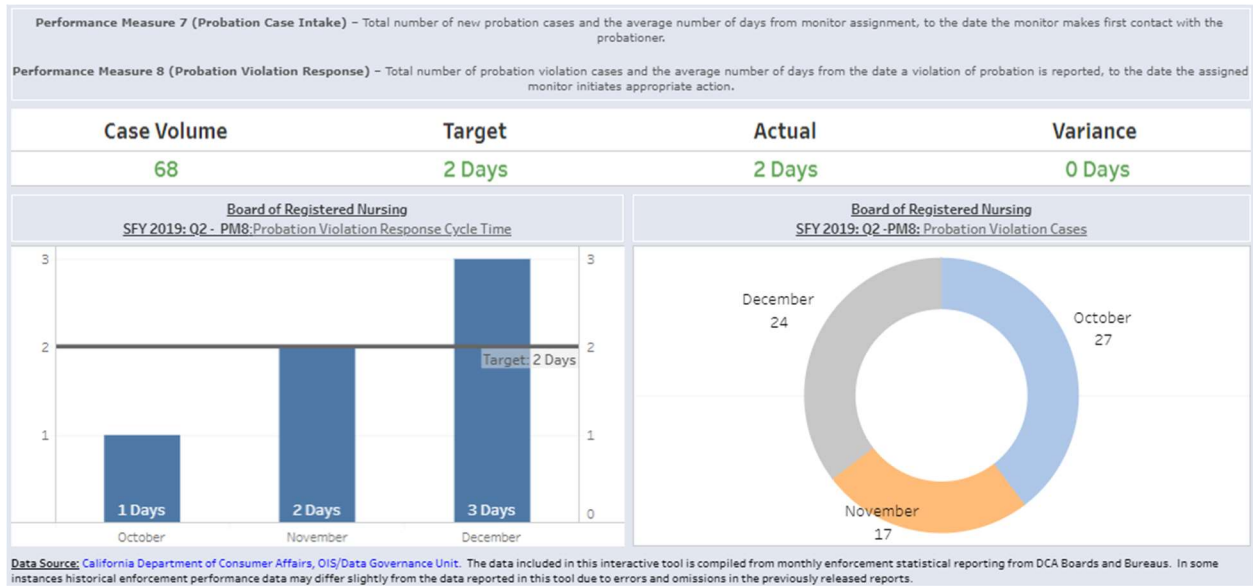
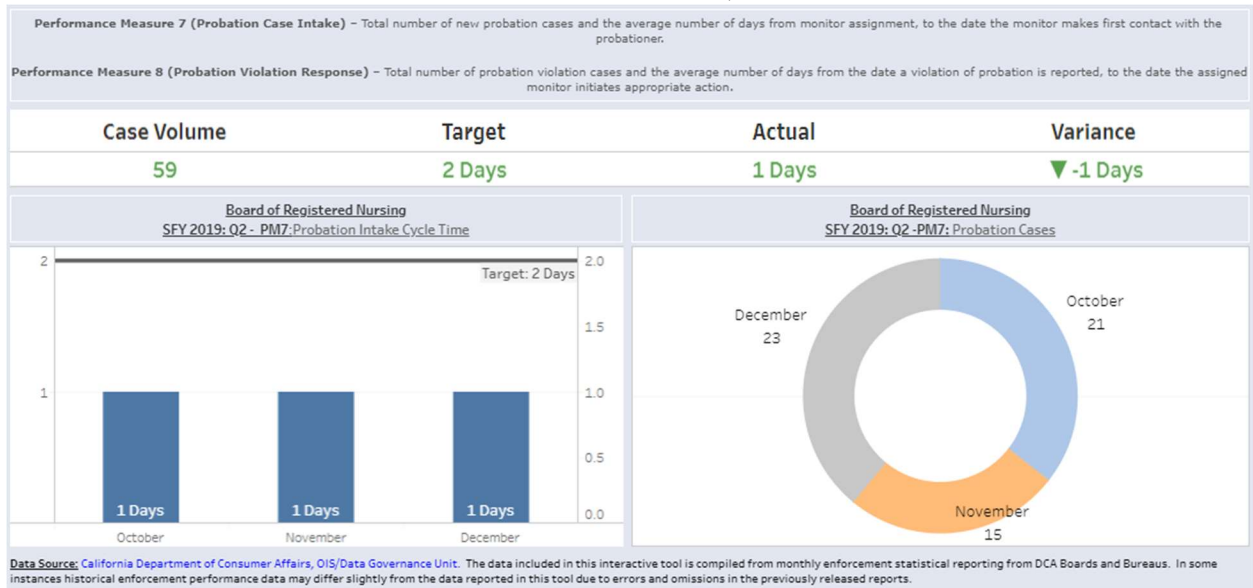
Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

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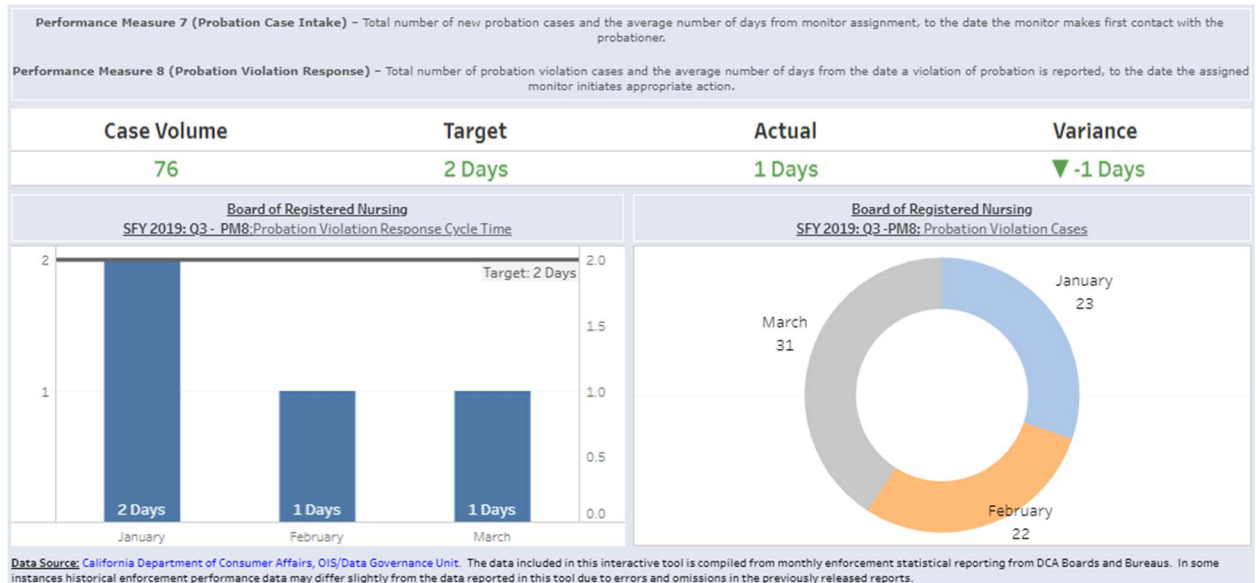
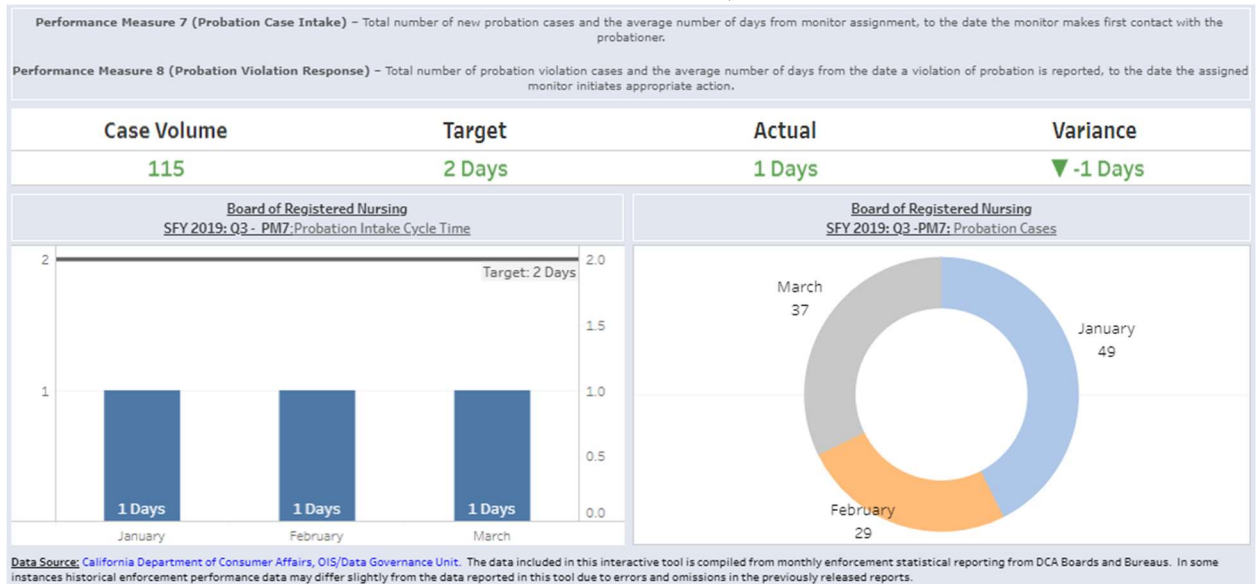


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

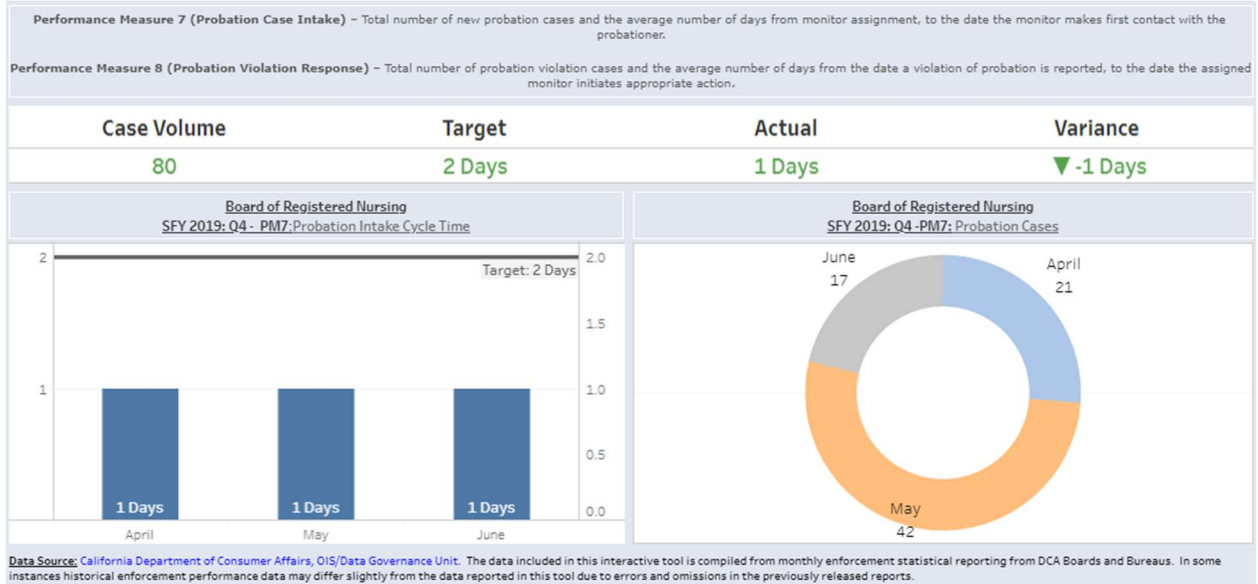
PM 7 and 8 - Q2



PM 7 and 8 - Q3



PM 7 and 8 - Q4



Customer Satisfaction Surveys

2.2 Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Prior to 2018, the customer satisfaction survey focused on the BRN's website, satisfaction with the complaint process, and correspondence with the BRN. However, in 2018, the satisfaction survey was redesigned to focus on the public's interactions with each of the BRN's program areas, i.e., Licensing Division, Enforcement Division, etc. In addition, the survey inquiries about board processes with public interaction (outreach services, board meetings, etc.). All comments were analyzed using a qualitative software package (MAX-QDA) resulting in a comprehensive analysis on the overall results. In 2019, the survey remained largely the same to allow for trends and comparisons.

Below are the findings of consumer satisfaction surveys since the last Sunset Report. Significant changes were made to the survey questions in 2018; therefore, comparisons over the four-year period are limited.

Question: Which best describes you?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Applicant	1,224	5.6%	1,362	4.7%	NA	NA	NA	NA	2,586	5.1%
Consumer of RN Services	640	2.9%	875	3.0%	NA	NA	NA	NA	1,515	3.0%
Educator	479	2.2%	503	1.7%	NA	NA	NA	NA	982	1.9%
Employer	250	1.1%	226	0.8%	NA	NA	NA	NA	476	0.9%
Licensee	18,563	85.3%	25,418	87.7%	NA	NA	NA	NA	43,981	86.7%
Other (please describe)	603	2.8%	595	2.1%	NA	NA	NA	NA	1,198	2.4%
Total	21,759	100.0%	28,979	100.0%	NA	NA	NA	NA	50,738	100.0%
Question: Please rate the BRN Services you have personally experienced: File a Complaint										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	1,956	21.8%	2,367	21.9%	NA	NA	NA	NA	4,323	21.8%
Satisfied	4,539	50.6%	5,701	52.7%	NA	NA	NA	NA	10,240	51.7%
Unsatisfied	917	10.2%	1,096	10.1%	NA	NA	NA	NA	2,013	10.2%
Very Unsatisfied	1,558	17.4%	1,662	15.4%	NA	NA	NA	NA	3,220	16.3%
Total	8,970	100.0%	10,826	100.0%	NA	NA	NA	NA	19,796	100.0%

Question: Please rate the BRN Services you have personally experienced: Fingerprint Information										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,109	25.6%	4,849	24.7%	NA	NA	NA	NA	7,958	25.0%
Satisfied	6,152	50.6%	8,794	44.8%	NA	NA	NA	NA	14,946	47.0%
Unsatisfied	1,243	10.2%	2,802	14.3%	NA	NA	NA	NA	4,045	12.7%
Very Unsatisfied	1,656	13.6%	3,184	16.2%	NA	NA	NA	NA	4,840	15.2%
Total	12,160	100.0%	19,629	100.0%	NA	NA	NA	NA	31,789	100.0%
Question: Please rate the BRN Services you have personally experienced: BreZE Online License Application										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	5,295	35.2%	7,090	34.7%	NA	NA	NA	NA	12,385	34.9%
Satisfied	6,323	42.0%	9,290	45.5%	NA	NA	NA	NA	15,613	44.0%
Unsatisfied	1,428	9.5%	0	0.0%	NA	NA	NA	NA	1,428	4.0%
Very Unsatisfied	2,012	13.4%	4,050	19.8%	NA	NA	NA	NA	6,062	17.1%
Total	15,058	100.0%	20,430	100.0%	NA	NA	NA	NA	35,488	100.0%
Question: Please rate the BRN Services you have personally experienced: BreZE Online License Renewal										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	7,962	42.6%	10,138	40.6%	NA	NA	NA	NA	18,100	41.4%
Satisfied	7,021	37.6%	10,011	40.1%	NA	NA	NA	NA	17,032	39.0%
Unsatisfied	1,550	8.3%	2,278	9.1%	NA	NA	NA	NA	3,828	8.8%
Very Unsatisfied	2,158	11.5%	2,552	10.2%	NA	NA	NA	NA	4,710	10.8%
Total	18,691	100.0%	24,979	100.0%	NA	NA	NA	NA	43,670	100.0%
Question: Please rate the BRN Services you have personally experienced: BreZE Online License Verification										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	7,051	43.8%	9,279	43.0%	NA	NA	NA	NA	16,330	43.3%
Satisfied	6,620	41.1%	9,467	43.8%	NA	NA	NA	NA	16,087	42.7%
Unsatisfied	836	5.2%	1,090	5.0%	NA	NA	NA	NA	1,926	5.1%
Very Unsatisfied	1,600	9.9%	1,759	8.1%	NA	NA	NA	NA	3,359	8.9%
Total	16,107	100.0%	21,595	100.0%	NA	NA	NA	NA	37,702	100.0%

Question: Please rate the BRN Services you have personally experienced: Checking on Renewal/Application Status										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	5,737	34.9%	7,351	33.6%	NA	NA	NA	NA	13,088	34.2%
Satisfied	6,140	37.3%	8,606	39.4%	NA	NA	NA	NA	14,746	38.5%
Unsatisfied	1,760	10.7%	2,442	11.2%	NA	NA	NA	NA	4,202	11.0%
Very Unsatisfied	2,811	17.1%	3,452	15.8%	NA	NA	NA	NA	6,263	16.4%
Total	16,448	100.0%	21,851	100.0%	NA	NA	NA	NA	38,299	100.0%
Question: Please rate the BRN Services you have personally experienced: General Interest										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,630	28.7%	4,869	29.1%	NA	NA	NA	NA	8,499	28.9%
Satisfied	6,263	49.5%	8,638	51.7%	NA	NA	NA	NA	14,901	50.7%
Unsatisfied	1,192	9.4%	1,503	9.0%	NA	NA	NA	NA	2,695	9.2%
Very Unsatisfied	1,571	12.4%	1,714	10.2%	NA	NA	NA	NA	3,285	11.2%
Total	12,656	100.0%	16,724	100.0%	NA	NA	NA	NA	29,380	100.0%
Question: Please rate the BRN Services you have personally experienced: Information on Board Services										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,902	29.5%	4,984	28.9%	NA	NA	NA	NA	8,886	29.1%
Satisfied	6,302	47.6%	8,734	50.6%	NA	NA	NA	NA	15,036	49.3%
Unsatisfied	1,410	10.6%	1,717	9.9%	NA	NA	NA	NA	3,127	10.3%
Very Unsatisfied	1,626	12.3%	1,828	10.6%	NA	NA	NA	NA	3,454	11.3%
Total	13,240	100.0%	17,263	100.0%	NA	NA	NA	NA	30,503	100.0%
Question: Please rate the BRN Services you have personally experienced: Other Services										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	1,640	24.1%	2,241	25.9%	NA	NA	NA	NA	3,881	25.1%
Satisfied	2,399	35.3%	3,597	41.6%	NA	NA	NA	NA	5,996	38.8%
Unsatisfied	739	10.9%	834	9.6%	NA	NA	NA	NA	1,573	10.2%
Very Unsatisfied	2,013	29.6%	1,985	22.9%	NA	NA	NA	NA	3,998	25.9%
Total	6,791	100.0%	8,657	100.0%	NA	NA	NA	NA	15,448	100.0%

Question: Please rate the BRN Services you have personally experienced: Legislation and/or Regulation Information										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	2,818	26.4%	3,578	26.6%	NA	NA	NA	NA	6,396	26.5%
Satisfied	5,903	55.4%	7,620	56.7%	NA	NA	NA	NA	13,523	56.1%
Unsatisfied	916	8.6%	1,102	8.2%	NA	NA	NA	NA	2,018	8.4%
Very Unsatisfied	1,025	9.6%	1,130	8.4%	NA	NA	NA	NA	2,155	8.9%
Total	10,662	100.0%	13,430	100.0%	NA	NA	NA	NA	24,092	100.0%
Question: Please rate the BRN Services you have personally experienced: Nursing Education										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,237	28.7%	4,275	29.3%	NA	NA	NA	NA	7,512	29.0%
Satisfied	6,132	54.4%	8,181	56.1%	NA	NA	NA	NA	14,313	55.3%
Unsatisfied	989	8.8%	1,149	7.9%	NA	NA	NA	NA	2,138	8.3%
Very Unsatisfied	924	8.2%	986	6.8%	NA	NA	NA	NA	1,910	7.4%
Total	11,282	100.0%	14,591	100.0%	NA	NA	NA	NA	25,873	100.0%
Question: Please rate the BRN Services you have personally experienced: Nursing Practice										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,329	29.7%	4,382	30.7%	NA	NA	NA	NA	7,711	30.2%
Satisfied	6,147	54.9%	8,140	57.0%	NA	NA	NA	NA	14,287	56.0%
Unsatisfied	833	7.4%	863	6.0%	NA	NA	NA	NA	1,696	6.7%
Very Unsatisfied	895	8.0%	905	6.3%	NA	NA	NA	NA	1,800	7.1%
Total	11,204	100.0%	14,290	100.0%	NA	NA	NA	NA	25,494	100.0%
Question: Please rate the BRN Services you have personally experienced: Meeting Dates/Locations/ Information										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	2,385	24.9%	3,079	25.5%	NA	NA	NA	NA	5,464	25.2%
Satisfied	5,388	56.2%	6,910	57.2%	NA	NA	NA	NA	12,298	56.7%
Unsatisfied	860	9.0%	1,048	8.7%	NA	NA	NA	NA	1,908	8.8%
Very Unsatisfied	953	9.9%	1,048	8.7%	NA	NA	NA	NA	2,001	9.2%
Total	9,586	100.0%	12,085	100.0%	NA	NA	NA	NA	21,671	100.0%

Question: Please rate the BRN Services you have personally experienced: Website										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	4,565	29.9%	5,920	29.3%	NA	NA	NA	NA	10,485	29.6%
Satisfied	7,098	46.5%	10,026	49.7%	NA	NA	NA	NA	17,124	48.3%
Unsatisfied	1,905	12.5%	2,330	11.5%	NA	NA	NA	NA	4,235	11.9%
Very Unsatisfied	1,706	11.2%	1,916	9.5%	NA	NA	NA	NA	3,622	10.2%
Total	15,274	100.0%	20,192	100.0%	NA	NA	NA	NA	35,466	100.0%
Question: Please rate the BRN Services you have personally experienced: RN Career Information										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	2,837	26.7%	3,825	28.0%	NA	NA	NA	NA	6,662	27.4%
Satisfied	5,752	54.2%	7,637	55.9%	NA	NA	NA	NA	13,389	55.2%
Unsatisfied	1,077	10.2%	1,231	9.0%	NA	NA	NA	NA	2,308	9.5%
Very Unsatisfied	940	8.9%	974	7.1%	NA	NA	NA	NA	1,914	7.9%
Total	10,606	100.0%	13,667	100.0%	NA	NA	NA	NA	24,273	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: By Email										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,186	23.7%	3,870	23.2%	NA	NA	NA	NA	7,056	23.4%
Satisfied	4,846	36.0%	6,405	38.5%	NA	NA	NA	NA	11,251	37.4%
Unsatisfied	1,878	14.0%	2,503	15.0%	NA	NA	NA	NA	4,381	14.6%
Very Unsatisfied	3,538	26.3%	3,878	23.3%	NA	NA	NA	NA	7,416	24.6%
Total	13,448	100.0%	16,656	100.0%	NA	NA	NA	NA	30,104	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: By Phone										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	2,495	17.7%	3,166	17.7%	NA	NA	NA	NA	5,661	17.7%
Satisfied	3,805	27.0%	5,053	28.2%	NA	NA	NA	NA	8,858	27.7%
Unsatisfied	2,450	17.4%	3,477	19.4%	NA	NA	NA	NA	5,927	18.5%
Very Unsatisfied	5,339	37.9%	6,210	34.7%	NA	NA	NA	NA	11,549	36.1%
Total	14,089	100.0%	17,906	100.0%	NA	NA	NA	NA	31,995	100.0%

Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Regular Mail										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	2,164	21.3%	2,353	20.3%	NA	NA	NA	NA	4,517	20.8%
Satisfied	4,393	43.3%	5,461	47.1%	NA	NA	NA	NA	9,854	45.4%
Unsatisfied	1,371	13.5%	1,696	14.6%	NA	NA	NA	NA	3,067	14.1%
Very Unsatisfied	2,215	21.8%	2,073	17.9%	NA	NA	NA	NA	4,288	19.7%
Total	10,143	100.0%	11,583	100.0%	NA	NA	NA	NA	21,726	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: In Person										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	1,435	21.0%	1,671	21.8%	NA	NA	NA	NA	3,106	21.4%
Satisfied	3,242	47.5%	3,900	50.9%	NA	NA	NA	NA	7,142	49.3%
Unsatisfied	892	13.1%	971	12.7%	NA	NA	NA	NA	1,863	12.9%
Very Unsatisfied	1,262	18.5%	1,116	14.6%	NA	NA	NA	NA	2,378	16.4%
Total	6,831	100.0%	7,658	100.0%	NA	NA	NA	NA	14,489	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Online Services										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	4,612	34.0%	6,155	31.7%	NA	NA	NA	NA	10,767	32.7%
Satisfied	5,245	38.7%	8,035	41.4%	NA	NA	NA	NA	13,280	40.3%
Unsatisfied	1,333	9.8%	2,254	11.6%	NA	NA	NA	NA	3,587	10.9%
Very Unsatisfied	2,370	17.5%	2,953	15.2%	NA	NA	NA	NA	5,323	16.2%
Total	13,560	100.0%	19,397	100.0%	NA	NA	NA	NA	32,957	100.0%
Question: If worked with BRN staff, please rate the quality of service provided: Professionalism										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,334	29.9%	4,331	30.6%	NA	NA	NA	NA	7,665	30.3%
Satisfied	5,072	45.5%	6,844	48.4%	NA	NA	NA	NA	11,916	47.1%
Unsatisfied	1,196	10.7%	1,392	9.8%	NA	NA	NA	NA	2,588	10.2%
Very Unsatisfied	1,553	13.9%	1,566	11.1%	NA	NA	NA	NA	3,119	12.3%
Total	11,155	100.0%	14,133	100.0%	NA	NA	NA	NA	25,288	100.0%

Question: If worked with BRN staff, please rate the quality of service provided: Responsiveness										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,145	27.2%	4,030	27.6%	NA	NA	NA	NA	7,175	27.4%
Satisfied	4,202	36.3%	5,613	38.4%	NA	NA	NA	NA	9,815	37.5%
Unsatisfied	1,574	13.6%	2,044	14.0%	NA	NA	NA	NA	3,618	13.8%
Very Unsatisfied	2,649	22.9%	2,919	20.0%	NA	NA	NA	NA	5,568	21.3%
Total	11,570	100.0%	14,606	100.0%	NA	NA	NA	NA	26,176	100.0%
Question: If worked with BRN staff, please rate the quality of service provided: Knowledge										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Very Satisfied	3,212	28.3%	4,163	28.9%	NA	NA	NA	NA	7,375	28.6%
Satisfied	5,087	44.8%	6,816	47.3%	NA	NA	NA	NA	11,903	46.2%
Unsatisfied	1,392	12.3%	1,737	12.1%	NA	NA	NA	NA	3,129	12.1%
Very Unsatisfied	1,662	14.6%	1,686	11.7%	NA	NA	NA	NA	3,348	13.0%
Total	11,353	100.0%	14,402	100.0%	NA	NA	NA	NA	25,755	100.0%

The following questions were asked only in the FY 2016/2017 survey:

Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Overall Contact Experience	FY 2016/17 Response	
	#	Percent
Went smoothly/no problems	11,971	66.8%
Unacceptable delays in service/completing process	5,952	33.2%
Total	17,923	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Online Services	FY 2016/17 Response	
	#	Percent
Online services easy to navigate/user friendly	5,391	67.1%
Online services difficult to navigate/not user friendly	2,646	32.9%
Total	8,037	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: BreEZe Usage	FY 2016/17 Response	
	#	Percent
Online BreEZe account was easy to use	4,566	68.4%
Difficulty accessing/problems with my BreEZe account	2,108	31.6%
Total	6,674	100.0%

Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: License Status Information	FY 2016/17 Response	
	#	Percent
No problem obtaining license/application status info	3,029	46.5%
Difficulty obtaining license/application status info	3,487	53.5%
Total	6,516	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Website Usage	FY 2016/17 Response	
	#	Percent
Website is easy to navigate/user friendly	4,401	67.3%
Website difficult to navigate/not user friendly	2,139	32.7%
Total	6,540	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Staff Helpful and Efficient	FY 2016/17 Response	
	#	Percent
The BRN staff were helpful and efficient	3,306	50.0%
The BRN staff were not helpful or efficient	3,306	50.0%
Total	6,612	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: Helpfulness by BRN Staff with Information	FY 2016/17 Response	
	#	Percent
BRN staff were helpful in obtaining the info I needed	7,764	73.7%
BRN staff were not helpful in obtaining the info I needed	2,773	26.3%
Total	10,537	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: BRN Staff's Knowledge	FY 2016/17 Response	
	#	Percent
BRN staff were knowledgeable with what I needed	4,356	71.8%
BRN staff were not knowledgeable with what I needed	1,712	28.2%
Total	6,068	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: BRN Staff's Professionalism	FY 2016/17 Response	
	#	Percent
BRN staff were professional in our interactions	4,624	75.1%
BRN staff were not professional in our interactions	1,533	24.9%
Total	6,157	100.0%
Question: If you contacted the BRN to ask a question, to provide information, or obtain information, please rate the quality of service the BRN provided to you: BRN Staff's Responsiveness	FY 2016/17 Response	
	#	Percent
BRN staff were responsive to my needs	3,456	55.8%
BRN staff were not responsive to my needs	2,742	44.2%
Total	6,198	100.0%

Question: How satisfied are you with the probation process?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,513	28.3%	1,019	30.4%	2,532	29.1%
Satisfied	NA	NA	NA	NA	2,028	38.0%	1,227	36.6%	3,255	37.5%
Somewhat Satisfied	NA	NA	NA	NA	737	13.8%	395	11.8%	1,132	13.0%
Somewhat Dissatisfied	NA	NA	NA	NA	3,80	7.1%	207	6.2%	587	6.8%
Not at all Satisfied	NA	NA	NA	NA	682	12.8%	502	15.0%	1,184	13.6%
Total	NA	NA	NA	NA	5,340	100.0%	3,350	100.0%	8,690	100.0%
Question: How satisfied are you with the Intervention program?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,218	27.2%	870	30.3%	2,088	28.4%
Satisfied	NA	NA	NA	NA	1,918	42.8%	1,139	39.7%	3,057	41.6%
Somewhat Satisfied	NA	NA	NA	NA	608	13.6%	340	11.9%	948	12.9%
Somewhat Dissatisfied	NA	NA	NA	NA	243	5.4%	145	5.1%	388	5.3%
Not at all Satisfied	NA	NA	NA	NA	494	11.0%	373	13.0%	867	11.8%
Total	NA	NA	NA	NA	4,481	100.0%	2,867	100.0%	7,348	100.0%
Question: How satisfied are you with the process of filing a complaint(s)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	840	18.6%	601	23.2%	1,441	20.3%
Satisfied	NA	NA	NA	NA	1,655	36.7%	847	32.8%	2,502	35.3%
Somewhat Satisfied	NA	NA	NA	NA	597	13.2%	283	10.9%	880	12.4%
Somewhat Dissatisfied	NA	NA	NA	NA	452	10.0%	208	8.0%	660	9.3%
Not at all Satisfied	NA	NA	NA	NA	962	21.3%	646	25.0%	1,608	22.7%
Total	NA	NA	NA	NA	4,506	100.0%	2,585	100.0%	7,091	100.0%

Question: How satisfied are you with the BRN follow-up on a complaint(s)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	991	19.2%	595	21.9%	1,586	20.2%
Satisfied	NA	NA	NA	NA	1,751	33.9%	818	30.2%	2,569	32.6%
Somewhat Satisfied	NA	NA	NA	NA	666	12.9%	331	12.2%	997	12.7%
Somewhat Dissatisfied	NA	NA	NA	NA	522	10.1%	209	7.7%	731	9.3%
Not at all Satisfied	NA	NA	NA	NA	1,228	23.8%	758	28.0%	1,986	25.2%
Total	NA	NA	NA	NA	5,158	100.0%	2,711	100.0%	7,869	100.0%
Question: How satisfied are you with the disciplinary process?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	824	21.2%	581	25.3%	1,405	22.7%
Satisfied	NA	NA	NA	NA	1,548	39.9%	811	35.3%	2,359	38.2%
Somewhat Satisfied	NA	NA	NA	NA	590	15.2%	264	11.5%	854	13.8%
Somewhat Dissatisfied	NA	NA	NA	NA	325	8.4%	169	7.4%	494	8.0%
Not at all Satisfied	NA	NA	NA	NA	597	15.4%	474	20.6%	1,071	17.3%
Total	NA	NA	NA	NA	3,884	100.0%	2,299	100.0%	6,183	100.0%
Question: How satisfied were you with the renewal process?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	5,075	30.0%	4,437	31.9%	9,512	30.9%
Satisfied	NA	NA	NA	NA	5,508	32.5%	4,368	31.4%	9,876	32.0%
Somewhat Satisfied	NA	NA	NA	NA	2,547	15.1%	2,033	14.6%	4,580	14.9%
Somewhat Dissatisfied	NA	NA	NA	NA	1,931	11.4%	1,604	11.5%	3,535	11.5%
Not at all Satisfied	NA	NA	NA	NA	1,862	11.0%	1,451	10.4%	3,313	10.8%
Total	NA	NA	NA	NA	16,923	100.0%	13,893	100.0%	30,816	100.0%

Question: How satisfied are you with the time it took to get your precicensure exam and/or endorsement application approved?

	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	2,275	23.0%	1,596	28.9%	3,871	25.1%
Satisfied	NA	NA	NA	NA	3,037	30.7%	1,821	32.9%	4,858	31.5%
Somewhat Satisfied	NA	NA	NA	NA	1,378	14.0%	800	14.5%	2,178	14.1%
Somewhat Dissatisfied	NA	NA	NA	NA	1,087	11.0%	488	8.8%	1,575	10.2%
Not at all Satisfied	NA	NA	NA	NA	2,100	21.3%	825	14.9%	2,925	19.0%
Total	NA	NA	NA	NA	9,877	100.0%	5,530	100.0%	15,407	100.0%

Question: How satisfied are you with the time it took to get your RN license renewed or approved?

	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	5,839	31.9%	5,111	34.0%	10,950	32.8%
Satisfied	NA	NA	NA	NA	6,078	33.2%	5,074	33.7%	11,152	33.4%
Somewhat Satisfied	NA	NA	NA	NA	2,309	12.6%	1,883	12.5%	4,192	12.6%
Somewhat Dissatisfied	NA	NA	NA	NA	1,678	9.2%	1,290	8.6%	2,968	8.9%
Not at all Satisfied	NA	NA	NA	NA	2,415	13.2%	1,684	11.2%	4,099	12.3%
Total	NA	NA	NA	NA	18,319	100.0%	15,042	100.0%	33,361	100.0%

Question: How satisfied were you with the time to get your endorsement application approved (into California)?

	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	NA	NA	1,209	25.7%	1,209	25.7%
Satisfied	NA	NA	NA	NA	NA	NA	1,279	27.2%	1,279	27.2%
Somewhat Satisfied	NA	NA	NA	NA	NA	NA	616	13.1%	616	13.1%
Somewhat Dissatisfied	NA	NA	NA	NA	NA	NA	511	10.9%	511	10.9%
Not at all Satisfied	NA	NA	NA	NA	NA	NA	1,087	23.1%	1,087	23.1%
Total	NA	NA	NA	NA	NA	NA	4,702	100.0%	4,702	100.0%

Question: How satisfied are you with the endorsement process (into California)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,810	23.6%	1,414	26.8%	3,224	24.9%
Satisfied	NA	NA	NA	NA	2,492	32.5%	1,604	30.4%	4,096	31.7%
Somewhat Satisfied	NA	NA	NA	NA	1,024	13.4%	672	12.7%	1,696	13.1%
Somewhat Dissatisfied	NA	NA	NA	NA	784	10.2%	538	10.2%	1,322	10.2%
Not at all Satisfied	NA	NA	NA	NA	1,553	20.3%	1,045	19.8%	2,598	20.1%
Total	NA	NA	NA	NA	7,663	100.0%	5,273	100.0%	12,936	100.0%
Question: How satisfied are you with the endorsement process (out of California)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,056	22.2%	797	23.7%	1,853	22.8%
Satisfied	NA	NA	NA	NA	1,443	30.3%	848	25.3%	2,291	28.2%
Somewhat Satisfied	NA	NA	NA	NA	615	12.9%	396	11.8%	1,011	12.5%
Somewhat Dissatisfied	NA	NA	NA	NA	486	10.2%	355	10.6%	841	10.4%
Not at all Satisfied	NA	NA	NA	NA	1,155	24.3%	962	28.6%	2,117	26.1%
Total	NA	NA	NA	NA	4,755	100.0%	3,358	100.0%	8,113	100.0%
Question: How satisfied are you with submitting your licensure application online (i.e., BreZE)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	4,629	28.6%	3,950	30.3%	8,579	29.3%
Satisfied	NA	NA	NA	NA	5,602	34.6%	4,366	33.5%	9,968	34.1%
Somewhat Satisfied	NA	NA	NA	NA	2,615	16.2%	2,095	16.1%	4,710	16.1%
Somewhat Dissatisfied	NA	NA	NA	NA	1,599	9.9%	1,209	9.3%	2,808	9.6%
Not at all Satisfied	NA	NA	NA	NA	1,734	10.7%	1,432	11.0%	3,166	10.8%
Total	NA	NA	NA	NA	16,179	100.0%	13,052	100.0%	29,231	100.0%

Question: How satisfied are you with the continuing education (CE) auditing process?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	2,215	27.5%	1,642	30.2%	3,857	28.6%
Satisfied	NA	NA	NA	NA	3,689	45.8%	2,440	44.8%	6,129	21.0%
Somewhat Satisfied	NA	NA	NA	NA	1,192	14.8%	694	12.7%	1,886	6.5%
Somewhat Dissatisfied	NA	NA	NA	NA	484	6.0%	341	6.3%	825	2.8%
Not at all Satisfied	NA	NA	NA	NA	476	5.9%	328	6.0%	804	2.8%
Total	NA	NA	NA	NA	8,056	100.0%	5,445	100.0%	13,501	100.0%
Question: How satisfied were you with the BRN Board meeting(s)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	191	19.1%	188	21.0%	379	20.0%
Satisfied	NA	NA	NA	NA	429	42.9%	371	41.5%	800	42.2%
Somewhat Satisfied	NA	NA	NA	NA	193	19.3%	171	19.1%	364	19.2%
Somewhat Dissatisfied	NA	NA	NA	NA	72	7.2%	59	6.6%	131	6.9%
Not at all Satisfied	NA	NA	NA	NA	115	11.5%	106	11.8%	221	11.7%
Total	NA	NA	NA	NA	1,000	100.0%	895	100.0%	1,895	100.0%
Question: How satisfied were you with the BRN Committee (i.e., Education and Licensing, Legislative, Intervention/Discipline, Nursing Practice) meeting(s)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	157	17.6%	299	23.9%	456	21.3%
Satisfied	NA	NA	NA	NA	383	42.9%	510	40.8%	893	41.7%
Somewhat Satisfied	NA	NA	NA	NA	163	18.3%	177	14.2%	340	15.9%
Somewhat Dissatisfied	NA	NA	NA	NA	67	7.5%	86	6.9%	153	7.1%
Not at all Satisfied	NA	NA	NA	NA	123	13.8%	178	14.2%	301	14.0%
Total	NA	NA	NA	NA	893	100.0%	1,250	100.0%	2,143	100.0%

Question: How satisfied are you with your experience(s) with the BRN call center representative(s)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	893	13.9%	294	16.3%	1,187	14.4%
Satisfied	NA	NA	NA	NA	1,177	18.3%	411	22.8%	1,588	19.3%
Somewhat Satisfied	NA	NA	NA	NA	851	13.2%	223	12.4%	1,074	13.0%
Somewhat Dissatisfied	NA	NA	NA	NA	883	13.7%	226	12.6%	1,109	13.5%
Not at all Satisfied	NA	NA	NA	NA	2,637	40.9%	646	35.9%	3,283	39.8%
Total	NA	NA	NA	NA	6,441	100.0%	1,800	100.0%	8,241	100.0%
Question: How satisfied are you with the BRN's outreach services (i.e., Intervention Video, Pre-licensure presentation(s), Board updates, etc.)?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	698	14.3%	420	16.3%	1,118	15.0%
Satisfied	NA	NA	NA	NA	1,593	32.7%	868	33.8%	2,461	33.1%
Somewhat Satisfied	NA	NA	NA	NA	1,058	21.7%	424	16.5%	1,482	19.9%
Somewhat Dissatisfied	NA	NA	NA	NA	555	11.4%	279	10.9%	834	11.2%
Not at all Satisfied	NA	NA	NA	NA	968	19.9%	579	22.5%	1,547	20.8%
Total	NA	NA	NA	NA	4,872	100.0%	2,570	100.0%	7,442	100.0%
Question: How satisfied are you with the ways in which you contacted the BRN by phone?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,169	13.1%	1,118	13.7%	2,287	13.4%
Satisfied	NA	NA	NA	NA	1,916	21.4%	1,707	21.0%	3,623	21.2%
Somewhat Satisfied	NA	NA	NA	NA	1,312	14.7%	1,144	14.1%	2,456	14.4%
Somewhat Dissatisfied	NA	NA	NA	NA	1,285	14.4%	1,184	14.6%	2,469	14.5%
Not at all Satisfied	NA	NA	NA	NA	3,258	36.4%	2,980	36.6%	6,238	36.5%
Total	NA	NA	NA	NA	8,940	100.0%	8,133	100.0%	17,073	100.0%

Question: How satisfied are you with the ways in which you contacted the BRN by email?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	1,516	18.5%	1,620	21.1%	3,136	19.8%
Satisfied	NA	NA	NA	NA	2,329	28.5%	2,199	28.6%	4,528	28.5%
Somewhat Satisfied	NA	NA	NA	NA	1,286	15.7%	1,264	16.4%	2,550	16.1%
Somewhat Dissatisfied	NA	NA	NA	NA	979	12.0%	893	11.6%	1,872	11.8%
Not at all Satisfied	NA	NA	NA	NA	2,068	25.3%	1,712	22.3%	3,780	23.8%
Total	NA	NA	NA	NA	8,178	100.0%	7,688	100.0%	15,866	100.0%
Question: How satisfied are you with the ways in which you contacted the BRN by fax?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	284	13.3%	261	16.7%	545	14.8%
Satisfied	NA	NA	NA	NA	556	26.1%	375	24.1%	931	25.3%
Somewhat Satisfied	NA	NA	NA	NA	318	14.9%	203	13.0%	521	14.1%
Somewhat Dissatisfied	NA	NA	NA	NA	225	10.6%	158	10.1%	383	10.4%
Not at all Satisfied	NA	NA	NA	NA	745	35.0%	562	36.0%	1,307	35.4%
Total	NA	NA	NA	NA	2,128	100.0%	1,559	100.0%	3,687	100.0%
Question: How satisfied are you with the ways in which you contacted the BRN by written communication?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	636	15.4%	617	17.7%	1,253	16.5%
Satisfied	NA	NA	NA	NA	1,087	26.4%	909	26.1%	1,996	26.2%
Somewhat Satisfied	NA	NA	NA	NA	647	15.7%	526	15.1%	1,173	15.4%
Somewhat Dissatisfied	NA	NA	NA	NA	528	12.8%	424	12.2%	952	12.5%
Not at all Satisfied	NA	NA	NA	NA	1,227	29.7%	1,007	28.9%	2,234	29.4%
Total	NA	NA	NA	NA	4,125	100.0%	3,483	100.0%	7,608	100.0%

Question: How satisfied are you with the ways in which you contacted the BRN in person?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	346	19.3%	350	23.0%	696	21.0%
Satisfied	NA	NA	NA	NA	515	28.7%	399	26.2%	914	27.6%
Somewhat Satisfied	NA	NA	NA	NA	284	15.8%	218	14.3%	502	15.1%
Somewhat Dissatisfied	NA	NA	NA	NA	199	11.1%	167	11.0%	366	11.0%
Not at all Satisfied	NA	NA	NA	NA	449	25.0%	388	25.5%	837	25.2%
Total	NA	NA	NA	NA	1,793	100.0%	1,522	100.0%	3,315	100.0%
Question: How satisfied are you with the ways in which you contacted the BRN via the web?										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	2,829	22.7%	2,853	24.1%	5,682	23.4%
Satisfied	NA	NA	NA	NA	4,177	33.5%	3,910	33.1%	8,087	33.3%
Somewhat Satisfied	NA	NA	NA	NA	2,432	19.5%	2,291	19.4%	4,723	19.5%
Somewhat Dissatisfied	NA	NA	NA	NA	1,404	11.3%	1,370	11.6%	2,774	11.4%
Not at all Satisfied	NA	NA	NA	NA	1,615	13.0%	1,400	11.8%	3,015	12.4%
Total	NA	NA	NA	NA	12,457	100.0%	11,824	100.0%	24,281	100.0%
Question: Rate your overall experience(s) with the BRN services.										
	FY 2016/17 Response		FY 2017/18 Response		FY 2018/19 Response		FY 2019/20 Response		Total All FY Response	
	#	Percent	#	Percent	#	Percent	#	Percent	#	Percent
Totally Satisfied	NA	NA	NA	NA	2,954	19.3%	3,136	21.0%	6,090	20.1%
Satisfied	NA	NA	NA	NA	5,418	35.4%	5,347	35.8%	10,765	35.6%
Somewhat Satisfied	NA	NA	NA	NA	2,867	18.7%	2,782	18.6%	5,649	18.7%
Somewhat Dissatisfied	NA	NA	NA	NA	2,145	14.0%	1,993	13.3%	4,138	13.7%
Not at all Satisfied	NA	NA	NA	NA	1,938	12.6%	1,692	11.3%	3,630	12.0%
Total	NA	NA	NA	NA	15,322	100.0%	14,950	100.0%	30,272	100.0%

Section 3: Fiscal and Staff

Current Reserve Level, Spending, and Statutory Reserve Level

3.1 Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board of Registered Nursing Fund is not continuously appropriated. (BPC § 2814.)

3.2 Describe the board's current reserve level, spending, and if a statutory reserve level exists.

The BRN always attempts to spend conservatively and maintain a prudent reserve to meet future potential cost increases, address unforeseen contingencies, and bridge the gap between expenditures and unexpected declines in revenues. Revenue has remained stable since the last sunset report and is projected to remain at this level. The BRN had a fee increase in 2016 and another in 2018. Expenditures have increased due to the addition of enforcement staff and costs to process increased discipline cases. The statutory reserve fund limit for the BRN is 24 months; if the BRN has unencumbered funds in excess of 24 months of surplus, the Board shall reduce license or other fees during the following FY in an amount that will reduce surplus funds to an amount less than the BRN's operating budget for the next two FYs. (BPC § 128.5.) The BRN fund is currently operating at a surplus within the statutory limit.

Anticipated Deficit, General Fund Loans, and Fee Changes

3.3 Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

At the end of FY 2019/2020, the BRN had a fund balance of \$47.5 million dollars, which is a nine-month reserve. The reserve is projected to decline to less than five months in FY 2021/2022 after the BRN made a required loan to the General Fund. Table 2 shows the BRN's Fund Condition.

The BRN funding reserve levels are projected to grow at a rate of approximately 0.4 months in reserve over the next two FYs. The BRN's fund is stable and an increase of current fees, or reduction in those fees, is not anticipated; however, this could change depending on State fiscal outlook.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21*	FY 2021/22*
Beginning Balance (includes Prior Year Adjustments)	\$10,310	\$9,957	\$16,408	\$33,933	\$47,518	\$23,425
Revenues and Transfers	\$42,483	\$48,892	\$63,172	\$67,228	\$67,439	\$67,554
Total Revenue	\$52,793	\$58,849	\$79,580	\$101,161	\$114,957	\$94,521
Budget Authority	\$43,527	\$42,824	\$45,480	\$57,918	\$58,394	\$60,146
Expenditures**	\$42,827	\$41,800	\$45,019	\$53,643	\$61,532	\$64,988
Loans to General Fund	N/A	N/A	N/A	N/A	\$30,000	N/A
Accrued Interest, Loans to General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Loans Repaid From General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Fund Balance	\$9,966	\$17,050	\$34,561	\$47,518	\$23,425	\$25,991
Months in Reserve	2.9	4.5	7.7	9.3	4.3	4.7

* Beginning balance may include prior year adjustment not reflected in the table.

3.4 Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

In FY 2020/2021, a \$30,000,000 General Fund loan was required to help aide with COVID-19 constraints on the General Fund. No interest or payments have been scheduled to reimburse the Board at this point in time, however the loan is expected to be repaid by FY 2024/2025.

Expenditures by Program Component

3.5 Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3 shows the amount of expenditures in each of the BRN's program areas. The BRN does not break out administration costs but distributes them across all program components.

