SUNSET REVIEW 2026

California Board of Registered Nursing

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FOREWORD

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 11 subject categories, or sections, of questions.

This report is presented in narrative form, addressing each of the survey questions directly. The questions appear in the text as originally provided, without modification. The data included in this report covers the period from July 1, 2021, through June 30, 2025; however, the narrative also reflects actions and developments through November 2025.

The report is organized into 11 sections, each corresponding to the specific topics requested. Additional details have been included, where appropriate, to provide greater context. A list of acronyms and terms used throughout the report can be found on pages six through nine. The required attachments for Section 11, along with supplemental materials cited throughout this report, are provided in a separate companion booklet.

A copy of this report is available at www.rn.ca.gov

"As this report reflects on the past four years of activity, oversight, and progress; it also looks forward. The lessons learned, initiatives launched, and partnerships strengthened during this period provide a foundation for continued innovation and improvement. With a focus on consumer protection, workforce readiness, and responsive regulation, the Board remains committed to advancing its mission while adapting to the evolving needs of the nursing profession."

Dolores Trujillo, RN
Board President

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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
Artificial Intelligence	AI
Assembly Bill	AB
Assistant Director of a nursing program	AD
Assistant Executive Officer	AEO
Assistant Instructor	AI
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
Board of Behavioral Sciences	BBS
Boards of Nursing	BONs
Budget Change Proposal	BCP
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
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California Community Colleges	CCC
California Community Colleges Chancellor's Office	CCCCO
California Department of Consumer Affairs	DCA
California Department of Education	CDE
California Department of Finance	DOF
California Department of Human Resources	CalHR
California Department of Justice	DOJ
California Department of Public Health	CDPH
California Department of Social Services	CDSS
California Education Code	EDC
California Nursing Program Graduate Portal	Portal
California Nursing Students' Association	CNSA
California Office of Statewide Health Planning and Development	OSHPD
California Organization of Associate Degree Nursing	COADN
California State Auditor	CSA
California State University Office of the Chancellor	CSUOC

Title	Acronym
Clinical Teaching Assistant	CTA
Certified Registered Nurse Anesthetist	CRNA
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Clinical Facility Authorization Portal	CFA
Clinical Nurse Specialist	CNS
Clinical Nurse Specialist Advisory Committee	CNSAC
Code of Federal Regulations	CFR
Commission on Collegiate Nursing Education	CCNE
Complaint Prioritization and Referral Guidelines for Healing Arts Boards	CPRG
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Consumer Protection Enforcement Initiative	CPEI
Continuing Approval Visit	CAV
Continuing Education	CE
Continuing Education Provider	CEP
Criminal Offender Record Information	CORI
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Deputy Attorney General	DAG
Division of Investigation	DOI
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Drug Enforcement Administration	DEA
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Emergency Medical Services Authority	EMSA
Enforcement, Investigations, and Intervention Committee	EIIC
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Generative Artificial Intelligence	GenAI
Government Code	GOV
Governor's Interagency Council on Veterans	ICV
Governor's Office	GO
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HORNE, LLP	HORNE
Information Technology	IT
Insurance Code	INS
Interim Permit	IP
Interim Suspension Order	ISO
International English Language Testing System	IELTS
International Nursing Association for Clinical Simulation and Learning	INCSL
Intervention Evaluation Committees	IECs
Intervention Program	IP

Title	Acronym
Instructor	I
Licensed Practical Nursing/Vocation Nursing	LPN/VN
Licensed Vocational Nurse	LVN
Limited-Term	LT
Master's of Science in Nursing Degree	MSN
Medical Board of California	MBC
National Board of Certification and Recertification for Nurse Anesthetists	NBCRNA
National Council Licensing Examination	NCLEX
National Council of State Boards of Nursing	NCSBN
National Council of State Boards of Nursing Nurse System	NURSYS
National Practitioners Data Bank	NPDB
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Nurse Licensure Compact	NLC
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Office Expenses and Equipment	OE&E
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Office of Administrative Law	OAL
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Office of Professional Examination Services	OPES
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Pearson Professional Test Centers	PPC
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Title	Acronym
Registered Nurse	RN
Senate Bill	SB
Society for Simulation in Healthcare	SSH
Special Investigator (Non-sworn)	SI
Subject Matter Expert	SME
Substance Abuse Coordination Committee	SACC
Supervising Nursing Education Consultant	SNEC
Supervising Special Investigators I and IIs	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
Workforce for All	W4A

INTRODUCTION

It has been four years since the California Board of Registered Nursing's (Board or BRN) previous supplemental sunset report in 2022. The BRN continues its commitment of consumer protection through its six main divisions: Consumer Services and Board Operations; Enforcement; Executive; Investigations; Licensing and Education; and Office of Legislative Affairs. Since the previous supplemental sunset report, the BRN has undergone an internal reorganization, a relocation, BRN website updates, and other technological and computer system changes and enhancements.

As a California consumer protection agency, the BRN's responsibilities are to meet the mandate of consumer protection through ensuring qualified registered nurses (RNs). In addition to issuing licenses to RNs, the BRN issues certificates to advanced practice registered nurses (APRNs) which include Nurse-Midwives (NMs), Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), 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 and advanced practice NP programs both in-state and out-of-state. Additionally, if requested by the academic institution, the BRN can review NM, and CNS advance practice in-state programs to ensure they meet the minimum licensing standards. Other statutorily authorized programs that further enhance consumer protection are the continuing education (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 four standing committees made up of Board members: Education/Licensing Committee (ELC), Enforcement, Investigations, Intervention Committee (EIIC), Legislative Committee, and Nursing Practice Committee (NPC). Additionally, the Board has an Administrative Committee consisting of the President, Vice-President and Executive Officer (EO). At the November 2020 Board Meeting, the Board voted to align the number of meetings with Business and Professions Code (BPC) section 2709 to meet at least once every three months, reducing the number of scheduled meetings from five to four full Board meetings per year. The Board Committee meetings are scheduled four times per year and the advisory committees are scheduled two times per year with an ability to add one additional meeting annually as needed. The Board has the flexibility to revise the meeting schedule as deemed necessary.

The Board also has five advisory committees: the Nursing Education and Workforce Advisory Committee (NEWAC); Nurse Practitioner Advisory Committee (NPAC); Nurse Midwife Advisory Committee (NMAC); Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC); and Clinical Nuse Specialist Advisory Committee (CNSAC). Each committee is composed of subject matter experts (SMEs) who conduct public meetings and provide recommendations to the full Board.

In addition, the Board oversees the Intervention Program (IP), an alternative to discipline program, through nine Intervention Evaluation Committees (IECs). Historically, IECs have convened four times per year; however, to better support program participants, Board staff have requested that IECs meet six times annually and to establish up to five additional IECs.

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.

EXECUTIVE SUMMARY

The Board respectfully submits this 2026 Sunset Review, covering activities from July 1, 2021, through June 30, 2025, with updates through November 2025. The BRN continues to fulfill its core mandate of consumer protection by licensing and regulating more than 560,000 RNs and APRNs, approving and monitoring over 160 nursing education programs, overseeing more than 2,000 CEPs, and administering the Intervention Program for nurses facing substance use or mental health challenges.

Organizational and Operational Progress

Since the last Sunset Review, the BRN has implemented the first phase of a multi-phase reorganization to strengthen internal alignment, improve workload distribution, and enhance oversight across its six divisions. These reforms have resulted in clearer lines of accountability, a more equitable distribution of workload, stronger enforcement oversight, and streamlined customer service operations. Key leadership appointments, including new chiefs in the Enforcement Division, Investigations Division, and Office of Legislative Affairs, have also brought specialized expertise to guide policy development and operational improvements. In November 2025, the Board adopted its 2026-2030 Strategic Plan, reinforcing its long-term vision for regulatory excellence and workforce readiness.

Licensing and Education Programs

Licensing remains the BRN's largest and most visible program, processing more than 60,000 initial applications annually, along with over 250,000 renewals. The BRN issues RN licenses and APRN certifications, PHN certifications, and approvals for CEPs, ensuring applicants meet rigorous education, practice, and ethical standards. Recent licensing improvements include, but are not limited to:

- Launch of the California Nursing Program Graduate Portal (Portal), enabling nursing programs to electronically verify graduate eligibility for the National Council Licensing Examination (NCLEX) for RNs and transmit data directly to the BRN. This has eliminated transcript delays, expedited exam eligibility, and allowed candidates to apply and test sooner.
- Expansion of the Portal to include APRN and PHN data, further streamlining advanced practice certifications.
- Automatic issuance of PHN certifications for qualified California graduates, reducing wait times and administrative burden.
- Migration of license verifications to NURSYS®, lowering fees while aligning California with national standards for verification and mobility.
- Simplified application requirements by removing duplicate document submissions and reducing costs for APRN furnishing licenses.
- Enhanced electronic transcript processing through partnerships with the National Student Clearinghouse and Parchment.

Additionally, the Board achieved several significant accomplishments through its educational oversight efforts, including:

- Removing nursing program fees for curriculum changes and continuing approval reviews.
- Approving of 10 new prelicensure programs across California, expanding educational opportunities in areas where programs previously did not exist.
- Authorizing six new campus locations increasing access to nursing education into additional regions.

- Approving 63 enrollment increases across 56 nursing programs, expanding capacity by 5,725 additional student placements (approximately 24% growth) to strengthen the statewide nursing workforce pipeline.

These initiatives have reduced the financial burden on individual nursing academia applicants, improved application timelines, reduced backlogs, and created more predictable processing times for applicants. Consumer Services Survey data collected between 2023 and 2025 shows measurable increases in consumer satisfaction, particularly among new graduates and international applicants.

Modernization and Technology Enhancements
The BRN has prioritized modernization across its divisions. Key advances include:

- Digital application review with automated deficiency notifications.
- Development of the Clinical Facility Authorization (CFA) database to track and manage clinical placement capacity statewide.
- Automated communications with program directors and applicants, reducing manual errors and improving transparency.
- Expanded self-service options for applicants, including same-day fingerprint form requests and 24-hour payment portals.

Regulatory and Legislative Achievements
The BRN completed multiple regular rulemaking packages and Section 100 changes to align with new laws and update professional standards. Key reforms addressed nurse practitioner (NP) education, clinical facility reporting, implicit bias training in continuing education (CE) under Assembly Bill (AB) 1407 (Burke, Chapter 445, Statutes 2021), curriculum standards, and scope-of-practice requirements under AB 890 (Wood, Chapter 265, Statutes 2020). Additional packages are in development to ensure full alignment with Senate Bill (SB) 1451 (Ashby, Chapter 481, Statutes 2024) and evolving practice needs. The Board continues to closely track legislative proposals, testify at hearings, and implement statutory changes that affect nursing practice and education.

Workforce Development and Data Leadership
California's nursing workforce is central to healthcare system stability. The BRN, through its biennial RN workforce survey and forecasting studies conducted with the University of California, San Francisco (UCSF), has provided critical, evidence-based data to inform policy and planning. Findings show a younger and increasingly diverse nursing workforce, a rising rate of entry level positions requiring a Bachelor of Science in nursing (BSN) degree, and persistent regional disparities in workforce distribution. The BRN's annual educational program surveys also inform stakeholders on enrollment, graduation rates, and workforce placement, ensuring data-driven strategies to address geographical nursing shortages and support long-term workforce sustainability.

Enforcement and Consumer Protection
The BRN's Enforcement and Investigations Divisions remain focused on protecting the public through timely, consistent, and transparent enforcement measures. Key enforcement achievements include:

- Maintenance of stable disciplinary case timeframes, despite growing complexity of complaints.
- Adoption of updated Complaint Prioritization and Referral Guidelines to ensure consistency across healing arts boards.
- Enhanced monitoring of nurses on probation to ensure compliance with practice restrictions and rehabilitation requirements and streamlined employment approvals to expedite nurses' return to the workforce.

- Realignment of the Intervention Program as an alternative to discipline, maintaining low recidivism rates and supporting nurse rehabilitation while safeguarding public safety.

Fiscal Stewardship and Resource Challenges
The BRN continues to responsibly manage its resources, maintaining adequate reserve levels despite rising Attorney General costs and statewide salary adjustments mandated by the California Department of Finance (DOF). Fee adjustments, technology upgrades, and efficiency gains have mitigated fiscal pressures while preserving service delivery. The Board remains committed to prudent fiscal management and transparency, ensuring sustainability for future operations.

Stakeholder Engagement and National Leadership
The BRN actively engages with stakeholders across California and nationally. The Board maintains strong representation within the National Council of State Boards of Nursing (NCSBN), contributing to policy development, exam oversight, discipline case management discussions and research. At the state level, the BRN collaborates with nursing education leaders, workforce organizations, labor unions, and healthcare partners to align regulation with emerging workforce needs. Additionally, overall satisfaction with the BRN rose from 51 percent in 2022 to 70 percent in 2024, while dissatisfaction decreased from 33 percent to 19 percent.

Conclusion
The BRN has made measurable progress since the 2022 Sunset Review by modernizing licensing and education systems, strengthening enforcement oversight, advancing workforce research, and improving consumer satisfaction. These achievements reflect the Board's dedication to public protection and responsiveness to California's dynamic healthcare environment.

Looking forward, the BRN is committed to building upon these accomplishments through continued modernization, evidence-based workforce planning, and strategic partnerships. With a focus on regulatory integrity, public trust, and workforce readiness, the BRN seeks to ensure a safe and diverse nursing profession that meets the evolving needs of California's healthcare system.

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

The BRN serves as the regulatory body responsible for overseeing the practice of nursing in California. Established to protect the health and safety of the public, the BRN ensures that individuals entering and continuing in the nursing profession meet established standards for education, licensure, and competent practice. This section provides an overview of the Board's structure, responsibilities, and its role in regulating the nursing profession.

History

Question 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), now known as the Department of Health Care Access and Information (HCAI), 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 an applicant may have and also provides for notification to the BRN of any subsequent arrests and/or convictions that occur in California.

With the implementation of AB 2138 in July 2020, the BRN changed the question on its initial licensure application and renewal applications regarding criminal convictions and reports out the statutorily required 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, which provides reports to the BRN of any future convictions on an ongoing basis.

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 Practitioners Data Bank (NPDB), a discipline database, in alignment with Code of Federal Regulations (CRF), title 45, section 60 et seq. In 2000, the BRN began participating in the NCSBN's newly initiated system to enhance the exchange of discipline information among boards of nursing (BONs). In 2011, the BRN became a member of the NCSBN NURSYS 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 and serves as an intermediary to make reports from the Board to the NPDB.

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 Divisions: Consumer Services and Board Operations; Enforcement; Executive; Investigations; Licensing and Education; and Office of Legislative Affairs. The divisions work together to carry out the BRN's mission to protect and advocate for the health and safety of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California.

Consumer Services and Board Operations Division
This division provides essential licensee and public support services. Key functions include the Public Information Unit (PIU), which assists incoming callers, serves visitors at the public counter, and manages the processing and distribution of mail. The Cashiering Unit processes all incoming funds, while the Renewals Unit manages license renewals and record

maintenance, including updates to names and addresses. The Fingerprint Unit oversees the processing of licensee fingerprints, and the Correspondence Unit handles written communications. Additionally, this division is responsible for the administrative functions that sustain the BRN's operations, including personnel management, budget administration and Board member support.

