DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

BOARD OF NURSING
Open Session Meeting Minutes

September 2, 2026
09:30 AM

OPEN SESSION MEETING NOTICE
This meeting will be held virtually by WEB-EX. Information on how to access the public portion of the meeting is listed below:

DC HEALTH
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Board of Nursing Meeting- Open Session

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Board of Nursing Mission Statement:

"The mission of the Board of Nursing is to safeguard the public's health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
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BOARD MEETING PARTICIPANTS:

BOARD MEMBERS	
Patricia Howard-Chittams, DNP, AGPCNP-BC RN (MB)-Board Chair	**Present**
Laverne Plater, BSN, RN-BC (LP)- Vice Chair	**Present**
Rick Garcia, Ph.D., RN, CCM, FAAOHN, FAADN, FAAN (RG)	**Present**
Kami Cooper, DNP, PMHNP-BC, CWP, FAAN (KC)	**Excused**
Tiffany Simmons, MSN-Ed, RN (TS)	**Present**
Anne Ford, LPN (AF)	**Present**
Judith Brinckerhoff, MSN, RN (JB)	**Present**
Tyris Ford, DNP, NP-C, FNP-BC, AAHIVS, Registered Nurse (RN)	**Present**
Brianna Jones, MHA, MS, QCP, LNHA	**Present**
Consumer Member	**VACANT**
Consumer Member	**VACANT**
Licensed Practical Nurse (LPN)	**VACANT**
Nurse Assistive Personnel (NAP)	**VACANT**
BOARD STAFF	
Cathy Borris-Hale, MHA, RN, CPH- Interim Executive Director	**Present**
Stephen A. Ortiz, Esq., Assistant General Counsel	**Present**
Tamara Freeman, MSN, RN- Nurse Specialist	**Present**
John O'Shaughnessy, Compliance Officer	**Present**
Tanee Atwell, MS Health Licensing Specialist	**Present**
Myra Barnes, Health Licensing Specialist	**Present**
Kera Johnson MPH, CPH, Legislative Affairs Specialist	**Present**
Tiguist Zerihun, Health Licensing Specialist	**Present**

The Open Session Agenda continues with a Call to Order

AGENDA

OS-26-09-01	**CALL TO ORDER**	**Time: 09:38 AM**
OS-26-09-02	**ROLL CALL OF BOARD MEMBERS AND STAFF**	
OS-26-09-03	**AGENDA APPROVAL** **Board Action:** Consideration of the Agenda for today's meeting, September 2, 2026. Motion made by Laverne Plater, second by Tiffany Simmons to approve	**Decision**

	today's agenda with the correction of Dr. Garcia's credentials.	
OS-26-09-04	**MEETING MINUTES APPROVAL** **Board Action:** Consideration of the Open Session minutes from May 6, 2026, and July 1, 2026, meetings. Motion made by Dr. Garcia, second by Laverne Plater to approve May 6, 2026, meeting minutes with the correction of Dr. Garcia's credentials. Motion made by Dr. Garcia, second by Tiffany Simmons to approve July 1, 2026, meeting minutes with the correction of Dr. Garcia's credentials and to change Judith Brinckerhoff's attendance from absent to excused.	**Decision**
OS-26-09-05	**REPORTS** Board Chair Report: The Board Chair provided an overview of the recent National Council of State Boards of Nursing (NCSBN) Annual Meeting. The theme of this year's meeting, *"Evidence in Action,"* emphasized the importance of ensuring that regulatory decisions and practices remain grounded in current evidence, research, and data. The Board Chair further reported that the NCLEX examination fee will increase to $350, effective February 1, 2027. This adjustment marks the first increase in NCLEX fees in 27 years. Discussion regarding a recent Supreme Court decision in Chiles v. Salazar and its potential implications for regulatory bodies. **Executive Director Report:** **Scam Activity Update** The Board received an update regarding ongoing fraudulent communications targeting DC Health licensees. DC Health continues to receive reports of scammers impersonating agency representatives, law enforcement officers, and other government officials through phone calls,	**Informational**

emails, and faxes. These individuals use spoofed DC Health numbers and falsely assert that licensees are under investigation.

A recent incident involved repeated calls from individuals identifying themselves as "Carlos Rivero" and "Ben Martin," using the spoofed number 202-442-8955. This activity aligns with previously reported cases and national fraud patterns affecting health professionals.

Scammers are impersonating officials, requesting personal information or payment, demanding immediate action, and sending follow-up emails or faxes to appear legitimate. DC Health emphasized that it never requests payment by phone and that legitimate payments must be made only to DC Treasurer via check or money order.

Licensees are advised not to provide personal information, not to return calls or messages from suspected scammers, and to verify any communication with DC Health.

