



DATE	October 24, 2024
TO	Board Members
FROM	Elaine Yamaguchi Executive Officer
SUBJECT	Executive Officer’s Report: November 2024

Greetings, Board Members.

The November 2024 Board Meeting will be a one-day, in-person meeting in Sacramento on Friday, November 22, 2024. Please be sure to make your travel arrangements soon.

Budget and Finance

We have attached the Board’s most current Fund Condition report and our Assistant Executive Officer Mark Ito will provide updates and answer questions.

Strategic Plan

Our consultants from SOLID have prepared a draft of the Strategic Plan, developed from the work the Board did in August. The draft plan is enclosed in this packet for your review, discussion and hopefully, approval.

Sunset Review: AB 3255 (Berman)

We have been officially reauthorized. The Sunset bill was chaptered and may be cited as Chapter 590 of the Statutes of 2024.

Transition to NURSYS.com for License Verification

Staff is working with the Department to prepare the necessary contracts for this transfer. We anticipate going live in January 2025.

Respiratory Care Board Proposed Regulatory Action

At the August 2024 meeting, the Board voted to delegate authority to the Legislation and Regulations Committee to approve BVNPT’s message and suggested amendments to provide to the Respiratory Care Board at its October 14 meeting. This meeting was held on October 9, and was open to the public. Board President Mountain appointed herself to serve as a third member on the Committee.

The Committee was pleased that so many people joined via Webex, and heard some powerful comments from individuals, a summary of which is combined in the attached packet that was transmitted to RCB.

Dr. Mountain and I spoke at the RCB's October 14 meeting, and we were supported by educators, employers and stakeholders who also spoke eruditely on the LVN scope of practice and the essential work they performed. RCB voted to approve their modified text without our suggested amendments.

This opened a 15-day comment period, which expires on October 31. Staff reached out to stakeholders to make sure that everyone had the most up to date information. A second Committee meeting was scheduled for October 28, in order to approve a new letter by the 31st. We will have an update at the Board meeting.

Board Meeting Logistics

At the November Board Meeting, staff will present a proposed master calendar for 2026. The schedule for 2025 was approved last year. The Board may wish to discuss locations for meetings, as well as the dates. In addition, the Board should discuss how many 1-day and 2-day meetings they would like.

Discussion of Board Training Days

The staff would like some input and suggestions from the Board to help shape future training and development days. Please think about information and discussions that would enhance your work as a Board Member. We have attached a brief survey form for your suggestions. I'd greatly appreciate your responses before December 1, 2024.

In addition, before COVID, we would have Board Members (2 at a time) come up to Sacramento and spend a day with us for an in-depth orientation on our operations and to meet the whole team. We would very much like to restart this tradition.

Distribution of Naloxone in the Correctional Facilities

BVNPT was contacted by several licensees and the California Association of Psychiatric Technicians (CAPT) regarding the distribution of Naloxone in corrections facilities. The concerns centered in two areas: employee safety and whether it was scope-appropriate to distribute this medication.

As background, LVN/PTs dispensing Naloxone to the Corrections populations was established for risk reduction in combatting the epidemic of fentanyl and other opioid overdoses. The California Department of Public Health directed the California Correctional Health Care Services (CCHCS) to ensure that naloxone is available to each incarcerated individual. This has raised questions about the process, as it does not adhere to the BVNPT scope of practice for medication administration, as neither LVNs or PTs may dispense or administer medications without a patient-specific order.

Staff and Legal Counsel met with key leaders at CCHCS to discuss this. While they pledged to address employee safety and training concerns internally, the scope issue is out of their hands. In order for BVNPT to issue a Declaratory Statement to hold

licensees harmless for following CCHCS's directive, the Board must receive a letter requesting such action from CCHCS.

Staff will be reaching out to CCHCS to discuss this and will report to the Board at a later meeting.

Closing

Please don't hesitate to call or email with any questions or suggestions, or if you need help with anything. We're looking forward to the meeting.