Table 3. Expenditures by Program Component

(list dollars in thousands)

	FY 2016/17		FY 2017/18		FY 2018/19		FY 2019/20	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$7,393	\$10,949	\$6,673	\$10,363	\$7,896	\$11,116	\$7,542	\$14,314
Examination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Licensing	\$3,434	\$1,280	\$4,099	\$1,593	\$4,605	\$1,419	\$5,573	\$2,155
Administration*	\$4,077	\$1,520	\$4,108	\$1,596	\$4,468	\$1,382	\$5,708	\$2,227
DCA Pro Rata	N/A	\$14,564	N/A	\$12,869	N/A	\$13,318	N/A	\$15,662
Intervention (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$14,904	\$28,313	\$14,880	\$26,421	\$16,969	\$27,235	\$18,823	\$34,358

* Administration includes costs for executive staff, board, administrative support, and fiscal services.

3.6 Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

The BRN has contributed \$28,571,946 in BreEZe costs through FY 2019/2020, with an additional estimated \$7,538,000 through FY 2022/2023.

Fees and License Renewal Cycles

3.7 Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

The BRN is a self-supporting, special fund agency that obtains its revenues from licensing fees. Authority for the fees charged by the BRN are from BPC sections 2746.53, 2786.5, 2815, 2815.1, 2815.5, 2816, 2830.7, 2831, 2833, 2836.3, 2838.2 and CCR, title 16, section 1417. The RN license and all certifications are renewable biennially. The primary source of revenues is renewal fees. In order to remain financially stable, the BRN increased some of its fees (applications and renewals for CNM Furnishing and NP Furnishing and application for PHN) effective October 2018 and January 2019. Many of the RN renewal fees are set to the minimum of the statutory limit.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	% of Total Revenue
			Revenue	Revenue	Revenue	Revenue	
Cite and Fine	Variable	Variable	\$245	\$442	\$390	\$197	0.58%
Endorsement App Fee RN	\$100	\$200	\$1,318	\$1,643	\$2,009	\$2,123	3.23%
Duplicate Pocket License	\$50	\$75	\$240	\$41	\$ -	\$ -	0.13%
Substantive Chng Nrs Sch Appvl	\$2,500	\$5,000	\$17	\$10	\$114	\$35	0.08%
Endorsement - ICHP	\$100	\$200	\$38	\$54	\$54	\$34	0.08%
CURES Biennial Contribution	\$12	\$12	\$106	\$34	\$ -	\$143	0.11%
Temp Cert Clinic Nurse Specialist	\$30	\$50	\$ -	\$ -	\$ -	\$ -	0.00%
Dup NCLEX RN Exam Results	\$60	\$100	\$ -	\$9	\$47	\$28	0.04%
Certification Fee	\$20	\$30	\$ -	\$ -	\$1	\$1	0.00%
Temporary Certificate Nurse Practitioner	\$150	\$500	\$3	\$2	\$1	\$ -	0.00%
Temporary Certificate Nurse Anesthetist	\$150	\$500	\$ -	\$1	\$ -	\$ -	0.00%
Temporary Certificate Nurse Midwife	\$150	\$500	\$ -	\$ -	\$ -	\$ -	0.00%
Temporary Certificate Public Health Nurse	\$150	\$500	\$ -	\$ -	\$ -	\$ -	0.00%
Duplicate Wall Certificate	\$60	\$100	\$33	\$66	\$96	\$104	0.14%
RN Reinstate App Fee	\$350	\$1,000	\$ -	\$37	\$128	\$112	0.13%
Exam App RN - US Out of State	\$350	\$1,000	\$ -	\$101	\$380	\$376	0.39%
Exam App RN - International	\$750	\$1,500	\$ -	\$315	\$1,647	\$1,377	1.52%
Endorsement App RN - International	\$750	\$1,500	\$ -	\$176	\$1,011	\$940	0.97%
App Psych/MH Nurses	\$350	\$500	\$ -	\$2	\$8	\$16	0.01%
App Fee Appvl - Sch of Nursing	\$40,000	\$80,000	\$10	\$75	\$440	\$240	0.35%
Contg Approval- Nurse Prog	\$15,000	\$30,000	\$3	\$ -	\$ -	\$75	0.04%
Public Health Certification - App. Fee	\$300	\$1,000	\$421	\$598	\$496	\$663	0.99%
Clinical Nurse Specialist - Application	\$500	\$1,500	\$26	\$34	\$48	\$35	0.07%
Nurse Practitioner Evaluation - RN	\$500	\$1,500	\$442	\$635	\$1,461	\$1,572	1.87%
Application Fee Nurse Anesthetist	\$500	\$1,500	\$30	\$42	\$120	\$124	0.14%
Initial Certificate - Midwife	\$500	\$1,500	\$14	\$19	\$47	\$46	0.06%
Continuing Education Course Provider Fee	\$750	\$1,000	\$55	\$54	\$96	\$90	0.13%
Repeat Exam App - RN	\$250	\$1,000	\$1,035	\$1,028	\$1,376	\$1,436	2.22%
Endorsement App - RN	\$350	\$1,000	\$1,839	\$2,477	\$4,786	\$5,185	6.51%
Temp License Fee - RN	\$100	\$250	\$491	\$420	\$370	\$419	0.78%
Interim Permit App - RN	\$100	\$250	\$187	\$144	\$86	\$135	0.25%
Exam App - RN	\$300	\$1,000	\$2,410	\$2,767	\$3,511	\$3,731	5.66%
Application Fee - Drug Device Furnishing	\$400	\$1,500	\$144	\$95	\$700	\$1,169	0.96%
Other Regulatory License and Permits	Variable	Variable	\$ -	\$1	\$ -	\$190	0.09%
Biennial Renewal Fee - CNS	\$150	\$1,000	\$167	\$172	\$239	\$257	0.38%

Table 4. Fee Schedule and Revenue Continued (list revenue dollars in thousands)							
Biennial Renewal Fee - CNS	\$150	\$1,000	\$167	\$172	\$239	\$257	0.38%
Biennial Renewal Fee - NMW	\$150	\$1,000	\$63	\$61	\$94	\$96	0.14%
Biennial Renewal Fee - NA	\$150	\$1,000	\$109	\$112	\$173	\$187	0.26%
Biennial Renewal Fee - RN	\$180	\$750	\$31,230	\$35,381	\$36,328	\$37,705	64.09%
Biennial Renewal Fee - CE Provider	\$750	\$1,000	\$448	\$355	\$908	\$707	1.10%
Renewal Public Health	\$125	\$500	\$ -	\$175	\$2,051	\$2,231	2.03%
Renewal NP	\$150	\$1,000	\$ -	\$178	\$1,711	\$1,931	1.74%
NP Renewal Fee Drug Device Furnishing	\$150	\$1,000	\$253	\$220	\$600	\$1,684	1.26%
Renewal - Midwife Drug Device Furnishing	\$150	\$1,000	\$14	\$11	\$29	\$76	0.06%
Delinquent Renewal Fee - CNS	\$75	\$500	\$3	\$3	\$5	\$8	0.01%
Delinquent Renewal Fee - NMW	\$75	\$500	\$1	\$1	\$1	\$3	0.00%
Delinquent Renewal Fee - NA	\$75	\$500	\$2	\$2	\$4	\$4	0.01%
Delinquent Renewal Fee - RN	\$90	\$375	\$585	\$652	\$630	\$718	1.18%
Delinquent Renewal Fee - CE Provider	\$150	\$500	\$31	\$17	\$25	\$36	0.05%
Delinquent Renewal Fee - NP	\$75	\$500	\$ -	\$6	\$ 43	\$52	0.05%
Delinquent Renewal Fee - Public Health	\$75	\$250	\$ -	\$ -	\$4	\$ 51	0.03%
Delinquent Fee - Midwife Drug Device Furnishing	\$75	\$500	\$ -	\$ -	\$ -	\$1	0.00%
Delinquent Fee - NP Drug Device Furnishing	\$75	\$500	\$5	\$4	\$9	\$30	0.02%
Misc. Serv Pub - Transcripts	\$50	\$100	\$11	\$12	\$11	\$11	0.02%
Dishonored Check Fee	\$30	\$30	\$8	\$9	\$9	\$14	0.02%

Budget Change Proposals

3.8 Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

In order to meet its mandated functions, the BRN must have adequate staff and resources while also keeping in mind California's fiscal situation and on-going challenges associated with COVID-19. Thus, the BRN only requests BCPs when absolutely necessary. The BRN requested the following BCPs:

- FY 2016/2017 with BCP 1111-040-BCP-BR-2016-GB, the BRN requested a budget augmentation of \$450,000 to implement SB 466 (Chapter 489, Statutes of 2015) for the reimbursement to the California State Auditor (CSA) for conducting an audit of enforcement beginning February 1, 2016 through December 31, 2016.
- FY 2017/2018 with BCP 1111-021-BCP-BR-2017-GB, the BRN requested an increase in the Board's limited-term expenditure authority of \$1,270,000 in FY 2017/2018 and \$1,142,000 in FY 2018/19 to fund 16.0 positions to address severe deficiencies within the Licensing Division.
- FY 2018/2019 with BCP 1111-058-BCP-2018-GB, the BRN requested an increase of \$1,250,000 in the Board's expenditure authority in FY 2018/2019 and ongoing to fund 10 permanent positions to address severe deficiencies within the Enforcement Division.

- FY 2019/2020 with BCP 1111-003-BCP-2019-GB, the BRN requested \$7.1 million in FY 2019/2020, \$6.5 million in FY 2020/2021 and FY 2021/2022, and \$3.3 million to the Board of Registered Nursing Fund, Professions and Vocations Fund in FY 2022/23 and ongoing to fund 67.0 positions to address deficiencies within the Licensing Division, the Enforcement Division, and the Board Operations and Consumer Services Division.

The BRN is not anticipating submitting a BCP in FY 2020/2021.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-040-BCP-BR-2016-GB	2016/17	Leg BCP – SB 466 State Audit	0	0	0	0	\$450,000	\$454,000
1111-021-BCP-2017-GB	2017/18	Licensing Program Staff Augmentation	4.0 LT Program Technician (PT) 9.0 LT PT II 1.0 LT OT (T) 1.0 LT Supervising PT II 1.0 LT SSM I	4.0 LT Program Technician (PT) 9.0 LT PT II 1.0 LT OT (T) 1.0 LT Supervising PT II 1.0 LT SSM I	\$1,057,000	\$1,057,000	\$213,000	\$213,000
1111-022-BCP-2017-GB	2017/18	Legislative Mandate for Military Education and Experience	3.0 NEC	1.0 NEC	\$347,000	\$116,000	\$42,000	\$14,000
1111-058-BCP-2018-GB	2018/19	Enforcement Staff Augmentation	1.0 Supervising Special Investigator II 1.0 Supervising Special Investigator I 2.0 Special Investigator 1.0 SSM III 4.0 AGPA 1.0 OT (T)	1.0 Supervising Special Investigator II 1.0 Supervising Special Investigator I 2.0 Special Investigator 1.0 SSM III 4.0 AGPA 1.0 OT (T)	\$1,115,000	\$1,115,000	\$135,000	\$135,000
1111-003-BCP-2019-GB	2019/20	Staffing Augmentation	6.0 OT (T) 1.0 Info Tech Technician 1.0 Info Tech Associate 4.0 SSM 1 1.0 SSM 2 6.0 SSA 4.0 AGPA 1.0 C.E.A. 1.0 SNEC 2.0 NEC 2.0 Supvng Program Technician II 5.0 Program Technician (PT) 32.0 PT II 1.0 PT III	6.0 OT (T) 1.0 Info Tech Technician 1.0 Info Tech Associate 4.0 SSM 1 1.0 SSM 2 6.0 SSA 4.0 AGPA 1.0 C.E.A. 1.0 SNEC 2.0 NEC 2.0 Supvng Program Technician II 5.0 Program Technician (PT) 32.0 PT II 1.0 PT III	\$5,910,000	\$5,910,000	\$1,170,000	\$1,170,000

Staffing Challenges, Recruitment/Retention, and Succession Planning

3.9 Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The BRN was approved for 67 positions in FY 2019/2020 to address deficiencies throughout the organization. When all these positions are filled and subsequently trained, BRN will be able to reduce delays in the application processing and business processing times and provide better customer service to consumers, applicants, licensees, and stakeholders. These positions will also allow the BRN to better serve and protect the public by responding to discipline cases in a timelier manner, reducing delays in case processing time, alleviating case backlogs, and improving the BRN's capacity to monitor disciplined nurses.

The BRN recruits, hires, and retains the most qualified personnel and strives to offer a path for upward mobility. Succession planning includes cross training of staff to expose them to a variety of work, which allows for a well-trained workforce as well as provides for staff to have upward mobility opportunities. In addition, desk manuals are updated so that when a staff member leaves or retires there is a smooth transition.

BRN has NECs throughout the state of California in three different program areas (nursing education, enforcement, CE). The table below shows the vacancy rate as low as 38 percent in one unit and as high as 100 percent in another unit. These positions have been difficult to recruit and retain. The BRN continues to have challenges in recruiting qualified NECs due to the salary inequity of these positions compared to equivalent jobs inside and outside of state service for RNs. The NEC education requirements (MSN) are fairly high relative to the rate of pay. Additionally, there are other state agencies that have RN classifications whose salaries are higher than the NECs. The BRN has requested that the California Office of Human Resources (CalHR) address the pay inequity; however, to date, our requests have not been successful.

Position Information	NEC Assignment Areas				Total
	Northern	Southern	Enforcement	CE & Research	
SNEC Positions	1	1	0	1	3
NEC Positions	4	7	2	1	14
Filled	2	5	1	0	8
Vacancies	3	3	1	2	9
% Vacancy Rate	60%	38%	50%	100%	53%

Staff Development

3.10 Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

In order for the BRN to meet its mandates and mission, staff must be adequately prepared and trained. Unfortunately, travel and budget restrictions impact staff training accessibility. This has recently improved as many staff training programs have changed to a virtual delivery due to COVID-19. However, training is available at no cost through DCA Solid, and all staff are encouraged to attend courses that relate to their job and for upward mobility. The BRN has completed extensive in-house customer service training by managers and supervisors to BRN

and DCA Call Center and BRN Licensing staff. Each program area at the BRN periodically provides workshops for all staff to provide information on the work of that unit. Off-site training classes are also available upon request and, depending upon budget and DCA's approval, staff may attend. Additionally, BRN has welcomed many new staff over the last year and the Executive Management team identified a need for training to help the new and current staff understand what each unit does and how we can work together. Starting January 2021, monthly trainings will be offered to all staff. Each subject matter expert will present information in hopes to create a more informed Board staff. The first two sessions have been scheduled and will be presented via Microsoft Teams in the first half of 2021.

The annual dollar amount for training varies dramatically from year to year depending upon budget constraints and approval for travel to seminars and workshops that NECs attend across the state as often as possible. All new managers and supervisors must attend a two-week training class at a cost of \$1,320 for each person; however, turnover of managers and supervisors is low so the cost for this varies and is not an annual expense. Enforcement staff have attended the DCA's Enforcement Academy to help develop enforcement skills, as well as share information among the various boards and bureaus within DCA. BRN staff helped develop the Enforcement Academy and provide the training for certain specific modules. All special investigators attend training specific to their position. Over the past four FYs, the BRN has spent the following on staff training:

2016/2017: \$ 3,173
2017/2018: \$17,666
2018/2019: \$18,079
2019/2020: \$45,144

Year-end organization charts for the last four FYs, including number of staff by classification assigned to each major program area, is included in **Section 13, Attachment D.**

Section 4: Licensing Program

The primary objective of the BRN's Licensing Program is to ensure consumer protection by determining that individuals possess the knowledge and qualifications necessary to competently and safely practice as an RN and in the specialty category for which they are certified.

Performance Targets

4.1 What are the board's performance targets/expectations for its licensing program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The BRN's performance targets for RN applications are identified in 16 CCR § 1410.1 which mandates:

- The BRN will inform applicants in writing, within 90 calendar days of receipt of an original licensure for RN, that their application file is either complete or that it is deficient and the specific information or documentation that is required to complete the application.
- Within 390 calendar days of receiving a complete examination application, the BRN will inform the applicant in writing of its decision regarding the application.
- Within 365 calendar days of receiving a complete application for original licensure without examination, the BRN will inform the endorsement applicant in writing of its decision regarding the application.
- An incomplete application is deemed abandoned after one year from the date of the notice of deficiency.

The BRN has been meeting its target timeframes for FY 2016/2017, 2017/2018, and 2018/2019. However; in FY 2019/2020, due to the COVID-19 pandemic and the need to shift staff from working in office to a telework environment, the licensing processing times for initial RN applications increased slightly past 90 days. The BRN implemented steps to address challenges with teleworking and to decrease its processing times overall by reevaluating its business processes and reassigning staff duties. Additionally, the Licensing Program is exploring more paperless options, IT enhancements including BreEZe revisions. In addition, BRN has authorized overtime, as appropriate.

The BRN's performance targets for NP applications are identified in 16 CCR § 1483 which mandates:

- The BRN shall notify the applicant in writing, within 30 days from the receipt of an application, that the application is complete and accepted for filing or that the application is deficient and what specific information is required.
- A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application.
- An incomplete application is deemed abandoned after one year from the date of the notice of deficiency.

The BRN's performance targets for PHN applications are identified in 16 CCR § 1493 which mandates:

- The BRN shall provide written notification to the applicant within 30 calendar days of receipt of an application and fee that the application is complete and accepted for

processing or is deficient and what specific information, documentation, or fee is required to complete the application.

- An incomplete application is deemed abandoned after one year from the date of the notice of deficiency.

For both NP and PHN applications, the BRN has not been meeting its target or statutory timeframes. The BRN implemented steps to reevaluate its business processes to improve its processing times for NP and PHN applications, exploring more paperless options, IT enhancements including BreEZe revisions. In addition, BRN has redirected and trained additional staff and authorized overtime, as appropriate.

Processing Timeframes

- 4.2 Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?**

For FYs 2017/2018, 2018/2019 and 2019/2020, the BRN has seen a decrease in the average processing time of applications and issuance of licenses (Table 7a and 7b). As the BRN made changes to business processes and implemented system improvements, it has allowed staff to process applications more efficiently and management to employ continuous quality improvement efforts.

Some of the increased paperless options, which continue to improve BRN's efficiencies include, but are not limited to: acceptance of electronic documents, such as transcripts; creation of new transactions within BreEZe; and uploading application documents to BreEZe in lieu of mailing paper documents. Using these options allow applicants and licensees to obtain immediate access to status and next steps. The BRN is diligently making changes and adjustments to business processes to accommodate a changing work environment. However, the transition to the teleworking environment caused an increase in processing times for US exam, endorsement and repeater applications to slightly past 90 days. The BRN continues to provide support and flexibility to staff in a dynamic work environment.

Licensing Activity

- 4.3 How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?**

The Licensing Program processes domestic and international RN applications and APRN applications as well as RN and APRN renewals. Staff provide support for the examination services vendors including NCSBN, the examination provider, and Pearson VUE, the examination administrator. Full statistical data is available in Table 7b.

4.4 How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

Licenses and certifications may be denied based on criminal history. These denials were determined to be substantially related to the qualifications, functions, or duties of the profession pursuant to BPC § 480. Provided below is a listing of licenses and certifications that have been denied by the BRN over the past four FYs.

- In FY 2016/2017, there were 11 denials for criminal history, nine (9) DUIs, one (1) for providing fraudulent documents and one (1) for child cruelty/possible death.
- In FY 2017/2018, there were 10 denials for criminal history, four (4) DUIs, two (2) cruelty to child, one (1) vandalism/burglary, one (1) endangering the welfare of a child, one (1) animal cruelty and one (1) obstruct a police officer.
- In FY 2018/2019, there were three (3) denials, two (2) DUIs and one (1) cruelty to an animal.
- In FY 2019/2020, there were three (3) denials, two (2) DUIs and one (1) unlawful imprisonment.

Licensee Population Data

Following are the licensee population data for each of the licenses and certifications issued by the BRN. Due to converted data, the BRN is unable to track or obtain separate data for pending applications. California has almost 558,000 licensees as of June 30, 2020.

Table 7a. Licensing Data by Type									
Registered Nurse		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Exam**	16,642	14,455	2,830	14,455	-	52	94	76
	Repeater	6,805	5,025	758	5,025	-	68	106	87
	Endorsement	18,972	16,005	4,125	16,005	-	75	119	102
	Renewal	223,205	204,845	12,914	204,845	-	6	-	6
FY 2018/19	Exam**	16,527	15,920	3,239	15,920	-	37	83	65
	Repeater	5,865	5,944	974	5,944	-	58	98	82
	Endorsement	16,659	15,165	4,909	15,165	-	58	91	83
	Renewal	226,091	204,931	13,363	204,931	-	3	-	3
FY 2019/20	Exam**	16,128	12,178	1,814	12,178	-	38	79	64
	Repeater	5,976	5,354	606	5,354	-	36	55	46
	Endorsement	17,680	12,214	2,028	12,214	-	52	88	78
	Renewal	234,818	210,739	13,737	210,739	-	1	-	1

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

** Totals include deficient applications carried over from prior FYs.

Table 7a. Licensing Data by Type

Clinical Nurse Specialist Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	164	120	14	120	-	49	94	81
	Renewal	1,860	1,706	2	1,706	-	9	-	9
FY 2018/19	Certification	104	93	39	93	-	55	95	84
	Renewal	1,812	1,614	7	1,614	-	4	-	4
FY 2019/20	Certification	75	59	33	59	-	63	115	103
	Renewal	1,870	1,679	11	1,679	-	2	-	2

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Nurse Anesthetist Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	216	194	10	194	-	49	65	60
	Renewal	1,216	1,081	4	1,081	-	10	-	10
FY 2018/19	Certification	256	219	25	219	-	36	74	65
	Renewal	1,328	1,198	7	1,198	-	4	-	4
FY 2019/20	Certification	267	198	28	198	-	46	84	76
	Renewal	1,392	1,260	3	1,260	-	4	-	4

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Nurse-Midwife Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	96	76	15	76	-	48	69	64
	Renewal	678	627	1	627	-	9	-	9
FY 2018/19	Certification	101	83	16	83	-	50	88	81
	Renewal	683	605	2	605	-	3	-	3
FY 2019/20	Certification	94	80	8	80	-	60	94	89
	Renewal	758	659	7	659	-	2	-	2

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Nurse-Midwife Furnishing Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	77	76	7	76	-	50	75	70
	Renewal	497	465	0	465	-	9	-	9
FY 2018/19	Certification	87	75	3	75	-	41	93	80
	Renewal	522	467	0	467	-	6	-	6
FY 2019/20	Certification	87	72	12	72	-	59	87	80
	Renewal	858	508	290	508	-	3	-	3

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Nurse Practitioner Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	2,770	2,487	250	2,487	-	55	76	71
	Renewal	10,723	11,617	20	11,617	-	58	-	58
FY 2018/19	Certification	3,106	2,683	268	2,683	-	63	86	80
	Renewal	13,386	11,774	32	11,774	-	5	-	5
FY 2019/20	Certification	3,367	2,742	282	2,742	-	66	92	86
	Renewal	14,423	12,993	33	12,993	-	4	-	4

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Nurse Practitioner Furnishing Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	2,516	2,419	200	2,419	-	52	75	69
	Renewal	10,049	9,273	28	9,273	-	13	-	13
FY 2018/19	Certification	2,915	2,481	192	2,481	-	57	81	74
	Renewal	11,556	10,549	54	10,544	-	11	-	11
FY 2019/20	Certification	3,070	2,649	219	2,649	-	66	87	81
	Renewal	12,714	11,663	36	11,663	-	7	-	7

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Psychiatric Mental Health Nurse Listing		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	22	3	14	3	-	-	213	213
	Renewal	170	158	0	158	-	95	-	95
FY 2018/19	Certification	26	3	19	3	-	30	139	112
	Renewal	155	117	0	117	-	71	-	71
FY 2019/20	Certification	58	2	34	2	-	-	139	139
	Renewal	139	103	0	103	-	77	-	77

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Public Health Nurse Certificate		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Certification	3,636	2,921	569	2,927	-	47	80	65
	Renewal	27,686	26,615	29	26,615	-	65	-	65
FY 2018/19	Certification	1,850	1,767	733	1,775	-	63	74	71
	Renewal	31,135	16,317	70	16,317	-	5	-	5
FY 2019/20	Certification	2,433	1,365	354	1,371	-	54	92	80
	Renewal	27,358	17,889	90	17,889	-	10	-	10

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

Table 7a. Licensing Data by Type

Interim Permit (IP-Exam) and Temporary License (TL-Endorsement)		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times		
						Total (Close of FY)	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	IP-Pre-New License Type (10/2013-3/2018)**	2,149	2,199	555	555	-	37	27	35
	IP-Post-New License Type (3/2018-Current)**	638	317	34	317		52	-	52
	TL-Pre-New License Type (10/2013-3/2018)**	6,241	2,461	3,403	2,461	-	17	39	18
	TL -Post-New License Type (3/2018-Current)**	1,412	397	8	397	-	41	45	41
FY 2018/19	Interim Permit	981	883	132	883	-	48	-	48
	Temporary License	3,875	1,924	26	1,924	-	29	34	29
FY 2019/20	Interim Permit	1,501	854	63	854	-	46	-	46
	Temporary License	4,444	2,810	22	2,810	-	29	10	29

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

** On March 14, 2018 two new license types were created for the TLs and IPs. Data for these license types will be split in FY 17/18 to reflect pre-new license type and post-new license type.