Reports of scam attempts, including documentation and contact details, should be submitted to ohplb@dc.gov. Licensees who were contacted or threatened are encouraged to file a police report to support law enforcement investigations.

The Executive Director attended a federal briefing with representatives from the FBI and the Office of Inspector General regarding Operation Nightingale, an investigation that led to the prosecution of individuals involved in fraudulent nursing schools and associated recruiters. The briefing emphasized that Boards of Nursing are responsible for adjudicating graduates from these fraudulent programs to ensure the integrity of licensure pathways.

The primary takeaway was the continued importance of conducting thorough, ongoing reviews of all applicants originating from Operation Nightingale identified schools to safeguard the public and uphold licensure standards.

BOARD MEETING DATES	
September 2, 2026	**In-Person**

November 4, 2026	**Virtual**

ACTIVE LICENSEE CENSUS	
Certified Nurse Aide (CNA)	3257
Certified Nurse Midwives (CNM)	146
Certified Registered Nurse Anesthetist (CRNA)	159
Clinical Nurse Specialist (CNS)	39
Home Health Aide (HHA)	9,434
Licensed Practical Nurse (LPN)	1,901
Nurse Practitioner (NP)	5,246
Nursing Home Administrator (NHA)	60
Registered Nurse (RN)	36,547
Trained Medication Employee (TME)	1,634
TOTAL	58,423

Board Attorney Report

CNA/HHA Regulation Update:

The proposed regulation has been approved by OAG, OPLA, and the Director of DC Health. It is scheduled for publication in the September 11, 2026, *D.C. Register* and will be open for public comment for 30 days.

APRN 2nd Proposed Comments:

The APRN Omnibus comment period has concluded. The four comments received are attached as document OS-26-09-12 for review and discussion later on the agenda.

Legislative Report

Fiscal Year 2027 Budget Update § The Fiscal Year 2027 Local Budget Act of 2026 and the Fiscal Year 2027 Budget Support Act of 2026 are currently under Congressional review.

Council's summer recess began on July 15th and will run through September 15th

Student Health Care Amendment Act of 2026

On May 11th, at the request of the Mayor, Chairman Mendelson introduced the *Student Health Care Amendment Act of 2026* (B26-0688).

- The legislation establishes that the Certificate of Health and Oral Health Assessment are standardized documents that incorporates lead poisoning testing that parents and legal guardians are required to submit on an annual basis. It also codifies DC Health's responsibility for undesignated epinephrine in schools and defers to the agency's undesignated emergency **m**edications action plan. The bill also designates the Maryland Poison Center of the University of Maryland School of Pharmacy as the District's poison control center. Lastly, the bill repeals provisions that govern the Perinatal and Infant Health Advisory Committee.

- The bill has been jointly referred to the Committee on Health and the Committee of the Whole, and a hearing has been scheduled for September 24th.

School Health Certificate Modernization Amendment Act of 2026

- On July 6th, Councilmember Henderson introduced the *School Health Certificate Modernization Amendment Act of 2026* (B26-0725).

- The legislation would require the Department of Health to create a digital system for receiving certificates of health and oral health for students attending public and private schools from health care providers. It would prohibit health care providers from charging for a certificate of health or certificate of oral health. It would require the Department of Health to create a tiered fee structure for health professional licensing and registration.

- The bill has been referred to the Committee on Health with comments from the Committee of the Whole, and a hearing has been scheduled for September .

	Education Subcommittee Report a. CNA/HHA Curriculum b. CNA/HHA Merger Update c. Attestation Form for Certified Nurse Aide Working in a Home Setting d. Medication Aides-Certified (MA-C) e. Nurse Aide Testing in Washington, DC f. Headmasters Presentation **Discipline Subcommittee Report:** g. Number of complaints received: 6 h. Summary Suspensions: 0 i. NSA's: 35 j. # Interviews conducted by Discipline Committee: 1 k. # of COIN Participants: 6	
OS-26-09-06	**Board Matter: CNA/HHA Regulation Update** **Background**: On August 27, 2026, the proposed regulation creating a combined CNA and HHA certification (amending Title 17; Chapters 35, 93, 96) received certification from the Office of Policy and Legislative Affairs (OPLA) and is approved for publication. We anticipate publication in either the September 11 or September 18 *D.C. Register*. Once published, members of the public will have 30 days to submit their comments for review.	**Informational**
OS-26-09-07	**Board Matter: Certified Nurse Aide/Home Health Aide (CNA/HHA) Curriculum Merger:** **Background:** The Nurse Assistive Personnel Advisory Committee reviewed existing Board of Nursing-approved Certified Nurse Aide (CNA) and Home Health Aide (HHA) training materials to develop a comprehensive CNA curriculum that encompasses nurse assistive roles in both home and facility-based settings. The Committee identified significant overlap between the CNA and HHA curricula. Based on this review, the proposed comprehensive CNA curriculum consists of 135 total hours: 72 classroom hours, 23 laboratory hours, and 40 clinical hours. Previously, CNA and HHA certification programs each required 125 hours.	**Decision**

