

From: [Brooke Bliss](#)
To: [RITTER Brandy * OSBN](#)
Subject: Proposed change
Date: Friday, October 3, 2025 12:34:54 PM

You don't often get email from bsglacias@gmail.com. [Learn why this is important](#)

Hi Brandy,

Based off the email below, my understanding is we can email you proposal ideas. I hope this is the case and my suggestion would be considered.

I would like to propose a change to LPNs that work in the OR similar to a Surgical tech for rural hospitals. According to the rules now, there is "no direct patient care" performed. While this is true for large hospitals like a Trauma 1 or Trauma 2 hospital. Its the opposite for rural hospitals (critical care). I for one, do direct patient care each and every day.

I truly think that rural hospitals should be considered having a different approach. For an example at a critical access rural hospital, when the OR call team comes in, there is no extra staff. The RN, Surgical tech/LPN, and Surgical First Assist are working as a team to provide all the direct patient care. I've started new IVs in those times and foley catheters, among many other tasks within my scope.

Of course with the current rules, I always make sure I get my minimum hours required of direct patient care outside of working in the OR, for my renewal. That way I am aligned with the requirements, but I felt this could be beneficial to rural hospitals that struggle to find staff.

Thank you for your time,
Brooke Bliss

On Fri, Oct 3, 2025, 12:08 PM Oregon State Board of Nursing
<OSBN.News@delivery.osbn.oregon.gov> wrote:

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Oregon State Board of Nursing Monthly Bulletin for October 2025

nurses standing around computer

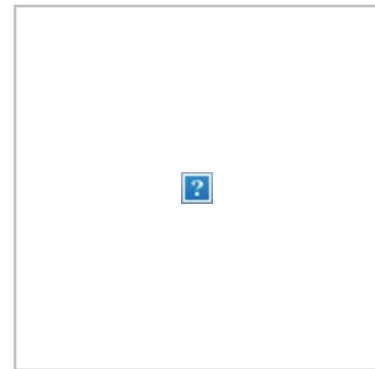


OSBN Monthly bulletin: news, information, and resources about nursing regulation in Oregon. Send your content ideas to [OSBN Communications Manager Barbara Holtry](#).

Recent Rule Work: Modernizing the NPA

The Nurse Practice Act (NPA) has evolved incrementally over decades, resulting in a patchwork of statute and rules,

some of which no longer align with or reflect current nursing standards or practices. House Bill (HB) 3044, which passed during the 2025 Regular Legislative Session, was designed to address this need for modernization. HB 3044 made necessary statutory changes needed for the Oregon State Board of Nursing to update administrative rules, align the NPA with current practice standards, improve customer service, and eliminate unnecessary regulatory barriers. These proposed changes span 11 divisions of the Nurse Practice Act (Oregon Administrative Rules Chapter 851), benefiting all licensees and certificate holders. The divisions affected are: 1, 2, 6, 21, 31, 41, 45, 49, 53, 55, and 62.



You have an opportunity to comment on these proposed changes. Written comments may be submitted via email to brandy.ritter@osbn.oregon.gov during the **public comment period** open now until 5 p.m. Oct. 21. Or, you may comment during the [upcoming administrative rule hearing on October 21](#). The hearing will be held virtually and attendees may present testimony orally or in writing. Visit the [OSBN Rulemaking website and review the draft rules and hearing notices](#) to learn more.

Engaging with Oregon State Hospital



Oregon State Board of Nursing Executive Director Rachel Prusak and Chief of Staff Kimberly Goddard recently visited Oregon State Hospital (OSH) to tour the facility and engage with nursing directors and managers. Additionally, Director Prusak and OSBN policy analysts will be presenting to OSH nurses in coming months, focusing on the Nurse Practice Act and scope of practice for nurses.

West Coast Health Alliance (WCHA) Vaccine Recommendations

Oregon has implemented the [West Coast Health Alliance \(WCHA\) respiratory vaccine recommendations](#) and restored access to vaccines at the pharmacy.

“The OSBN has ongoing confidence in our nursing professionals to operate in accordance with the WCHA recommendations,” said Rachel Prusak, MSN, APRN, FNP-C, Executive Director of the Oregon State Board of

October 20, 2025

TO: Board Members of the Oregon State Board of Nursing

FROM: Cristian Mendoza Ruvalcaba, Resident of Medford, Oregon

The views, statements, and opinions expressed in this correspondence are my own and do not represent those of my employer or any other entity.