Table 7b. Total Licensing Data

	FY 2017/18	FY 2018/19	FY 2019/20
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	62,356	52,352	55,180
Initial License/Initial Exam Applications Approved	49,155	47,240	40,577
Initial License/Initial Exam Applications Closed	12,792	10,575	5,503
License Issued	47,518	47,252	40,583
Initial License/Initial Exam Pending Application Data:*			
Pending Applications (total at close of FY)	-	-	-
Pending Applications (outside of Board control)*	-	-	-
Pending Applications (within the Board control)*	-	-	-
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):**			
Average Days to Application Approval (All - Complete/Incomplete)	88	77	63
Average Days to Application Approval (incomplete applications)	107	91	74
Average Days to Application Approval (complete applications)	65	51	42
License Renewal Data:			
License Renewed	274,747	268,727	281,572

Note: The values in Table 7b are the aggregates of values contained in Table 7a.

* Due to converted data, the BRN is unable to track or obtain separate data for pending applications.

** Data only reflect cycle times for Exam, Repeater, and Endorsement applications.

Verification of Applicant Licensure Information

4.5 How does the board verify information provided by the applicant?

The Licensing Program is responsible for RN licensure and issuance of APRN certificates. RN licensure and APRN certification requirements and information verification for each area are summarized below:

Licensure by Examination Requirements – The licensure requirements for applicants seeking RN licensure for the first time include successful completion of specified RN education requirements (BPC § 2736; 16 CCR § 1420-1429), which is verified through review of official school transcripts and/or the review of the nursing program curriculum; passage of the national examination; and fingerprint background clearance.

Licensure by Endorsement Requirements – Applicants who are already permanently licensed in another state or United States (US) territory are eligible for licensure by endorsement if they passed either the current national examination or its predecessor; possess an active, current and clear RN license in another state or US territory and the license has been validated through NCSBN's NURSIS database or directly from the state where the applicant holds the license; successfully completed specified RN education requirements (BPC § 2736; 16 CCR § 1420-1429) which is verified through review of official school transcripts and/or the review of the nursing program curriculum; and fingerprint background clearance. Applicants for licensure by endorsement are not required to complete additional education unless there was insufficient theoretical and/or clinical experience based on our regulatory requirements obtained during prelicensure education. Applicants licensed in other countries who have not passed the national examination are not eligible for endorsement and may become licensed through the examination process.

Clinical Nurse Specialist Certification – CNSs are RNs with advanced education who participate in expert clinical practice, education, research, consultation, and clinical leadership as the major components of their role (BPC § 2838-2838.4). BRN certification may be obtained by successful completion of a master's program in a clinical field of nursing or a clinical field related to nursing with coursework in the areas mentioned above. There is an equivalency method for applicants who have successfully completed a master's program in a field other than nursing and have participated in all five areas. Applicants applying for the equivalency method must meet the same educational standards as graduates of an approved master's program.

Nurse Anesthetist Certification – CRNAs are RNs who provide anesthesia services at the direction of a physician, dentist, or podiatrist (BPC § 2825-2833.6). To be considered for BRN certification, the applicant must provide evidence of certification by the National Board of and Recertification of Nurse Anesthetists (NBCRNA). The NBCRNA has developed standards for certification as well as core competencies that are used nationally and the BRN. There is no equivalency method for CRNA certification.

Nurse-Midwife Certification – CNMs are RNs who are currently authorized, under the supervision of a licensed physician and surgeon, to attend normal childbirth and provide prenatal, intrapartum and postpartum care, including family planning care, for the mother and immediate care for the newborn (BPC § 2746-2746.8). This scope will be broadened with the implementation of SB 1237. CNM certification may be obtained by successful completion of a BRN-approved nurse-midwifery program or certification as a nurse-midwife by the American

Midwifery Certification Board. There is an equivalency method for applicants who completed a non BRN-approved midwifery program and who are not nationally certified.

California CNMs may also apply for a CNM furnishing number, enabling them to write a medication order to a pharmacy to be filled. To obtain a furnishing number, the CNM must satisfactorily complete a physician and surgeon supervised experience in the furnishing or ordering of drugs or devices and an advanced pharmacology course. CNMs also have the ability to furnish or order drugs and devices that include Schedule II drugs and must complete a BRN approved CE course that includes Schedule II drug content. Upon completion of the course and notification to the BRN, the CNM then applies to the Drug Enforcement Administration (DEA) to obtain a DEA number.

Nurse Practitioner Certification – NPs are RNs who possess additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care (16 CCR § 1480-1486). NP certification can be obtained by successful completion of a program which meets BRN standards or by certification through a national organization whose standards are equivalent to those of the BRN. Beginning on or after January 1, 2008, an applicant for initial certification as a NP, who has not been qualified or certified as a NP in California or any other state, must possess a MSN or other graduate degree in nursing, or in a clinical field related to nursing (BPC § 2835.5). There is an equivalency method for RNs who have completed a NP program that does not meet BRN standards. These applicants must submit verification of clinical competence and experience verified by a NP or physician. In addition, documentation of remediation of any areas of deficiency in the required course content or clinical experience is required.

California NPs may also separately apply for a NP furnishing number, enabling them to write a medication order for a pharmacy to be filled. To obtain a furnishing number, the NP must satisfactorily complete a physician-supervised experience in the furnishing of drugs or devices, preceded by an advanced pharmacology course. Beginning January 1, 2004, NPs have the ability to furnish or order drugs and devices that include Schedule II drugs and must complete a BRN approved CE course that includes Schedule II drug content. Upon completion of the course and notification to the BRN, the NP then applies to the DEA to obtain a DEA number. The Nurse Practitioner's scope of practice and furnishing process will be broadened with the implementation of AB 890.

Psychiatric/Mental Health Nurse Listing – Pursuant to the Health and Safety Code (HSC) § 1373(h)(2) and the Insurance Code (INS) Section 10176, the BRN maintains a listing of RNs who possess a MSN in psychiatric/mental health nursing and two years of supervised experience as a psychiatric/mental health nurse. To be eligible for the listing, RNs must complete and submit verification of the required education and experience to the BRN. The BRN also accepts American Nurses Credentialing Center certification as a clinical specialist in psychiatric/mental health nursing because the requirements for national certification are the same as the requirements in the INS. This voluntary listing enables the psychiatric/mental health nurse to receive direct insurance reimbursement for counseling services.

Public Health Nurse Certification – PHNs provide direct patient care as well as services related to maintaining the public and community's health and safety (BPC § 2816-2820). To be considered for PHN certification, the applicant must hold a BSN or MSN in nursing awarded by a school accredited by a BRN-approved accrediting body such as the Accreditation Commission for Education in Nursing (ACEN), formerly the National League for Nursing Accrediting Commission) or the Commission on Collegiate Nursing Education (CCNE). Equivalency

methods are provided for individuals whose BSN or MSN in nursing is from a non-ACEN or non-CCNE accredited school and for those who have a bachelor's degree in a field other than nursing.

Verification of Applicant Licensure Information

All applicants for RN licensure by examination must provide evidence, i.e., official school transcripts, of meeting the curriculum requirements (16 CCR § 1426). An additional method for validating an applicant's education is to request a copy of the nursing program curriculum that was completed by the applicant. This documentation enables the BRN to evaluate the contents of the nursing program to ensure that all curriculum requirements are met. BRN Licensing staff review official documents carefully for authenticity and often are in contact with international governmental and educational agencies for verification.

For endorsement applicants, along with the school transcripts that verify that the applicant meets the required curriculum requirements (16 CCR § 1426), the BRN must receive validation of an active, current and clear RN license and verification of passing the national examination through either the NCSBN NURSIS database or directly from the state where the applicant holds the license. All examination and endorsement applicants must submit fingerprints which the BRN submits to both the DOJ and the FBI. The fingerprinting process is used to check prior criminal history as well as receive future notifications of criminal activity. Any prior disciplinary action of endorsement applicants is available from the NCSBN NURSIS database or directly from the state board where the applicant is licensed.

Fingerprinting

4.6 What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

The BRN requires fingerprint submission, for all applications prior to licensure and for licensee's who do not have current fingerprint data on file with the BRN. LiveScan technology can be used for people residing in California and hard card for fingerprints is required for out-of-state applicants. When fingerprint results returned from DOJ, contain conviction(s), the BRN utilizes the information within the CORI or Record of Arrest and Prosecution (RAP) for the enforcement review process.

Prior to the implementation of AB 2138 on July 1, 2020, initial applicants were required to disclose all prior criminal convictions on their application for licensure and were required to provide the BRN with certified records related to their criminal history including certified arrest and court documents. With AB 2138, the BRN removed the prior conviction disclosure question from the licensing application. When fingerprint results are returned from DOJ and contain criminal history information, the BRN must obtain the certified records that relate to the criminal history information.

The implementation of AB 2138 did not change the requirement of licensing applicants required to disclose all prior disciplinary action against a health care license on their application for licensure. The BRN utilizes the NCSBN NURSIS database in order to verify out-of-state license discipline.

4.7 Does the board fingerprint all applicants?

Beginning in 1990, all RN applicants were required to submit fingerprints. Currently the BRN does collect fingerprints data from DOJ and FBI for all applicants.

4.8 Have all current licensees been fingerprinted? If not, explain.

In 2005, DOJ transitioned to a new electronic LiveScan fingerprint system and started accepting electronic fingerprint submissions. Unfortunately, the process that the BRN used prior to LiveScan, did not provide the BRN subsequent RAP back notifications for all applicants and licensees. In October 2008, emergency regulations were enacted that required all RNs to be fingerprinted by their next renewal date. Additionally, DCA worked with DOJ to determine if fingerprint data for all licensees was available to BRN. A population of licensees were identified whose fingerprint data was either missing or no longer valid. Therefore, the BRN initiated a plan to obtain fingerprints for the affected population and has been collecting that information with renewal. BRN continues to work with internal and external stakeholders to address any fingerprint issues and make enhancements.

National Databank and Reporting of Prior Convictions and Disciplinary Information

4.9 Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The BRN is a member of the NCSBN computerized discipline information exchange system, NURSYS. NCSBN supplies disciplinary information to the national database, the National Practitioners Data Bank (NPDB), from the data provided to them through NURSYS. The Licensing Program checks all endorsement applicants in NURSYS for any disciplinary action in another state. If action is reported, the application and all documentation are forwarded to the Enforcement Division for review.

For RNs licensed in California, records are reported to NURSYS. Any disciplinary actions in another state reported to NURSYS would result in a notification to the BRN. All renewal applicants are required to disclose all misdemeanor and felony convictions, as well as all disciplinary action against any license or certificate held in California or in another state or territory. RNs are notified that failure to disclose all or part of their convictions may be grounds for disciplinary action because failure to disclose this information is considered falsifying information.

Primary Source Documentation

4.10 Does the board require primary source documentation?

The BRN requires the following primary source documentation:

- Education transcripts from the school institution in order to verify education requirements are required for all applicants.
- License verification directly from the BON where the RN holds an active license or from the NCSBN NURSYS database is required for all endorsement applicants.
- Fingerprint results transmitted from DOJ to the BRN via BreZee.

Legal Requirements and Process for Out-of-State and Out-of-Country Applicants

4.11 Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The BRN verifies all RN and ARPN applicants have met California's educational requirements. To qualify for endorsement (reciprocity) into California, an RN must hold a current and active RN license in another state, US territory, or Canada; complete an educational program meeting all California requirements; and have passed the NCLEX-RN or the State Board Test Pool Examination. The Canadian Comprehensive Examination is not acceptable. If the applicant does not possess these qualifications, he/she must apply for licensure by examination to receive an authorization to test (ATT) for the NCLEX-RN. Additionally, the applicant must provide verification of their active out-of-state license (BPC § 2732.1(b)).

Applicants educated out-of-country must provide documentation to verify their education meets the requirements outlined in 16 CCR § 1426. This documentation may include, but is not limited to, the Breakdown of Educational Program for International Nursing Programs; certified English translation; breakdown of the curriculum, including the number of hours taken for clinical and theory, concurrency, and dates of enrollment. Additionally, the applicant may be required to submit an examination demonstrating English language comprehension to a degree sufficient to permit the applicant to discharge duties as a RN in California (16 CCR §1414).

Military Veteran Applicants

4.12 Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The BRN and NCSBN support veterans entering the nursing profession and would like these individuals to succeed. The BRN continues to work with the nursing programs, the California Department of Veteran Affairs, the ICV, and DCA to assist military veterans in the RN application process. BRN staff have been involved with the ICV by attending meetings and encouraging the RN nursing programs in California to work with the military veterans in their RN education.

4.13 Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

The Board asks if the individual applying for licensure is serving in, or has previously served in, the military on the licensure applications to comply with BPC § 114.5.

4.14 How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

The evaluation process for military education is done on a case-by-case basis, as more information is generally needed from the military medic education program to verify their education meets the requirements outlined in 16 CCR § 1426. Pursuant to 16 CCR § 1430, approved California nursing programs must have a process for students to obtain credit for previous education or other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. An applicant may submit an

application with supporting documentation demonstrating his/her military education and training is comparable. If deficiencies are identified, the applicant is referred to a BRN-approved nursing program that can review their education and training and may be able to provide college credit as stated in 16 CCR § 1430. In FYs 2017/2018, 2108/2019, 2019/2020, the BRN has not directly received any applications from veterans offering military education, training or experience towards meeting their licensing or credentialing requirements.

4.15 What regulatory changes has the board made to bring it into conformance with BPC § 35?

BPC § 35 is a general statute that directs boards to develop regulations to provide for methods of evaluating education, training and experience obtained in the armed services when they can be used to meet licensing requirements “if applicable”. The following year (effective January 1, 2012), the Legislature amended a statute specific to nursing (BPC § 2736.5), which specifically addresses military education received in becoming a “medical service technician-independent duty” and requires that the BRN establish regulations on how to evaluate such education for potential educational credit towards satisfying RN licensure requirements. The BRN has been advised by legal counsel that since these provisions are more specific than BPC § 35 and came later in time, BPC § 2736.5 supersedes BPC § 35 for the BRN's purpose. Additionally, in October 2018, 16 CCR § 1423.1 and 1423.2 were added and 16 CCR § 1418, 1424, 1426, and 1430 were amended to implement SB 466, which expanded requirements on nursing education programs to award credit for relevant military education and experience toward the requirements for licensure as a RN.

4.16 How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

BPC § 114.3 requires the BRN to waive renewal fees and CE requirements for any licensee called to active duty service as a member of the US Armed Forces or the California National Guard if certain requirements are met. Below is a chart showing the number of waivers, which had a negligible impact on the BRN revenue.

License Status	FY 2017/18	FY 2018/19	FY 2019/20
Active - Military	119	90	89
Inactive - Military	20	22	17

4.17 How many applications has the board expedited pursuant to BPC § 115.5?

BPC § 115.5 requires the BRN to expedite the licensure process for an applicant who is a spouse, domestic partner or in another legal union with an active duty member of the US Armed Forces who is assigned to active duty and meets certain other requirements. Below is a chart depicting the number of expedited applications.

Application Type	FY 2017/18	FY 2018/19	FY 2019/20
Exam	243	250	225
Repeater	76	67	68
Endorsement	489	388	503

No Longer Interested Notifications to DOJ

- 4.18 Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.**

The DCA has an electronic interface which runs weekly to transmit No Longer Interested (NLI) notifications to DOJ on abandoned applications. The BRN also sends individual NLI notifications to DOJ in certain instances via fax and United States Postal Service (USPS) mail. Currently there is no backlog in this processing.

Examinations

- 4.19 Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?**

In California eligible applicants seeking RN licensure for the first time must successfully pass the NCLEX-RN which is a national examination. This examination is only administered in the English language in the US and in French in Canada. If the BRN has reasonable doubt of an applicant's English language comprehension, the applicant may be required to submit an examination demonstrating that comprehension to a degree sufficient to permit the applicant to discharge duties as a RN in California (16 CCR §1414).

- 4.20 What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data) Are pass rates collected for examinations offered in a language other than English?**

Pass rates are not collected for examination in other languages, as the NCLEX-RN is only administered in English.

California has consistently maintained one of highest total pass rates when compared with other BONs. For FY 2019/2020, California had one of the highest pass rates at 91.60 percent for 12,077 test takers in comparison to three other states with a similar number of first-time test takers (Florida 16,554, 71.39 percent; Texas 13,009, 91.62 percent; New York 11,062, 85.14 percent). California's success in maintaining high annual pass rates can be attributed to widespread and consistent implementation of many strategies:

- Testing via the computer during the nursing program to better prepare students for the NCLEX-RN.
- Nursing programs encouraging students to attend NCLEX-RN review courses and to take the examination within three months of graduation.
- Nursing programs implementing the use of NCLEX-RN preparation materials and standardized predictive examinations to clearly pinpoint areas of needed nursing content review and remediation.
- Close monitoring of each nursing program's pass rate by NECs, and the requirement that programs maintain annual pass rates at or above 75 percent for first-time test takers.
- Collaboration between NECs and the nursing programs that have a lower than 75 percent pass rate, and a BRN requirement that the program develop an action plan to improve the pass rate.

- Engage in ongoing collaboration with nursing programs, NCSBN, and other key stakeholders related to licensure examination requirements and pass rate performance.

Data for repeat test takers includes all individuals taking the examination for two or more times. Repeat test takers have a pass rates of around 40 percent which is historically lower than first time test takers. The BRN does not have a limitation on the number of times an individual may take the examination or additional requirements for retaking the examination.

Table 8. Examination Data				
National Examination (include multiple language) if any:				
License Type		Registered Nurse		
Exam Title		NCLEX-RN		
		National Data* 1 st Time Candidates	California Data* 1 st Time Candidates	California Data** Repeat Candidates
FY 2016/17	# of 1 st Time Candidates	159,342	11,415	1,700
	Pass %	86.2%	92.4%	40.4%
FY 2017/18	# of 1 st Time Candidates	157,011	12,300	1,514
	Pass %	87.8%	90.0%	40.6%
FY 2018/19	# of 1 st Time Candidates	168,311	13,247	1,406
	Pass %	88.3%	90.7%	41.4%
FY 2019/20	# of 1 st time Candidates	167,510	12,077	
	Pass %	87.93%	91.60%	
Date of Last Occupational Analysis		The last Occupational Analysis was completed in 2017.		
Name of Occupational Analysis Developer		NCSBN		
Target Occupational Analysis Date		Due to the COVID-19 pandemic, NCSBN delayed the 2020 Occupational Analysis and the results are expected to be published in November 2021 but this date is subject to change.		

* Data Source: NCSBN Exam Statistics Reports; data does not include repeat candidates or exam candidates educated outside the US or US territories and the BRN Database.

** Data Source: BRN database. NCSBN uses Calendar Year Intervals, whereas the BRN uses FY Intervals. This creates slight differences in the BRN and the NCSBN Data.

4.21 Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The NCLEX-RN is developed by the NCSBN and administered by the approved test vendor Pearson VUE. Since April 1994, the NCLEX-RN has been administered via Computerized Adaptive Testing (CAT) methodology, which is an individualized multiple-choice computerized examination. All testing individuals receive a different examination, depending upon their performance. Every time a question is answered, the computer re-estimates their ability based on all previous answers and the difficulty of those questions. The computer then selects the next question based on that information. The goal is to get as much information as possible, as efficiently as possible, about the test taker's true ability level. Advantages of CAT methodology includes, but is not limited to:

- Reduces item exposure and subsequent security risks.
- Improves precision of measurement of the individual's ability related to nursing.
- Provides a valid and reliable measurement of nursing competence.

The NCLEX-RN is constructed to measure entry-level RN skills, knowledge, and abilities. An occupational analysis (OA) is completed by the NCSBN every three years in which a survey is sent to a random sample of practicing RNs nationwide to obtain current information about nursing practice. The most recent OA was completed in 2017. In Spring 2020, the OA was in progress; however, due to the COVID-19 pandemic, NCSBN delayed the 2020 OA. The results of the OA are expected to be published in November 2021, but this date is subject to change.

The results of the OA serve as the basis for the development of the Test Plan that is used as the blueprint to develop the NCLEX-RN. The OA and subsequent reviews of the Test Plan and passing standard meet the BRN mandated requirements as outlined in BPC § 2786(d). The NCLEX-RN is currently offered at testing centers throughout the US and its districts and territories as well as in ten other countries. There are currently 22 testing centers in California. Examination administration appointments are available to individuals year-round, seven days a week. However, the COVID-19 restriction may impact the availability of testing.

4.22 Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Current statutes do not hinder the efficient and effective processing of applications and/or examinations.

School Approvals

4.23 Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

In order to protect the public by ensuring RNs obtain the necessary training to provide safe and competent patient care, NECs ensure nursing programs are in compliance with required standards as authorized by BPC § 2786 and 16 CCR § 1421-1432. The BRN approves nursing schools that include ADN, BSN, and ELM programs. New schools of nursing are evaluated and considered for approval by NECs in accordance with 16 CCR § 1421. The BRN maintains a list of approved schools of nursing in accordance with BPC § 2788.

California NP programs must conform to 16 CCR § 1484 in order to be approved by the BRN. In order for non-California based NP programs to be approved when requesting clinical placement for students in clinical practice settings in California, they must provide evidence of compliance with 16 CCR § 1486, ensure that students have successfully completed prerequisite courses, and are enrolled in the non-California based NP program.

CNM programs are not currently required to be approved by the BRN. CNM programs can request program approval from the BRN when they meet the requirements outlined in 16 CCR § 1462.

The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The Bureau for Private Postsecondary Education (BPPE) is responsible for ensuring that the academic institution presenting the nursing program meets regulatory standards for institutions of post-secondary education. The BPPE is required by California Education Code (EDC) § 94899 to ensure that when an institution offers an educational program in a profession that requires licensure in the

state, the institution shall have educational program approval from the appropriate state licensing agency to conduct the educational program. This ensures that a student who completes the educational program is eligible to take the required licensure examination. The BRN is required according to BPC § 2786.2, to ensure that a private postsecondary school of nursing approved by the BRN complies with the EDC. The BRN has a Memorandum of Understanding with the BPPE that outlines the authority of the BRN to review and approve schools of nursing and the authority of the BPPE to protect the interest of students attending institutions governed by the California Private Postsecondary Education Act of 2009, Chapter 8 (commencing with § 94800) of Division 10 of Title 3 of the EDC.

Full approval of a nursing program offered by a private post-secondary institution requires that the institution meets BPPE and BRN regulatory standards. Pursuant to 16 CCR § 1421(b)(2), the BRN approval requirements of a nursing program include that the academic institution has authority to grant a degree which must be confirmed by BPPE in the case of private post-secondary institutions. BPPE approval for issuance of a nursing degree is dependent upon BRN approval of the RN program (EDC § 94899).

A school proposing to start a new nursing program must apply to BPPE for evaluation and submits a letter of intent to the BRN. The BRN relies upon the BPPE to verify degree-granting authority of the school and that the school meets other regulatory standards of post-secondary education. Once the BPPE has confirmed this and written notification is provided, the BRN proceeds with evaluation of the proposed nursing program to determine its compliance with regulatory standards specific to nursing education.