	CNA and HHA training providers reviewed the proposed merged curriculum and provided comments to the Board on June 30, 2026. The providers' comments and responses are included as Attachment OS-26-09-07 **Board Action:** Review and approve the updated merged CNA curriculum and supporting documentation Motion by Dr. Garica and second by Laverne Plater to approve the OS-26-09-07 (CNA-HHA Merged Curriculum). The motion passed.	
OS-26-09-08	**Board Matter: Attestation Form for Certified Nurse Aide (CNA) Working in a Home Setting** **Background:** DC Health created the CNA Home Setting Competency Attestation Form to ensure that CNAs working in home-based settings meet at least entry-level competency standards appropriate for home care. This attestation outlines the essential content areas employers must review with CNAs before assigning them to home care roles. The form promotes consistent employer-led orientation and helps confirm that CNAs are properly prepared to fulfill their responsibilities in the home care environment. **Board Action:** Review and approve the CNA Home Setting Competency Attestation Form Motion by Dr. Garica and second by Tiffany Simmons to approve the OS-26-09-08 (Attestation Form for Certified Nurse Aide (CNA) Working in a Home Setting). The motion passed unanimously.	**Decision**
OS-26-09-09	**Board Matter: Medication Aides-Certified (MA-C) Title 17 DCMR Chapter 95** The Medication Aide (MA-C) provider application is now available, and the applicable regulations have been completed. Training providers interested in offering the MA-C program should contact the DC Board	**Informational**

	of Nursing at education.BON@dc.gov for information regarding the application and approval process.	
OS-26-09-10	**Board Matter: Nurse Aide Testing in Washington, DC** **Background**: Nurse aide training providers in the District continue to encounter difficulties in securing timely dates for candidates to complete the skills evaluation examination, whether in-facility or at regional testing sites. Extended wait times and a limited number of approved evaluators have become significant barriers to timely testing, potentially impacting candidate pass rates and delaying entry into the healthcare workforce. To help mitigate these challenges, DC Health organized a mass skills evaluation testing event at Trinity Washington University from August 5–11, 2026. This event offered additional testing opportunities and improved access to skills evaluations for nurse aide candidates. Fourteen candidates were scheduled, and ten completed their tests.	**Informational**
OS-26-09-11	**Board Matter: Headmasters CNA Competency Testing Company Presentation** **Background:** Nurse aide training providers in the District are consistently encountering obstacles when scheduling skills evaluation examinations for their candidates, whether these tests are conducted within facilities or at regional sites. Lengthy wait times and a shortage of approved evaluators have emerged as significant barriers, often resulting in delays and potentially impacting candidate pass rates. These ongoing challenges not only hinder timely testing but also postpone candidates' entry into the healthcare workforce. To address these issues, the Board convened an Emergency Call Meeting on July 24, 2026, during which they approved Headmaster as a provider for Nursing Assistant Competency Evaluation (NACE) knowledge and skills testing in the District. Introducing an additional approved testing provider aims to expand overall testing capacity, significantly reduce wait times, and facilitate faster access to	**Informational**

	competency examinations for nurse aide candidates. This strategic move is expected to streamline the testing process and help ensure that candidates are able to join the healthcare workforce without unnecessary delays.	
OS-26-09-12	**Board Matter: APRN 2nd Proposed Comments** **Board Action:** Prepare response to the public comments **Background:** The APRN Omnibus comment period is over. Attached are the four comments we received. See Attachment OS-26-09-12 Mr. Ortiz read each of the public comments related to the APRN 2nd proposed comment as it related to each regulation: **1.Stakeholder Name:** Medical Society of DC via President Dr. Matthew Lecuyer (MSDC) **Comment:** MSDC felt the comments in general were "dismissed" and the comments from the American Medical Association were not recognized. The original AMA comment noted that there is a clear difference between the education and training of anesthesiologists and CRNAs and patients have a right to understand who is providing their medical care. **Section No.:** Preamble **Rule Language:** N/A **Board Response/Rationale:** *The Board maintains it has addressed the assertion regarding differences in the education and training of anesthesiologists and CRNAs, as well as the importance of patients understanding who is providing their medical care. Specifically, the Board considers the use of the term "nurse anesthetist," rather than "nurse anesthesiologist," to adequately address MSDC's concern.* **2. Stakeholder Name:** American Society of Anesthesiologists (ASA) and DC Society of Anesthesiologists (DCSA)1 **Comment:** DCSA conveyed their gratitude for the thoughtful decision to remove the phrase "nurse anesthesiologist" from the rulemaking. ASA similarly applauded the removal of the language but noted that	**Decision**