Enforcement Division
The Enforcement Division plays a critical role in protecting the public by ensuring that licensed nurses uphold accepted standards of professional conduct. The division is structured into four program areas, each dedicated to a distinct aspect of enforcement: Complaint Intake, Discipline, Probation, and Intervention.

The Discipline/Probation Section houses both the Discipline and Probation programs. Staff in the Discipline program manages all formal disciplinary proceedings. This includes preparing and processing legal documents, coordinating with the California Office of the Attorney General (OAG), and tracking cases throughout the legal process. The program ensures that disciplinary actions, such as license suspension, revocation, or probation, are carried out in accordance with state law and BRN regulations.

When a registered nurse is placed on probation, the Probation program oversees adherence to the terms and conditions established by the BRN. Probation staff maintain regular contact with probationers, review required documentation and verify adherence to mandated restrictions such as employment approvals, worksite limitations, substance testing, or continuing education. This oversight helps ensure that nurses on probation are safely reintegrating into practice while maintaining public trust.

The Complaints/Intervention Section encompasses both the Complaint Intake Unit and the Intervention Program. The Complaint Intake Unit serves as the first point of contact for concerns regarding the conduct of RNs. Staff receive and assess complaints from patients, employers, colleagues, and other stakeholders. Each complaint is carefully reviewed to determine whether it warrants further investigation under the BRN's jurisdiction.

The BRN Intervention Program offers a confidential pathway for RNs struggling with substance use disorders and/or mental health conditions. The Intervention Program is administered by a third party contracted vendor, Premier Health Group. Participation is voluntary and designed to support recovery while safeguarding patient care. The program provides structured monitoring, peer support, and access to treatment resources. By helping nurses regain their health and professional stability, the Intervention Program promotes both rehabilitation and public safety.

Executive Division
This division is responsible for setting strategic direction, ensuring operational efficiency, and maintaining accountability across all BRN programs. It provides oversight, coordination, and support to every division within the organization, ensuring that regulatory functions are carried out effectively and in alignment with the Board's mission to protect public health and safety. Led by the Executive Officer (EO) and Assistant Executive Officer (AEO), who work closely with the Board members, state agencies, and external stakeholders to guide policy development, legislative engagement, and strategic planning. The EOs authority is defined in California Code of Regulations (CCR), title 16, section 1405 and with the support of this division, the BRN ensures that all activities are consistent with state laws, regulatory mandates, and public expectations.

The IT Unit, housed within the Executive Division, plays a vital role in supporting the BRN's digital infrastructure and operational continuity. Together, the Executive Division and its IT Unit ensure that the BRN operates with transparency, agility, and accountability, empowering the organization to meet the demands of a dynamic healthcare environment.

Investigation Division
Once a complaint is determined to fall within the jurisdiction of the BRN and presents sufficient grounds for further review, it is formally referred to the Investigations Division. This division is tasked with conducting thorough, impartial investigations to determine whether a violation of the NPA or applicable regulations has occurred.

Special Investigators (SI) employ a range of fact-finding techniques, including collecting and analyzing documentation, interviewing complainants, witnesses, and the nurse in question, and reviewing medical records or employment files. In complex cases, they may collaborate with external entities such as law enforcement agencies, healthcare institutions, and other regulatory bodies to obtain additional evidence or expert insight. The goal of each investigation is to build a comprehensive and legally sound case that supports fair, consistent, and informed disciplinary action. Investigators must balance the need for public protection with the rights of the nurse under review, ensuring that all findings are based on objective evidence and due process. Their work is foundational to the BRN's enforcement process, serving as the bridge between initial complaint intake and formal disciplinary proceedings. By maintaining rigorous investigative standards, the unit helps uphold the integrity of the nursing profession and reinforces public trust in the regulatory system.

Licensing and Education Division
This division plays a vital role in upholding the integrity and quality of nursing practice in California. Through its two core programs, the Licensing Program and the Nursing Education Program, the division ensures that nurses entering the workforce are qualified and prepared to meet the evolving needs of healthcare.

The Licensing Program is responsible for evaluating and approving licensure applications for RNs and APRNs, in accordance with the Board's laws and regulations. This includes thorough review of both domestic and international applications to ensure that only qualified individuals are granted the ability to practice. Staff within the program maintain active communication with nursing schools approved by the BRN, as well as institutions outside California and internationally. They also collaborate with other BONs to support consistency and transparency in licensure standards. The program provides critical support to examination service vendors, including the NCSBN, which develops the licensing exams, and Pearson VUE, which administers them. In addition, the Licensing Program oversees CE audits and CEP activities. Staff are responsible for evaluating and approving CEP applications, conducting audits of licensee and CEP compliance, and supporting nursing research initiatives.

The Nursing Education Program is staffed by Nursing Education Consultants (NECs), who bring evidence-based expertise to the development and oversight of nursing education across the state. NECs work closely with institutions seeking to establish new nursing programs to ensure that the curriculum comprehensively covers the knowledge and skills required for licensure and safe practice. They also assess each program's capacity to support students from enrollment through graduation by verifying that adequate resources are in place. In addition, NECs monitor the performance of existing prelicensure and APRN programs to ensure ongoing compliance with statutes and regulations. Their responsibilities include ensuring compliance with educational standards, providing orientation and ongoing support to program directors and faculty, and informing institutional administrators on regulatory

requirements. Beyond program oversight, NECs serve as subject matter experts on nursing laws and regulations. They provide consultation to BRN staff, government agencies, healthcare organizations, professional associations, and the public. Their work includes preparing and presenting research on workforce trends, technological advancements, public health concerns, and policy development which are all aimed at strengthening nursing practice and protecting consumer safety.

Office of Legislative Affairs
This office is responsible for developing and managing the BRN's regulatory and legislative activities, while also representing the Board in its interactions with legislators, legislative committees, the Department of Consumer Affairs (DCA), the California Business, Consumer Services and Housing Agency (BCSH), DOF, and the Governor's Office (GO). Staff provide guidance and expertise to the Board members, EO, and AEO on a broad range of legislative matters, public affairs issues, and emerging topics that impact the BRN's policies and operations. The office also tracks and monitors pending legislation and responds to legislative inquiries regarding fiscal and programmatic impacts. Additionally, it drafts, promulgates and/or reviews regulations, providing recommendations and guidance on appropriate courses of action for implementation.

Board Jurisdiction

The BRN serves as the regulatory authority for the practice of RNs throughout California. With a nursing workforce now exceeding 560,000 licensed active RNs, the BRN plays a critical role in ensuring that nursing professionals meet the standards necessary to provide safe and ethical care.

In addition to fully licensed RNs, the BRN oversees two categories of provisional practitioners:

- Interim Permittees: These are individuals who have completed their nursing education and are awaiting the results of their licensure examination. An Interim Permit (IP) allows them to practice under the direct supervision of a licensed RN during this transitional period.
- Temporary Licensees: These are out-of-state applicants who hold a RN license in another state and have applied for licensure in California through endorsement. A Temporary License (TL) enables them to begin practicing as an RN while their application is under final review.

By regulating both permanent and provisional license holders, the BRN ensures continuity of care while maintaining rigorous standards for entry into the nursing profession.

The BRN is also responsible for certifying APRNs and PHNs in California. These certifications recognize specialized roles within the nursing profession and ensure that practitioners meet rigorous standards for advanced clinical practice and public health expertise.

As of October 2025, more than 53,000 RNs in California hold an APRN certificate, and nearly 65,000 RNs have been issued a PHN certificate by the BRN. The Board maintains both title protection and practice authority for all licenses and certifications it issues, meaning that only individuals who meet the Board's qualifications may legally use these titles and perform the associated functions. The BRN's authority to regulate these advanced roles was established through legislative mandates over several decades. On the following page is a timeline indicating when the BRN was granted statutory authority to oversee each category.

Certification Type	Year Legislative Authority Granted
Nurse-Midwife (NM)	1974
Nurse Practitioner (NP)	1977
Certified Registered Nurse Anesthetist (CRNA)	1983
Psychiatric/Mental Health Nurse (Statutory Listing)	1984
NP Furnishing Number	1986
NM Furnishing Number	1991
Public Health Nurse (PHN)	1992
Clinical Nurse Specialist (CNS)	1997
Nurse Practitioner 103 (NP 103)	2021
Nurse Practitioner 104 (NP 104)	2021
Nursing Faculty (Statutory Approval)	2025
Nursing Directors and Assistant Directors (Statutory Approval)	2025

Additionally, BRN maintains a list of nurses who may qualify for direct reimbursement from certain health care plans for delivering psychiatric and mental health services to covered individuals and nursing faculty, directors and assistant directors for prelicensure nursing education programs. Currently, there are almost 200[1] active nurses on the Psychiatric/Mental health Nurse listing and over 560 nursing faculty, directors and assistant directors. These certifications reflect the BRN's commitment to regulating a diverse and evolving nursing workforce, ensuring that specialized practitioners are equipped to deliver safe, effective, and evidence-based care across a wide range of healthcare settings and that nursing faculty have met the BRN standards for preparation to teach the next generation of nurses.

Beyond its core responsibilities in licensing and certification, the BRN plays a pivotal role in shaping the educational landscape for California's nursing workforce. The BRN is responsible for approving and actively monitoring nursing education programs to ensure they meet rigorous standards for curriculum, instruction, and professional development.

As of November 20, 2025, the BRN oversees:

- 160 Prelicensure Registered Nursing Programs across California, all of which offer certificates of completion for select Licensed Vocational Nurse (LVN) to RN transition students. These programs include:
  - 95 Associate Degree in Nursing (ADN) programs
  - 50 BSN programs
  - 15 Entry-Level Master's (ELM) Degree programs
- 36 Nurse Practitioner (NP) Programs, which prepare RNs for advanced clinical roles and certification as APRNs.
- APRN Programs that comply with the Board's requirements but are not formally approved by the BRN:
  - 3 Nurse-Midwifery Programs;
  - 6 CRNA Programs and,
  - 11 CNS Programs.
- Out-of-State NP Programs that have provided evidence of compliance with Title 16 of the California Code of Regulations (CCR) section 1486:
  - 64 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

[1] https://www.dca.ca.gov/publications/2024_annrpt.pdf

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 education and knowledge 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. As of October 2025, there are more than 2,000 CEPs approved to deliver ongoing professional development opportunities for licensed RNs.

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 and/or mental illness. Through the Intervention Program, the BRN can provide a framework for rehabilitation for nurses and return them to practice. In FY 2024/2025, 33 RNs enrolled in the program and six were previous participants who had successfully completed in the past and have returned. The success of the Intervention Program is due to several factors that include, but are not limited to, 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; criteria for determining successful completion; and the option to return to the program in the future, provided they were not previously terminated for non-compliance.

Question 1.2

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

Nursing is a critical part of California's health care system. The Board sets policies for its legally mandated programs, which are carried out by BRN staff. The Board works closely with legislators, consumers, health care professionals, insurers, and other state agencies to help shape public policy. By actively monitoring trends in nursing and health care, the BRN ensures its policy decisions are informed, forward-thinking, and responsive to the needs of Californians. The Board Member Administrative Manual (Orientation Packet) is included in Section 11, Attachment A.

As outlined in BPC section 2702, the Board is comprised of nine members. The current composition includes four public members, two RNs engaged in direct patient care, one APRN, one nurse educator, and one nurse administrator. Seven members are appointed by the Governor, while the remaining two are appointed by the Senate Rules Committee and the Speaker of the Assembly, respectively. The Board meets at minimum four times throughout the year to address work completed by various committees and hear discipline cases. The current Board member roster is presented in the table below, with attendance at Board and committee meetings detailed on pages 24-26 of this report.

Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	**Date First Appointed**	**Date Re-appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or RN Professionals)**
Dolores Trujillo	1/21/2020	6/1/2023	6/1/2026	Governor	Direct Patient Care
Nilu Patel	10/12/2023	N/A	6/1/2026	Governor	Advanced Practice
Alison Cormack	6/29/2023	6/1/2025	6/1/2028	Speaker of the Assembly	Public
Jovita Dominguez	2/19/2021	6/1/2025	6/1/2028	Governor	Nurse Educator
Vicki Granowitz	8/3/2022	N/A	6/1/2028	Senate Rules Committee	Public
Roi (David) Lollar	6/8/2022	N/A	6/1/2025	Governor	Public
Katie Nair	5/29/2025	N/A	6/1/2027	Governor	Nurse Services Administration
Patricia (Tricia) Wynne	12/20/2021	N/A	6/1/2025	Governor	Public
Vacant				Governor	Direct Patient Care

Board Committees and Their Functions

The Board members work effectively through a structure of five Board standing committees. Four of 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. Progress made by these committees toward achieving the goals and objectives of the Strategic plan is reported at each Board meeting. 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 a minimum of three 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 11, 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.

- Dolores Trujillo, RN, President – Chair
- Nilu Patel, DNAP, CRNA, APRN, FAANA, Vice President
- Loretta (Lori) Melby, MSN, RN, Executive Officer – Staff Liaison (Non-member)

Enforcement, Investigations, and Intervention Committee (non-statutory)
Advises the Board on matters related to laws and regulations pertaining to the Enforcement and Investigations Divisions.

- Patricia (Tricia) Wynne, Esq. - Chair
- Roi (David) Lollar
- Alison Cormack
- Katie Nair, MSN, MBA/HCM, RN
- Shannon Johnson, Enforcement Division Chief – Staff Liaison (Non-member)
- Nichole Bowles, Investigations Division 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), CE and competency, and matters related to the Licensing Division

- Jovita Dominguez, BSN, RN - Chair
- Patricia (Tricia) Wynne, Esq.
- Dolores Trujillo, RN
- 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
- Jovita Dominguez, BSN, RN
- Roi (David) Lollar
- Nilu Patel, DNAP, CRNA, APRN, FAANA
- Marissa Clark, 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 NM, CRNA, CNS, and NP practice. The Committee also reviews staff responses to proposed regulation changes that may affect nursing practice.

- Nilu Patel, DNAP, CRNA, APRN, FAANA - Chair
- Jovita Dominguez, BSN, RN
- Vicki Granowitz
- McCaulie Feusahrens, Chief of Licensing and Education – Staff Liaison (Non-member)

Board Attendance

The Board attendance charts provide a comprehensive record of member participation in official Board and committee meetings. These charts are a key component of transparency and accountability, offering stakeholders insight into each member's engagement and commitment to the Board's regulatory responsibilities. Consistent attendance is essential to maintaining quorum, ensuring informed decision-making, and upholding the integrity of the Board's oversight functions. The data presented in the following charts reflect Board member attendance over the past four Fiscal Years (FY).