Number of Programs, Frequency of Reviews, and Withdrawal of BRN School Approvals

4.24 How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are 145 approved prelicensure nursing programs:

- 92 ADN programs (13 private and 79 public)
- 41 BSN programs (20 private and 21 public)
- 12 ELM programs (6 private and 6 public)

Approved APRN programs:

- 26 NP program (10 private and 16 public)
- 3 Nurse-Midwifery programs (3 public)

Proposed and approved nursing programs have multiple visits conducted by the NECs. Nursing programs are reviewed prior to the initial admission of students; at completion of the first academic year; prior to the graduation of the first admitted cohort; five years from admission date of the first cohort; and every five years thereafter, known as continuing approval visits (CAV). Additional CAVs are performed as needed for reasons including but not limited to: follow-up on findings of a regularly scheduled CAV; receipt of specific complaints regarding the program; substandard NCLEX-RN examination results; and other types of failure to comply with BRN rules and regulations.

Per the master school visit schedule (EDP-I-06), the program is notified one year in advance to allow time for the program to develop and submit a written self-study. Following are the

number of regularly scheduled CAV that were conducted during each of the past four academic years:

Academic Year	Regularly Scheduled CAVs
2016-2017	33
2017-2018	32
2018-2019	15
2019-2020	15

The Board can withhold or withdraw approval of a nursing program when that program does not demonstrate compliance with the BRN's statutes and regulations. Following all CAVs, a NEC will submit a Consultant's Approval Report for Initial/Continuing Program Approval Review (EDP-S-19). The EDP-S-19 outlines the visit finding of areas of compliance, areas of non-compliance and any recommendations that the NEC has made to the school. Additionally, this report is presented to the Education/Licensing Committee and then the Board. After consideration, the Board will then take one of following actions:

- Continue approval (full compliance with all statutes and regulations);
- Deferred action (allows reasonable time for correction of the area(s) on non-compliance with the program maintaining the approval; however, does not grant a five-year continued approval); or
- Warning status with intent to withdraw program approval (aka Warning status with intent to close).

When any Board action is ratified, other than continue approval, the NEC closely monitors the school, provides consultation and ongoing guidance, reviews progress reports from the program, consults with institutional administration, and conducts additional program visits as needed. Failure to correct areas of non-compliance as directed by the Board could result in withdrawal of program approval.

4.25 What are the board's legal requirements regarding approval of international schools?

The BRN does not have authority or legal requirements to approve international schools.

Continuing Education/Competency Requirements

4.26 Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continued competence measurements for RNs and APRNs are essential to ensure public safety and protection. Mandatory CE is the primary method used by the BRN as an indicator of ongoing competence for RNs with active licenses. CE courses must have been completed during the preceding two years to ensure currency of information. Requirements are found in BPC § 2811.5-2811.6 and the regulations governing this program are found in 16 CCR § 1450-1459.1. These statutes and regulations provide the basis for the BRN to approve CEPs and require a RN who wants to maintain an active license to complete 30 hours of CE biennially as a condition for license renewal. Exceptions to these requirements are outlined in 16 CCR § 1452.

The primary route for completion of the contact hours required for license renewal is taking courses offered by one of the over 3,800 BRN-approved CEPs, although the RN is not limited to using only these providers. The BRN also recognizes contact hours acquired by attending

an out-of-state conference presented by a national nursing association or courses approved by another state's BON. Units awarded for nursing-related academic coursework as part of enrollment in BSN or higher degree program that can also satisfy the requirement for CE. There are no restrictions on the number of contact hours that the RN may acquire via online or home-study courses.

The BRN has the authority to approve CE providers, pursuant to 16 CCR § 1454. The required content of all courses must meet the requirements as set forth in 16 CCR § 1456. The BRN is in process of promulgating regulations to amend 16 CCR § 1456 to further define criteria used to evaluate courses with content relating to experimental medical procedures or treatments. This proposal would restrict such courses to those where the underlying treatment's efficacy is supported by at least two peer-reviewed, publicly available, scientific journal or studies, published in medical and scientific literature, and the procedure or treatment is generally accepted as effective by the medical community.

Since the last sunset report in 2016, SB 799 (Chapter 520, Statutes of 2017) amended BPC § 2811.5, and requires the Board to adopt regulations establishing standards for CE for licensees, as specified, including a requirement that the standards be established in a manner to ensure that a variety of alternate CE opportunities are available to licensees, including online. If a RN desires to receive credit for CE, the provider of the course must be approved by the BRN pursuant to 16 CCR § 1454. Although the BRN does not currently approve CE courses, the courses must meet the requirements contained within 16 CCR § 1456.

Additionally, to help gain insight on CE and future practices, the BRN conducted two surveys. In 2016, BRN sent a survey to its approved CEPs that had valid email addresses on file. Of the approximately 700 approved CEPs that were sent the survey, 52 percent responded to the survey, which 90 percent reported that they offered courses using a California BRN approved CEP number and 53 percent stated they taught between one (1) and 20 courses. Additionally, the survey included questions about the course content, number of CE units, cost per course, and number of RNs in California that completed the courses. The second survey was conducted in April 2017 and surveyed other state BONs to obtain information about practices related to CE and CEPs. NCSBN distributed the survey to the 56 BONs and 33 responded to the survey. Sixteen (49 percent) BONs reported that they approve CEPs while the remainder responded that they did not approve providers. The majority of BONs do not review all CE courses offered by a CEP. In summary, out of the 33 BONs that responded to the survey, the results suggested that there is insufficient evidence of a standardized process of approving CEPs, approving or disapproving CE courses, and conducting audits of CEPs.

In January 2019, the BRN delivered a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving CE and a progress report was submitted in January 2020. The plan provided background information such as the statutes and regulations that give BRN the authority to approve, disapprove, and audit CEPs as well as results from the abovementioned surveys. The plan also includes proposed changes to the process for 'initial' and continuing approval of CEPs. The plan provides a proposal for the BRN to hire Content Evaluators to assist in the process of approving and disapproving CEPs based on the regulations. The plan includes a process for continuing approval and auditing of CEPs.

The plan includes that each CEP course be reviewed and approved by the BRN and that the CEP and their courses be reviewed on a set schedule. In order to complete this, a revised fee structure will need to be established such as either imposing a fee for each individual course or developing a graduated fee structure based on the number of courses offered by the CEP.

Cooperative Personnel Services dba CPS HR Consulting conducted the fee audit report which is necessary to prepare a statutory fee package. The audit focused on, but was not limited to, the CEP approval and audit process which was provided to the Board during the November 2020 Board Meeting and it is expected they will take action on this in a subsequent Board Meeting.

As mentioned previously, BRN was allocated positions to establish a Continuing Education and Research Unit; however, there are processes underway to restructure the Unit to ensure that the positions are in alignment with the workload needed for both CE and research functions. With the current program, the BRN approves a CEP when they have provided the appropriate forms, fee, and specific information for one class they offer. The CEP is approved with the initial application fee of \$300. CEPs provide additional CE courses without additional fees to the BRN for reviews, evaluation and approval. Although some courses may be free of cost, CEPs can collect fees as high as \$1,500 or more per person, per course offered.

4.27 How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The application for renewal requires that the RN attest that he/she has completed the CE requirement. The certificates of completion given by the BRN-approved CEPs, renewal information provided by the BRN, and information on the BRN website instruct RNs that they are required to retain certificates or grade-slips for a minimum of four years. The certificates would serve as documentation of course completion in the event of an audit. Random audits may be conducted of both RNs and CEPs to verify compliance with the regulations. At this time, the BRN has not worked with the DCA to receive primary source verification of CE completion through the cloud as the certificates can be uploaded by licensees to BreZE account.

4.28 Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

To maintain an active license, licensees must complete a minimum of 30 hours of CE through an approved CEP biennially. The BRN conducts CE audits of licensees through a random selection process.

4.29 What are consequences for failing a CE audit?

Those RNs not in compliance with the CE requirements are referred to the Enforcement Division for appropriate action. Since 1996, the BRN has issued citations and fines to RNs who violate the CE requirements. The fine amounts are \$1,500 for submitting fraudulent CE certificates and \$250 for RNs who cannot provide evidence of CE course completion. Serious violations are referred to the OAG for disciplinary action.

4.30 How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The below chart reflects the information related to CE audits for the last four FYs. Although there are no CE "fails" when a licensee does not comply with the CE audit, the audit is referred to the Enforcement Division for appropriate action.

CATEGORY	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
RN CE Audits Processed	8,326	6,765	10,284	9,616
RN CE Audits Referred to Enforcement Division	165	177	191	62
Percent of RN CE Audits Referred to Enforcement Division	2.0%	2.6%	1.9%	0.6%

4.31 What is the board's course approval policy?

At this time, the BRN approves CEPs and only one CE course per CEP. When the initial CEP application is reviewed, the BRN reviews content for a course to ensure it complies with the regulations as outlined in 16 CCR § 1456. Instructor qualifications and information are also reviewed. Course content is reviewed by a NEC to ensure that the content is above prelicensure education for a RN, and that it is relevant to the practice of registered nursing for either direct or indirect patient care. Once a CEP has been approved, the expectation is that the CEP will award contact hours to RNs for only those courses they offer which meet the regulations course content requirement.

4.32 Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Applicants seeking approval to become a CEP are required to complete a paper application along with an earned non-refundable fee of \$750.00 (BPC § 2815). Applicants are required to submit demographic information, course content, instructor qualifications, a sample copy of certificate of completion and course advertisement. The applicant must submit one (1) course for review with the application. Once approved, CEPs are able to offer unlimited courses and contact hours. The BRN does not approve the additional courses offered by the CEP and/or charge subsequent fees.

The NEC reviews the application to ensure compliance with the regulations. If there is sufficient information to make a determination that the application meets the regulatory requirements, BRN issues a CEP number. If there is insufficient evidence or areas of non-compliance, the BRN notifies the applicant with the area(s) of non-compliance by mail.

Examples of non-compliance may include:

- Course information is incomplete;
- Course content does not meet 16 CCR § 1456;
- Instructor information does not meet 16 CCR § 1457;
- Sample course verification does not meet 16 CCR § 1458; and
- Sample advertisement does not meet 16 CCR § 1459.

The applicant is given an opportunity to provide sufficient evidence to allow the NEC to determine if the application materials meet the regulatory requirements. If there are areas of non-compliance, the applicant has up to two years from the application submission date to correct the non-compliance or the application is considered "abandoned" (16 CCR §

Currently, the CEP is required to self-monitor every course offered. In accordance with 16 CCR § 1454(d), the CEP is required to accept full responsibility for each and every course, including, but not limited to, recordkeeping; advertising course content as related to statutes

and regulations; issuance of certificates; and instructor qualifications. When two or more CEPs co-sponsor a course, only one CEP number shall be used for that course and that CEP must assume full responsibility.

Additionally, CEPs are required to renew their provider number issued by the BRN every two years. The CEP is sent a courtesy renewal reminder notice, by mail, three months prior to the expiration date. CEPs are asked to update the contact information and remit the appropriate renewal fee. The CEPs can submit the renewal notice with a payment (check or money order) by mail or online, via credit card, using BreZE. If the CEP does not remit payment by the expiration date, they are placed in a 'delinquent' status which is then followed by a cancellation of CEP number. Currently, the CEP may renew their delinquent number up to two years after the expiration date. The public is able to verify the CEP approval status by using the DCA's license search website.¹³

4.33 How many applications for CE providers and CE courses were received? How many were approved?

As mentioned above, at this time, the BRN approves CEPs and only one CE course per CEP. The chart below reflects information related to CEP applications received, approved, and renewed for the last four FYs.

CATEGORY	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
CEP Applications Received	183	182	127	120
CEP Applications Approved	173	126	118	89
CEPs Renewed	1,493	1,122	1,111	943

4.34 Does the board audit CE providers? If so, describe the board's policy and process.

BPC § 2811.5(d) states that the Board shall audit CEPs at least once every five years to ensure adherence to regulatory requirements and shall withhold or rescind approval from any provider that is in violation of the regulatory requirements. In 2016, an audit process was initiated, and CEPs were randomly selected for an audit. Letters were sent to the CEP asking for them to submit course content, instructor curricula vitae, a copy of the certificate of completion issued to RNs, and a copy of the course advertisement for all courses offered using the CEP number issued by the BRN. The responding material collected for review was extensive and the review process was labor intensive. The BRN is currently in the recruitment phase for additional staff and, to date, this unit has not been established.

4.35 Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The BRN currently relies on the existing CE statutes and regulations as the primary method of assuring continued competence of its licensees. The BRN recognizes, as have other medical and health care boards, the complexity of determining continued competence, especially for those who function in non-direct care professional roles. Assessment of continued competence is a national issue facing all professional healing arts licensing boards. Both the American Nurses Association and the NCSBN have researched and provided documents that incorporate support for RNs' efforts at lifelong learning, especially those efforts made toward

¹³ <https://search.dca.ca.gov/>

acquisition of new knowledge and skills. Nursing scope of practice is competence based and this determination of competency is the responsibility of the RN's current employer.

Section 5: Enforcement Program

The BRN places high priority on protecting the public through an effective Enforcement Division. The Enforcement Division includes multiple units that are responsible for various aspects of the enforcement process. These units include Complaint Intake, Investigations, Discipline, Probation Monitoring, and Intervention. These units work to protect consumers by investigating and disciplining licensees who violate the NPA, monitoring nursing practice while on probation to ensure safe patient care, denying licenses to applicants who are unsafe to practice, and seeking prosecution for the unlicensed practice of RNs. Since the last sunset report, the Enforcement Division has been expanded and reorganized.

Performance Targets

5.1 What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The BRN's performance targets, as outlined in the DCA's CPEI, includes the goal to improve discipline case processing timeframes to an average of 12 to 18 months. While the BRN has made significant improvements in the processing timeframes, it has not been able to meet this goal. The Board and BRN staff have worked diligently over the past four years and will continue to work to improve performance in this area. Currently, the BRN is completing disciplinary cases within 20 months on average. This is an improvement from 2016 when the BRN was at 25 months. Specific efforts to improve performance and achieve greater efficiency and effectiveness include, but are not limited to:

- Implemented procedural changes and streamlined internal processes;
- Received new positions, hired and onboarded staff;
- Created a position for the development and reporting of performance metrics;
- Developed a process to utilize the cloud platform for submission of cases to the OAG;
- Partnered with the OAG to implement a 'Fast Track' for all out-of-state discipline and arrest/conviction cases;
- Entered into a pilot project with DOI, regarding investigation of Category 1 cases;
- Reduced the need for paper files through the 'Go Green' initiative;
- Increased outreach to stakeholders; and
- Created tutorial videos for applicants and licensees.

Enforcement Volume, Timeframes, Trends, and Improvements

5.2 Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The table on the following page illustrates the increase/decrease from each FY from complaint intake to the final decision of a case.

	FY 16/17	FY 17/18	Percentage +/- from FY 16/17 to FY 17/18	FY 18/19	Percentage +/- from FY 17/18 to FY 18/19	FY 19/20	Percentage +/- from FY 18/19 to FY 19/20
COMPLAINT							
Total Complaints/ Notifications Received	9,358	9,733	4.0%	9,067	(6.8%)	8,191	(10.7%)
Average Time to Close	251	221	(2.0%)	234	5.9%	191	(22.5%)
Pending (close of FY)	282	318	12.8%	78	(75.5%)	65	(20.0%)
LICENSE DENIAL							
License Applications Denied	14	10	(40.0%)	2	(40.0%)	11	81.8%
Average Days SOI	520	474	(9.7%)	498	4.8%	503	1.0%
Attorney General Cases (Average %)							
Closed Within:							
0 - 1 Year	333	330	(0.9%)	406	18.7%	442	8.1%
1 - 2 Years	369	417	11.5%	477	12.6%	498	4.2%
2 - 3 Years	309	285	(8.4%)	331	13.9%	326	(1.5%)
3 - 4 Years	111	190	41.6%	202	5.9%	170	(18.8%)
Investigations (Average %)							
Closed Within:							
90 Days	6,508	6,548	0.6%	6,012	(8.9%)	5,937	(1.3%)
91 - 180 Days	722	846	14.7%	743	(13.9%)	542	(37.1%)
181 - 1 Year	873	1,262	30.8%	962	(31.2%)	816	(17.9%)
1 - 2 Years	821	858	4.3%	882	2.7%	718	(22.8%)
2 - 3 Years	52	42	(23.8%)	68	38.2%	56	(21.4%)
Over 3 Years	10	8	(25.0%)	14	42.9%	8	(75.0%)

Workload decreased in the Enforcement Division over the past four FYs. Processing times have also decreased in all areas except for the OAG time and applicant denials. The number of complaints the BRN receives from the public and conviction information decreased slightly from FY 2016/2017 to FY 2019/2020. Additionally, the average time to close a complaint at the various stages have declined between FY 2016/2017 to FY 2019/2020.

Some of the challenges that continue in the enforcement area are:

- Delays or no responses to requests from the BRN or the DOI for obtaining documents and records, including consents for release of medical records.
- Delays in receiving certified court and arrest/conviction records which increases costs and decreases efficiencies.

These challenges significantly impact the investigation completion timeframes. The BRN is exploring legislative change to amend Penal Code (PEN) § 830.11 and grant the BRN special investigators that have limited peace officer status as a public officer. This would allow the BRN special investigators the authority needed to more effectively and efficiently complete their investigations without expanded retirement pension benefits or a salary increase affecting the BRN's budget.

Table 9a. Enforcement Statistics

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
COMPLAINT				
Total Complaints/Notifications Received	9,358	9,733	9,067	8,191
Intake-Consumer Complaints				
Received	4,134	4,374	4,472	4,314
Closed	25	519	737	28
Referred to Investigation	4,048	3,774	3,715	4,309
Average Time to Close	251	221	234	191
Pending (close of FY)	282	318	78	65
Source of Complaint				
Public	832	966	1,144	981
Licensee/Professional Groups	838	951	941	854
Governmental Agencies	6,906	6,484	5,456	4,908
Other	782	1,332	1,526	1,448
Conviction/Arrest Notifications				
Conviction Received	5,224	5,359	4,595	3,877
Conviction Closed	26	2	4	0
Average Time to Close	134	119	135	147
Conviction Pending (close of FY)	77	24	24	42
LICENSE DENIAL				
License Applications Denied	14	10	2	11
Statement of Issues Filed+	118	73	54	54
SOIs Withdrawn	9	9	2	9
SOIs Dismissed	1	0	0	0
SOIs Declined	2	2	1	4
Average Days - SOI	520	474	498	503
ACCUSATION				
Accusations Filed	938	871	1,003	959
Accusations Withdrawn	38	24	18	19
Accusations Dismissed	22	20	16	18
Accusations Declined	89	62	81	58
Average Days Accusations	660	685	674	629
Pending (close of FY)**				

+ Statement of Issues are formal charges against applicants filed by the OAG.

** Close of FY pending accusations are included in Table 9b "Attorney General Cases Pending".

Table 9b. Enforcement Statistics (continued)

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
DISCIPLINE				
Disciplinary Actions				
Proposed/Default Decisions	404	410	431	387
Stipulations	686	807	604	611
Average Days to Complete	648	693	653	624
Attorney General Cases Initiated	1,516	1,500	1,632	1,217
Attorney General Cases Pending (close of FY)	1,505	1,505	1,454	936
Disciplinary Outcomes				
Revocation	236	235	332	288
Voluntary Surrender	239	165	226	205
Suspension	1	0	0	3
Probation with Suspension	5	4	11	29
Probation*	401	246	303	299
Probationary License Issued	N/A	N/A	N/A	N/A
Public Reproval/Reprimand**	195	138	107	141
Other	6	3	12	0
PROBATION				
New Probationers	438	318	334	379
Probations Successfully Completed	201-C	226-C	175-C	124-C
C = Completed ET = Early Termination	59-ET	140-ET	179-ET	101-ET
Probationers (close of FY)	1,196-A	1,003-A	843-A	828-A
A = Active T = Tolled (on hold as moved out-of-state)	380-T	394-T	396-T	447-T
Petitions to Revoke Probation	120	100	90	81
Probations Revoked	16	36	62	26
Probations Modified	4	3	3	5
Probations Extended	38	38	39	33
Probationers Subject to Drug Testing	787	580	443	395
Drug Tests Ordered	20,452	21,538	19,316	16,569
Positive Drug Tests	1,724	1,890	1,628	1,458
Petition for Reinstatement Granted	49	47	43	31
INTERVENTION				
New Participants	159	109	115	112
Successful Completions	113	107	88	96
Participants (close of FY)	381	343	336	316
Terminations	43	29	22	25
Terminations for Public Threat*	22	11	12	11
Drug Tests Ordered	15,784	14,413	14,352	13,449
Positive Drug Tests	42	34	31	33

* Excluding PSRs, includes withdrawals and withdrawals due to costs

** BRN considers Public Reproval/Reprimands disciplinary actions; therefore, they are added to the Disciplinary Outcomes section.

Table 9c. Enforcement Statistics (continued)

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
INVESTIGATION				
All Investigations				
First Assigned	9,172	9,103	8,310	8,171
Closed	8,986	9,564	8,681	8,077
Average days to close	101	103	106	94
Pending (close of FY)	2,930	2,605	2,276	2,418
Desk Investigations				
Closed	8,882	8,910	8,535	7,470
Average days to close	44	49	56	45
Pending (close of FY)	1,192	1,352	1,000	1,126
Non-Sworn Investigation				
Closed	725	881	783	811
Average days to close	262	229	196	216
Pending (close of FY)	516	408	467	491
Sworn Investigation				
Closed	486	519	432	455
Average days to close	278	288	322	368
Pending (close of FY)	436	438	486	464
COMPLIANCE ACTION				
ISO and TRO Issued	9	6	6	4
PC 23 Orders Requested	67	50	35	29
Other Suspension Orders	0	0	0	0
Public Letter of Reprimand	0	0	0	0
Cease and Desist/Warning	0	1	5	5
Referred for Intervention	407	950	1,047	905
Compel Examination	70	58	72	53
CITATION AND FINE				
Citations Issued	365	776	567	296
Average Days to Complete	124	155	176	231
Amount of Fines Assessed	\$264,853	\$515,333	\$392,814	\$207,075
Reduced, Withdrawn, Dismissed	\$36,125	\$161,467	\$55,725	\$14,000
Amount Collected	\$225,083	\$453,545	\$313,325	\$202,429
CRIMINAL ACTION				
Referred for Criminal Prosecution	28	55	42	28

Table 10. Enforcement Aging

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	Cases Closed	Average %
OAG Cases (Average %)						
Closed Within:						
0 - 1 Year	333	330	406	442	1,511	29%
1 - 2 Years	369	417	477	498	1,761	34%
2 - 3 Years	309	285	331	326	1,251	24%
3 - 4 Years	111	190	202	170	673	13%
Over 4 Years	0	0	0	0	0	0%
Total OAG Cases Closed	1,122	1,222	1,416	1,436	5,196	100%
Investigations (Average %)						
Closed Within:						
90 Days	6,508	6,548	6,012	5,937	25,005	71%
91 - 180 Days	722	846	743	542	2,853	8%
181 - 1 Year	873	1,262	962	816	3,913	11%
1 - 2 Years	821	858	882	718	3,279	9%
2 - 3 Years	52	42	68	56	218	1%
Over 3 Years	10	8	14	8	40	0%
Total Investigations Cases Closed	8,986	9,564	8,681	8,077	35,308	100%

5.3 What do overall statistics show as to increases or decreases in disciplinary action since last review?

The BRN's disciplinary action timeframes have decreased to 20 months from 25 months in 2016, however, the OAG timeframes have increased to 442 days in FY 2019/2020 from 333 days in FY 2016/2017.

Since the implementation of BreEZe, reports are created and utilized to ensure that disciplinary cases are monitored by management and analysts. These reports and monitoring enable the BRN to identify inaccurate data, make revisions, and limit source documents thus improving the overall data collection and analysis. Additionally, the development and usage of these reports and data tools have improved the timeliness of case processing as the BRN is able to identify aging cases and schedule follow-up, as needed, during each step of the case process.

Complaint Prioritization

5.4 How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

Complaints received by the BRN are prioritized according to DCA's Complaint Prioritization Guidelines for Health Care Agencies (March 2010), which outline priority assignment by complaint type. The BRN immediately reviews all complaints to determine the appropriate course of action and based on the facts, a different level of priority may be warranted. Complaints warranting urgent or high attention are reviewed to determine whether immediate interim action, such as an Interim Suspension Order or a PEN § 23, may be necessary to further the Board's mission of consumer protection.

In September 2019, the BRN, together with the DOI, entered into the Complaint Resolution Pilot Program (pilot program). The goal of this pilot program is to further support the BRN's mission by utilizing combined staff resources of the BRN and DOI to improve case completion timelines and reduction of overall cost.