	the preamble mischaracterized Florida and Idaho as having "adopted" this title, but while both states adopted the phrase as a descriptor neither state legally changed nurse anesthetists' titles. **Section No:** 5700.1 **Rule Language:** 5700.1: This chapter applies to a person seeking, authorized, or licensed to practice as a certified registered nurse anesthetist ("CRNA"). **Board Response/Rationale:** The Board agrees with the assertion Florida and Idaho have not adopted the title "nurse anesthesiologist". The Board agreed to replace the word "adopted" with "used." **3. Stakeholder Name:** MSDC **Comment:** The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap. **Section No:** 5704.1 **Rule Language:** The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap. **Board Response/Rationale:** The Board recommends removing the 4-hour cap. **4. Stakeholder Name:** MSDC **Comment: "**DC Health incorporates AANA practice standards into regulation but does not do so for the ANA Code of Ethics and ACNM standards due to "change and update". This inconsistency leads to one section of the code needing to be updated via regulation as the volunteer organization changes versus just referring people to a website. Setting aside the unquestioned reliance on these organizations	

	for DC law (and we take strong issue with this), this inconsistency calls into question the reliability of these regulations in general." **Section No:** 5708.1 **Rule Language:** 5708.1 A CRNA shall: (a) Adhere to the standards set forth in the "Code of Ethics for Nurses" as adopted by the American Nurses Association in 2025, which is available at https://codeofethics.ana.org/provisions; (b) Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety; (c) Perform and document or verify documentation of a pre-anesthesia evaluation of the patient's general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests; (d) Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.; (e) Formulate a patient-specific plan for anesthesia care which, when indicated, may be formulated with members of the healthcare team and the patient's legal representative; (f) Obtain and document or verify documentation that the patient or legal representative has given informed consent for planned anesthesia care or related services; (g) Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record; (h) Adhere to manufacturer's operating instructions to complete a daily anesthesia equipment check; verify function of anesthesia equipment prior to each anesthetic; and operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction; (i) Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient's response to the anesthetic and surgical or procedural intervention; (j) Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment; (k) Use protective measures to maintain perfusion and protect pressure points and nerve plexus; (l) Monitor, evaluate, and document the patient's physiologic condition as appropriate for the procedure and anesthetic technique; (m) Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers; (n) Evaluate the patient's status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider; (o) Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness; (p) Be physically and mentally able to perform the duties of the role; and (q) Practice	

	within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board. **Board Response/Rationale:** The Board recommends the provision remains as proposed. The regulation does not incorporate the American Association of Nurse Anesthesiology (AANA) practice standards by reference as this document is subject to change and update. An incorporation by reference can't be "living" in this way; it must incorporate the referenced standards as they exist at the time of incorporation, because new standards adopted by a private entity can't become binding on regulated parties without the agency itself adopting them. The regulation cannot just refer people to a website that may be updated after the promulgated of the regulation. Note: If any part of the ANA Code or ACNM Standards changes, the regulations must be updated. That is by design. Because AANA's practice standards are subject to change and update, the standards as they exist at the time of promulgation were directly copied into the regulation. **5. Stakeholder Name:** DCSA; MSDC **Comment:** DCSA expressed concern about 5709.2, which authorizes nurse anesthetists to treat chronic pain. Their position is that a nurse anesthetist's education and training is ability to competently diagnose the underlying medical condition and includes careful input from neurosurgeons, neurologists, psychiatrists, addiction specialists, and fellowship-trained anesthesiologists. Indeed, many interventional pain techniques were developed by surgeons in connection with their related surgical procedures. These techniques are not suitable for non-physician practice and allowing such risks patient safety." MSDC noted a typographical error in 5709.2(i). **Section No.: 5709.2** **Rule Language: 5709.2** A CRNA may perform the following functions: (a)Determine the health status of the patient as it relates to the relative risks associated with the anesthetic management of the patient's care;	