2021 BRN Board Member Attendance

#	Name	8/4/2021	10/7/2021	11/17/2021	11/18/2021	11/30/2021	Attended	Attended %
1	Dolores Trujillo	X	l/n	X	X	X	5	100.0%
2	Elizabeth Woods	X	d/n	X	X	X	5	100.0%
3	Imelda Ceja-Butkiewicz	X	d/l	X	X	X	5	100.0%
4	Jovita Dominguez	X	d/e/l	X	X	X	5	100.0%
5	Mary Fagan	X	e/l/n			X	3	60.0%
6	Patricia (Tricia) Wynne (Began Term 12/20/21)							
7	Susan Naranjo	X	d/e/l	X	X	X	5	100.0%
8	VACANT							
9	VACANT							
	Attended	6	6	5	5	6		93.3%

BRN Board Meeting (Administration)
BRN Board Meeting (Committee)
BRN Special Board Meeting

Committee Codes

d - Enforcement, Investigations, Intervention Committee
e - Education/Licensing Committee
l - Legislative Committee
n - Nursing Practice Committee

2022 BRN Board Member Attendance

#	Name	1/13/2022	1/13/2022	2/16/2022	3/24/2022	3/24/2022	5/18/2022	5/19/2022	6/23/2022	6/23/2022	7/26/2022	8/17/2022	10/26/2022	11/14/2022	Attended	Attended %
1	Dolores Trujillo	X	l/n	X	X	n	X	X	X	X	X	X	d/e/n	X	13	100.0%
2	Elizabeth Woods	X	d/n	X	X	d/n	X	X	X	d	X	X	d	X	13	100.0%
3	Imelda Ceja-Butkiewicz (Term Ended 5/31/22)	X	d/l	X	X										4	57.1%
4	Jovita Dominguez	X	e/d/n	X	X	e/n	X	X	X	d/e	X	X	d/e/n	X	13	100.0%
5	Mary Fagan	X	e/d/n	X	X	d/e/n	X	X	X	d/e	X	X	d/e/n	X	13	100.0%
6	Patricia (Tricia) Wynne	X	d/e	X	X	d/e	X	X	X	d/e	X	X	d/e	X	13	100.0%
7	Roi (David) Lollar (Began Term 6/8/22)								X	d	X	X	d	X	6	100.0%
8	Susan Naranjo	X	e/l	X	X	d/e					X	X	d/e	X	9	69.2%
9	Vicki Granowitz (Began Term 8/9/22)											X	d/e/n	X	3	100.0%
	Attended	7	7	7	7	6	5	5	6	6	7	7	7	7		91.8%

BRN Board Meeting (Administration)
BRN Board Meeting (Committee)
BRN Special Board Meeting

Committee Codes

d - Enforcement, Investigations, Intervention Committee
e - Education/Licensing Committee
l - Legislative Committee
n - Nursing Practice Committee

2023 BRN Board Member Attendance

#	Name	1/26/2023	2/15/2023	2/16/2023	3/16/2023	4/20/2023	4/20/2023	5/17/2023	5/18/2023	6/29/2023	6/29/2023	8/24/2023	10/5/2023	11/15/2023	11/16/2023	Attended	Attended %
1	Alison Cormack (Began Term 6/29/23)											X		X	X	3	100.0%
2	Dolores Trujillo	n		X	X	e	X	X	X	X	X	X	e	X	X	13	92.9%
3	Elizabeth Woods (Term Ended 5/31/23)	n	X	X	X		X	X	X							7	100.0%
4	Jovita Dominguez	n	X	X	X	e	X	X	X	X	X	X	e	X	X	14	100.0%
5	Mary Fagan		X	X	X	e	X	X	X	X	X			X	X	11	84.6%
6	Nilu Patel (Began Term 10/12/23)													X	X	2	100.0%
7	Patricia (Tricia) Wynne		X	X	X	e	X	X	X	X	X	X	e	X	X	13	100.0%
8	Roi (David) Lollar		X	X	X		X	X	X	X		X		X	X	10	100.0%
9	Susan Naranjo (Resigned 2/14/23)																
10	Vicki Granowitz	n	X	X	X		X	X	X	X	X	X		X	X	12	100.0%
	Attended	4	6	7	7	4	7	7	7	6	5	6	3	8	8		97.5%

BRN Board Meeting (Administration)
BRN Board Meeting (Committee)
BRN Special Board Meeting

Committee Codes
d - Enforcement, Investigations, Intervention Committee
e - Education/Licensing Committee
l - Legislative Committee
n - Nursing Practice Committee

2024 BRN Board Member Attendance

#	Name	1/25/2024	2/28/2024	2/29/2024	4/18/2024	5/23/2024	5/24/2024	6/20/2024	6/20/2024	6/21/2024	8/21/2024	8/22/2024	10/17/2024	11/20/2024	11/21/2024	Attended	Attended %
1	Alison Cormack		X	X		X	X	X		d	X	X	d	X	X	11	100.0%
2	Dolores Trujillo	e	X	X	e/n	X	X	X	e		X	X	e/n	X	X	13	100.0%
3	Jovita Dominguez	e	X	X	e/n	X	X	X	e		X	X	e/n	X	X	13	100.0%
4	Mary Fagan (Term Ended 5/31/24)	e	X	X	e/n	X	X									6	100.0%
5	Nilu Patel		X	X		X	X	X			X	X	n	X	X	10	100.0%
6	Patricia (Tricia) Wynne	e	X	X	e	X	X	X	e	d	X	X	d/e	X	X	14	100.0%
7	Roi (David) Lollar		X	X		X	X	X		d	X	X	d	X	X	11	100.0%
8	VACANT																
9	Vicki Granowitz		X	X	n	X	X	X			X	X	n	X	X	11	100.0%
	Attended	4	7	7	4	7	7	6	3	3	6	6	6	6	6		100.0%

BRN Board Meeting (Administration)
BRN Board Meeting (Committee)
BRN Special Board Meeting

Committee Codes
d - Enforcement, Investigations, Intervention Committee
e - Education/Licensing Committee
l - Legislative Committee
n - Nursing Practice Committee

2025 BRN Board Member Attendance

#	Name	1/22/2025	2/26/2025	2/27/2025	3/20/2025	4/17/2025	5/28/2025	5/29/2025	5/30/2025	6/17/2025	Attended	Attended %
1	Alison Cormack	d	X	X	X	d	X	X	X		8	100.0%
2	Dolores Trujillo	e/l	X	X	X	e	X	X		e	8	88.9%
3	Jovita Dominguez	e/l	X	X	X	e	X	X	X	e	9	100.0%
4	Katie Nair (Term Began 5/29/2025)										0	0.0%
5	Nilu Patel	l	X	X			X	X	X		6	100.0%
6	Patricia (Tricia) Wynne	d/e	X	X	X	d/e	X	X	X	e	9	100.0%
7	Roi (David) Lollar	d/l	X	X	X	d	X	X	X		8	100.0%
8	VACANT											
9	Vicki Granowitz		X	X			X	X	X		8	100.0%
	Attended	6	6	6	5	5	6	6	5	3		84.1%

BRN Board Meeting (Administration)
BRN Board Meeting (Committee)
BRN Special Board Meeting

Committee Codes
d - Enforcement, Investigations, Intervention Committee
e - Education/Licensing Committee
l - Legislative Committee
n - Nursing Practice Committee

Other Committees

The NPA authorizes the appointment of specific committees: the NMAC, the NPAC, the NEWAC and the IECs. In addition, under BPC section 2710.5, the Board may, with approval from the Director of DCA, establish other advisory committees, as needed, to address nursing-related issues. Each committee is composed of a diverse group of experts and stakeholders and typically meets twice a year, with a third meeting scheduled, as necessary. IECs currently meet three to four times per year; however, beginning in 2026, the meeting frequency will increase to six times annually.

Nurse-Midwifery Advisory Committee (BPC section 2746.2): The NMAC advises the Board, through the NPC, on all matters of nurse-midwifery practice, education, standards of care, and other issues identified by the Board. Originally appointed in 1984, the committee's framework was updated in 2021 through amendments to the NPA via SB 1237 (Dodd, Chapter 88, Statutes 2020). The Committee is composed of four qualified NMs, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member. The NMAC also offers recommendations and clinical guidance when the Board reviews potential disciplinary actions involving a NM through recommendations and updates to the BRN Disciplinary Guidelines.[2] The NMAC advances its work through formally designated subcommittees, which provide subject-matter expertise, facilitate public input, and deliver actionable guidance to the full Committee.

[2] https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf

Nurse Practitioner Advisory Committee (BPC section 2837.102): The NPAC advises the Board, through the NPC, on matters related to NP education and practice. The first NPAC was formed in 1995; however, this committee was not statutorily mandated and, historically, met on an as-needed basis. With the enactment of AB 890 (Wood, Chapter 265, Statutes 2020) in 2021, the Board reestablished NPAC to provide guidance and recommendations on all issues concerning nurse practitioners, including education, standards of care, and other topics identified by the Board. The Committee is composed of four qualified NPs, two physicians and surgeons with demonstrated experience collaborating with NPs, and one public member. The committee is also responsible for offering recommendations or guidance when the Board considers disciplinary action involving an NP through recommendations and updates to the BRN Disciplinary Guidelines.[3] The NPAC advances its work through formally designated subcommittees, which provide subject-matter expertise, facilitate public input, and deliver actionable guidance to the full Committee.

Nursing Education and Workforce Advisory Committee (BPC section 2785.6): The NEWAC solicits input from approved nursing programs and members of the nursing and health care professions and makes recommendations, to the Board, through the NPC, on nursing education standards, simulated clinical experiences, and strategies to address workforce challenges on current and emerging issues affecting California's nursing workforce and educational programs. The Committee also reviews and provides input on the Biennial RN Survey and Forecasting Reports, the Annual School Survey, and other RN workforce research.

NEWAC was created in 2015 by merging the Education Issues Workgroup (EIW), formerly the Education Advisory Committee, and the Nursing Workforce Advisory Committee (NWAC) and was added to the NPA in 2022 via AB 2684 (Berman, Chapter 413, Statutes of 2022). The EIW was originally established in 2002 to support the Governor's Nurse Workforce Initiative, providing expert input on nursing education reforms aimed at addressing the statewide nursing shortage. The NWAC, formed in November 2001, advised the Board on RN workforce issues, including survey content, workforce projections, and factors influencing the health and safety of both consumers and nursing staff. During the Board's 2015 sunset review, the Legislature recommended combining the two committees to reflect the close connection between workforce and education concerns, resulting in the formation of NEWAC.

The NEWAC is composed of 16 members, representing education and workforce organizations such as the California Organization of Associate Degree Nursing (COADN), California Association of Colleges of Nurses (CACN), California Community Colleges Chancellor's Office (CCCCO), California State University Office of the Chancellor (CSUOC), nursing unions, and HCAI. The NEWAC advances its work through formally designated subcommittees, which provide subject-matter expertise, facilitate public input, and deliver actionable guidance to the full Committee.

Intervention Evaluation Committees (BPC section 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. The Board now requires that all IEC applicants be interviewed by the assigned Board subcommittee as part of the selection process. Each IEC is comprised of three RNs, a public member, and a physician

[3] https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf

who each have expertise in substance use disorders or mental illness. Currently, there are nine IECs throughout California that meet with Intervention Program participants on a regular basis. In 2025, to help address the needs of the program, the Board voted to re-establish up to five more committees, as needed.

Advanced Practice Registered Nursing Advisory Committee (non-statutory): The Advanced Practice Registered Nursing Advisory Committee (APRNAC) was established in 2017; however, with the creation of the statutorily mandated NPAC and NMAC, the Board voted to sunset this committee in 2022. In its place, the Board established the Clinical Nurse Specialist Advisory Committee (CNSAC) and the Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC), ensuring that each advanced practice profession has an equal and distinct voice in advisory matters.

Clinical Nurse Specialist Advisory Committee (non-statutory): The Clinical Nurse Specialist Advisory Committee (CNSAC) was established in 2022 and serves as a forum for nurses and the public to provide advice and recommendations to the Board, through the NPC, on all aspects of CNS practice, including education, standards of care, and other issues identified by the Board. The committee's primary focus is on BPC section 2838.2, recommending categories of clinical nurse specialists and the qualifications required for nurses to present themselves as CNSs in each category. This committee's structure consists of four CNSs, and one public member. The CNSAC advances its work through formally designated subcommittees, which provide subject-matter expertise, facilitate public input, and deliver actionable guidance to the full Committee.

Certified Registered Nurse Anesthetist Advisory Committee (non-statutory): The Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC) was established in 2022 and makes recommendations to the Board, through the NPC, on all matters relating to CRNA practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. Its primary focus is on Article 7, "Nurse Anesthetists," in the BPC. This committee's structure consists of four CRNAs, and one public member. The CRNAAC advances its work through formally designated subcommittees, which provide subject-matter expertise, facilitate public input, and deliver actionable guidance to the full Committee.

Question 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?

Over the past four years, the Board has not encountered any quorum issues that prevented it from holding scheduled meetings. However, various committee meetings between November 2022 and August 2025 were unable to be held as scheduled when required to be in person. A total of 11 IEC meetings and two advisory committee meetings were either unable to convene or had to be rescheduled due to a lack of quorum. The table on the following page lists the meetings that were canceled or rescheduled.

Meeting Impacted	Meeting Date Impacted	Comments
IEC 3	11/3/2022	Unable to secure quorum Rescheduled 12/1/2022
IEC 10	11/17/2022	Unable to secure quorum Rescheduled 12/12/2022
IEC 9	1/26/2023	Cancelled due to quorum issues
IEC 4	6/29/2023	Cancelled due to quorum issues IEC 6 saw IP RNs for IEC 4
IEC 9	7/27/2023	Cancelled due to quorum issues
IEC 10	8/10/2023	Cancelled due to quorum issues
IEC 9	1/25/2024	Cancelled due to quorum issues
IEC 3	2/1/2024	Cancelled due to quorum issues
IEC 7	2/12/2025	Cancelled due to quorum issues
IEC 10	6/14/2025	Cancelled due to quorum issues
IEC 7	8/13/2025	Cancelled due to quorum issues
NMAC	9/12/2023	Cancelled due to quorum issues
CRNAAC	8/27/2025	Unable to secure quorum Rescheduled to 9/18/2025

Major Changes since Last Sunset Review

Question 1.4

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

Since the Board's last Sunset Review, several noteworthy developments have occurred that reflect the Board's ongoing commitment to effective regulation and public protection. Below outlines major organizational, operational changes, legislative and regulatory changes, highlighting adjustments in leadership, structure, and key programs, that have shaped the Board's priorities and activities during this sunset review period.

Change in Leadership

Chief of Legislation

In May 2022, the Board welcomed Marissa Clark as the Chief of Legislation. Ms. Clark earned a Bachelor of Business Administration from Gonzaga University and a Master of Public Administration from the University of San Francisco. Her state service includes roles with the California Workforce Development Board, Employment Development Department, and Department of Rehabilitation, where she focused on workforce development policy, legislative analysis, bill negotiation, and stakeholder engagement. Notably, she led the development of California's Unified Strategic Workforce Development Plan, collaborating with federal, state, and local partners to guide public workforce and education policy. In her current role, Marissa leverages her expertise in navigating the policy process from bill introduction to implementation, translating broad concepts into effective, actionable policy.