The pilot program guidelines include one exception to the DCA CPEI guidelines, in that Category 1 quality of care cases not resulting in a criminal offense are retained by BRN for investigation. This allows DOI to focus its resources on complaints involving criminal offenses while maximizing the resources at BRN. While conducting investigations that are categorized under the pilot program, if BRN receives information that indicates the case is a criminal offense, BRN forwards the case to DOI immediately.

Mandatory Reporting Requirements and Statute of Limitations

5.5 Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

RNs are among the health practitioners who must report known or observed instances of abuse to the appropriate authorities as stated in the PEN and Welfare and Institutions Code. This mandate applies to those situations that occur in the RN's professional capacity or within the scope of employment. However, there is no mandatory reporting required of RNs, or from other health care practitioners, other than abuse reporting.

Unfortunately, the lack of mandatory reporting by other entities leaves the public at risk, as the BRN can only investigate known allegations or violations. The BRN attempted to obtain legislative authority to receive mandated reports, but this has not been successful. However, the BRN refers to and receives from complaints other allied health boards within DCA, the CDSS, the DHCS, the CDPH, and other state agencies when applicable. The BRN reports disciplinary actions to NCSBN that transmits the final decision to other states that the RN holds a license as well as to required federal agencies and databanks.

5.6 What is the dollar threshold for settlement reports received by the board?

Under BPC § 801, settlement or arbitration awards exceeding \$10,000 must be reported if related to death or personal injury due to negligence, error, or omission in practice by a RN.

5.7 What is the average dollar amount of settlements reported to the board?

Below is a table that reflects the average settlement amount (BPC § 801) reported for each FY and designated dollar amount.

Fiscal Year	\$0 - \$10,000	\$10,001 – \$100,000	\$100,001 – \$500,000	>\$500,001	Overall FY Average
FY 2017/18	6	19	14	18	\$606,023
FY 2018/19	7	11	13	7	\$482,618
FY 2019/20	6	20	14	14	\$379,869

5.8 Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

As outlined in the BRN Disciplinary Guidelines, the BRN settles disciplinary actions as follows:

- Surrender (both pre-accusation and post-accusation);
- Probation (with standard and optional conditions);
- Public Reproval; or
- Revocation.

5.9 What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

In the past four FYs, the Board has not had any pre-accusation hearings; however, there have been 39 pre-accusation stipulated settlement decisions.

5.10 What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

In the past four FYs, the Board has had 326 post-accusation hearings compared to 2,433 post-accusation stipulated settlement decisions. The following are the stipulated settlement decisions broken out:

Stipulated Settlement Decisions	Number
Probation	906
Surrender	871
Public Reproval	504
Extension of Probation	120
Suspension-Final Order	26
Revocation	6

5.11 What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

The overall percentage of hearings is 12 percent compared to 88 percent resulting in stipulated settlement decisions.

5.12 Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The BRN does not operate under statute of limitations for processing disciplinary cases; however, it adheres to federal and state statute of limitations related to criminal violations: one year for misdemeanors and three years for felonies. In addition, the BRN may proceed with any investigation, disciplinary proceeding, or decision against a RN with a lapsed, suspended, or surrendered license (BPC § 2764). There are maximum and minimum time periods for various disciplinary actions including, but not limited to, license suspension cannot exceed one year, a surrendered license may be petitioned for reinstatement after one year.

Unlicensed Activity

5.13 Describe the board's efforts to address unlicensed activity and the underground economy.

The BRN has authority to cite, fine, and issue an order of abatement for the unlicensed practice of registered nursing (16 CCR § 1435.2-1435.4). Individuals are also referred to law enforcement for possible criminal charges, and while charges may be filed in some instances, district attorneys do not generally pursue these cases unless they are egregious. The BRN includes information about unlicensed practice on its website.¹⁴ This website includes links to BPC § 2795 and 2796, which describe what is unlawful unlicensed activity, as well as a listing of individuals who have been issued citations and fines for unlicensed practice. The BRN is usually made aware of these individuals through complaints from the public.

The BRN, in collaboration with DOI, investigates cases involving allegations of individuals working without a license. The BRN treats allegations of a licensee working on a revoked or expired license as unlicensed activity, and these are investigated accordingly. Additionally, the BRN coordinates and attends taskforce meetings with various state and federal agencies, consumer protection groups, Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA), DEA, and law enforcement agencies, to be educated and current on trends existing in underground economies.

Cite and Fine

5.14 Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

Since the previous Sunset Report in 2016, there have been no regulatory updates or significant changes to the BRN's cite and fine authority. The BRN is increasingly using its cite and fine authority when warranted. Additionally, pursuant to 16 CCR § 1435.2 the maximum fine is \$5,000.

5.15 How is cite and fine used? What types of violations are the basis for citation and fine?

The BRN uses the cite and fine authority on a consistent basis to provide notice to RNs whose violations of the NPA do not rise to the level of formal discipline including, but not limited to:

- CE violations, including not being able to produce education certificates when requested by the BRN or not responding to a CE audit;
- Failure to notify the BRN of a change of address; and
- First time violations or minor criminal convictions that do not meet exceptions in 16 CCR § 1435.1.

¹⁴ <https://www.rn.ca.gov/enforcement/unlicprac.shtml>

5.16 How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

In FY 2016/2017 there were 56 informal conferences with only one formal appeal compared to 17 informal conferences and no formal appeals in FY 2019/2020, which is a 70 percent decrease.

Fiscal Year	Informal Conferences	Formal Appeals
2016/17	56	1
2017/18	103	3
2018/19	56	0
2019/20	17	0

5.17 What are the 5 most common violations for which citations are issued?

The most common violations for which citations are issued for the period of July 1, 2017 through June 30, 2020 are included in the table below.

Type of Violation	Number of Citations Issued
Conviction - DUIs	408
Fingerprint*	215
General Unprofessional Conduct	184
Conviction - Wet/Reckless	168
Conviction - Other (not DUI, Wet/ Reckless, Domestic Violence, Battery, or Theft)	143

* Pursuant to 16 CCR §1419(b), RNs whose license expired after on or after March 1, 2009, are required to submit fingerprints and certify such submission on the license renewal form. Failure to comply is grounds for discipline by the Board.

5.18 What is average fine pre- and post- appeal?

The average fine amount pre-appeal and post-appeal has remained stable in the last four FYs. The table below indicates that in FY 2016/2017 the average fine pre-appeal imposed was \$29,950 compared to the post-appeal amount of \$12,275 which was a 60 percent reduction. In FY 2019/2020, the pre-appeal amount was \$5,000 with a reduction to \$2,000 for the post-appeal amount, which is also a 60 percent reduction in the amount of fines imposed.

Fiscal Year	Pre-Appeal Fine Amount	Post-Appeal Fine Amount
2016/17	\$29,950	\$12,275
2017/18	\$31,150	\$11,000
2018/19	\$20,900	\$8,725
2019/20	\$5,000	\$2,000

5.19 Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The BRN uses the Franchise Tax Board (FTB) intercept program to collect outstanding fines. BRN notifies the RN of the citation and serves three follow-up notices, as necessary. If no response, the BRN refers the outstanding fine to the FTB for collection on its behalf. The FTB

notifies the BRN if funds are collected; however, the RN ineligible to renew his/her license until the citation has been resolved, pursuant to 16 CCR § 1435.6(d).

Cost Recovery and Restitution

5.20 Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

There have been no significant changes to the BRN cost recovery processes since the last Sunset Report. Cost recovery payment plans are developed and implemented with licensees who are placed on probation and agreed upon through stipulated agreement and/or probation requirements. The cost recovery ordered in the Board's decision is not required to be paid until three months prior to the end of the ordered probation term; therefore, cost recovery can occur over multiple FYs. The probation monitoring staff ensures compliance with the cost recovery payment plan and follows protocol for violations which can include, but is not limited to, extended probation term or a hold placed on the license until the cost recovery is paid in full.

The BRN does not have statutory authority and thus does not seek cost recovery for any cases involving applicants or for licensees who are Board-ordered to have a mental or physical competency examination to assess for an impairment that may impact their ability to practice safely according to BPC § 820. In addition, the BRN does not have the statutory authority to order restitution for consumers.

5.21 How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

In cases where the final disposition is a surrender of license or a revocation, the cost recovery ordered can't be obtained until the licensee petitions the Board for reinstatement of the license. It is at that time; the Board has the authority to uphold the amount in its entirety or they may decrease the amount owed or the amount may be waived.

The chart below reflects the amounts received for revocations, surrenders and probation for the last four FYs.

Fiscal Year	Revocation	Surrender	Probation	Total Amount Ordered	Collected Amount*	Uncollected**
2016/17	\$11,336	\$239,251	\$1,674,017	\$1,924,604	\$778,000	\$1,146,604
2017/18	\$32,210	\$299,958	\$1,592,005	\$1,924,172	\$500,000	\$1,424,172
2018/19	\$4,780	\$82,315	\$1,768,900	\$1,855,995	\$507,000	\$1,348,995
2019/20	\$0	\$0	\$2,119,543	\$2,119,543	\$901,000	\$1,218,543

* Includes Public Reprovals.

** Cost recovery can occur over multiple FYs.

5.22 Are there cases for which the board does not seek cost recovery? Why?

If a license is revoked through the default decision process, the BRN is not authorized to collect cost recovery if not negotiated through a stipulation (BPC § 125.3(i)) or ordered by an ALJ (BPC § 125.3(d)). Licensees who have agreed to the actions of voluntarily surrender or revocation of their license results in cost recovery that is due to the BRN upon reinstatement of the license. If the license is not reinstated, then cost recovery will not be recovered.

The BRN does not have statutory authority and thus does not seek cost recovery for any cases involving applicants or for licensees who are Board-ordered to have a mental or physical competency examination to assess for an impairment that may impact their ability to practice safely according to BPC § 820. In addition, the BRN does not have the statutory authority to order restitution for consumers.

5.23 Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The BRN uses the FTB intercept program to collect outstanding cost recovery. BRN notifies the RN of the citation and serves three follow-up notices, as necessary. If no response, the BRN refers the outstanding fine to the FTB for collection on its behalf. The FTB notifies the BRN if funds are collected; however, the RN ineligible to renew his/her license until the amount owed has been paid, pursuant to 16 CCR § 125.3(g)(1).

5.24 Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The BRN does not have statutory authority to order restitution for consumers. In addition, the BRN does not have the statutory authority to seek cost recovery for any cases involving applicants or for licensees who are Board-ordered to have a mental or physical competency examination to assess for an impairment that may impact their ability to practice safely according to BPC § 820.

If a criminal case is filed and the consumer or injured party is considered the BRN, restitution in the amount of costs incurred can be ordered by the Superior Court.

Table 11. Cost Recovery		(list dollars in thousands)		
	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Total Enforcement Expenditures*	\$18,342	\$17,036	\$19,012	\$21,856
Potential Cases for Recovery**	1,083	791	991	965
Cases Recovery Ordered	208	203	134	150
Amount of Cost Recovery Ordered	\$1,015	\$1,024	\$706	\$739
Amount Collected	\$778	\$500	\$507	\$901

* Cost Recovery expenditures cannot be extracted from the total Enforcement expenditures; therefore, the expenditures are all expenditures for enforcement activities.

** 'Potential Cases for Recovery' are those cases in which disciplinary action has been taken based on violation of the NPA.

Table 12. Restitution		(list dollars in thousands)		
	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Amount Ordered	NA	NA	NA	NA
Amount Collected	NA	NA	NA	NA

Section 6: Public Information Policies

Website and Internet

- 6.1 How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?**

The BRN posts Board and Committee Meeting agendas to its website within the guidelines of the Bagley-Keene Act (at least 10 days prior to the meeting date). When possible, the BRN posts the supplemental meeting materials available on the BRN website the Friday before the posted meeting. Additionally, as of October 2020, supplemental meeting materials for the Education/Licensing Committee are posted with the agenda. When the BRN holds a public meeting at a physical location, a copy of supplemental meeting materials is also available to the public at the meeting site.

Draft meeting minutes are in the supplemental meeting materials for the meeting in which they are presented to the Board. The final meeting minutes are posted to the website, after approved by the Board and signed by the Board President and EO. Agendas, minutes, and supplemental meeting materials are archived on the website for up to one year.

Board Meeting Materials and Webcast on the BRN Website

- 6.2 Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?**

The BRN webcasts Board Meetings and will continue this practice. Webcasts of Board Meetings on or after September 15, 2016, are archived on the BRN website.¹⁵ Additionally, webcasts are available on the DCA YouTube Channel.¹⁶

- 6.3 Does the board establish an annual meeting calendar, and post it on the board's web site?**

The Board establishes an annual calendar which is posted on the meeting page¹⁷ of the BRN website. This page is updated to reflect meeting information and materials as it becomes available.

¹⁵ <https://www.rn.ca.gov/consumers/webcasts.shtml>

¹⁶ <https://www.youtube.com/user/CaliforniaDCA/videos>

¹⁷ <https://rn.ca.gov/consumers/meetings.shtml>

Complaint Disclosure Policy and Policy on Internet Discipline Document Retention

6.4 Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The BRN Complaint Disclosure Policy¹⁸ and the BRN Policy on Internet Discipline Document Retention¹⁹ are consistent with DCA's policies on complaint disclosure and website posting of accusations and disciplinary actions.

Licensee Information Available to the Public

6.5 What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The following licensee information is available to the public through the DCA license search page:²⁰

- Name
- License Number
- License Type (e.g., RN, Nurse Practitioner, Public Health Nurse, etc.)
- Status (e.g., Active, Inactive, Voluntary Surrender, etc.)
- Expiration Date
- Original Issue Date
- Disciplinary Actions
- Court Orders
- Public Letter of Reprimands
- Licensed in California by examination or endorsement

The public may access the DCA's data portal²¹ for further search capabilities. Additionally, employers may subscribe to a service called e-notify available from the NCSBN NURSYS system which automatically notifies employers of publicly available discipline and license status updates.

Consumer Outreach and Education

6.6 What methods are used by the board to provide consumer outreach and education?

The BRN relies on several methods to provide consumer outreach and education to licensees, consumers, stakeholders and the public.

BRN Website²²

The BRN's website contains information and is updated to reflect upcoming activities, changes in laws or regulations, and other relevant information of interest to its stakeholders. Prior to all

¹⁸ <https://www.rn.ca.gov/pdfs/regulations/npr-b-36.pdf>

¹⁹ <https://www.rn.ca.gov/pdfs/enforcement/disclosure.pdf>

²⁰ <https://search.dca.ca.gov/>

²¹ https://www.dca.ca.gov/consumers/public_info/index.shtml

²² <https://www.rn.ca.gov/>

Board and Committee Meetings, the agenda is posted on the website, including links to all available agenda materials that are included in the supplemental meeting materials.

The BRN Report²³

The BRN Report is the BRN's official newsletter and recent and past issues are available to the public online at the BRN website. A goal of the BRN Report is to inspire, engage and educate readers about nursing.

Board/Committee Meetings²⁴

In 2009, the BRN began a live webcast feature for Board Meetings. The BRN continues to webcast Board Meetings; however, this is dependent upon DCA resources. Webcasts of Board Meetings on or after September 15, 2016, are archived on the BRN website.²⁵ Additionally, webcasts are available on the DCA YouTube Channel.²⁶ Additionally, when the BRN holds Board/Committee Meetings at a physical location, there is table containing information including, but not limited to, the BRN programs; applications for IEC membership and Expert Practice Consultant opportunities; and supplemental meeting materials.

Stakeholder Engagement

Board Members and BRN staff conduct presentations to consumers, RNs, student nurses, governmental agencies, and professional organizations. Information is presented annually to deans and directors of RN programs to review the Director's Handbook, critical information, expectations of their role and their programs, and review recent changes. In addition, presentations are provided at various conferences including, but not limited to, COADN, CACN, ACNL, and CNSA.

Additionally, the BRN worked with DCA's media office and produced brochures, YouTube videos, webinars, and instructional tools. Furthermore, education is provided to licensee groups/organizations on the complaint and disciplinary process and provides information on awareness of nursing laws and regulations.

BRN ListServ

An individual can request to receive the ListServ emails. These emails are sent to inform on various topics including, but not limited to, new legislation, items of interest, and meeting notices.

Social Media

The BRN employs a public information officer to establish the BRN's social media presence. The BRN updated its Facebook²⁷ account and added Instagram²⁸ and LinkedIn²⁹ accounts to enhance BRN's social media presence. The BRN has a Twitter³⁰ account that was previously active and will commence activity in the future. The BRN is working with the DCA and the BCSH to develop an effective process to address comments and concerns posted to its social media accounts.

²³ <https://www.rn.ca.gov/forms/pubs.shtml#brnreport>

²⁴ <https://www.rn.ca.gov/consumers/meetings.shtml>

²⁵ <https://www.rn.ca.gov/consumers/webcasts.shtml>

²⁶ <https://www.youtube.com/user/CaliforniaDCA/videos>

²⁷ <https://www.facebook.com/CA.BRN>

²⁸ https://www.instagram.com/the_ca_brn/

²⁹ <https://www.linkedin.com/company/thebrn/>

³⁰ <https://twitter.com/califbrn>

Section 7: Online Practice Issues

- 7.1 Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?**

Online Practice Issues

Telehealth provides a healthcare service offering management and coordination of healthcare needs using different modalities of telecommunication equipment to individuals, groups, and communities. The RN assesses patient/family needs, individual symptoms, prioritizes the urgency, determines the need for collaboration, develops a plan of care, and evaluates patient/family outcomes. Telehealth is becoming more the common practice valued by patient/families. Any RN providing telehealth services to a patient/family in California must hold an active California RN license. Telehealth services are used in an in-patient in hospital setting to provide care while minimizing risk of exposure to the providers. Additionally, due to COVID-19, telehealth provides an expansion of medical care by offering broader access to care through the flexibility and utilization of telecommunication technology commonly available on most smart phones and other devices.

Unlicensed Practice Issues

The BRN has authority to cite, fine, and issue an order of abatement for the unlicensed practice of registered nursing (16 CCR § 1435.2-1435.4). Individuals are also referred to law enforcement for possible criminal charges, and while charges may be filed in some instances, district attorneys do not generally pursue these cases unless they are egregious. The BRN includes information about unlicensed practice on its website.³¹ This website includes links to BPC § 2795 and 2796, which describes what is unlawful unlicensed activity as well as a listing of individuals who have been issued citations and fines for unlicensed practice. The BRN is usually made aware of these individuals through complaints from the public.

The BRN in collaboration with DOI investigates cases involving allegations of individuals working without a license. The BRN treats allegations of a licensee working on a revoked or expired license as unlicensed activity, and these are investigated accordingly. Additionally, the BRN coordinates and attends taskforce meetings with various state and federal agencies, consumer protection groups, BMFEA, DEA, and law enforcement agencies, to be educated and current on trends existing in underground economies.

³¹ <https://www.rn.ca.gov/enforcement/unlicprac.shtml>

Section 8: Workforce Development and Job Creation

Workforce Development

8.1 What actions has the board taken in terms of workforce development?

Workforce Shortages

In 1997, California was ending a period of time during which many analysts thought there was a surplus of nurses. By 2002, a severe nursing shortage was underway in California. At this time, significant effort and expense was invested to address the nursing shortage including:

- A multi-million-dollar initiative through the Governor's Nursing Education Task Force.
- Grants for student success and retention through the CCCCCO.
- Various legislation to increase funding, improve student retention, remove barriers, increase efficiency for transfer students, and increase access to nursing education.
- Increase in RN renewal assessment fee to allow more money for scholarship and loan repayment programs for nursing students.

After several years of investing in building the workforce and increasing nursing program educational capacity, the downturn in 2008 impacting the California economy and workforce weakened the progress that was made. However, since 2010, data have indicated that California's RN shortage may have ended and a relatively balanced supply and demand of RNs is in place, as shown in the 2019 Forecast of Registered Nurse Workforce in California report.³²

When considering supply and demand data, the forecasts are dependent on the data sources that are used. The BRN forecast presents several alternate supply and demand estimates which provide a range of possible scenarios for the future. A "best supply forecast" is presented and is based on the midpoints of most of the parameters compared with the different estimates of demand. It must be cautioned that the 2019 forecasts represent long-term forecasts and are not intended to reflect rapidly changing economic and labor market conditions. They also do not measure variations across regions of California. The BRN will ask for this to be added in the next contract for workforce forecasting services to direct the contractor to incorporate regional analyses. Additionally, in the recommendations to the legislator from CSA Report 2019-120, it was recommended that "to better inform stakeholders and the governing board's decision making, the Legislature should amend state law to do the following: require BRN to incorporate regional forecasts into its biennial analyses of the nursing workforce."

As recently as 2017, the Survey of RN Employers³³ have indicated stable market conditions for RNs, with shortages in certain clinical fields, a slight surplus of RNs in hospitals, and variations of RN supply and demand in regions within California. However, in March 2020, the COVID-19 pandemic spread across the world. The pandemic has created a partnership between local, state and the Federal Government to ensure the most effective response in containing the COVID-19 pandemic. The state's Emergency Medical Services Authority (EMSA) issued a proclamation³⁴ on March 24, 2020 stating that licensed medical personnel from other states who enter California "to assist in preparing for, responding to, mitigating the effects of and recovering from COVID-19 shall be permitted to provide services in the same manner as

³² <https://www.rn.ca.gov/pdfs/forms/forecast2019.pdf>

³³ <https://www.rn.ca.gov/pdfs/forms/survey2016.pdf>

³⁴ <https://emsa.ca.gov/wp-content/uploads/sites/71/2020/03/MHPAuthorizationPolicyAndProcedure.pdf>

prescribed in Government Code § 179.5, with respect to licensing and certification.” The EMSA will only accept requests for out-of-state medical personnel approval from a California medical facility, telehealth agency contracted with a California medical facility or a staffing agency providing staffing to California medical facilities.

Further, during this public health crisis, BPC § 2727(d) provides that nursing services may be provided by unlicensed persons during an epidemic, which would include nursing students, without violating the NPA. To assist hospitals, clinics, and other providers, as well as students, BRN has developed a schematic that correlates a currently enrolled prelicensure nursing student’s academic progression with a similar role that is known throughout the healthcare community. For example, students who have taken the Fundamentals of Nursing course can provide nursing assistant functions, including assisting with direct patient care under the supervision of an RN or other medical professionals and can prepare exam rooms and treatment rooms for patients amongst other duties. The BRN in collaboration with CDPH released News Releases and All Facility Letters to ensure that the healthcare facilities and academic institutions including students and facility are aware of this opportunity to support in the fight against this pandemic.

NCSBN supports the Practice/Academic Partnership and has worked on strategy going forward to ensure that students are considered essential workers and there could be more collaboration between education and practice. Highlights of this partnership is that students can be employed in the practice setting, but at the same time they received academic credit. Per a recent publication³⁵ by NCSBN, they emphasize the value of clinical experiences with actual patients and promoted the partnering of education and practice for student success.

In March 2020, with the onset of the COVID-19 pandemic, partnerships between local, state and the Federal Government were developed to respond to the public health crisis. An example of these partnerships was the BRN development of a schematic that correlates a currently enrolled prelicensure nursing student’s academic progression with a similar role that is known throughout the healthcare community. The BRN is a champion of this new model and partnered with the CDPH to release the Emergency Care Nursing Services Matrix³⁶ and accompanying News Release³⁷.

Additionally, in the recommendations to the Legislature from the CSA Report 2019-120, that “the California Legislature should amend state law to require BRN to annually collect, analyze, and report information related to the number of clinical placement slots that are available and the location of those clinical placement slots within the State.” In a separate recommendation to the Legislature, CSA recommended that “the Legislature should amend state law to ... require BRN to develop a plan to address regional areas of shortages ... including identifying additional facilities that might offer clinical placement slots.” This information could be pivotal in assisting this partnership for nursing students between Practice and Academia.

Training Programs

While the BRN does not currently participate directly or collect data on the success of RN new graduate training programs, BRN does keep abreast of the current programs available to newly licensed RNs. Statewide and national interest continues to grow related to RN residencies. Research continues on competence gaps among new nurse graduates and how RN transition programs and residencies can serve as valuable bridges. In response to

³⁵ https://www.ncsbn.org/LTL_Summer2020.pdf

³⁶ https://www.rn.ca.gov/pdfs/forms/emergency_care_matrix.pdf

³⁷ https://www.rn.ca.gov/pdfs/forms/covid_news_release.pdf

employment challenges that California new RN graduates began to encounter beginning in 2008, partnerships began to develop with California nursing stakeholders including associations, funding sources, educators, and employers to provide new graduate RNs with additional education, coaching, and clinical experience to improve competence, professional skills, and marketability. BRN staff serve on committees and workgroups that are involved in these transition and residency programs and keep the Board updated on their implementation, progress, and outcomes.