	(b) Determine the appropriate type of anesthesia or pain management based on history, physical assessment, and supplemental laboratory results; (c) Order pre-anesthetic drugs; (d) Perform procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures, including ordering and administering: (1) General and regional anesthesia; (2) Inhalation agents and techniques; (3) Intravenous agents and techniques; and (4) Techniques of hypnosis; (e) Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient; (f) Support life functions during anesthesia health care including: (1) Inductions and intubation procedures; (2) The use of appropriate mechanical supportive devices; and (3) The management of fluid, electrolyte, and blood component balances; (g) Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive drugs, or other forms of therapy; (h) Recognize and treat cardiac arrhythmia while the patient is under anesthetic care; (i) Manage the patient while in the post-anesthesia recovery	

	phase, including: (1) Evaluating the patient after anesthesia; (2) Ordering the administration of fluids and drugs; and (3) Discharging the patient; (j) Place peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate; (k) Provide acute, chronic and interventional pain management services; (l) Perform emergency procedures related to advanced airway management; and (m) Perform such other functions and services the Board deems appropriate upon review and analysis of professional and association literature that articulates scopes and standards for CRNA practice. **Board Response/Rationale:** The Board recommends that this provision remain as proposed. The rulemaking simply reiterates D.C. Code §3–1206.05a, which authorizes certified registered nurse anesthetist to plan and deliver anesthesia, pain management, and related care to patients or clients of all health complexities across the lifespan. **6. Stakeholder Name: ASA, DCSA** **Comment:** ASA asked that we reconsider the language that allows nurse anesthetists to make medical diagnoses, as "[m]edical diagnoses should remain within the purview of physicians, who have the medical education and clinical training required to appropriately identify and treat underlying conditions that may contribute to ASA asked that we reconsider the language that allows nurse anesthetists to make medical diagnoses, as "[m]edical diagnoses should remain within the purview of physicians, who have the medical education and clinical training	

	required to appropriately identify and treat underlying conditions that may contribute to pre-, intra- and post-operative complications." ASA argues that nurse anesthetists have not been educated or trained to formulate differential diagnoses and apply medical judgement. Relying on a nurse anesthetists' medical diagnosis may lead to unnecessary potential harm to patients. DCSA expressed concern about this section, which authorizes nurse anesthetists to make medical diagnosis. Their position is that a nurse anesthetist's education and training is inappropriate for a reliable medical diagnosis. **Section No.: 5709.3** **Rule Language:** 5709.3 In addition to the functions specified in §§ 5709.1 and 5709.2, a CRNA may: (a) Make an advanced assessment; (b) Make a medical diagnosis; (c) Prescribe, monitor, and alter drug therapies; (d) Select, order, administer, dispense, and perform diagnostic and therapeutic measures; (e) Treat alterations of the health status; (f) Initiate appropriate therapies or treatments; (g) Make referrals for appropriate therapies or treatments; and (h) Sign, certify, stamp, or endorse all documents that require a signature by a physician, in place of a physician, provided they are within the scope of their authorized activities. **Board Response/Rationale:** The Board recommends that this revision be retained as is proposed. As the explanation above shows, APRNs have been permitted to prescribe independently since 1995, it is very important to set appropriate	

	standards to guide their best practice as related to prescription of opioids. Yet these standards have never been promulgated to ensure patient safety. The Board determined it wise to adopt the same approach taken by the Board of Medicine. The new section 5711 tracks section 4616, which is the Board of Medicine's regulation. Additionally, 17 DCMR § 5708 authorizes CRNA's to make medical diagnosis. Additionally, 17 DCMR § 5799 defines "clinical practice" as "the routine application of the principles of nurse-anesthesia to the diagnosis and treatment of disease and maintenance of health." **7. Stakeholder Name: ASA, DCSA** **Comment:** ASA urged us to remove the language in this section that authorizes nurse anesthetists to treat chronic pain, as chronic pain management is the practice of medicine and involves appropriately diagnosing the underlying medical condition. They write, "Interventional chronic pain procedures are complex and often involve highly sensitive areas of the body, carrying a meaningful risk of serious medical complications. Nurse anesthetists do not have the training necessary to independently perform these procedures or respond to potential medical emergencies that may require interventions beyond their education and scope of practice. Allowing nurse anesthetists to provide pain management services despite these heightened risks and clinical complexities would pose a significant risk to patient safety." See DCSA comment for 5709.2. MSDC noted typographical errors in this section. **8. Section No.: 5711** **Rule Language:** Section title: "STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN" **Board Response/Rationale:** The Board recommends that this revision be retained as is proposed. As the explanation above shows, APRNs have been permitted to prescribe independently since 1995, it is very important to set appropriate standards to guide their best practice as related to prescription of opioids. Yet these standards have never been promulgated to ensure patient safety. The Board determined it wise to	