Deputy Chief of Investigations

The Board welcomed Nichole Bowles as the Deputy Chief of Investigations in May 2023. Ms. Bowles earned her Bachelor's Degree in Sociology from California State University, Sacramento and her Associate's Degree in Behavioral Science from Folsom Lake College. She has been with the State of California since 2009 with the California Athletic Commission, Department of Child Support, Medical Board of California (MBC), and Bureau of Household

Goods and Services. With her extensive enforcement and investigation experience she leads her team with confidence and clarity. Through the development and implementation of improved policies and procedures, she consistently identifies operational efficiencies and fosters a stable, sustainable work environment that supports long-term success.

Deputy Chiefs of Enforcement

The Board welcomed Timothy Buntjer in his new role as the Enforcement Deputy Chief of Discipline and Probation in April 2022. Mr. Buntjer joined the BRN in 2014 and has held several key positions within the Enforcement Division, including Discipline Support, Discipline Case Analyst, Probation Monitor, and Discipline Manager. Prior to his current role, he also served as Inspections Manager at the Board of Barbering and Cosmetology and volunteered for several years with the Rocklin Police Department. Mr. Buntjer holds a Bachelor's Degree in Criminal Justice from California State University, Sacramento.

The Board also welcome Jaspreet Pabla in her new role as the Enforcement Deputy Chief of Complaint Intake and Intervention in April 2022. Ms. Pabla has been with the BRN since January 2020, serving as Probation Unit Manager. Her prior state service includes positions with the Bureau of Real Estate, where she reviewed and analyzed public report applications and related legal, budgetary, and financial documentation for statutory and regulatory compliance, and with the Veterinary Medical Board, where she served as a Probation Analyst. Before joining state service, Ms. Pabla worked with the Sacramento District Attorney's Office on Proposition 36 cases (Substance Abuse and Crime Prevention Act of 2000), collaborating with substance abuse counselors and court programs to support rehabilitation-focused sentencing alternatives. She holds a Bachelor's Degree in Criminal Justice from California State University, Sacramento, a Juris Doctor from the Drivon School of Law, and is a licensed attorney in the State of California.

BRN Reorganization

The BRN continues to review its internal business processes and organizational structure and make revisions as necessary. The BRN completed one phase of a broader multi-phase reorganization aimed at restructuring and improving workload distribution, responsibilities, organizational units, and operational processes. The first phase focused on the Enforcement Division and the Executive Division. The second phase, currently in process, addresses the Consumer Services and Board Operations Division along with the Licensing and Education Division. These changes are designed to improve efficiency, strengthen oversight, and better position the Divisions to meet current and future program demands. Some of the names of the divisions/program areas listed in this report may reflect proposed name changes.

Continuous Process and Technology Improvements

Through this Sunset period, the BRN advanced a wide-ranging series of modernization initiatives designed to streamline licensing, reduce costs, and improve service to applicants, nursing programs, and the public.

The effort began in July 2021 when the BRN eliminated two longstanding requirements that frequently delayed applications. Applicants for initial licensure were no longer required to submit a passport-style photograph to establish identity, since an NCLEX photo is already included in the results sent to the Board and maintained in the licensure record. At the same time, candidates reapplying or repeating the licensing examination were no longer required to resubmit duplicate transcripts or other documentation, reducing processing times and unnecessary workload for both applicants and staff.

In September 2021, the Board participated in its first Joint Continuing Approval Visit (CAV) with the Accreditation Commission for Education in Nursing (ACEN). This pilot demonstrated that while regulatory and accreditation reviews have different purposes, they share enough common ground to justify coordination. The BRN subsequently aligned future CAVs with accreditation visits to minimize duplication, reduce the burden on nursing programs, and improve efficiency. The process continues to evolve with a goal to reduce or eliminate additional document submission for continued approval.

Building on these early reforms, the BRN collaborated with DCA and an information technology (IT) vendor to create a secure California Nursing Program Graduate Portal for Board-approved prelicensure programs. Using the new portal, a Program Director can query a report of all applicants for initial licensure by examination, verify completion of educational requirements, and electronically transmit graduation data directly to the BRN. Once submitted, the verified information uploads into BreEZe, issues exam eligibility, and automatically sends authorization to test to Pearson VUE. This innovation eliminates the need for individual transcripts, enabling graduates to schedule the NCLEX sooner and improving the likelihood of a first-time pass.

The first California-approved program successfully used this system on October 19, 2021, and the Program Directors reported that the process was both efficient and user-friendly. Its implementation resulted in significantly faster processing times, allowing graduates to move through the licensure process more quickly and with fewer delays. Automation features reduced staff workload by eliminating manual data entry and minimizing administrative errors, leading to more reliable and consistent outcomes. Nursing Programs and students have provided positive feedback, noting the portal's transparency, intuitive design, and overall ease of use. By streamlining communication, improving data accuracy, and enhancing accessibility, the California Nursing Program Graduate Portal has strengthened the Board's operational effectiveness and elevated the overall applicant experience. Licensing staff and NECs continue to train new program directors and assist programs as needed.

Effective January 1, 2022, the BRN's Public Counter also updated its practices to align with other DCA boards and bureaus. The counter now focuses on receiving and date-stamping documents, accepting payments by check, money order, or cash, and providing forms or paper applications. It no longer reviews applications or supporting documentation on site or issues approvals for licensure or examination, allowing staff resources to be redirected more efficiently.

Additional technology upgrades followed throughout 2022. In February, the Portal was expanded to include NP and NM programs so Program Directors can electronically upload NP and/or NM education data, which flows directly into an applicant's BreEZe licensing application. This automation shortens processing times and reduces data-entry errors. During the same month the Board introduced online submission and payment for APRN certification verification and international license-verification requests, providing a secure, 24-hour self-service option. To further improve document management, the BRN executed a contract with the National Student Clearinghouse, enhancing the electronic transmission and receipt of academic transcripts.

In March 2022, BreEZe gained an automatic closure function for applications missing required fees, eliminating manual follow-up and maintaining a cleaner database. At the same time, license verifications migrated to the NURSYS platform, allowing applicants to pay a streamlined $30 fee and replacing the previous $100 charge while providing a faster, nationally recognized verification system. The BRN strengthened inter-agency collaboration

in June 2022 by executing a Memorandum of Understanding with the Superior Court of California, County of Los Angeles, to improve the timely receipt of court documents. In October 2022 the Board added a contract with Parchment to further enhance transcript exchange, and by November 2022 Program Directors were receiving automated bi-weekly emails detailing any pending approval requests. That same month the BRN launched a regional data tool displaying Board actions on enrollment-increase requests, giving decision-makers evidence-based insights and improving transparency for the public.

In 2023 the Board implemented major cost reductions and additional automation. NP/NP Furnishing and NM/NM Furnishing combined applications no longer required a separate furnishing license fee, reducing initial application costs by $400 per applicant. The Board also removed the $15,000 fee for continuing approval for nursing programs and the $2,500 charge for curriculum changes in prelicensure programs except for substantive changes defined in 16 CCR 1432, lowering financial barriers for nursing schools. In May, the Board voted to sunset the equivalency or "Method Three" pathway for APRN applicants and to accept only electronic transcripts, excluding international applicants, further standardizing processes. Additionally, probation-related processes for employment approvals and course modifications were streamlined.

October 2023 brought multiple innovations, including but not limited to, automatic issuance of PHN certifications for qualified California graduates; expansion of the Portal to include PHN program data; a streamlined review of Schedule II furnishing applications when advanced pharmacology content is already verified; a DCA contract with Horne LLP to streamline application processing capacity; automatic initial application reviews with immediate deficiency notifications so staff conduct final evaluations only when all documentation is complete; and upgrades to the BRN website's "Fingerprint Request" page enabling applicants to instantly request either a Livescan form or an FD-258 Hard Card with same-day email confirmation, cutting wait times from several business days to minutes.

In February 2024, California graduate applicants began receiving automatic email notifications of missing educational data if their Program Director had not entered the information into the Portal within 30 days of application submission. Additionally, in March 2024, the BRN adopted the updated Complaint Prioritization and Referral Guidelines for Healing Arts Boards (CPRG), ending the earlier BRN triage pilot but retaining enhanced triage for high-priority cases, preserving the pilot's most effective elements. In April, APRN licensing data was added to NURSYS for verification, strengthening national consistency, and by September 2024, the BRN website was publishing statewide prelicensure program enrollment data and Board actions on enrollment-increase requests, providing unprecedented transparency to the public and academic stakeholders.

Additionally, DCA partnered with HCAI through an Interagency Agreement to implement part of the W4A Initiative, following Governor Newsom's May 6, 2022, launch of a public-private partnership to expand workforce programs in climate, public health, and other future-focused careers, especially in disadvantaged communities. Through Request for Proposal (RFP) No. DCA 22-01, DCA awarded a $2.35 million contract to HORNE, LLP (HORNE) to address licensing backlogs, improve application review processes, reduce processing times, and establish a sustainable licensing model. In collaboration with the BRN, throughout 2023-2024, the project eliminated backlogs, streamlined out-of-state application reviews, developed IT tools for workload tracking, and implemented quality assurance and concierge service models. These efforts not only enhanced licensing efficiency but also established a foundation for continuous quality improvement, ensuring that process evaluation, data-driven decision-making, and service optimization remain integral to sustaining California's nursing workforce.

Enhancements continue in 2025, with the release of the Nursing Faculty, Nursing Director and Assistant Director applications in BreEZe; this change shifted the approval of faculty from being tied to the prelicensure academic institution to instead being tied to the individual licensee, allowing approved faculty to transfer between schools more freely. Also, the new Clinical Facility Authorization (CFA) database allows for streamlined approval and reporting functions. The rollout of the new BreEZe applications and the CFA meets basic operational needs; however, several usability issues have been identified, and improvements are currently underway to improve performance and user experience. Finally, in August, an analysis of three years of consumer-service satisfaction surveys revealed a measurable and sustained increase in public satisfaction, confirming that these modernization initiatives appear to have improved the applicant and licensee experience and strengthened confidence in the Board's ability to protect consumers while supporting California's nursing workforce.

Legislation Sponsored by or Affecting the Board

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.

Sponsored Bills

The Board has sponsored two bills since the last sunset report - AB 2015 (Schiavo, Chapter 370, Statutes of 2024) which was signed by the Governor in September 2024 and AB 479 (Tangipa, 2025) which was held in the Assembly Public Safety Committee in March 2025. Summaries of both bills are included below:

AB 2015 (Schiavo) Nursing schools and programs: faculty members, directors, and assistant directors[4]

The bill established a process for approved schools of nursing, except for those that are actively accredited by an institutional or programmatic accreditor recognized by the United States Department of Education, to obtain approval from the BRN to serve as a faculty member, assistant director, or director at any approved prelicensure nursing program throughout the state.

AB 479 (Tangipa) Criminal procedure: vacatur relief[5]

The bill required a court considering a vacatur petition based on a defendant's status as a victim of intimate partner or sexual violence to also consider whether the petitioner holds a professional license when deciding whether vacatur is in the best interest of justice.

2022 Legislative Overview

A full list of bills the Board took a position on during the second year of the 2021-2022 Legislative Session that were signed into law by the Governor can be found on the Board's website.[6] Below is an excerpt of bills that directly impacted the Board or its licensees for the second year of the 2021-2022 Legislative Session:

[4] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2015
[5] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB479
[6] https://rn.ca.gov/regulations/2022updates.shtml

AB 657 (Cooper), Healing arts: expedited licensure process: applicants providing abortion services[7]
The bill requires the MBC, the Osteopathic Medical Board of California (OMBC), the BRN, and the Physician Assistant Board (PAB) to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice.

AB 2626 (Calderon), Medical Board of California: Licensee Discipline: Abortion[8]
The bill prohibits the MBC, the OMBC, the BRN, and the PAB from suspending or revoking the certificate, or denying an application for licensure, of a physician and surgeon, nurse practitioner, certified nurse-midwife, or physician assistant solely for performing an abortion in accordance with existing California law. This bill would also prohibit these boards from imposing such discipline on the licensees if they are disciplined or convicted in another state in which they are licensed or certified solely for performing abortions in that state.

AB 2684 (Committee on Business and Professions), Nursing[9]
The bill extends the sunset date for BRN and makes changes to the NPA recommended during the joint sunset review of the Board.

SB 1237 (Newman), Licenses: Military Service[10]
The bill defines the phrase "called to active duty" to include active duty in the United States Armed Forces and on duty in the California National Guard, for purpose of professional license requirement waivers.

SB 1375 (Atkins), Nursing: Nurse Practitioners[11]
The bill expands the training options for NPs and NMs seeking to perform abortions by aspiration techniques.

2023 Legislative Overview
A full list of bills the Board took a position on during the first year of the 2023-2024 Legislative Session that were signed into law by the Governor can be found on the Board's website.[12] Below is an excerpt of bills that directly impacted the Board or its licensees for the first year of the 2023-2024 Legislative Session:

AB 633 (Patterson) Nursing: licensure: retired licenses[13]
The bill requires the BRN to establish a retired license category for licensees who meet certain criteria. The bill prohibits a retired RN from engaging in any activity that requires an active RN license but authorizes them to provide nursing services to the public, free of charge in any public health program created by federal, state, or local law or administered by a federal, state, county, or local government entity under adequate supervision.

AB 883 (Mathis) Business licenses: United States Department of Defense SkillBridge program[14]
The bill requires a licensing program within DCA, after July 1, 2024, to expedite the initial licensure process for an applicant who provides evidence that they are an active-duty member of a regular component of the United States Armed Forces and enrolled in the Department of Defense SkillBridge program.

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[7] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB657
[8] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2626
[9] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2684
[10] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1237
[11] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1375
[12] https://rn.ca.gov/regulations/2023updates.shtml
[13] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB633
[14] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB883

AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on another state's law[15]
The bill protects licensed health care professionals, clinics, and health facilities from being denied a license or subjected to discipline based on a civil judgment, criminal conviction, or disciplinary action imposed by another state based solely on the application of a law that interferes with a person's right to receive sensitive services that would be lawful in California.

SB 345 (Skinner) Health care services: legally protected health care activities[16]
The bill establishes various safeguards against the enforcement of other states' laws that prohibit, criminalize, sanction, authorize civil liability against, or otherwise interfere with a person, healthcare provider, or other entity in California that offers reproductive health care services or gender-affirming health care services.

SB 372 (Menjivar) Department of Consumer Affairs: licensee and registrant records: name and gender changes[17]
The bill requires a board under DCA to replace references to a licensee's former name or gender on their license and on the online license verification system, upon request, when the licensee's name has been changed due to a court-ordered change in gender or under circumstances that resulted in participation in state's address confidentiality program.

SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing[18]
The bill revises and repeals, until January 1, 2026, certain requirements under the Bagley-Keene Open Meeting Act. Among other changes, the bill requires a quorum of members of the state body to be physically present in the same location for a meeting of the full state body. Any additional members of the state body, in excess of a quorum, may attend and participate in the meeting from a remote location that does not need to be accessible to the public. Certain exceptions to the physical quorum requirement apply for members with disabilities and for meetings of subcommittees or advisory committees.