Dear Members of the Oregon State Board of Nursing,

I am writing to express my support for removing references to “practice hours” and replacing them, where applicable, with continuing education requirements. As nursing practice and the healthcare needs of the populations served continue to evolve, it is important for nurses to engage in ongoing continuing education to ensure their practice remains aligned with current evidence-based standards.

Respectfully,

A handwritten signature in black ink, appearing to read 'CMR.', is positioned above the printed name.

Cristian Mendoza Ruvalcaba, DNP, APRN, FNP-C, CPNP-PC, CNE

From: [Moceri, Joane](#)
To: [RITTER Brandy * OSBN](#)
Subject: Public Comments re: Division 31
Date: Tuesday, October 21, 2025 2:39:55 PM
Attachments: [Outlook-141a1kf4.png](#)

You don't often get email from moceri@up.edu. [Learn why this is important](#)

I am writing in support of the rules change to remove outdated references to “practice hours” in compliance with HB 3044, and to replace them with continuing education requirements where applicable.

I support this because, first of all, it makes the rule in compliance. Second, I believe that practice hours do not necessarily prove competence. High quality CE could prove to be more effective, and would open the door for nurses to gain additional important knowledge FOR practice that practice hours may not always provide.

Further, it should be up to employers and nurses to determine what is required for a position, and in many cases it may be the knowledge gained with CE that make the difference.

Finally, requiring practice hours places an undue burden on RNs who want to maintain their license, but may not be able to practice for a set time due to extenuating circumstances.

Sincerely,

Joane
Joane T. Moceri, PhD, RN
Dean and Professor
School of Nursing and Health Innovations
University of Portland
moceri@up.edu
503-943-8144
(she/her)



October 21, 2025

Dear Members of the Oregon State Board of Nursing,

I would like to thank the Board for its thoughtful and diligent work in consolidating, simplifying, and modernizing the Oregon Nurse Practice Act. This comprehensive review of the rules represents a significant step toward ensuring that Oregon's nursing regulations remain relevant and aligned with the evolving standards of professional nursing practice. Your efforts to clarify language, streamline expectations, and support the ongoing competency of Oregon's nurses reflect a deep commitment to both public protection and the nursing profession.

Nursing is a dynamic and evidence-driven profession. By embedding ongoing professional development into the relicensure process in Division 31, the Board is reinforcing the profession's responsibility to lifelong learning and professional excellence. Continuing education doesn't just maintain competence; it inspires innovation and helps move the profession forward, ensuring the care nurses provide reflects the best available evidence and standards for safety and quality.

I also want to express my appreciation for the Board's efforts to strengthen fairness and equity within the proposed rules. The shift away from unnecessary barriers to maintaining practice reflects a more just and supportive approach to regulation and encourages the retention of our nursing workforce. This shift recognizes that maintaining public safety and supporting the nursing workforce are not opposing goals but are interconnected.

Thank you again for your leadership and commitment to advancing nursing regulation in Oregon. These proposed changes strike an important balance between protecting the public and empowering nurses to grow, learn, and lead in their practice.

Sincerely,

A handwritten signature in black ink that reads 'Christy Simila'. The signature is written in a cursive, flowing style.

Christy Simila, BSN, RN, CMSRN, HNB-BC, NC-BC
Director of Professional Practice
Oregon Nurses Association



October 20, 2025

Brandy Ritter
Rules Coordinator
Oregon Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224

To the Members of the Oregon State Board of Nursing:

On behalf of the Oregon Association of Nurse Anesthetists (ORANA), representing almost 600 Certified Registered Nurse Anesthetists (CRNAs) across the state, we appreciate the opportunity to comment on the proposed rule revisions to Division 55 and related sections of Division 45.

Our comments are directed specifically to **OAR 851-055-0010(4)**, which states:
“All standards and scope of practice found in OAR 851-045 related to the practice of Registered Nursing are applicable to APRNs.”

While we recognize that this provision appears in the existing rules, ORANA is concerned that the language—without qualification—may lead to confusion or unintended application of Registered Nurse (RN) standards to Advanced Practice Registered Nurse (APRN) practice. CRNAs, like all APRNs, are independent licensed practitioners whose roles, competencies, and accountabilities extend beyond the RN scope of practice.