	adopt the same approach taken by the Board of Medicine. The new section 5711 tracks section 4616, which is the Board of Medicine's regulation **9. Stakeholder Name: ASA, DCSA** **Comment:** DCSA conveyed their gratitude for the decision to remove the phrase "nurse anesthesiologist" from the rulemaking. ASA similarly applauded the removal of the language but noted that the preamble mischaracterized Florida and Idaho as having "adopted" this title, but while both states adopted the phrase as a descriptor neither state legally changed nurse anesthetists' titles. **Section No.: 5712.1** **Rule Language: 5712.1** Only a person certified as a CRNA and licensed pursuant to this chapter shall be designated as such and have the right to use the title "Certified Registered Nurse Anesthetist", "nurse anesthetist", "CRNA", or any other title or abbreviation designated by the Board or the approved national certifying body. No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a CRNA. **Board Response/Rationale: N/A** **10. Stakeholder Name:** MSDC **Comment:** A CRNA may be evaluated only "by another CRNA" (5713.1), while CNMs, CNPs, and CNSs may be evaluated by another practitioner of their type or any "APRN licensed to practice in the same specialty area" (§§ 5813.1, 5913.1, 6013.1). No rationale is given for the disparity and exposes patients to weakly overseen allied health practitioners. **Section No.: 5713.1**	

	Rule Language: **5713.** A CRNA shall be evaluated by another CRNA. **Board Response/Rationale:** The Board recommends that this revision be retained as is proposed. A CRNA may only be evaluated by a CRNA because they have the same scope of practice. Additionally, the statute states that a CRNA may have its own independent practice. *See*, D.C. Official Code §§ 3–1201.02(2) and 3–1206.05a **11.Stakeholder Name:** MSDC **Comment:** "Advanced practice registered nursing" definition lists "certified nurse specialist" as the fourth role. The Act's recognized role is clinical nurse specialist; the rulemaking criticizes outdated titles while introducing a title mismatch of its own. **Section No.: 5799.1** **Rule Language: Advanced practice registered nursing** – the practice of advanced graduate level nursing in four specialized roles, namely certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist. **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist." **12. Stakeholder Name: MSDC** **Comment:** The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap. **Section No.: 5804.1** **Rule Language:** **5804.1** To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after the issuance of the initial license, shall have completed twenty-four (24)	

hours of continuing education during the two-year (2-year) period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

(a) Two (2) hours of LGBTQ+ continuing education; and

(b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be published every five (5) years or as deemed necessary.

Board Response/Rationale: The Board recommends removing the 4-hour cap

13. Stakeholder Name: MSDC

Comment: "DC Health incorporates AANA practice standards into regulation but does not do so for the ANA Code of Ethics and ACNM standards due to "change and update". This inconsistency leads to one section of the code needing to be updated via regulation as the volunteer organization changes versus just referring people to a website. Setting aside the unquestioned reliance on these organizations for DC law (and we take strong issue with this), this inconsistency calls into question the reliability of these regulations in general."

MSDC also noted a typographical error in this section.

Section No.: 5808.1

Rule Language: A CNM shall:

(a) Comply with the Standards for the Practice of Midwifery as adopted by the American College of Nurse-Midwives in 2022, which is available at https://midwife.org/standard-setting-documents/;

(c) Adhere to the standards set forth in the "Code of Ethics for Nurses" as adopted by the American Nurses Association in 2025, which is available at https://codeofethics.ana.org/provisions; and

	Board Response/Rationale: The Board recommends the provision remains as proposed. The regulation does not incorporate the American Association of Nurse Anesthesiology (AANA) practice standards by reference as this document is subject to change and update. An incorporation by reference can't be "living" in this way; it must incorporate the referenced standards as they exist at the time of incorporation, because new standards adopted by a private entity can't become binding on regulated parties without the agency itself adopting them. The regulation can not just refer people to a website that may be updated after the promulgated of the regulation. If any part of the ANA Code or ACNM Standards changes, the regulations must be updated. That is by design. Because AANA's practice standards are subject to change and update the standards as they exist at the time of promulgation were directly copied into the regulation. Typographical error fixed. **14. Stakeholder Name: MSDC** **Comment:** MSDC noted a typographical error in this section **Section No.: 5809.2** **Rule Language:** No comment on substance of rule. **Board Response/Rationale:** Typographical error fixed **15. Stakeholder Name: MSDC** **Comment:** Chapter 58 omits conforming amendments to the controlled-substances prescribing sections. Sections 5710 and 5910 are amended to update terminology, but no equivalent amendment appears for 5810. **Section No.: 5810** **Rule Language: N/A**	

	Board Response/Rationale: The existing Section 5810 already uses the updated terminology "certified nurse-midwife". No conforming amendment is needed **16. Stakeholder Name: MSDC** **Comment:** MSDC noted a typographical error in this section **Section No.:5811.14** **Rule Language:** No comment on substance of rule **Board Response/Rationale:** Fixed **17. Stakeholder Name: MSDC** **Comment:** "Advanced practice registered nursing" definition lists "certified nurse specialist" as the fourth role. The Act's recognized role is clinical nurse specialist; the rulemaking criticizes outdated titles while introducing a title mismatch of its own." **Section No.:5899.1** **Rule Language: Advanced practice registered nursing** – the practice of advanced graduate level of nursing in four specialized roles, namely certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist. **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist."	