SB 667 (Dodd) Healing arts: pregnancy and childbirth[19]
The bill, among other changes, clarifies a NM's authority to treat and provide care for common gynecologic conditions, permits a NM to admit or discharge a patient if a NM has privileges at a general acute care hospital, clarifies that a NM is a practitioner for purposes of certifying disability, and includes a NM as a laboratory director for purposes of performing specified laboratory tests.

SB 887 (Committee on Business, Professions and Economic Development) Consumer Affairs[20]
The bill makes numerous technical and clarifying provisions related to programs within DCA.

2024 Legislative Overview

A full list of bills the Board took a position on during the second year of the 2023-2024 Legislative Session that were signed into law by the Governor can be found on the Board's website.[21] Below is an excerpt of bills that directly impacted the Board or its licensees for the second year of the 2023-2024 Legislative Session:

[15] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1707
[16] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB345
[17] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB372
[18] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB544
[19] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB667
[20] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB887
[21] https://rn.ca.gov/regulations/updates.shtml

AB 1577 (Low) Health facilities and clinics: clinical placements: nursing[22]
The bill requires health facilities and clinics to meet with a community college or California State University with an approved school of nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical placement slots to accommodate the nursing program. Requires the hospital or clinic, if unable to provide additional clinical placement slots, to inform HCAI of its lack of capability or capacity using a form developed by the department, subject to a $1,000 fine for failure to provide the information.

AB 1991 (Bonta) Licensee and registrant renewal: National Provider Identifier[23]
The bill requires health profession licensing boards within DCA to require a licensee or registrant who electronically renews their license or registration to provide their individual National Provider Identifier, if they have one.

AB 2015 (Schiavo) Nursing schools and programs: faculty members, directors, and assistant directors[24]
The bill establishes a process for approved schools of nursing, except for those that are actively accredited by an institutional or programmatic accreditor recognized by the United States Department of Education, to obtain approval from the BRN to serve as a faculty member, assistant director, or director at any approved prelicensure nursing program throughout the state.

AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental or physical health[25]
The bill requires the MBC, BRN, Board of Psychology, PAB, and Board of Behavioral Sciences (BBS), in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

AB 2471 (Patterson) Professions and vocations: public health nurses[26]
The bill removes the requirement for PHNs to renew their certificates on a biennial basis with the BRN.

AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health[27]
The bill requires the BRN, Board of Psychology, PAB, and the BBS, in establishing standards for continuing education, to consider including a course in maternal mental health.

AB 2730 (Lackey) Sexual assault: medical evidentiary examinations[28]
The bill adds a NM, working in consultation with a physician or surgeon, to the list of qualified health care professionals that can perform a sexual assault exam.

AB 3119 (Low) Physicians and surgeons, nurse practitioners, and physician assistants: continuing medical education: infection-associated chronic conditions[29]
The bill requires the MBC, the OMBC, the BRN, and the PAB to consider requiring licensees to take a continuing education course related to infection-associated chronic conditions, including, but not limited to, long COVID, myalgic encephalomyelitis, and dysautonomia.

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[22] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1577
[23] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1991
[24] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2015
[25] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2270
[26] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2471
[27] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2581
[28] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2730
[29] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3119

SB 639 (Limon) Medical professionals: course requirements[30]
The bill, among other provisions, requires a NP who provides primary care to a patient population of which over 25 percent are 65 years of age or older to certify that they have completed at least 20 percent of all existing mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients.

SB 1015 (Cortese) Nursing schools and programs[31]
The bill requires the BRN to study and recommend standards regarding how approved schools of nursing or nursing programs manage or coordinate clinical placements and to annually collect, analyze, and report information related to management of coordination of clinical placements.

SB 1451 (Ashby) Professions and vocations[32]
The bill, among other provisions, makes various changes to the criteria for licensure of NPs that practice without standardized procedures. The bill also clarifies that no person shall use the words "doctor" or "physician," the letters or prefix Dr., the initials M.D. or D.O., or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed M.D. or D.O.

2025 Legislative Overview
The following is a list of bills the Board took a position on during the first year of the 2025-2026 Legislative Session, that were signed into law by the Governor:

AB 260 (Aguiar-Curry) Sexual and reproductive health care[33]
This bill contains numerous provisions that are intended to maintain access to medication abortion. Among other changes, the bill would prohibit subjecting a healing arts practitioner who is authorized to prescribe, furnish, order, or administer dangerous drugs to civil, criminal, disciplinary, or other administrative action for prescribing, furnishing, ordering, or administering mifepristone or other medication abortion drugs for a use that is different from the use for which that drug has been approved for marketing by the FDA or that varies from an approved risk evaluation and mitigation strategy under federal law. The bill would also prohibit criminal, civil, professional discipline, or licensing actions against an applicant or licensee for manufacturing, transporting, or engaging in certain other acts relating to mifepristone or other medication abortion drugs.

AB 583 (Pellerin) Death certificates[34]
This bill adds NPs to the list of health care practitioners last in attendance who are required to complete and attest to the medical and health section and time of death on a death certificate in specified facilities and imposes the same requirements on NPs that are currently placed on physicians and physician assistants for the purpose of reporting deaths.

AB 876 (Flora) Nurse anesthetists: scope of practice[35]
This bill defines anesthesia services for purposes of clarifying the practice authority of a CRNA.

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[30] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB639
[31] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1015
[32] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1451
[33] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260
[34] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB583
[35] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB876

AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence[36]
This bill prohibits artificial intelligence (AI) and generative artificial intelligence (GenAI) systems from misrepresenting themselves as licensed or certified healthcare professionals and provides state licensing boards or enforcement agencies the authority to pursue legal recourse against developers or deployers of AI or GenAI systems.

AB 836 (Stefani) Midwifery Workforce Training Act[37]
This bill requires HCAI, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California.

Regulations

Since the submission of the last Sunset Report, the Board has completed several regular rulemaking packages. These are presented below in chronological order, with each entry identifying the date of approval by the Office of Administrative Law (OAL) and the corresponding effective date. In addition, the Board has submitted multiple requests under 1 CCR section 100, "Changes Without Regulatory Effect." These requests, along with their OAL approval dates, are also outlined below.

Finally, the Board is actively developing several additional rulemaking packages, which will be released for public comment in the near future. These forthcoming packages are also listed below.

Completed Regular Rulemaking Packages

Unprofessional Conduct, Disciplinary Guidelines, and Criminal Conviction Substantial Relationship and Rehabilitation Criteria

- CCR Section(s) Affected: 16 CCR 1441, 1444, 1444.5, 1445
- Summary of Changes: The package updated regulations to conform with the requirements of AB 2138 (Chiu, Chapter 995, Statutes 2018) which limited the discretion provided to regulatory entities within DCA to apply criminal history background, as it relates to denial of an application for licensure.
- OAL Approval Date: 5/21/2021
- Effective Date: 5/21/2021

Nurse Practitioner Education

- CCR Section(s) Affected: 16 CCR 1484
- Summary of Changes: The Board added language to clarify that a NP education program may exceed the minimum requirement of 500 clinical hours for supervised direct patient care experience.
- OAL Approval Date: 2/8/2022
- Effective Date: 4/1/2022

Continuing Education Courses

- CCR Section(s) Affected: 16 CCR 1450, 1456
- Summary of Changes: The Board added three new definitions related to continuing education. The Board also required continuing education courses to include the understanding of implicit bias unless the course is related solely to research or other

[36] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB489
[37] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB836

non-direct patient care components. Lastly, the Board established that continuing education courses can include experimental medical procedures or treatments if they meet certain benchmark requirements.
- OAL Approval Date: 8/12/2022
- Effective Date: 10/1/2022

Clinical Facilities
- CCR Section(s) Affected: 16 CCR 1427
- Summary of Changes: The Board updated the reporting requirements for nursing programs when they experience changes to their use of clinical facilities. This includes changes to the number of students from the program approved for placement at clinical facilities, changes in annual clinical placement capacity at the facility, and cancellation or alteration of clinical affiliation agreements.
- OAL Approval Date: 10/13/2022
- Effective Date: 1/1/2023

Approval Requirements and Changes to an Approved Program
- CCR Section(s) Affected: 16 CCR 1423, 1432, 1421
- Summary of Changes: The Board established that knowingly concealing or misrepresenting a material fact from the Board is cause for denial of a new nursing program's application or revocation of an existing nursing program's approval. The Board also clarified that if a nursing program wants to add a new campus, they must complete the EDP-I-01 form and if a nursing program wants to increase their annual enrollment, they must first obtain Board approval.
- OAL Approval Date: 10/14/2022
- Effective Date: 1/1/2023

Categories and Scope of Practice of Nurse Practitioners
- CCR Section(s) Affected: 16 CCR 1480, 1481, 1482.3, 1482.4, 1487
- Summary of Changes: The Board issued guidance related to AB 890 (Wood, Chapter 265, Statutes of 2020). This included establishing the two new categories of nurse practitioners that can practice without standardized procedures. It also defined education, training, national certification, regulatory, and medical staff governance requirements for the new categories.
- OAL Approval Date: 12/23/2022
- Effective Date: 1/1/2023

Coursework Exemptions for Out-of-State Applicants
- CCR Section(s) Affected: 16 CCR 1410.5
- Summary of Changes: The Board updated nursing education requirements to waive the laboratory component of anatomy, physiology, or microbiology courses for out of state endorsement applicants that have been practicing in good standing for at least two years.
- OAL Approval Date: 8/18/2023
- Effective Date: 10/1/2023

Continuing Education Requirements; Exemptions
- CCR Section(s) Affected: 16 CCR 1452
- Summary of Changes: The Board issued guidance related to AB 1407 (Burke, Chapter 445, Statutes of 2021). The Board established that all new licensees in California must complete one hour of implicit bias continuing education training within the first two years of licensure. The Board also clarified that licensees may not request an exemption.

- OAL Approval Date: 3/14/2024
- Effective Date: 7/1/2024

Required Curriculum
- CCR Section(s) Affected: 16 CCR 1426
- Summary of Changes: The Board issued guidance related to AB 2684 (Berman,
- Chapter 413, Statutes of 2022). The Board updated nursing education requirements for direct patient care hours to remove conflicting guidance between statute and regulation.
- OAL Approval Date: 5/1/2024
- Effective Date: 7/1/2024

Nurse Practitioner Education
- CCR Section(s) Affected: Title 16 CCR 1484
- Summary of Changes: The Board updated nurse practitioner program requirements related to preceptor qualifications. The Board removed the requirement for a clinical preceptor or nurse practitioner student to hold an active RN license in California if the clinical preceptorship occurs in another state.
- OAL Approval Date: 6/27/2025
- Effective Date: 10/1/2025

Completed Changes without Regulatory Effect (Section 100)

Definitions - Standards for Nurse Practitioners
- CCR Section(s) Affected: 16 CCR 1480
- OAL Approval Date: 12/23/2021

Requirements for Clinical Practice Experience for Nurse Practitioner
- CCR Section(s) Affected: 16 CCR 1486
- OAL Approval Date: 8/8/2022

Processing Times
- CCR Section(s) Affected: 16 CCR 1410.1, 1419.2
- OAL Approval Date: 10/20/2022

Nurse-Midwives & Standards for Nurse Practitioners (SB 1375)
- CCR Section(s) Affected: 16 CCR 1463.5, 1485.5
- OAL Approval Date: 12/12/2022

Required Curriculum
- CCR Section(s) Affected: 16 CCR 1426
- OAL Approval Date: 12/19/2022

Exemption from Continuing Education Requirements
- CCR Section(s) Affected: 16 CCR 1452
- OAL Approval Date: 12/14/2022

Nurse-Midwifery Committee
- CCR Section(s) Affected: 16 CCR 1461
- OAL Approval Date: 2/13/2023

Scope of Practice
- CCR Section(s) Affected: 16 CCR 1463
- OAL Approval Date: 10/18/2023

Application for Approval & Changes to an Approved Program
- CCR Section(s) Affected: 16 CCR 1421, 1432
- OAL Approval Date: 10/26/2023

Nurse Practitioner Education
- CCR Section(s) Affected: 16 CCR 1484
- OAL Approval Date: 8/2/2024

Public Health Nurse Renewal Fees
- CCR Section(s) Affected: 16 CCR 1417
- OAL Approval Date: 5/14/2025

Regulations Currently in the Rulemaking Process

Independent Practice Supervision in Disciplinary Guidelines
- CCR Section(s) Affected: 16 CCR 1444.5
- Summary of Changes: The proposed rulemaking amends the Disciplinary Guidelines to establish supervision requirements for a licensee that is practicing in an independent setting when they are placed on probation. It addresses details such as supervisor qualifications, level of supervision, timeline expectations, and reporting requirements.
- Status of Package: Proposed text approved by the Full Board. Initial rulemaking package with DCA for review and approval.

Nurse Practitioners - SB 1451 Implementation
- CCR Section(s) Affected: 16 CCR 1481, 1482, 1482.3, 1482.4 and 1487
- Summary of Changes: The proposed rulemaking contains conforming amendments to ensure Board regulations reflect the statutory changes made by SB 1451 (Ashby, Chapter 481, Statutes of 2024). It also contains some clean up and clarifying amendments related to nurse practitioners.
- Status of Package: Proposed text approved by the Full Board. Initial rulemaking package under development by Board staff.

Major Studies Conducted by the Board

Question 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 7.

- The HCAI Health 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. HCAI 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 CCCCO access and use this data to obtain RN practice locations, postlicensure education, workforce diversity, and other workforce and demographic information and seek grant funding.
- 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. Following the Board's vote in May 2025, the BRN will also begin participating in the NCSBN Prelicensure Annual Report Core Data Survey[38] starting in 2026. A listing of all studies and reports can be found on the BRN website.[39] 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 11, Attachment C.

Biennial Demographic/Workforce Survey of RNs and Forecasting Analysis[40]
This study is a legislatively mandated (BPC section 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, 2018, 2020, 2022 and 2024. 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. The 2024 survey results are still under analysis and the report development with UCSF. The 2022 survey revealed the following key findings based on the RNs who submitted responses:

- The average age of RNs has declined slightly in recent years to 45, compared to almost 48 in 2004. The largest average age group of RNs in California decreased from 50–54 years (14.4%) in 2012 to 35–39 years (14.1%) in 2022, indicating a younger overall nursing workforce.
- The number of men working as RNs and residing in California has marginally increased from 11.6 percent in 2012, to 12.3 percent in 2022.
- RNs are more ethnically diverse, with 53.9 percent being non-white compared to 46.6 percent in 2022.
- Most of California's RNs had entered the profession with a bachelor's degree (45.2%) or an associate degree (44.3%).
- RNs entering the profession with a bachelor's degree has increased over the past 10 years, from 39 percent in 2012 to 45.2 percent in 2022.
- Eighty (80) percent of RNs with active California licenses are employed in nursing.
- About 17 percent (77,277) of RNs with active California licenses live outside of California.