The BRN continues to support work towards seeking funding for RN education in California. The BRN also supports funding and legislation for RN transition or residency programs. These include partnerships between nursing programs and employers that provide post-licensure experience and education to increase the RNs' skills and keep them engaged in the nursing profession.

Licensing

8.2 Describe any assessment the board has conducted on the impact of licensing delays.

The BRN works diligently to facilitate the licensing of RNs to ensure a flow of qualified RNs to the California workforce. When issues arise that impact the licensing process, the BRN works to identify the problem, collaborate with other agencies or individuals as needed, and resolve the issue as quickly as possible. The BRN routinely runs internal reports and reviews procedures to assess the licensing process and identify any issues that may be impacting or delaying the issuing of licenses. The recent licensing delays, and the measures to rectify the issues, were discussed in detail in Section 4 of this report. The BRN continues to work with the DCA to improve the licensing process, including obtaining additional IT support and updates.

While the BRN has not formally conducted assessments on the impact of licensing delays, BRN staff participate in stakeholder committees/workgroups and communicate with a variety of agencies regarding the RN workforce, which allows the BRN to keep current on relevant issues as well as obtain input on the impact of licensing delays. Some of the groups in which the BRN participates and/or has communication include:

- ACNL;
- HealthImpact;
- California Action Coalition APRN Coalition;
- COADN;
- CACN;
- Health Professions Education Foundation ICV;
- California Committee on Employment of People with Disabilities;
- NCSBN;
- CNSA; and
- CCHCS.

8.3 Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The BRN works collaboratively with nursing programs to ensure that students are prepared to provide a safe and competent RN workforce in California. There are currently 145 prelicensure and 29 APRN nursing programs approved by the BRN. From January 2016 through June 2020, the Board approved 15 new prelicensure programs. The BRN is in constant communication with the approved California nursing programs to inform them of updates,

changes or issues related to licensing requirements and processes that they are asked to then pass on to students, the potential licensees. This communication is through a variety of methods including, but not limited to:

- E-mail blasts sent out to all program deans and directors to ensure consistent messaging;
- Annual meetings held every October with program deans and directors to review BRN and NCLEX-RN requirements and procedures, emphasizing any changes and allowing an opportunity for discussions with directors;
- NECs provide ongoing orientation, consultation, and support to program directors, assistant directors, and faculty to ensure licensing and regulatory compliance and monitoring of program NCLEX-RN pass rates;
- Licensing and enforcement informational presentations at Board Meetings with students being the intended audience; and
- The BRN website provides licensing information and regularly posts updates and announcements.

The 2018-2019 BRN Annual School Survey Report³⁸ indicated that approximately 68 percent of qualified applications to California nursing education programs did not enroll. However, since this data represents applications and an individual can apply to multiple nursing programs the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California. An individual can apply to multiple nursing programs either individually or by utilizing a nursing centralized application service, such as Nursing CAS, “that provides an online application designed to simplify the nursing school admissions process by enabling students to apply to multiple programs with one, electronic application.”

The BRN encourages collaboration between ADN and BSN degree nursing programs to develop a curriculum that provides a seamless transition, without course repetition and other barriers, for RNs to obtain a higher degree. The BRN and Board Members participate in meetings and on committees with community colleges, state universities, and private schools along with other stakeholders so that all parties join to achieve local, state and nationwide goals to increase the number and educational level of RNs to meet the demand of California consumers.

8.4 Describe any barriers to licensure and/or employment the board believes exist.

Clinical Displacement

The number of clinical placement slots available to a nursing program affect the number of students that can be enrolled. Clinical displacement occurs when a nursing program loses clinical placement slots that is needed to provide the required clinical experience. It is noted that not all clinical facilities have the capacity or the desire to offer placement slots. A component of the BRN annual school survey relates to clinical facilities settings, including clinical displacement. In the 2017-2018 Annual School Survey³⁹, 75 of 140 nursing programs reported clinical displacement affecting more than 2,300 students. Additionally, 37 of these programs reported being displaced by another nursing program and 17 nursing programs stated they were displaced due to closure or partial closure of clinical facilities.

³⁸ <https://www.rn.ca.gov/pdfs/education/schoolrpt18-19.pdf>

³⁹ <https://www.rn.ca.gov/pdfs/education/schoolrpt17-18.pdf>

In February and March of 2020, the world's primary focus was to slow the community spread of COVID-19 while California's focus was to prevent the transmission completely. To address this public health crisis in California, most healthcare facilities made the decision to discontinue all nursing student clinical rotations causing widespread clinical displacement. This affected the progression and graduation of all the nursing students in California. The BRN continues to work with stakeholders to encourage the use of nursing students to help in this pandemic and request all facilities to reopen and remain available to nursing students as they are essential healthcare workers.

California Application by Examination

A nursing student typically applies for licensure two to four weeks prior to their graduation or program completion date. The program director must request a Cloud link to upload the transcripts of the graduating class cohort one week after graduation. After the link is received, the transcript processing times at the nursing program can take up to four weeks. The time from initial application to receipt of transcripts from the graduating nursing program can cause the application to remain in a pending status for up to nine weeks. The BRN is exploring options to enhance BreEZe to allow the BRN-approved nursing programs to directly upload their student's transcripts to the student's application.

Verification of a License (endorsing out of California)

Currently the verification process is not supported in BreEZe and is a paper process. As the paper process is lengthy, the BRN is working with DCA to update BreEZe to allow the RNs to request license verification and submit fees electronically. Additionally, some licensee information is only available on microfiche and microfilm which requires a manual search. The BRN executed a contract to digitize the microfilm reels. DCA has the electronic files and is developing a mechanism to house this information that will allow the BRN to access it electronically.

Additionally, to improve the verification process, the BRN worked with DCA to enhance the DCA's license search page⁴⁰ to include whether the licensee's initial RN license was through exam or endorsement and added language that the license was issued by 'California Board of Registered Nursing – BRN.' Having this information easily accessible ensures that the verifying state has confirmation and can license without waiting for the paper verification from the BRN. The State of Florida uses this option successfully and the State of Hawaii is exploring the use of this option as well.

IT Constraints

APRN applications are not a paperless process and require the application and supporting documents (transcripts, verification, photo, school forms, etc.) to be scanned and uploaded to BreEZe individually by the BRN. The BRN plans to automate this process and develop a mechanism for monitoring that would increase the efficiency and effectiveness and reduce the processing timeframes.

Data Collected by the BRN

8.5 Provide any workforce development data collected by the board.

The BRN contracts with the UCSF, Philip R. Lee Institute for Health Policy Studies to conduct workforce surveys and perform data analysis projects. The data collected from these surveys and analyses are used by many stakeholders including nursing organizations, employers,

⁴⁰ <https://search.dca.ca.gov/>

policymakers, researchers, students, and the public. The data informs these groups regarding future trends in employment settings, diversity issues, aging of the workforce, regional differences, and shifting skill sets. Employers review and share reports with funders, human resource staff, recruiters, educators, and strategists for forecasting and planning purposes. The data is also shared with legislators so policies can be made based on current and trended data. The Healthcare Workforce Clearinghouse Program housed at OSHPD also relies on the data collected by the BRN. In addition, the BRN and UCSF receive requests from educators, researchers, other governmental agencies, etc. for various data that is included in the reports.

However, with the recent CSA 2019-120 audit ordered by the Joint Legislative Audit Committee, collection of data to determine workforce projections has become increasingly difficult to obtain. Objective 2b in the CSA 2019-120 audit scope stated, determining whether BRN is appropriately reviewing and approving nursing programs, including whether the factors that BRN uses when considering a request from a school to expand its nursing program are reasonable. The results of this audit found that there are two key factors related to the Board's enrollment decisions, 1) the number of RNs working in the State (supply of nurses) and 2) the availability of clinical placement slots. Unfortunately, UCSF, reported that although there was a 100 percent response rate from the prelicensure nursing programs on the annual school survey, key information regarding, was left blank or listed as 9999 to not have to provide the following required information:

- new enrollments listed for 2019-2020;
- enrollment projections for 2020-2021 and 2021-2022;
- census data for 2019-2020; and
- the number of applicants screened, qualified, and/or admitted.

This missing or erroneous data creates a significant gap in the forecasts. UCSF has assured the BRN that it will do its best with the analysis given the missing or erroneous data.

At this time, the data collected through these surveys and the corresponding data analysis, are the only accurate and reliable source of information that portrays the nursing workforce in California. The data is critical to make informed policy and programmatic level decisions to deploy RNs to the workforce; allows for benchmarking of regional data; and prediction of future workforce requirements based on trend analysis. Additionally, the data is necessary to strategically address issues associated with California's nursing workforce, including preparing for anticipated shortages. Finally, California has influenced other states and the NCSBN in its nursing workforce data collection efforts.

If this data was no longer collected or available, there would be a significant impact as there are no other sources for this information. Informed decisions would not be made based on data but rather assumptions and speculation. It is critical to know and understand the quantity and quality of the state-wide and regional nursing workforce.

Below are the ongoing and one-time reports that have been completed over since the last Sunset Report. Additionally, the BRN uses Tableau to create an interactive dashboard⁴¹ in conjunction with UCSF that can be used by the public to learn more about RN programs in California and nursing students. The interactive dashboard and the reports listed below are available on the BRN website:

⁴¹ <https://www.rn.ca.gov/forms/msurvey201718.shtml>

Survey of Registered Nurses in California, 2018⁴² (ongoing – biennially): This is a legislatively mandated (BPC § 2717) biennial workforce study of California RNs. Currently, analysis is being done on the twelfth of these studies with previous studies conducted in 1990, 1993, 1997, 2004, 2006, 2008, 2010, 2012, 2014, 2016, and 2018. The studies provide demographic and workforce information about working nurses, and due to the large sample size, data is weighted, and an accurate estimate can be made of RNs statewide, as well as regionally, for some data points. Data is also compared with results from previous surveys so trends can be followed.

Forecasts of the RN Workforce in California, 2019⁴³ (ongoing – biennially): Data from the biennial RN survey and other sources is used to develop this report which provides supply and demand forecasts for the RN workforce in California from 2013-2035.

2018-2019 Annual Survey of RN Educational Programs⁴⁴ (ongoing – annually): These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs as well as APRN and some other post-licensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional reports of the prelicensure programs, statewide reports of post-licensure programs, and a prelicensure interactive database are available on the BRN website for data collected over the past ten survey years.

2019-2020 California Newly Licensed RN Employment Survey⁴⁵ (ongoing – annually): This survey collects employment experiences of newly graduated RNs. The results provide data, from the RN perspective, on the current supply and demand of nurses in different geographic regions and employment settings in California. The BRN partners with Health Impact for this survey.

2017-2018 Survey of Nurse Practitioners and Certified Nurse Midwives⁴⁶ (one time): This survey was conducted to describe these two categories of APRNs in California, NPs and CNMs. The survey included NPs and CNMs who were not also certified as a CNS. This survey collected demographic, education, and workforce data on these APRNs to provide information on who they are, where and how they work, where and how they are educated, why they do or do not work as an APRN, earnings, and future plans. APRNs have received education beyond their initial RN education to work in an advanced and/or specialized role in the delivery of health care services. The Board voted at the November 2020 Board meeting to pursue the inclusion of the other two APRN categories, CNS and CRNA in the next survey

⁴² <https://rn.ca.gov/pdfs/forms/forecast2019.pdf>

⁴³ <https://www.rn.ca.gov/pdfs/forms/forecast2019.pdf>

⁴⁴ <https://rn.ca.gov/pdfs/education/prelicensure18-19.pdf>

⁴⁵ <https://healthimpact.org/wp-content/uploads/2020/06/California-Newly-Licensed-RN-Employment-Survey-Report-Fall-2019.pdf>

⁴⁶ <https://www.rn.ca.gov/pdfs/forms/survey2017npcnm-final.pdf>

Section 9: Current Issues

Uniform Standards for Substance Abusing Licensees

9.1 What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

In 2011, the BRN began promulgating regulations on the Disciplinary Guidelines to adopt the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, which were implemented by the DCA, SACC in accordance SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008).

The BRN was notified by the DCA SACC on March 6, 2019, of changes made to Uniform Standard number four. The BRN amended the regulation language to include this update and will continue to work on this regulatory package to ensure its completion through the BRN's Office of Legislative Affairs.

Consumer Protection Enforcement Initiative Regulations

9.2 What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The BRN continues to adhere to the CPEI regulations. Investigations works closely with the Complaint Intake Unit to ensure complaints are properly prioritized and categorized according to CPEI guidelines. In September 2019, the BRN and DOI entered into the pilot program. The goal of this pilot program is to further support the BRN's mission by utilizing combined staff resources of the BRN and DOI to improve case completion timelines and reduction of overall cost.

The pilot program guidelines include one exception to the DCA CPEI guidelines in that Category 1 quality of care cases not resulting in a criminal offense are retained by BRN for investigation. This allows DOI to focus its resources on complaints involving criminal offenses while maximizing the resources at BRN. While conducting investigations that are categorized under the pilot program, if BRN receives information that indicates the case is a criminal offense, BRN forwards the case to DOI immediately.

Information Technology

9.3 Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The BRN continues to have ongoing participation in the development of BreEZe and maintains open communication with the DCA. The BRN submits change requests for issues that arise and for ongoing system improvements. Additionally, the BRN signed a contract with an IT consultant to assist with design, development, and implementation of IT enhancements. Finally, the BRN is partnering with the DCA regarding an upcoming licensing pilot to streamline licensing processes.

9.4 Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The BRN was included in the first BreEZe release in October 2013 and continues to utilize BreEZe. The BRN staff work with the DCA Office of Information Services (OIS) and vendor analysts/developers to define, prioritize, test, and implement these service requests. The BRN is active user groups, including the BreEZe Licensing, Enforcement, Cashiering and Reports user group sessions. The user groups are a collaboration of staff of boards and bureaus to discuss issues and potential solutions to the BreEZe system, prioritization of change requests, and implementation strategies.

9.5 If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

In 2013, the BRN was included in Release 1 of BreEZe and continues to utilize it. Additionally, the BRN is partnering with DCA to brainstorm and identify opportunities and strategizes for IT solutions to address and enhance the BRN processes.

Section 10: Board Actions and Responses to COVID-19.

10.1 In response to COVID-19, has the board implemented teleworking policies for employees and staff?

In March 2020, the BRN implemented a casual telework policy and continues to reevaluate for the health and safety of staff and ensure an effective workflow. Staff who do not have a permanent telework agreement and are working under the casual telework policy, are utilizing the DCA virtual desktop. To support the COVID-19 efforts, the BRN continues to have 70 percent or more of staff in a telework environment.

10.2 How have those measures impacted board operations? If so, how?

The teleworking policies implemented due to COVID-19, impacted Board operations as follows:

Increased Application Processing Times

Prior to COVID-19, the BRN processed the initial review US exam, endorsement and repeater applications within an average of 50 days from receipt of application. However, the transition to a teleworking environment caused an increase of the average application processing to slightly past 90 days. The BRN implemented steps to address challenges with teleworking and to decrease its processing times overall by reevaluating its business processes and reassigning staff duties. Additionally, the Licensing Program is exploring more paperless options, IT enhancements including BreZE revisions. In addition, BRN has authorized overtime, as appropriate.

All Board Meetings

Board and Committee meetings, IEC meetings and all advisory committee meetings moved to a virtual platform, via WebEx, Zoom, Teams, etc. Although, the virtual platform allows for greater public participation, the BRN initially experienced technical issues on occasion (connectivity, clarity of speakers, WebEx failure). The BRN IT staff are now subject matter experts for moderating the meetings and addressing user technical issues.

Meetings, Visits and Investigations

Meetings, visits and investigations that were previously conducted via face to face are now occurring via virtual platforms.

- Third-party meetings, i.e., hearings with Office Administrative Hearings (OAH), Maximus, probation orientations, nurse support groups, are scheduled through virtual platforms with only minimal delays experienced in the onset of transitioning to a teleworking environment.
- In March, previously scheduled Spring semester CAVs of nursing programs were postponed to the Fall semester. All meetings scheduled with program administration, faculty, students, admission representatives, financial aid, student advisement, campus administration, and campus tours are conducted through virtual platforms, via WebEx, Zoom, Teams, etc.
- Initially, as healthcare facilities did not allow visitors, including investigators, the BRN was unable to conduct in-person visits and investigations. As the healthcare facilities started to allow some visitors, the BRN activities were conducted outside or in rooms that could accommodate social distancing. With the current Stay at Home Orders, the BRN investigators are evaluating the need for in-person interviews on a case-by-case

basis and abiding by all Centers for Disease Control and Prevention, CDPH, county public health offices, and DCA guidelines.

10.3 In response to COVID-19, has the board utilized any existing state of emergency statutes?

There was no existing state of emergency statutes used by the BRN; however, it did use the Governor's Executive Orders N-25-20 and N-29-20 regarding remote public participation in public meetings. Executive Order N-25-20 allowed state bodies covered by the Bagley-Keene Open Meeting Act (Act) to hold public meetings covered by the Act via web conferencing or audio conferencing. However, this Order still required meeting organizers to have at least one publicly accessible physical location from which members of the public would have the right to attend and observe the meeting and offer public comment. Executive Order N-29-20 supersedes the provisions of the first Order pertaining to the Act and expands state bodies' ability to hold meetings entirely via remote-meeting technology. The BRN continues to adhere to the Act's ordinary requirements for publicizing meeting times and posting meeting agendas.

10.4 Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

The BRN did work on a waiver request with the DCA pursuant to the Governor's Executive Orders N-40-20 and N-75-20. After identifying a discrepancy between 16 CCR § 1484(h)(5) and 1484(h)(8) that addresses the minimum amount of clinical hours of supervised direct patient care experiences for NP programs, the BRN requested to waive 16 CCR § 1484 (h)(8).

The DCA waivers not initiated by the Board but impacting the field of nursing can be found on the website.⁴⁷

10.5 Of the above requests, how many were approved?

The BRN does not have any BRN-initialed waivers; therefore, no waivers were approved.

10.6 How many are pending?

The BRN does not have any BRN-initialed waivers; therefore, no waivers are pending.

10.7 How many were denied?

The BRN does not have any BRN-initialed waivers; therefore, no waivers were denied.

10.8 What was the reason for the outcome of each request?

The BRN-initiated waiver was submitted on April 24, 2020 and withdrawn on April 27, 2020. Instead of pursuing the waiver, it was determined to correct this discrepancy in a future regulatory package. Until such time, the BRN is following the regulatory intent of 16 CCR § 1484 (h)(5) which established 500 hours as the minimum amount of clinical hours of

⁴⁷ https://www.dca.ca.gov/licensees/dca_waivers.shtml

supervised direct patient care experiences for NP programs. A letter⁴⁸ was sent out to all approved NP programs and placed on its website in May 2020.

10.9 In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

Due to COVID-19, the BRN implemented the following:

Virtual Board Meetings

Board and Committee meetings, IEC meetings and all advisory committee meetings moved to a virtual platform, via WebEx, Zoom, Teams, etc. Although, the virtual platform allows for greater public participation, the BRN initially experienced technical issues on occasion (connectivity, clarity of speakers, WebEx failure). The BRN IT staff are now subject matter experts for moderating the meetings and addressing user technical issues.

Closure of Public Counter

In March 2020, the BRN closed its public counter. As a health and safety measure, prior to reopening on May 15, 2020 and re-closed December 7, 2020 following the Governor's Order, the BRN removed all furniture from its public counter area and implemented new procedures:

- allowing only one visitor at a time at the public counter;
- requiring disinfecting protocols;
- recommending the regular hand washing and sanitizing; and
- providing disposable gloves, upon request.

Meetings, Visits and Investigations

Meetings, visits and investigations that were previously conducted via face to face are now occurring via virtual platforms.

- Third-party meetings, i.e., hearings with OAH, Maximus, probation orientations, nurse support groups, are scheduled through virtual platforms with only minimal delays experienced in the onset of transitioning to a teleworking environment.
- In March, previously scheduled Spring semester CAVs of nursing programs were postponed to the Fall semester. All meetings scheduled with program administration, faculty, students, admission representatives, financial aid, student advisement, campus administration, and campus tours are conducted through virtual platforms, via WebEx, Zoom, Teams, etc.
- Initially, as healthcare facilities did not allow visitors, including investigators, the BRN was unable to conduct in-person visits and investigations. As the healthcare facilities started to allow some visitors, the BRN activities were conducted outside or in rooms that could accommodate social distancing. With the current Stay at Home Orders, the BRN investigators are evaluating the need for in-person interviews on a case-by-case basis and abiding by all Centers for Disease Control and Prevention, CDPH, county public health offices, and DCA guidelines.

Delays/Changes in Facility Projects

Due to COVID-19, the facility enhancements scheduled for a new BRN suite in the DCA complex was delayed due to the public closers for this building. Additionally, the County of Sacramento Building Permits and Inspection Office was closed for multiple weeks, causing a slight delay receiving a permit for the project.

⁴⁸ <https://www.rn.ca.gov/pdfs/regulations/np1484memo.pdf>

Petitioner Hearing

Prior to COVID-19, petitions that were not considered for a stipulated settlement were resolved through a hearing conducted by the Board or an Administrative Law Judge (ALJ).

Approximately eighty petitions were heard by the Board annually. Since March 2020, all petitions that would have been previously heard by the Board are now heard only by an ALJ. To date, there has been no negative impact to the process.

Website Updates

The BRN continues to update its website, as appropriate, to inform stakeholders of updates related to COVID-19 and impacting the field of nursing.

10.10 Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?

Due to COVID-19, in the 2020 Spring semester, the BRN and nursing programs had to adapt to the public health crisis. To ensure nursing student preparation and progression, the BRN and nursing programs did the following: transitioned didactic courses to virtual platform(s); clinical rotation performed at non-traditional clinical sites; DCA Waiver approving a reduction in direct patient care hours for medical-surgical and geriatrics from 75 to 50 percent if certain conditions were met and automatically reduced direct patient care hours from 75 to 50 percent for obstetrics, pediatrics, and psychiatric mental health.

On September 29, 2020, AB 2288 (Low, Chapter 282, Statutes of 2020) was signed by Governor Newsom and contained an urgency clause requiring the EO to develop a uniform method to ensure consistency of processing the requests of the provisions offered under this statute within 30 days. The BRN developed the required uniform method in 22 days. AB 2288 added BPC § 2786.3 which authorizes an approved nursing program to submit a request, to a NEC, to revise certain clinical experience requirements, including reducing the required direct patient hours and using preceptorships without maintaining specified written policies, for enrolled students until the end of the 2020-2021 academic year and whenever the Governor declares a state of emergency in the county where an agency or facility used by the approved nursing program is located.

Section 11: Board Action and Response to Prior Sunset Issues

Include the following:

1. **Background information concerning the issue as it pertains to the board.**
2. **Short discussion of recommendations made by the Committees during prior sunset review.**
3. **What action the board took in response to the recommendation or findings made under prior sunset review.**
4. **Any recommendations the board has for dealing with the issue, if appropriate.**

As the questions raised in the 2016 Supplemental Sunset Report was limited to 24 specific questions requested by the Committees, the issues stated in this section are those raised in a combination of the 2014 Sunset Report and the 2016 Supplemental Sunset Report.

Issue 11.1: Is the BRN meeting the goals and objectives of its strategic plan?

Overall, the BRN is meeting the goals and objectives of its strategic plan. An example is that the BRN is processing disciplinary cases more efficiently; however, the BRN is not processing within the targeted timeframe which was a focus in the CSA Enforcement Audit (2016-046).

Specific efforts that have been implemented over the past four to six years to improve enforcement performance and outcomes include: the addition of staff; procedural changes and streamlining of internal processes; cross training and staff development; initiatives to decrease the paper processes, and increased outreach to stakeholders. The BRN continues to ensure compliance for the Cite and Fine and Cost Recovery Programs resulting in an increase in the amount of money ordered and collected by the BRN.

Further progress could be achieved through amending PEN § 830.11 to include the BRN and grant special investigators limited peace officer status as a public officer without adding a salary increase or expanded retirement pension benefits to these positions.

Issue 11.2: The need for the continued work of the BRN's advisory committees on education and workforce issues.