16. Stakeholder Name: MSDC

Comment: The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap

Section No.: 5904.1

Rule Language: To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after the issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two-year (2-year) period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

(a) Two (2) hours of LGBTQ+ continuing education; and

(b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be published every five (5) years or as deemed necessary.

Board Response/Rationale: The Board recommends removing the 4-hour cap.

17. Stakeholder Name: MSDC

Comment: "Chapter 59 never disposes of Section 5905 (National Examination). Chapters 57, 58, and 60 each repeal and reserve their national examination sections (5705, 5805, 6005); the parallel action for 5905 is missing."

Section No: 5905

Rule Language: Existing section titled "**17-5905. NATIONAL EXAMINATION AND CERTIFICATION"**

Board Response/Rationale: The Board is unable to repeal and reserve a regulation that does not exist. 17 DCMR 5905 does not currently exist.

18. Stakeholder Name: MSDC

Comment: DC Health incorporates AANA practice standards into regulation but does not do so for the ANA Code of Ethics and ACNM standards due to "change and update". This inconsistency leads to one section of the code needing to be updated via regulation as the volunteer organization changes versus just referring people to a website. Setting aside the unquestioned reliance on these organizations for DC law (and we take strong issue with this), this inconsistency calls into question the reliability of these regulations in general."

Section No: 5908.1

Rule Language: **STANDARDS OF CONDUCT**

5908.1 A CNP shall adhere to the standards set forth in the "Code of Ethics for Nurses" as adopted by the American Nurses Association in 2025, which is available at https://codeofethics.ana.org/provisions.

Board Response/Rationale: The Board recommends the provision remains as proposed. The regulation does not incorporate the American Association of Nurse Anesthesiology (AANA) practice standards by reference as this document is subject to change and update. An incorporation by reference can't be "living" in this way; it must incorporate the referenced standards as they exist at the time of incorporation, because new standards adopted by a private entity can't become binding on regulated parties without the agency itself adopting them. The regulation can not just refer people to a website that may be

	19. Stakeholder Name: MSDC **Comment:** Advanced practice registered nursing" definition lists "certified nurse specialist" as the fourth role. The Act's recognized role is clinical nurse specialist; the rulemaking criticizes outdated titles while introducing a title mismatch of its own. **Section No: 5999.1** **Rule Language: Advanced practice registered nursing** – the practice of advanced graduate level nursing in four specialized roles, namely, certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist. **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist." **20. Stakeholder Name: MSDC** **Comment:** The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap. **Section No: 6004.1** **Rule Language: 6004.** To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after the issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two year (2-year) period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours: (a) Two (2) hours of LGBTQ+ continuing education; and (b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be published every five (5) years or as deemed necessary.	

	Board Response/Rationale: The Board recommends removing the 4-hour cap. **21. Stakeholder Name: MSDC** **Comment:** Chapter 60 omits conforming amendments to the controlled-substances prescribing sections. Sections 5710 and 5910 are amended to update terminology, but no equivalent amendment appears for 6010. **Section No: 6010** **Rule Language: N/A** **Board Response/Rationale:** No conforming amendment is needed for 6010 as the current regulation already uses the updated terminology of "clinical nurse specialist" **22.Stakeholder Name: MSDC** **Comment:** Chapter 60 regulates clinical nurse specialists, yet 6012.1 grants the protected title "Certified Nurse Specialist," **Section No: 6012.1** **Rule Language: 6012.1** Only a person certified as a CNS and licensed pursuant to this chapter shall be designated as such and have the right to use the title "Certified Nurse Specialist" or "CNS" or any title or abbreviation designated by the Board or the approved national certifying body. No other person may use any other title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a CNS. **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist." **23. Stakeholder Name: MSDC**	

Comment: The renewal section caps "special subject matters at four hours, but the components are two hours of LGBTQ+ education plus ten percent of the 24-hour total (2.4 hours) — 4.4 hours, exceeding the stated cap.

Section No: 6004.1

Rule Language: 6004.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after the issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two year (2-year) period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

(a) Two (2) hours of LGBTQ+ continuing education; and

(b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be published every five (5) years or as deemed necessary.

Board Response/Rationale: The Board recommends removing the 4-hour cap.

24. Stakeholder Name: MSDC

Comment: Chapter 60 omits conforming amendments to the controlled-substances prescribing sections. Sections 5710 and 5910 are amended to update terminology, but no equivalent amendment appears for 6010.