[38] https://www.ncsbn.org/nursing-regulation/education/national-nursing-education-database.page
[39] http://rn.ca.gov/forms/pubs.shtml
[40] https://www.rn.ca.gov/forms/reports.shtml

- A total of 25.9 percent of RNs worked in California as traveling nurses, which is the highest reported rate in the past decade. This could be attributed to the COVID-19 pandemic and the increase of endorsement applications in 2021 and 2022.
- A total of 43.6 percent of RNs are direct patient care providers, and 61.3 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 increased about 40 percent over the last 10 years, from $89,940 in 2012 to $125,170 in 2022.

Annual Survey of RN Educational Programs[41]

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 database[42] 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 (2022-2023) include:

- The report included data from 155 BRN-approved prelicensure RN programs in 2023-2024, compared to 142 in 2014-2015, which represents a nine percent increase in overall programs over the past 10 years.
- Sixty-six (66) percent of the prelicensure nursing programs in California are public, which has decreased from 74 percent in 2014-2015. Private schools account for almost all new program growth.
- Public school attrition rates have decreased from 13.7 percent in 2014-2015 to 6.8 percent in 2023-2024, an overall decrease of 6.9 percent over the last 10 years.
- Private school attrition rates have also decreased form 12.3 percent in 2014-2015 to 9.3 percent in 2023-2024, reflecting a three (3) percent decrease over the last 10 years.
- Employment of new graduates to California employers is approximately 86 percent. The number of new graduates working in hospitals has a nine percent increase, from 58.3 percent in 2014-2015 to 67.3 percent in 2023-2024. The number of graduates who had not found employment at the time of the survey has declined from 9.5 percent in 2014-2015 to 2.5 percent in 2023-2024.

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 website[43]. A listing of the publications below and website links to access the most current edition is included in Section 11, Attachment C.

BRN Reports[44]

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

[41] https://www.rn.ca.gov/forms/reports.shtml#school
[42] https://www.rn.ca.gov/forms/rnsurvey201718.shtml
[43] http://rn.ca.gov/forms/pubs.shtml
[44] https://www.rn.ca.gov/forms/pubs.shtml#brnreport

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.

Strategic Plan
In November 2025, the Board formally adopted its current 2026-2030 Strategic Plan.[45]

In November 2021, the Board formally adopted its prior 2022-2025 Strategic Plan.[46] During the development of this Strategic Plan, the Board made changes to its mission, vision, and values to align its efforts to create a sustainable foundation to serve in the future.

Annual Reports[47]
Every year the BRN provides statistical information on all programs via its annual report to DCA.

National and Other Association Memberships and Participation

Question 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 NURSYS 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. Many BRN staff regularly participate in NCSBN calls and trainings, including the APRN Knowledge Network, Discipline Knowledge Network, Exam Operations sessions, Education calls, and NCLEX Virtual Conferences.

Over the past four years, Board leadership and staff have actively participated in a range of NCSBN meetings and forums, reflecting the Board's ongoing engagement with national regulatory initiatives. Key participation included:

- **January 2023:** The EO attended the NCSBN Executive Officer Orientation in Chicago, Illinois.
- **March 2023:** The EO and Board President participated in the NCSBN Midyear Meeting, Executive Leadership and President Forum in Seattle, Washington.
- **August 2023:** The EO and Board President attended the NCSBN Annual Meeting in Chicago, Illinois.
- **March 2024:** The EO and Board President attended the NCSBN Midyear Meeting, Executive Leadership and President Forum in Atlanta, Georgia.

[45] https://www.rn.ca.gov/pdfs/consumers/stratplan26-30.pdf
[46] https://www.rn.ca.gov/pdfs/consumers/stratplan22-25.pdf
[47] https://www.dca.ca.gov/publications/annual_reports.shtml

- **June 2024:** The EO participated in the NCSBN Executive Officer Summit in Salt Lake City, Utah.
- **August 2024:** The EO and Board President attended the NCSBN Annual Meeting in Chicago, Illinois.
- **March 2025:** The EO and Board President attended the NCSBN Midyear Meeting, Executive Leadership and President Forum in Pittsburgh, Pennsylvania.
- **April 2025:** The EO, AEO, and staff participated in the NCSBN Discipline Case Management Conference in Santa Rosa, California.
- **August 2025:** The EO and Board President attended the NCSBN Annual Meeting in Chicago, Illinois.

The Board requires applicants to pass the NCLEX 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. 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.

Additionally, BRN staff participate in a variety of local and in-state committees, workgroups, and task forces, including, but 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. HealthImpact builds coalitions and partnerships to develop projects in several program areas to transform the capacity of nurses to meet the evolving health needs of Californians, including but not limited to, California Simulation Alliance which promotes simulation in health care to improve patient safety; California Collaborative Model of Nursing Education which is California's model for seamless academic progression goes beyond legislative and policy recommendations; Centralized Clinical Placement System that connects nursing schools and clinical agencies to streamline the clinical placement process. The EO will collaborate, when requested, to provide updates on BRN activities and serve as a resource on nursing education and workforce matters.
- **APRN Coalition** – A workgroup related to APRNs, which was developed as part of the California Action Coalition's work, and BRN staff routinely participated in meetings of this workgroup; however, it is now by invitation only. 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 attend meetings of these organizations that include nursing program directors who collaborate and work on RN education-related topics and issues. There is separate northern and southern California groups that meet independently throughout the year. Two joint conferences are held each year which BRN staff attend and provide information for new and continuing program directors. One of the joint conferences held each year in the Fall includes all members from both organizations.
- **Health Professions Education Foundation** – Housed under HCAI, 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 which 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.
- **Consortia** – 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 CCCCO, 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. BRN staff regularly attend meetings that include nursing program directors who collaborate and work on RN education-related topics and issues.
- **Hospice Fraud Taskforce (HFTF)** – The HFTF works to address fraud in the hospice services industry in California by identifying and investigating fraud and referring identified cases of suspected fraud to DOJ for prosecution. The meetings were bimonthly; however, during the October 2025 meeting the frequency was changed to quarterly effective January 2026. BRN participants include the AEO and the Chief of Enforcement with the EO attending, as available.
- **Interagency Advisory Committee on Apprenticeship (IACA) including the IACA healthcare subcommittee** – IACA was established in the Shelley-Maloney Apprentice Labor Standards Act with the passage of Assembly Bill 235 (2018). The committee conducts open quarterly meetings to advise and guide the Administrator of Apprenticeship and the Chief of the Division of Apprenticeship Standards on apprenticeship programs, standards, and agreements that fall outside the jurisdiction of the California Apprenticeship Council. The EO serves as the BRN's representative

and voting member, participating in quarterly meetings and more frequent subcommittee sessions.

- **The Western Interstate Commission for Higher Education (WICHE)** – WICHE is a regional, non-profit organization that partners with 16 states and US territories to strengthen higher education access and workforce development across the Western region. Its initiatives include student exchange programs, applied research, and policy recommendations that expand educational opportunities and address regional workforce challenges. The EO participates in meetings as scheduled to represent BRN interests and perspectives.
- **Hospital Association Southern California (HASC)** – HASC represents 176 member hospitals, 31 health systems, and numerous affiliated organizations across Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, and Ventura counties. The association is committed to improving the operational environment for hospitals and enhancing the health of the communities they serve. The EO attends regular meetings to provide updates on BRN activities, foster collaboration, and serve as a resource on nursing education and workforce matters.
- **Hospital Council Northern and Central California** – Representing 197 hospitals and health systems across 50 of California's 58 counties, the Hospital Council advocates for both small rural hospitals and large urban medical centers. The EO engages in regular meetings to report on BRN activities, share regulatory updates, and act as a resource to support healthcare workforce initiatives.
- **California Health Workforce Education and Training Council** – Convened by the HCAI, this 18-member council represents a diverse cross-section of graduate medical education programs, health professions, including primary care and behavioral health, and consumer advocates. The EO participates as a public member, attending meetings and providing public comment to advance nursing education and workforce development priorities.

SECTION 2: Fiscal and Staff

The BRN continues to maintain a strong fiscal foundation and a skilled workforce to support its public protection mission. This section outlines the Board's financial status, budgetary trends, and staffing levels, highlighting how prudent fiscal management and strategic personnel planning ensure that resources align with program needs. Key updates include recent budget allocations, revenue and expenditure patterns, and efforts to recruit, retain, and develop staff to meet increasing regulatory demands and evolving healthcare priorities.

Current Reserve Level, Spending, and Statutory Reserve Level

Question 2.1

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 section 2814)

Question 2.2

Using *Table 2. Fund Condition,* 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 and expenditures have remained stable since the last sunset report and are projected to remain at this level. 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 section 128.5.) The BRN fund is currently operating at a surplus within the statutory limit.

Question 2.3

Using *Table 2, Fund Condition*, describe year over year expenditure fluctuations and the cause for the fluctuations.

Table 2. Fund Condition						(list dollars in thousands)
	FY 2021/22	**FY 2022/23**	**FY 2023/24**	**FY 2024/25**	**FY 2025/26**	**FY 2026/27**
Beginning Balance	$36,193	$56,290	$77,484	$27,543	$75,766	$89,426
Revenues and Transfers	$77,934	$81,182	$77,125	$80,073	$81,292	$79,575
Total Resources	$114,127	$137,472	$154,609	$107,616	$157,058	$169,001
Budget Authority	$61,592	$62,212	$66,463	$65,879	$61,913	$63,770
Expenditures	$58,186	$60,410	$62,535	$61,850	$67,632	$69,044
Loans to General Fund	$0	$0	-$65,000	$0	$0	$0
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0
Loans Repaid from General Fund	$0	$0	$0	$30,000	$0	$0
Fund Balance	$55,941	$77,062	$27,074	$75,766	$89,426	$99,957
Months in Reserve	11.1	14.8	5.3	13.4	15.5	16.9

Anticipated Deficit, General Fund Loans, and Fee Changes

Question 2.4

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

At the end of FY 2024/2025, the BRN had a fund balance of $75.7 million dollars, which is a 13.4-month reserve. The reserve is projected to gradually increase 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. Table 2 shows the BRN's Fund Condition.

Question 2.5

Using *Table 3, Expenditures by Program Component,* describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. 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 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$6,142	$12,320	$6,687	12,259	$7,225	$12,777	$7,144	$13,048
Examination	$3,816	$879	$3,292	$860	$4,446	$820	$4,221	$ 697
Licensing	$6,710	$1,354	$7,623	$1,770	$8,126	$1,496	$7,912	$1,205
Administration *	$5,623	$1,089	$6,093	$1,362	$5,788	$1,024	$5,673	$ 824
DCA Pro Rata	$-	$15,256	$ -	$15,439	$ -	$16,764	$ -	$17,336
Diversion (if applicable)								
TOTALS	$22,291	$30,898	$23,695	$31,690	$25,585	$32,881	$24,950	$33,110

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

Question 2.6

Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The BRN has contributed $7,899,000 toward the BreEZe system through FY 2024/2025.

Beyond its BreEZe investment, the BRN is pursuing additional modernization efforts to improve licensing efficiency, data management, and transparency and has secured three consecutive IT contracts since 2020. The current IT contract of $623,219 expires on September 30, 2028.

Fees and License Renewal Cycles

Question 2.7

Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) 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. 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 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Application Fee – Approval Nursing Program	$40,000	$80,000	$240	$200	$240	$200	0.3%
Continuing Approval - Nurse Program*	$15,000	$30,000	$15	$0	$0	$0	0.0%
Substantive Change Nursing School Approval	$2,500	$5,000	$65	$60	$90	$65	0.1%
Exam Application Fee - RN	$300	$1,000	$4,189	$4,211	$4,442	$5,009	5.6%
Exam Application Fee – RN US Out-of-State	$350	$1,000	$464	$621	$731	$944	0.9%
Exam Application Fee – RN International	$750	$1,500	$1,812	$1,711	$1,571	$1,241	2.0%
Endorsement Application Fee - RN	$350	$500	$10,905	$9,519	$6,796	$6,760	10.7%
Endorsement Application Fee – RN International	$750	$1,500	$2,445	$3,357	$3,221	$2,994	3.8%
Application Fee – Initial CNS	$500	$1,500	$41	$44	$51	$43	0.1%
Application Fee - Initial NM	$500	$1,500	$51	$43	$48	$43	0.1%
Application Fee - NM Drug Device	$400	$1,500	$35	$25	$2	$2	0.0%
Application Fee – Initial CRNA	$500	$1,500	$131	$164	$148	$136	0.2%
Application Fee – Initial NP	$500	$1,500	$1,994	$2,296	$2,445	$2,687	3.0%
Application Fee - NP Drug Device	$400	$1,500	$1,385	$1,001	$166	$138	0.8%
Application Fee – Initial PHN	$300	$1,000	$681	$688	$296	$0	0.5%
Application Fee – Psych/MH Nurse	$350	$500	$23	$55	$49	$57	0.1%
Application Fee – CE Course Provider	$750	$1,000	$80	$97	$97	$108	0.1%
RN Reinstate Application Fee	$350	$1,000	$195	$169	$144	$173	0.2%
Biennial Renewal Fee - RN	$180	$750	$39,505	$40,958	$43,238	$44,966	53.0%
Biennial Renewal Fee - CNS	$150	$1,000	$246	$230	$230	$221	0.3%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Biennial Renewal Fee - NM	$150	$1,000	$95	$100	$102	$105	0.1%
Biennial Renewal Fee - NM Drug Device	$150	$1,000	$78	$78	$83	$84	0.1%
Biennial Renewal Fee - CRNA	$150	$1,000	$200	$205	$222	$235	0.3%
Biennial Renewal Fee - NP	$150	$1,000	$2,232	$2,398	$2,723	$2,895	3.2%
Biennial Renewal Fee - NP Drug Device	$150	$1,000	$2,042	$2,237	$2,509	$2,703	3.0%
Biennial Renewal Fee - Public Health**	$125	$500	$2,402	$2,434	$1,461	$55	2.0%
Biennial Renewal Fee - CE Provider	$750	$1,000	$677	$751	$626	$697	0.9%
Delinquent Renewal Fee - CNS	$75	$500	$4	$4	$4	$2	0.0%
Delinquent Renewal Fee - NM	$75	$500	$1	$2	$1	$1	0.0%
Delinquent Renewal Fee - CRNA	$75	$500	$3	$2	$2	$2	0.0%
Delinquent Renewal Fee - RN	$90	$375	$782	$627	$549	$613	0.8%
Delinquent Renewal Fee - CE Provider	$375	$500	$54	$37	$32	$30	0.0%
Delinquent Fee - NM Drug Device Furnishing	$75	$500	$1	$1	$1	$1	0.0%
Delinquent Fee - NP Drug Device Furnishing	$75	$500	$34	$29	$27	$32	0.0%
Delinquent Renewal Fee - NP	$75	$500	$45	$36	$34	$37	0.0%
Delinquent Renewal Fee - Public Health**	$63	$250	$141	$95	$87	$36	0.1%
Cite and Fine	N/A	N/A	$111	$145	$36	$11	0.1%
Verification (non NURSYS) Fee	$100	$200	$1,637	$278	$248	$263	0.8%
Endorsement - ICHP	$100	$200	$27	$5	$2	$2	0.0%
Certification Fee	$20	$30	$20	$7	$5	$5	0.0%
Duplicate Wall Cert	$60	$100	$83	$87	$80	$81	0.1%
Duplicate NCLEX RN Exam Results	$60	$100	$112	$36	$29	$21	0.1%
Misc Services Transcript	$50	$100	$58	$10	$8	$7	0.0%
Repeat Exam Fee - RN	$250	$1,000	$1,912	$2,605	$1,495	$1,770	2.4%
Temp License Fee - RN	$100	$250	$1,592	$1,293	$619	$245	1.2%
Interim Permit Fee - RN	$100	$250	$151	$95	$67	$54	0.1%
OSHP Reg Nursing	N/A	N/A	$370	$193	$187	$212	0.3%
Misc Revenue	N/A	N/A	$744	$1,943	$1,881	$4,087	2.7%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Total Revenue			$80,110	$81,182	$77,125	$80,073	

* Removed with the provisions of AB 2684 (Berman, Chapter 413, Statutes of 2022), effective January 2023.
** Removed with the provisions of AB 2471 (Patterson, Chapter 717, Statues 2024), effective January 2025.