Recommended Clarification

We strongly support the clarification recommended by the National Council of State Boards of Nursing (NCSBN) Model Rules. That model appropriately specifies that APRN standards supersede RN standards in cases of conflict.

To align Oregon’s rules with this national model and maintain internal consistency, ORANA recommends the following revision (added text in **bold**):

“All standards and scope of practice found in OAR 851-045 related to the practice of Registered Nursing are applicable to APRNs. **Scope and standards for a specific role and population focus of APRN supersede scope and standards for RNs where conflict between the scope or standards, if any, exists.**”

This clarification maintains the Board’s intent while explicitly ensuring that advanced practice standards take precedence where they differ from RN-level provisions. It aligns

Oregon's regulations with national model language and reinforces that APRN practice is governed by the competencies and standards specific to each advanced role and population focus. It provides regulatory clarity and prevents misinterpretation that could subject CRNAs and other APRNs to inappropriate RN-level disciplinary or procedural standards. Most importantly, it supports public protection and patient safety by ensuring practitioners are held to standards that accurately reflect their education, licensure, and scope of authority.

ORANA appreciates the Board's continued efforts to modernize and clarify the rules governing advanced nursing practice in Oregon. We respectfully request that the Board adopt the proposed clarification to OAR 851-055-0010 to preserve the distinction between RN and APRN practice and ensure consistency with established national models.
Sincerely,

Dallas Regan, DNP, CRNA

President, Oregon Association of Nurse Anesthetists

Email: dr2350@mac.com

Cell: 917-698-3688

October 20, 2025

TO: Board Members of the Oregon State Board of Nursing

FROM: Cristian Mendoza Ruvalcaba, Resident of Medford, Oregon

The views, statements, and opinions expressed in this correspondence are my own and do not represent those of my employer or any other entity.

Dear Members of the Oregon State Board of Nursing,

Although my comments are not directly related to the proposed rule changes currently under review, my review of OAR 851-055-0010 and OAR 851-045-0060 led me to recommend considering the explicit inclusion of “Health care policy development, implementation, and evaluation” in OAR 851-055-0010, *“Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses.”*

Regarding OAR 851-055-0010, *“Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses”*:

I noted that OAR 851-045-0060, *“Standards Related to RN Scope in the Practice of Nursing,”* under section (1)(c), states “Health care policy development, implementation and evaluation.”

However, the scope and standards for Licensed Advanced Practice Registered Nurses in OAR 851-055-0010 do not explicitly include this language. While I recognize that section (1) of 851-055-0010 states, “All standards and scope of practice found in OAR 851-045 related to the practice of Registered Nursing are applicable to APRNs,” I believe that explicitly including “Health care policy development, implementation, and evaluation” within 851-055-0010 would strengthen clarity and underscore APRNs’ vital role in health care policy advocacy and leadership.

The American Association of Nurse Practitioners (AANP) publication, *“Standards of Practice for Nurse Practitioners,”* section VI, *“Responsibility as Patient Advocate,”* states: “The NP is a responsible advocate for patient welfare and upholds ethical and legal standards. As an advocate, the NP influences health policy at the local, state, national and international levels.”

Furthermore, the AANP’s publication, *“Scope of Practice for Nurse Practitioners,”* affirms that: “NPs take responsibility for their continued professional development, involvement in professional organizations and participation in health policy activities at the local, state, national and international levels.”

Given the significance of APRN engagement in health policy and advocacy, I respectfully request that the Board consider explicitly adding the language, “Health care policy development, implementation, and evaluation,” to OAR 851-055-0010, *“Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses.”*

Respectfully,



Cristian Mendoza Ruvalcaba, DNP, APRN, FNP-C, CPNP-PC, CNE

References

American Association of Nurse Practitioners. (2022). *Scope of Practice for Nurse Practitioners*.
<https://www.aanp.org/advocacy/advocacy-resource/position-statements/scope-of-practice-for-nurse-practitioners>

American Association of Nurse Practitioners. (2022). *Standards of Practice for Nurse Practitioners*.
<https://www.aanp.org/advocacy/advocacy-resource/position-statements/standards-of-practice-for-nurse-practitioners>