Section No: 6010

Rule Language: N/A

	Board Response/Rationale: No conforming amendment is needed for 6010 as the current regulation already uses the updated terminology of "clinical nurse specialist" **25. Stakeholder Name: MSDC** **Comment:** Chapter 60 regulates clinical nurse specialists, yet 6012.1 grants the protected title "Certified Nurse Specialist, **Section No: 6012.1** **Rule Language: 6012.1** Only a person certified as a CNS and licensed pursuant to this chapter shall be designated as such and have the right to use the title "Certified Nurse Specialist" or "CNS" or any title or abbreviation designated by the Board or the approved national certifying body. No other person may use any other title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a CNS. **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist." **26. Stakeholder Name: MSDC** **Comment:** Section refers to a "Certified Nurse Specialist" but the Act's recognized role is "clinical nurse specialist" **Section No: 6013** **Rule Language: 6013 PRACTICE OF A CERTIFIED NURSE SPECIALIST IN HEALTHCARE FACILITIES REQUIRING A FORMAL EVALUATION** **Board Response/Rationale:** The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist."	

27.Stakeholder Name: MSDC

Comment: "Chapter 60's definition of "Clinical nurse specialist" is never amended to read "a person licensed under this chapter," unlike the parallel definitional updates in Chapters 57, 58, and 59." Advanced practice registered nursing" definition lists "certified nurse specialist" as the fourth role. The Act's recognized role is clinical nurse specialist; the rulemaking criticizes outdated titles while introducing a title mismatch of its own.

Section No: 6099

Rule Language: Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Board Response/Rationale: The Board recommends that the provision be changed from "certified nurse specialist" to "clinical nurse specialist."

28. Stakeholder Name: MSDC. Anonymous

Comment: MSDC is mainly concerned "with the assumption that the care provided by CRNAs *under the supervision of a physician* conveys the same level of safety and quality of care if that physician supervision is removed."

MSDC also notes that "if CRNAs continue to expand their scope to referring and further independent practice, the correct board for this practice of medicine is the Board of Medicine, similar to physician assistants. Under this proposed framework we should not continue to mislead District residents – if you want CRNAs to be treated like physicians, they should be treated like them in the licensure process and overseen by the Board of Medicine. We are happy to work with DC Health and the Council to codify this."

	An anonymous comment states: "This is dangerous to patients as it blurs the lines between physicians trained years and years and [APRN] trained significantly less. Creates dangerous situations where there will be less and less oversight and like to lead to further deterioration of physician ability to connect with patients as will no longer be viewed as medical expert where there are nurses claiming to do the same thing. DANGEROUS!" **Section No: General Comments** **Rule Language: Advanced practice registered nursing** – the practice of advanced graduate level of nursing in four specialized roles, namely, certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist. **Board Response/Rationale:** The Board indicates that the rulemaking simply reiterates the Health Occupations Revision Act. It was moved by Dr. Garcia and 2nd by Tiffany Simmons for the approval of the above formulated responses to all of the concerns from the authors of the letters provided . The motion passed unanimously.	
OS-26-09-13	**LONG TERM CARE ADMINISTRATOR** **Board Action**: N/A **Background:** Assisted Living Administrator (ALA) Application Update. The user acceptance testing (UAT) has been completed. Awaiting final approval. The jurisprudence attestation form is completed.	**Informational**
OS-26-09-14	**MOTION TO MOVE TO EXECUTIVE SESSION** **Board Action:** To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b)	**Decision** **Time: 12:15 PM**

	Background: This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons outlined in the motion. 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(A); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); 4. To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14). Motion made by Dr. Garcia to move to executive session; second by Laverne Platter. The motion passed unanimously.	

OS-26-09-15	**EXECUTIVE SESSION SUMMARY:** The Board convened in Executive Session and took the following actions: • The Board voted to convene an evidentiary hearing before a panel of three Board of Nursing members. • The Board approved a waiver of educational requirements for one of the nine clinical instructors for prelicensure program • The Board approved acceptance of the application for a Patient Care Technician program. • The Board denied a motion to amend Title 17 DCMR Chapter 54 related to CE requirements. • The Board did not conduct an applicant interview due to the applicant's failure to appear. • The Board voted to revoke the license of one LPN. • The Board approved offering consent orders for voluntary surrender to two licensees. Should either licensee decline to voluntarily surrender, a Notice of Intent (NOI) will be issued.	**Informational**
OS-26-09-16	**MOTION TO ADJOURN OPEN SESSION** Motion to adjourn open session made by Tiffany Simmons and seconded by LaVerne Plater. Vote: Unanimous	**Decision** **Time: 2:39 PM**

THIS ENDS THE OPEN SESSION AGENDA