Budget Change Proposals

Question 2.8

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. Thus, the BRN only requests BCPs when absolutely necessary. The BRN's requested BCPs since the last Sunset Report, are outlined in the chart below:

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
1111-076-BCP-2022-GB	2022-23	To continue the Public Information Unit – Consumer Assistance Call Center and Correspondence and Licensing Division efforts to reduce processing times and improve its customer service to consumers, applicants, licensees, and stakeholders.	0.0	0.0	$1,760,000	$1,760,000	$119,000	$119,000

Staffing Challenges, Recruitment/Retention, and Succession Planning

Question 2.9

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 (36 permanently funded and 31 Limited-Term (LT) positions (funded for 3 years)) in FY 2019/2020 to address deficiencies throughout the organization. When the BRN was approved for these positions, the allocations were made to quickly address critical deficiencies across the organization. However, as implementation progressed, it became clear that several of the positions were not aligned with the Board's operational priorities or evolving program needs. In some cases, positions were placed in

divisions where workload pressures were less acute, while other areas facing significant growth and complexity remained understaffed. Additionally, changes in technology, regulatory requirements, and service delivery highlighted the need for a more strategic distribution of staff resources. As a result, the positions required realignment to ensure that staffing better supports the BRN's core functions, maximizes efficiency, and strengthens the organization's ability to meet both current and future demands.

In June 2022, funding for the 31 LT positions expired; however, beginning July 1, 2022, the BRN was approved to convert 22 of those positions to permanent status. Subsequently, due to Budget Letter 24-20, in FY 2024/25, the salaries for 19 positions were eliminated effective January 1, 2025, but that was retroactive to July 1, 2024.

The BRN continues to review its internal business processes and organizational structure and make revisions as necessary. The BRN completed one phase of a broader multi-phase reorganization aimed at restructuring and improving workload distribution, responsibilities, organizational units, and operational processes. The first phase focused on the Enforcement Division and the Executive Division. The second phase, currently in process, addresses the Consumer Services and Board Operations Division along with the Licensing and Education Division. These changes are designed to improve efficiency, strengthen oversight, and better position the Divisions to meet current and future program demands. Some of the names of the divisions/program areas listed in this report may reflect proposed name changes.

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, BRN strives to keep desk manuals updated so that when a staff member leaves or retires there is a smooth transition.

Staff Development

Question 2.10

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

To effectively fulfill its mandates and mission, the BRN must ensure that staff are properly trained and equipped to perform their duties. However, travel and budgetary restrictions have historically limited access to professional development opportunities. This challenge has been partially mitigated by the increased availability of virtual training options, which have expanded accessibility and reduced associated costs. Additionally, DCA's SOLID offers a variety of no-cost training courses, and all BRN staff are encouraged to participate in sessions that enhance job performance and support career advancement.

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:

Total BRN Staff Development Expenditures			
Fiscal Year	**Year to Date (YTD)**	**Encumbrance**	**YTD + Encumbrance**
2021/2022	$11,788	$2,056	$13,844
2022/2023	$48,586	$0	$48,586
2023/2024	$8,620	$575	$9,195
2024/2025	$3,000	$0	$3,000

SECTION 3: Licensing Program

The BRN's Licensing and Education Division is committed to protecting the health and safety of Californians by determining that individuals possess the knowledge and qualifications necessary to safely practice as an RN and in the specialty category for which they are certified. The Division manages the licensure process for RNs and APRNs, evaluates nursing education programs, and ensures compliance with state laws and regulations that govern nursing education and licensure. Through transparent processes, and ongoing collaboration with academic institutions and stakeholders, the Division ensures that nursing education programs comprehensively cover the knowledge and skills needed for licensure and safe practice that prepare them to meet the evolving needs of California's communities.

Table 6 below shows the licensee population for the last four FYs. Please note that 'active' categories refer to licensees who are able to practice, including those whose licenses are renewed, current, and active. The 'other' category encompasses status types that do not allow practice in California, excluding those classified as retired or inactive.

Table 6. Licensee Population

		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Registered Nurse	Active - California	390,470	406,653	421,141	434,264
	Active - Out of State	89,398	107,983	110,545	112,141
	Active - Out of Country	771	919	1,096	1,379
	Delinquent/Expired	268,970	406,069	428,361	451,251
	Retired Status *if applicable*	0	0	865	3,004
	Inactive	10,324	9,839	9,328	8,781
	Other	78	79	74	99
Clinical Nurse Specialist	Active - California	2,868	2,841	2,841	2,670
	Active - Out of State	278	267	258	224
	Active - Out of Country	1	1	1	2
	Delinquent/Expired	1,595	1,687	1,804	1,862
	Retired Status *if applicable*	0	0	8	32
	Inactive	100	100	97	97
	Other	0	0	0	0
Nurse Practitioner	Active - California	26,310	28,899	33,518	36,054
	Active - Out of State	4,504	5,263	6,376	7,720
	Active - Out of Country	29	26	25	25
	Delinquent/Expired	10,499	11,211	12,096	13,092
	Retired Status *if applicable*	0	0	41	150
	Inactive	147	313	308	322
	Other	1	2	0	0
Nurse Practitioner Furnishing	Active - California	25,928	28,455	31,646	34,280
	Active - Out of State	3,531	4,100	5,114	6,277
	Active - Out of Country	22	22	21	23
	Delinquent/Expired	7,115	12	8,518	9,366
	Retired Status *if applicable*	0	0	34	129
	Inactive	92	0	192	208
	Other	0	0	0	0
Nurse Anesthetist	Active - California	2,233	2,387	2,516	2,602
	Active - Out of State	608	647	701	735
	Active - Out of Country	1	0	1	1
	Delinquent/Expired	2,103	2,200	2,304	2,425
	Retired Status *if applicable*	0	0	1	5
	Inactive	29	35	37	37
	Other	0	0		0

Table 6. Licensee Population (cont'd)					
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Nurse Midwife	Active - California	1,217	1,242	1,939	1,194
	Active - Out of State	140	151	507	162
	Active - Out of Country	3	2	9	4
	Delinquent/Expired	901	954	1,008	1,055
	Retired Status *if applicable*	0	0	1	8
	Inactive	26	32	24	23
	Other	0	0	0	2
Nurse Midwife Furnishing	Active - California	1,005	1,030	1,064	1,084
	Active - Out of State	94	94	96	101
	Active - Out of Country	1	0	0	0
	Delinquent/Expired	499	547	591	636
	Retired Status *if applicable*	0	0	0	6
	Inactive	13	19	16	11
	Other	0	0	0	2
Public Health Nurse	Active - California	37,293	38,799	41,756	52,260
	Active - Out of State	2,362	2,251	2,136	2,354
	Active - Out of Country	18	19	20	23
	Delinquent/Expired	45,688	46,060	46,904	41,101
	Retired Status *if applicable*	0	1	107	454
	Inactive	485	887	822	1,347
	Other	3	3	3	9
Psychiatric Mental Health Nurse	Active - California	182	178	172	167
	Active - Out of State	30	28	25	23
	Active - Out of Country	0	0	0	0
	Delinquent/Expired	262	268	277	283
	Retired Status *if applicable*	0	0	2	4
	Inactive	6	7	7	8
	Other	0	0	0	0
Continuing Education Provider	Active - California	1,424	1,366	1,367	1,269
	Active - Out of State	687	663	660	611
	Active - Out of Country	7	6	6	5
	Delinquent/Expired	1,354	1,225	1,155	1,010
	Retired Status *if applicable*	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	N/A	N/A	N/A	N/A
RN Interim Permit	Active - California	853	541	430	317
	Active - Out of State	16	12	6	3
	Active - Out of Country	0	1	0	0
	Delinquent/Expired	N/A	N/A	N/A	N/A
	Retired Status *if applicable*	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	N/A	N/A	N/A	N/A
Temporary RN License	Active - California	737	370	147	137
	Active - Out of State	3851	1762	829	155
	Active - Out of Country	0	2	2	0
	Delinquent/Expired	1	1	2	2
	Retired Status *if applicable*	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	N/A	N/A	N/A	N/A

Performance Targets

Question 3.1

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 were previously established in 16 CCR section 1410.1; however, this regulation was repealed because the specified application processing timelines were originally adopted to comply with the Permit Reform Act of 1981, which was itself repealed in 2003.

Current performance targets for NP and PHN applications are established in regulation and ensure clear communication and timely processing:

- NP applications (16 CCR section 1483):
  - 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.
- PHN applications (16 CCR section 1493):
  - 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.

To enhance efficiency and applicant communication, the BRN implemented an automated initial review process in October 2023, triggering email notifications for any deficiencies. This ensures applicants are promptly informed, typically well before regulatory deadlines, allowing staff to finalize reviews as soon as all required documentation is received.

As shown in the 9a tables below, the BRN continues to meet or exceed its regulatory performance targets for complete applications and has demonstrated significant year-over-year reductions in processing times for incomplete applications, reflecting ongoing improvements in workflow efficiency and system modernization.

Licensee Population Data

Question 3.2

Using *Table 7a, Licensing Data by Type*, 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?

The following tables on pages 57-62 are the licensee population data for each of the licenses and certifications issued by the BRN. Data in the "received" and "approved/issued" columns are pulled from the DCA-0100-Annual Report Application and License Status Statistics Report.

All remaining data are pulled from the APP-1033-Applications Received Approved Pending and Licenses Issued Report.

For the last four FYs, across most license types, the BRN has seen a decrease in processing times for complete applications as the BRN made changes to business processes and implemented system improvements. Key processing time highlights from Table 7a are summarized below:

- **RN Examination Applications:** The average processing time for complete RN examination applications decreased from 35 days to 24 days, representing a 31.4 percent improvement over the four FYs.
- **RN Endorsement Applications:** Processing times for complete RN endorsement applications improved substantially, from 69 days to 40 days, a 42 percent overall decrease.
- **NM Certification:** While the processing time for complete applications increased slightly from three to five days, the timeframe for incomplete applications improved significantly, from 114 days to 72 days, a 36.8 percent reduction over the four FYs.
- **CNS Certification:** The processing time for complete applications declined from seven days to same-day approval, marking a 100 percent reduction.
- **CRNA Certification:** Although the average time to process complete CRNA applications increased slightly, from two to four days, the Board achieved a major improvement in the handling of incomplete applications, reducing processing time from 110 days to 61 days, a 44.5 percent reduction across the four FYs.
- **NP Certification:** NP certification processing times improved from seven to three days, a 57.1 percent reduction.
- **PHN Certification:** The average processing time for PHN certifications decreased from nine to six days, a 33.3 percent reduction, further enhanced by the Board's 2023 initiative to automatically issue certifications for qualified California graduates.

Additionally, while processing times have shown marked improvement, the Board has also managed a notable increase in application volumes across several categories over the past four FYs, reflecting both growing demand for licensure and the effectiveness of the BRN's modernization efforts in accommodating higher workloads without compromising efficiency. Below is a summary of data presented in Table 7a on applications received:

- **RN Examination:** The number of RN examination applications increased from 17,768 in FY 2021/2022 to 21,081 in FY 2024/2025, a 18.6 percent growth over four fiscal years. This steady rise reflects expanded nursing program enrollments, reduced processing barriers through the California Nursing Program Graduate Portal, and strong graduate interest in entering the California workforce.
- **RN Endorsement:** Decreased from 34,888 to 23,825, a 31.7 percent reduction. This decline corresponds with the post-pandemic stabilization of interstate nurse mobility and the conclusion of temporary emergency licensing provisions that previously drove higher endorsement volumes.
- **RN Repeater:** The number of repeater applications fluctuated throughout the review period, peaking at 10,460 in FY 2022/2023 before stabilizing at 7,103 in FY 2024/2025. These variations mirror national NCLEX testing cycles and candidate testing behavior following exam format changes introduced in 2023.
- **RN Renewals:** Activity continued to grow steadily, increasing from 244,302 to 286,209, a 17.1 percent increase.
- **NP Certification:** Applications received increased from 4,108 in FY 2021/2022 to 5,400 in FY 2024/2025, reflecting a 31.4 percent increase and representing the most substantial growth among all APRN categories. The increase correlates with the expanded independent practice authority granted under AB 890 (Wood, Chapter 265, Statutes 2020) and the overall growth in advanced practice education programs statewide.

NP furnishing applications increased from 3,540 to 4,914, marking a 38.8 percent rise, supported by the BRN's initiative to combine initial NP and furnishing applications into a single process and remove duplicative fees.

- **NM Certification:** Applications remained stable, fluctuating between 86 and 104 applications received annually, while NM furnishing applications decreased slightly from 93 to 77.
- **CRNA Certification:** Applications declined slightly from 272 to 274, remaining consistent over the four-year period.
- **CNS Certification:** Applications increased from 81 to 95, a 17.3 percent increase over the four FYs.
- **PHN Certification:** Applications more than doubled, from 2,532 in FY 2021/2022 to 6,905 in FY 2024/2025, driven primarily by the Board's 2023 policy change allowing automatic issuance of PHN certifications to qualified California graduates. This reform significantly reduced processing times and expanded public health nursing capacity.

The BRN has significantly improved processing times and application management through implementation of modernization efforts which include, but are not limited to, the launch of the California Nursing Program Graduate Portal, which streamlined graduate eligibility verification and eliminated transcript delays; partnerships with the National Student Clearinghouse and Parchment which improved the speed and security of transcript processing; and automated application reviews with real-time deficiency alerts, reducing manual workload and enhancing transparency. Additionally, a $2.35 million contract with HORNE helped eliminate backlogs, optimize workflows, and pilot concierge service models. While some temporary increases in pending applications occurred during system transitions, these were addressed through continued IT automation/efforts and workload adjustments. The BRN continues to monitor performance metrics and invest in IT solutions to ensure timely, efficient, and transparent licensing processes.