The combining of the Board's NWAC and EIW into one committee, later named the NEWAC, was approved by the Board in June 2015. The combining of these committees was in response to a recommendation from the Legislature during the sunset review process. This recommendation was made to ensure the committee could address issues impacting both nursing education and the nursing workforce.

NEWAC brings together nursing educators, employers, practice representatives and other key stakeholders to accomplish the following:

- Communicate, collaborate and coordinate with members of the nursing and healthcare professions to identify current nursing education and nursing workforce issues, challenges, and possible solutions including potential regulatory solutions/changes;
- Provide input and guidance on the content of the BRN's RN workforce survey and the RN Annual School nursing education programs pre-licensure and post-licensure survey; and
- Provide information updates and make recommendations to the Board based on relevant nursing education and nursing workforce survey results, evidence-based practice standards and research.

Issue 11.3: Additional improvements needed to the approval process for nursing schools/programs.

The BRN facilitates a workgroup of deans and directors to explore opportunities to streamline current nursing program approval process, including but not limited to, efforts to align, in part, the BRN approval and the accreditation processes. Additionally, the BRN has increased the Joint NEC meeting frequency to every other week to provide training and collaboration to ensure rules and regulations are applied consistently throughout the State.

Issues 11.4 – 11.6: 11.4) Appropriate oversight of current nursing programs; 11.5) require accreditation for all nursing programs; and 11.6) additional information needed regarding program/school performance.

The BRN provides appropriate statutory and regulatory oversight of nursing programs through the approval and monitoring of nursing programs. In the past, there was confusion, as ‘approved’ and ‘accredited’ were used interchangeably in reference to the nursing program approval process which is incorrect as they are not the same process and outcome. Currently, the NPA does not require nursing programs to be accredited.

The BRN strives to keep the public informed about information related to BRN-approved nursing programs through the BRN website, The BRN Report, and published annual school survey reports. Some of the available information include, but are not limited to, annual NCLEX-RN pass rate for the past five-years; accreditation status, if applicable; attrition; and on time completion rates. All allegations of unlicensed activity are investigated, and outcomes posted, if appropriate.

Since the last sunset, the BRN placed five nursing programs in a warning status, which is reflected on the BRN website. There have been no withdrawals of any program’s approval. For those nursing programs struggling to meet statutes and regulations, the BRN continues to have an active role in working with the nursing programs to maintain program approval.

Issues 11.7 – 11.8: 11.7) Nursing graduates are having difficulty in finding employment; and 11.8) is there still, or will there continue to be, a nursing workforce shortage?

Through various collaboration efforts, the BRN has been working to improve RN graduates’ employability and continued practice in the nursing profession. An example is the partnership with HealthImpact on the California Newly Licensed RN Employment Survey Report.⁴⁹ The BRN supports new RN graduate transition and residency programs.

The BRN continues its efforts to increase the number of RN graduates through program approval and enrollment increase process for nursing programs. Additionally, the BRN is working with schools to develop collaborations that allow for timely matriculation for students pursuing a higher degree by alleviating course repetition through standardized course requirements and finding ways to increase access to nursing programs, especially for socioeconomically disadvantaged students.

There are many factors that should be considered when analyzing the nursing workforce data. It is a widespread belief in the nursing and health care communities, that as the nursing workforce continues to age, the state’s population ages and grows, and increased demand for health care

⁴⁹ <https://healthimpact.org/wp-content/uploads/2020/06/California-Newly-Licensed-RN-Employment-Survey-Report-Fall-2019.pdf>

moves forward, the demand for nursing services will increase in the future. Therefore, when making decisions on approvals for new nursing programs and enrollment changes for existing nursing programs, the Board must be mindful of the community and shared resources within the various California regions.

Issue 11.9: Is there still a severe lack of diversity in the nursing profession?

The BRN recognizes the value of cultural diversity in the nursing workforce and requires that the curriculum of nursing programs includes cultural diversity in their instructional content (16 CCR § 1426(d)). The BRN works with nursing programs and other stakeholders to support and encourage diversity in the RN workforce. In efforts to increase the diversity in the nursing profession, the BRN launched social media campaigns, released publications, and participated in stakeholder engagements.

Issue 11.10: Should the funding for the nurse's scholarship program be increased?

Currently, RNs pay a \$10 fee upon license renewal. This fee funds the BRN Registered Nurse Education Fund and, through the Health Professions Education Foundation, provides scholarship and loan repayment programs for RNs agreeing to practice direct patient care at a qualified facility in California for a specified time. Funds not distributed revert back to the Fund and are not re-directed to the General Fund. The BRN continues to have one staff representative on the Health Professions Education Foundation's Nursing Advisory Committee who has indicated there is no plan at this time to recommend an increase to the \$10 fee for renewing RNs.

Issue 11.11: School personnel providing nursing services.

The BRN is concerned that school personnel may be providing nursing services that in other settings would be prohibited. The BRN continues to provide input and participate in discussions with consumers, the CDE, school nurses and nursing organizations, as well as other stakeholders, to address school health-related issues as they relate to RN practice. The Board also maintains its position that students should receive all healthcare services to which they are entitled, and which are necessary for them to obtain maximum benefit from their educational program, and that such services must be provided by individuals legally authorized to provide the services.

Issue 11.12: Provide prescriptive authority to advanced practice nurses?

The BRN continues its recommendation that the NPA language be amended from 'furnishing' to 'prescriptive authority'. California is the only state using the term 'furnishing' and can often be misunderstood without the knowledge of the definition. Amending the terms 'furnishing or ordering drugs or devices' to 'prescribing drugs or devices,' as authorized by BPC § 2746.51 for CNMs and § 2836.1 for NPs, would support the BRN's recommendation for prescriptive authority.

Amending the language to prescriptive authority would better align the NPA with federal and other state drug classification laws, thereby reducing the number of potential amendments.

Issue 11.13: Define "advanced practice nurse?"

The definition of APRN is in BPC § 2725.5.

Issue 11.14: Increase Continuing Education audit of RNs and providers

Since 1978, as an ongoing competence measurement, to maintain an active license, licensees must complete a minimum of 30 hours of CE through an approved CEP biennially. The BRN conducts CE audits of licensees through a random selection process. Over the past four FYs, the BRN conducted an average of over 8,700 RN CE audits.

The BRN was approved to obtain staff dedicated to conducting increased RN audits and begin again the audit of CEPs. Unfortunately, until all staff are hired CEP audits are only been completed when a complaint is received. The BRN continues to be involved with and evaluate national continued competence research, including clinical competency, and will make recommendations for changes as appropriate.

Issue 11.15: Disciplinary case management timeframe still taking on average three years or more.

The BRN's performance targets, as outlined in the DCA's CPEI, includes the goal to improve discipline case processing timeframes to an average of 12 to 18 months. While the BRN has made significant improvements in the processing timeframes, it has not been able to meet this goal. The Board and BRN staff have worked diligently over the past four years and will continue to work to improve performance in this area. Currently, the BRN is completing disciplinary cases within 20 months on average. This is an improvement from 2016 when the BRN was at 25 months.

Issue 11.16: Does the BRN receive sufficient information on nurses who violated the law or have issues regarding their competency?

All renewal applicants are required to disclose all misdemeanor and felony convictions as well as all disciplinary action against any license or certificate held in California or in another state or territory. RNs are notified that failure to disclose all or part of their convictions may be grounds for disciplinary action because failure to disclose this information is considered falsifying information. If a conviction or disciplinary action is disclosed, additional information regarding the matter is requested to determine what, if any, action is needed. For RNs licensed in California records are reported to NURSIS. Any disciplinary actions in another state reported to NURSIS, would result in a notification to the BRN. There can be processing delays in the reporting by law enforcement and court of convictions to DOJ and obtaining information from these entities which can delay the BRN processes.

Issue 11.17: Protracted process to suspend license of RN.

Pursuant to BPC § 494, the Board continues to pursue an Interim Suspension Order (ISO) for those who pose an immediate threat to the public. When an ISO is issued through the administrative court, there is limited time to file an accusation. The Board also has capability of pursuing action should the case be currently held in criminal court. The Board may pursue suspension of practice or conditions placed on a license, ordered by the judge presiding over the criminal case (PEN § 23).

Issue 11.18: Difficulty in tracking disciplinary cases.

Since the implementation of BreEZe, reports are created and utilized to ensure that disciplinary cases are monitored by management and analysts. These reports and monitoring enable the BRN to identify inaccurate data, make revisions, and limit source documents thus improving the overall data collection and analysis. Additionally, the development and usage of these reports and data tools have

improved the timeliness of case processing as the BRN is able to identify aging cases and schedule follow-up, as needed, during each step of the case process.

Issue 11.19: Effectiveness of drug diversion programs called into question.

The BRN Intervention Program, formerly known as the Diversion Program, continues to protect the health and welfare of the public by providing immediate intervention in the practice of RNs impaired by substance use and abuse disorders or mental illness. In FY 2019/2020, 112 RNs enrolled in the program with a known recidivism rate of 5.3 percent. The success of the Intervention Program is due to several factors that include: early and immediate intervention; strict eligibility criteria; prohibiting the RN from resuming practice until deemed safe; individualized rehabilitation plans; close monitoring; work site monitor required when returning to work; involvement in nurse support groups; and stringent criteria for determining successful completion.

Issue 11.20: Inconsistent reporting of prior disciplinary or criminal convictions of nurses.

Disciplinary action taken against a licensee is available on DCA's license search page. Additionally, employers may subscribe to a service called e-notify available from NCSBN's NURSIS system which automatically notifies employers of publicly available discipline and license status updates for the nurses for whom they request this information.

Issue 11.21: Are recent increases in licensing fees sufficient to cover BRN costs?

At the end of FY 2019/2020, the BRN has a fund balance of \$47.5 million dollars, which is a nine-month reserve. The reserve is projected to decline to less than five months in FY 2021/2022 after a loan to the General Fund.

The BRN funding reserve levels are projected to grow at a rate of approximately 0.4 months in reserve over the next two FYs. The BRN's fund is stable and an increase of current fees, or reduction in those fees, is not anticipated; however, this could change depending on State fiscal outlook.

Issue 11.22: There is still a severe lack of staffing for BRN's enforcement program.

Over the last four years, the BRN was approved for, and filled, additional enforcement positions. With these positions, the BRN is adequately staffed in the Enforcement Division to handle the workload and ensure timeframes are met or, at minimum, progress continues to be made. The goal of completing discipline cases in an average of 12 to 18 months and relies on other agencies and activities which are beyond the control of the BRN. The BRN continues quality improvement efforts resulting in positive outcomes.

Issue 11.23: Impact of the recent proposed BRN loan to the general fund.

In FY 2020/2021, a \$30,000,000 General Fund loan was taken to help aide with COVID-19 constraints on the General Fund. The loan is expected to be repaid by FY 2024/2025. As mentioned in issue 21, the BRN reserve is projected to decline to less than five months in FY 2021/2022 after the loan to the General Fund; however, the BRN funding reserve levels are projected to grow at a rate of approximately 0.4 months in reserve over the next two FYs.

Issue 11.24: Consumer satisfaction with BRN is low.

The BRN was approved for 67 positions in FY 2019/2020 to address deficiencies throughout the organization. When all these positions are filled and subsequently trained BRN will be able to reduce

delays in the application processing and business processing times and provide better customer service to consumers, applicants, licensees, and stakeholders. These positions will also allow the BRN to better serve and protect the public by responding to discipline cases in a timely manner, reducing delays in case processing time, alleviating case backlogs, and improve the BRN's capacity to monitor disciplined nurses.

Although, there are areas where consumers are unsatisfied with the BRN, there are areas where the BRN improved consumer satisfaction. Additionally, the BRN continues to strive to improve customer service and continues to implement strategies to achieve this goal.

Please refer to question 2.2 for the past four years of Consumer Satisfaction Surveys results.

Issue 11.25: Continued regulation of RNs by the BRN.

The BRN continues to believe that in-light of the increasing complexity of nursing care, nursing workforce issues, the increasing number of nursing programs, and the need to protect the public, it is recommended that the nursing profession continues to be regulated by its current structure and Board Members.

Section 12: New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committees.

The Board has identified the following issues that it believes the Legislature should consider in its examination of the Board. The Board believes that legislative changes to address these issues will assist the Board in its role of consumer protection and/or assist the Board in fulfilling its regulatory obligations.

Issue 12.1: BRN Investigator Status – The ability of the BRN investigative staff to conduct field investigations and take appropriate actions necessary to carry out their responsibility is restricted because of a lack of peace officer status.

BPC § 108, 2708.1 and 2750 authorizes the BRN to conduct investigations and take disciplinary actions against licensees and applicants in order to protect the public from unsafe nursing practice. This is the highest priority of the BRN. In performing job related duties, BRN investigators experienced various difficulties, including: the lack of ability to ensure the cooperation of individuals that are a subject of or witness to a violation; the inability to take possession of evidence that may substantiate a violation; and the inability to use existing law enforcement databases to locate subjects of a violation and to ensure their personal safety. At times, the BRN has had to request assistance from other state agencies with conducting interviews, locating subjects, and serving legal documents.

PEN § 830.11 provides limited peace officer status for investigators at the following California State entities: Board of Equalization, the Investigations Bureau of the Department of Insurance, the Consumer Services Division, the Rail Safety and Carrier Division of the Public Utilities Commission, the Office of the Inspector General, the Department of Food and Agriculture, Department of Real Estate, Department of Financial Protection and Innovation. This status can only be granted through statutory authority and cannot be granted through administrative action. Inclusion in this statute would provide BRN investigators with the authority and status to:

- exercise the powers of arrest under PEN § 836 and, specifically, to issue misdemeanor citations (PEN § 853.5);
- seize and take possession of any evidence found in plain view during lawful observation, without a warrant;
- criminally charge an individual who obstructs any peace officer from discharging or attempting to discharge any duty of his or her office (PEN § 148);
- receive state summary criminal history information and shall be furnished that information on the same basis as other peace officers of the state under PEN § 830.11(c); and
- work effectively with other law enforcement personnel and promote a reciprocal exchange of information with other law enforcement agencies.

Persons designated as peace officers under PEN § 830.11 are not entitled to peace officer retirement benefits and may not carry firearms. Including the BRN special investigators under this section would grant them additional authority without expanding pension benefits or increasing salaries.

Though the need for outside law enforcement assistance would diminish, the BRN would continue to utilize the services of DOI when full peace officer status is needed. This would strengthen the authority of BRN investigators to pursue those who violate the NPA. BRN investigators would continue to exercise high standards for determining if reasonable and probable cause exists to investigate allegations.

Recommendation for Action: Amend PEN § 830.11 to grant the BRN special investigators limited peace officer status as a public officer and the authority to conduct effective law enforcement activities and complete investigations in an effective and efficient manner. This would occur without adding a salary increase or expanded retirement pension benefits to these positions.

Issue 12.2: NEC Staffing – The BRN continues to have difficulty in recruiting and retaining NECs due to the non-competitive salary compared to RNs in practice and in other state agencies.

NECs offer evidenced-based nursing education expertise and consultation. They work with proposed new nursing programs and monitor already approved nursing programs, both prelicensure and APRN programs, ensuring approved program curricula prepares safe, competent RNs and advanced practice nurses. Nurse-Midwifery programs may also seek program approval from the BRN. The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The NECs provide ongoing orientation and support to program directors, assistant directors, and faculty and interpret regulation for institutional administrators when needed. The NECs provide consultation on laws and regulations related to RN and APRN for BRN staff, other government agencies, the general public, health care agencies, professional organizations, and other nursing stakeholders. They prepare, participate in, and disseminate evidence-based research reports and presentations on nursing workforce and nursing practice issues, including trend forecasting, workforce and workplace issues, medical and technological advances, emerging consumer protection and health and safety issues, and related health policy development, implementation and evaluation.

Due to the nature of the work of the NEC, the minimum requirements include possession of an active, valid California RN license; at least five years of work experience; and education of a MSN or a related field. Historically, the BRN has had difficulty in recruiting and retaining NECs due to the non-competitive salary compared to RNs in practice and in other state agencies. Current data comparisons are below and show that the NEC top salaries at the BRN are 44 to 47 percent lower than the top salaries for equivalent positions in other state agencies. Additionally, the recent Workforce Survey of RNs show average salary data for full-time and part-time California RNs with MSNs. This data reflects NEC salaries remain lower than the average salary for comparable RNs.

Classification	Department*	Monthly Salary as of 11/4/2020**	
		Min	Max
NEC	DCA-BRN	\$7,024	\$8,804
SNEC	DCA-BRN	\$7,645	\$9,519
Nurse Consultant I (Range S or T)	DHCS, CDDS, CalVet	\$9,171	\$12,718
Nurse Consultant II (Range S or T)	DHCS, CDDS, CalVet	\$9,695	\$12,842
Nurse Consultant III, Specialist (Range T)	DHCS, CDDS, CalVet	\$10,360	\$12,966
Nurse Consultant III, Supervisor (Range P or R)	DHCS, CDDS, CalVet	\$11,596	\$14,518

* California Department of Developmental Services CDDS and California Department of Veterans Affairs (CalVet)

** Data Source: CalHR Pay Scales

Due to the low NEC salary compared to other RN positions, the BRN must request authorization to hire above the minimum and even at top NEC pay scale usually means a decrease in the salary of the applicant. The NEC and SNEC workload are complex and a vacancy creates increased workload and diminishes the ability to perform all duties necessary.

Recommendation for Action: Increase the NEC and SNEC salaries to be in alignment with other equivalent positions in state service. The salary needs to be competitive to ensure the BRN can recruit and retain qualified NECs to perform the duties necessary to carry out the Board's mission.

Issue 12.3: Legislative Amendment to Change Language from 'Furnishing' to 'Prescriptive Authority' – Amend the language to 'prescriptive authority' to better align the NPA with federal and other state drug classification laws, thereby reducing the number of potential amendments.

In the 1996, 2002, 2010, and 2014 sunset reports, the BRN identified the problem related to NPs and CNMs using the term 'furnishing/ordering' rather than 'prescribing' drugs and devices. California is the only state using the term 'furnishing' and can often be misunderstood without the knowledge of the definition. It has been a barrier to care in some instances with some pharmacist or pharmacy drug stores refusing to fill furnishing transmittal orders because they do not say 'prescription'. Research clearly demonstrates that NPs and CNMs can safely prescribe medications.

Currently NPs and CNMs, who have been issued a furnishing number, have statutory authority to furnish or order drugs and devices under specific circumstances, including controlled substances classified in Schedule II, III, IV or V under the California Uniform Controlled Substance Act of the Health and Safety Code. NPs and CNMs authorized to furnish controlled substances are required to obtain a DEA registration number.

Recommendation for Action: Amend the terms 'furnishing or ordering drugs or devices' to 'prescribing drugs or devices,' as authorized by BPC § 2746.51 for CNMs and § 2836.1 for NPs to minimize confusion, reduce delays, and be consistent with language nationwide.

Issue 12.4: Establishment of Fees – The BRN needs statutory authority to establish fees for specific BRN services where no separate fee had been established.

In 2015, through statutory and regulatory amendments, the Board increased its fees across most of its programs to align the fee structure with the actual costs of conducting business. In June 2019, BRN commissioned Cooperative Personnel Services dba CPS HR Consulting to conduct a cost basis analysis to determine the appropriate fee levels and fee structure for nine processes where no fee had been established. The fee report was provided to the Board during the November 2020 Board Meeting and it is expected they will take action on this in a subsequent Board Meeting. The following

nine processes and a summary of the fee assessments conducted by CPS HR Consulting are as follows:

1. Re-evaluation of an International Graduate Application for Licensure (Examination): International registered nursing applicants who were initially deemed not eligible can be re-evaluated by providing documentation showing completion of an educational program meeting all California requirements. Recommended fee of \$130.
2. Re-evaluation of an International Graduate Application for Licensure (Endorsement): International registered nursing applicants who were initially deemed not eligible can be re-evaluated through an endorsement (reciprocity) if they hold a current active RN license in another state, US territory, or Canada, have completed an educational program meeting all California requirements, and have passed either the NCLEX-RN or State Board Test Pool Examination. Recommended fee of \$140.
3. Re-evaluation of an International Graduate Application for Licensure (Repeater/Reapply): International registered nursing applicants who were initially deemed not eligible can be re-evaluated by reapplying for the licensing examination after clearing reasons for initial ineligibility and providing documentation showing completion of an educational program meeting all California requirements. Recommended fee of \$70.
4. Petition for Modification or Non-Settlement Early Termination: A nurse on probationary status may petition to change a condition of the probation or have the probationary status removed early, pleading their case in a hearing after BRN staff have reviewed the application and updated the probationer compliance report, with involved BRN staff attending the hearings. Recommended fee of \$1,530 per petition.
5. Petition for Early Termination by Stipulated Settlement: A nurse with probationary status may petition to end the probationary status after BRN staff have conducted an eligibility and compliance report review, the case has been reviewed by the Office of the Attorney General and a settlement has been agreed upon, and the settlement has been approved by the BRN Board Members. Recommended fee of \$465 per petition.
6. Petition for Reinstatement with Administrative Law Judge: A nurse with a revoked license may petition for reinstatement of the license by attending a hearing with an Administrative Law Judge who then proposes a decision. The BRN Board then votes whether to adopt the decision. Recommended fee of \$1,170 per petition.
7. Out of State Nurse Practitioner Education Program Process: Nursing programs outside of California request approval for program students to complete their clinical placement requirements in a California practice, demonstrating the nursing program meets California curriculum requirements and the preceptors are qualified to instruct in the designated study area. This process is new and still under refinement, so all times are based on subject matter expert estimations based on similar processes. Recommended fees of \$200 per application in addition to \$55 per program and \$65 per preceptor.
8. CEP Initial Application Process: BRN staff review applications (and appeals) from CEPs, verifying the submitted course content meets regulatory compliance requirements and instructors are qualified, with only one course being reviewed currently but a regulatory change is anticipated that will require all courses to be evaluated. Recommend that the CEP audit process be incorporated into the recommended base fee since new provider could receive an

audit during the first two years. Recommended fee of \$670 (\$475 + \$195) and \$115 per additional course submitted.

9. CEP Audit Process: Each continuing education provider must be audited at least once every five years to ensure continued adherence to regulatory requirements and instructor qualifications, with BRN withholding or rescinding approval for violations. Recommended fee of \$195 to be incorporated into each CEP renewal application.

Projected Additional Income with Recommended Fee Amounts					
#	Process	Current Fee	Recommended Fee Amount	Est. Annual Volume	Projected Additional Revenue
1	Re-Evaluation of an International Graduate Application for Licensure (Examination)	\$0.00	\$130.00	2,218	\$288,340.00
2	Re-Evaluation of an International Graduate Application for Licensure (Endorsement)	\$0.00	\$140.00	1,464	\$204,960.00
3	Re-Evaluation of an International Graduate Application for Licensure (Repeater/Reapply)	\$0.00	\$70.00	2,805	\$196,350.00
4	Petition for Modification or Non-Settlement Early Termination	\$0.00	\$1,530.00	40	\$61,200.00
5	Petition for Early Termination by Stipulated Settlement	\$0.00	\$465.00	182	\$84,630.00
6	Petition for Reinstatement with Admin. Law Judge	\$0.00	\$1,170.00	75	\$87,750.00
7	Out of State Nurse Practitioner Education Program	\$0.00	\$408.00	17.1	\$6,976.80
8	CEP Initial Application (incl. audit cost for first 2 yrs.)	\$750.00	\$670.00	180	(\$14,400.00)
9	CEP Audit Process (added to Renewals)	\$0.00	\$195.00	1,300	\$253,500.00
	Total Projected Annual Additional Revenue				\$1,169,306.80

Recommendation for Action: Amend the fee structure in statute to establish fees for specific BRN services where no separate fee had been established.

Section 13: Attachments

Please provide the following attachments:

- A. Board's administrative manual.**
- B. Standing committees to the Board.**
- C. Major studies conducted by the Board and website links.**
- D. Year-end organization charts.**
- E. Board member attendance at Board and committee meetings.**
- F. 2018-2021 Strategic Plan.**

All the listed Section 13 Attachments are compiled in a separate booklet.

Attachment A: Board's Administrative Manual (Orientation Packet)

Attachment B: Standing committees to the Board.

Attachment C: Major Studies and Publications

Attachment D: Year-End Organization Charts for Last Four Fiscal Years

Attachment E: Board Member's Attendance at Board and Committee Meetings

Attachment F: 2018-2021 Board of Registered Nursing Strategic Plan