Legislative Concepts for 2025-26

1. ISSUE: Should the Board seek to codify detailed licensee scopes of practice?
Division: Education and Executive
PRO: Removes ambiguity
CON: May become obsolete quickly. Will get opposition.
PRIORITY: High
2. ISSUE: Should there be a limit on the number of times an individual may attempt the NCLEX and CAPTLE exams? Or a limit on the number of years after graduation?
Division: Education and Licensing
PRO: CA is one of few states that does NOT limit. Research shows likelihood of passage declines sharply after first six months from graduation. BRN would support or partner.
CON: Schools would need to develop refresher course plans
PRIORITY: High
3. ISSUE: Should the Board maintain the current required instructional hours in code and regs? Should there be separate requirements for clinical hours?
Division: Education
PRO: Would clarify new requirements, make permanent. Language already in draft of regs
CON: No known cons
PRIORITY: High
4. ISSUE: Should the Board revise its Alternate Pathways to Licensure? Should Method 3 and 5 applicants be required to have a California nexus?
Division: Licensing
PRO: Would reduce fraud, increase efficiency
CON: May require additional staff initially, but should level off
PRIORITY: High
5. ISSUE: Should the Board be authorized to regulate preparatory programs?
Division: Licensing and Enforcement
PRO: Would reduce fraud, increase efficiency
CON: May require additional staff
PRIORITY: High
6. ISSUE: Should the Board review and codify requirements for licensee training and scope specific to cosmetic, dermatological, respiratory and/or naturopathic work? Should the Board review curriculum and recommend additional units?
Division: Education, Enforcement and Admin

PRO: Would ensure that licensees working in these fields adhere to regulations and protects consumers

CON: Rapidly changing field makes it difficult to remain current

PRIORITY: Depends on group work with other Boards

7. ISSUE: Should the Board seek legislation to permanently change the title of Psychiatric Technicians? Should the scope be reviewed and expanded?
Division: Admin and Education
PRO: All good
CON: Will be long fight, and would cost money
PRIORITY: Long-range goal. Address through Strategic Plan first
8. ISSUE: Should BVNPT request bill language to be added to bills requiring expedite bills to omit boards whose license processing times are within a specified number of days?
Division: Licensing and Admin
PRO: Would eliminate need to develop new procedures
CON: No known cons
PRIORITY: High. Possibly a DCA wide bill
9. ISSUE: Should the Board be authorized to create and assess a separate/additional fee for programs placed on Provisional Approval? For substantial curriculum changes?
Division: Education and Admin
PRO: Provides revenue to support added NEC workload
CON: Possible school opposition
PRIORITY: High, wait for fee study and make a single fee bill. Maybe wait until Sunset 2028
10. ISSUE: Should the Board be authorized to adjust the school fees to cover approximate costs? Should there be a tiered fee structure?
Division: Admin and Education
PRO: Would create equitable and sustainable structure that funds the workload
CON: Possible opposition from schools
PRIORITY: High, need fee study done first.
11. ISSUE: Should the Board audit and cite IV-BW and CE Providers?
Division: Education and Enforcement
PRO: Ability to monitor providers would help ensure quality, and allow for speedier discipline and removal
CON: Would require additional staff
PRIORITY: Medium

12. ISSUE: Should the Board create a post licensure certification for respiratory care, attached to the licenses? Should refresh training be required every two years?

Division: Education and Licensing

PRO: Would improve professional standards, create consistent and enforceable system

CON: Potential conflict from RCB

PRIORITY: Medium. Could not start before 2026

13. Should the Board codify the ABC test for independent contractors as applied to LVNs and PTs?

Division: Enforcement and Admin

PRO: Would help prevent licensees from accepting work that may exceed their scopes and/or not have the proper supervision on duty

CON: Possibly does not require bill or regs, could be done via Department of Industrial Relations

PRIORITY: Should address with DIR. Legislation should be last resort

DRAFT