Table 7a. Licensing Data by Type (Registered Nurse)

Fiscal Year	Application Type**	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Exam	17,768	20,800	3,087	3691	N/A	N/A	35	125	63
	Repeater	7,727		342	890	N/A	N/A	30	41	34
	Endorsement	34,888	22,384	8,352	22,703	N/A	N/A	69	143	119
	Renewal	244,302	225,869	15,694	201,843	N/A	N/A	4	N/A	2
2022/23	Exam	18,206	18,183	3,435	2,721	N/A	N/A	28	138	53
	Repeater	10,460		893	125	N/A	N/A	16	25	18
	Endorsement	32,170	33,475	14,193	12,051	N/A	N/A	56	127	115
	Renewal	251,122	229,542	17,049	205,662	N/A	N/A	2	N/A	2
2023/24	Exam	19,070	18,950	3,035	2,348	N/A	N/A	27	97	44
	Repeater	5,986		871	19	N/A	N/A	2	17	2
	Endorsement	24,276	23,325	11,295	7,668	N/A	N/A	40	97	90
	Renewal	271,120	242,560	18,100	218,081	N/A	N/A	1	N/A	1
2024/25	Exam	21,081	19,147	3,189	2,595	N/A	N/A	24	83	35
	Repeater	7,103		944	17	N/A	N/A	0	29	0
	Endorsement	23,825	21,028	9,086	7,445	N/A	N/A	40	79	70
	Renewal	286,209	251,900	19,288	222,963	N/A	N/A	1	N/A	1

* Not tracked by the board.

** For both the initial exam application (1010) and the repeater exam (1015), the same approval transaction (1020) is used upon passing/license issuance; therefore, it is not possible to distinguish between the two exam types based on this transaction.

Table 7a. Licensing Data by Type (Nurse-Midwife)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	104	86	6	43	N/A	N/A	3	114	110
	Renewal	736	666	0	962	N/A	N/A	1	N/A	1
2022/23	Certification	86	95	25	20	N/A	N/A	19	85	80
	Renewal	748	667	17	1,034	N/A	N/A	7	N/A	7
2023/24	Certification	103	87	25	29	N/A	N/A	2	66	57
	Renewal	758	684	6	1,086	N/A	N/A	1	N/A	1
2024/25	Certification	87	83	19	22	N/A	N/A	5	72	69
	Renewal	780	692	18	1,141	N/A	N/A	2	N/A	2

* Not tracked by the board.

Table 7a. Licensing Data by Type (Certified Nurse-Midwife Furnishing)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	93	89	10	23	N/A	N/A	4	102	93
	Renewal	584	532	0	594	N/A	N/A	4	N/A	4
2022/23	Certification	102	79	29	24	N/A	N/A	19	95	86
	Renewal	591	537	2	656	N/A	N/A	6	N/A	6
2023/24	Certification	84	68	9	32	N/A	N/A	46	70	62
	Renewal	607	549	4	695	N/A	N/A	2	N/A	2
2024/25	Certification	77	84	13	12	N/A	N/A	16	65	45
	Renewal	628	552	10	759	N/A	N/A	2	N/A	2

* Not tracked by the board.

Table 7a. Licensing Data by Type (Clinical Nurse Specialist)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	81	51	39	49	N/A	N/A	7	112	110
	Renewal	1,767	1,647	3	1,870	N/A	N/A	2	N/A	2
2022/23	Certification	85	54	33	57	N/A	N/A	0	126	126
	Renewal	1,686	1,523	35	1,982	N/A	N/A	2	N/A	2
2023/24	Certification	102	95	44	39	N/A	N/A	1	86	85
	Renewal	1,716	1,543	23	2,095	N/A	N/A	2	N/A	2
2024/25	Certification	95	73	37	45	N/A	N/A	0	66	64
	Renewal	1,693	1,507	50	2,174	N/A	N/A	2	N/A	2

* Not tracked by the board.

Table 7a. Licensing Data by Type (Certified Registered Nurse Anesthetist)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	272	345	38	86	N/A	N/A	2	110	106
	Renewal	1,520	1,384	2	2,158	N/A	N/A	4	N/A	4
2022/23	Certification	334	298	46	90	N/A	N/A	1	92	91
	Renewal	1,548	1,380	47	2,331	N/A	N/A	3	N/A	3
2023/24	Certification	304	293	43	78	N/A	N/A	13	75	73
	Renewal	1,648	1,517	7	2,415	N/A	N/A	3	N/A	3
2024/25	Certification	274	251	45	73	N/A	N/A	4	61	59
	Renewal	1,768	1,590	35	2,537	N/A	N/A	3	N/A	3

* Not tracked by the board.

Table 7a. Licensing Data by Type (Nurse Practitioner)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	4,108	3,818	813	1,523	N/A	N/A	7	107	103
	Renewal	16,346	15,306	50	10,748	N/A	N/A	3	N/A	3
2022/23	Certification	4,672	4,256	1,229	1,562	N/A	N/A	4	84	81
	Renewal	17,431	16,095	406	11,777	N/A	N/A	3	N/A	3
2023/24	Certification	4,930	5,073	1,227	1,068	N/A	N/A	2	67	64
	Renewal	19,690	18,194	283	13,289	N/A	N/A	2	N/A	2
2024/25	Certification	5,400	5,030	1,051	1,203	N/A	N/A	3	52	49
	Renewal	21,996	19,971	383	14,364	N/A	N/A	2	N/A	2

* Not tracked by the board.

Table 7a. Licensing Data by Type (Nurse Practitioner Furnishing)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	3,540	3,505	480	1,114	N/A	N/A	7	97	92
	Renewal	14,840	13,994	47	9,750	N/A	N/A	5	N/A	5
2022/23	Certification	4,883	3,862	1,477	1,013	N/A	N/A	7	72	62
	Renewal	15,956	14,768	414	10,685	N/A	N/A	7	N/A	7
2023/24	Certification	4,498	5,013	303	272	N/A	N/A	11	37	25
	Renewal	17,992	16,772	184	11,988	N/A	N/A	4	N/A	4
2024/25	Certification	4,914	4,784	216	287	N/A	N/A	2	10	6
	Renewal	20,300	18,573	234	13,002	N/A	N/A	4	N/A	4

* Not tracked by the board.

Table 7a. Licensing Data by Type (Public Health Nurse)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	2,532	2,080	604	850	N/A	N/A	9	85	63
	Renewal	21,623	39,673	94	49,653	N/A	N/A	7	N/A	7
2022/23	Certification	2,896	2,199	1,050	495	N/A	N/A	9	74	52
	Renewal	22,490	41,069	839	50,203	N/A	N/A	35	N/A	35
2023/24	Certification	5,255	3,757	720	1,273	N/A	N/A	4	36	25
	Renewal	26,188	43,912	475	51,419	N/A	N/A	34	N/A	34
2024/25	Certification	6,905	5,836	767	1574	N/A	N/A	6	36	25
	Renewal	26,036	54,637	1612	46,437	N/A	N/A	476	N/A	476

* Not tracked by the board.

Table 7a. Licensing Data by Type (Psychiatric Mental Health Nurse Listing)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	63	1	70	83	N/A	N/A	0	194	197
	Renewal	96	110	0	265	N/A	N/A	71	N/A	71
2022/23	Certification	125	1	172	134	N/A	N/A	0	196	196
	Renewal	121	104	0	282	N/A	N/A	62	N/A	62
2023/24	Certification	127	2	233	128	N/A	N/A	0	180	180
	Renewal	101	98	3	282	N/A	N/A	68	N/A	68
2024/25	Certification	159	2	255	159	N/A	N/A	0	94	94
	Renewal	109	102	1	288	N/A	N/A	10	N/A	10

* Not tracked by the board.

Table 7a. Licensing Data by Type (Registered Nurse – Interim Permit)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	1,503	1,683	225	393	N/A	N/A	36	0	36
2022/23	Certification	956	917	433	148	N/A	N/A	30	0	30
2023/24	Certification	666	629	259	79	N/A	N/A	23	0	23
2024/25	Certification	543	493	199	67	N/A	N/A	22	0	22

* Not tracked by the board.

Table 7a. Licensing Data by Type (Registered Nurse – Temporary License)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	15,795	7,153	3010	10,343	N/A	N/A	47	7	47
2022/23	Certification	12,560	5,178	10,973	8,183	N/A	N/A	46	42	45
2023/24	Certification	6,145	1,832	12,202	1,812	N/A	N/A	21	54	41
2024/25	Certification	2,438	823	3342	646	N/A	N/A	10	51	34

* Not tracked by the board.

Table 7a. Licensing Data by Type (Registered Nurse – Emergency Temporary License)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	293	290	9	2	N/A	N/A	2	0	2
2022/23	Certification	0	0	2	0	N/A	N/A	0	0	0
2023/24**	Certification	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
2024/25**	Certification	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A

* Not tracked by the board.
** As of FY 2023/24, the Emergency Temporary License is no longer used.

Table 7a. Licensing Data by Type (Registered Nurse – Military Temporary License)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22**	Certification	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2022/23**	Certification	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2023/24	Certification	74	27	32	13	N/A	N/A	45	0	45
2024/25	Certification	82	43	26	11	N/A	N/A	44	0	44

* Not tracked by the board.
** Military Temporary License not created until FY 2023/24.

Table 7a. Licensing Data by Type (Continuing Education Provider)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22	Certification	108	100	15	58	N/A	N/A	103	0	103
	Renewal	1,113	946	372	838	N/A	N/A	7	N/A	7
2022/23	Certification	128	84	18	90	N/A	N/A	97	0	97
	Renewal	1,142	999	293	602	N/A	N/A	9	N/A	9
2023/24	Certification	131	132	23	69	N/A	N/A	92	0	92
	Renewal	1,017	853	202	603	N/A	N/A	3	N/A	3
2024/25	Certification	145	137	35	52	N/A	N/A	53	0	53
	Renewal	1,107	938	188	477	N/A	N/A	3	N/A	3

* Not tracked by the board.

Table 7a. Licensing Data by Type (Nurse Practitioner 103)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2021/22**	Certification	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2022/23	Certification	2,896	843	516	1,537	N/A	N/A	35	N/A	35
2023/24	Certification	1,837	1,030	2,058	286	N/A	N/A	78	N/A	78
2024/25	Certification	1,935	849	1,006	366	N/A	N/A	35	N/A	35

* Not tracked by the board.
** NP 103 License not created until January 2023.

The Table 7a below displays faculty, Assistant Director, and Program Director approvals processed through BreEZe. This process was not completed through the Licensing Program until January 2024. Prior to that, schools submitted forms to their assigned NEC, who was responsible for approving the faculty, Assistant Director, and Program Director.

Table 7a. Licensing Data by Type (Nursing Program Leadership and Faculty)

Fiscal Year	Application Type	Received	Approved/ Issued	Closed	Pending Applications			Application Process Times**		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	Total (Close of FY)
2024/25	Clinical Teaching Assistant	18	17	1	0	N/A	N/A	N/A	N/A	N/A
	Assistant Instructor	47	37	9	1	N/A	N/A	N/A	N/A	N/A
	Instructor	56	37	15	4	N/A	N/A	N/A	N/A	N/A
	Assistant Director	4	1	2	1	N/A	N/A	N/A	N/A	N/A
	Program Director	7	2	5	0	N/A	N/A	N/A	N/A	N/A

* Not tracked by the board.
** Processing times for these application types are not currently available within the BreEZe report(s).

Licensing Activity

Question 3.3

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 section 480. Provided below is a listing of licenses and certifications that have been denied by the BRN over the past four FYs:

- In FY 2021/2022, there were nine denials for criminal history
  - Six for DUI,
  - One for infliction of injury on elder,
  - One for criminal mischief, and
  - One for shoplifting.
- In FY 2022/2023, there were 32 denials for criminal history
  - 17 for DUI,
  - Three sexual misconduct involving a minor,
  - Three were traffic related,
  - Two for fraud,
  - Two for conspiracy,
  - One for criminal mischief,
  - One for retail theft,
  - One for embezzlement,
  - One for assault, and
  - One for domestic battery.

- In FY 2023/2024, there were 15 denials for criminal history
  - 11 for DUI,
  - Two for sexual misconduct involving a minor,
  - One for possession of paraphernalia, and
  - One for grand theft.
- In FY 2024/2025, there were 23 denials for criminal history
  - 15 for DUI,
  - Two for battery,
  - Two for fraud,
  - One for solicit a minor for sex,
  - One for theft,
  - One for disorderly conduct, and
  - One for felony possession of a firearm.

Table 7b. License Denial				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
License Applications Denied (no hearing requested)	14	197	163	59
SOIs Filed	15	8	35	27
Average Days to File SOI (from request for hearing to SOI filed)	105	61	89	92
SOIs Declined	2	1	0	7
SOIs Withdrawn	2	7	4	15
SOIs Dismissed (license granted)	0	2	0	0
License Issued with Probation / Probationary License Issued	2	0	1	7
Average Days to Complete (from SOI filing to outcome)	386	303	207	276

Verification of Applicant Licensure Information

Question 3.4

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 section 2736; 16 CCR sections 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 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 United States territory and the license has been validated through NCSBN's NURSYS database or directly from the state where the applicant holds the license; successfully completed specified RN education requirements (BPC section 2736; 16 CCR sections 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 provide expert clinical practice, education, research, consultation, and clinical leadership as the major components of their role (BPC sections 2838-2838.4). CNSs work in direct patient care and indirect patient care activities that affect a broad range of patients. CNSs in California typically serve in leadership-type roles in larger healthcare systems, redesigning systems to improve access, quality, and safety in a cost-effective manner, ensuring that evidence-based practices and innovations are incorporated. In some other states, a CNS may be able to work at the extent of their education and training and can provide patient care inclusive of assessing, diagnosing, prescribing and treating across the continuum of care.

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 ordered by a physician, dentist, or podiatrist. These services are delivered during the perianesthesia time period which includes pre-operative, intra-operative, and post-operative care, encompassing presurgical testing (where the patient is evaluated for their ability to tolerate an anesthetic), through delivery of anesthesia, and the patient emerging from anesthesia (where they are monitored and cared for until they are stable enough to safely be transferred to other areas for care or discharged). The general scope of practice for CRNAs is governed by BPC section 2725 and 2825-2833.6. Anesthesia services can be provided in California by a CRNA when ordered by a physician on an individualized patient basis. Neither physician supervision nor standardized procedures are required for this to occur. CRNAs may also have varying supervisory or collaborative requirements depending on their practice settings and applicable state laws.

AB 876 (Flora, Chapter 169, Statutes of 2025) explicitly authorizes CRNAs to perform anesthesia services and defines "anesthesia services" to include, among other things, preoperative, intraoperative, and postoperative care, as well as pain management provided by a nurse anesthetist pursuant to an order from a physician, dentist, or podiatrist. An order for anesthesia services for a specific patient is deemed authorization for the nurse anesthetist to determine and administer the appropriate anesthesia modality, and to modify or discontinue that modality as necessary during the course of care. Additionally, clarifies that when a CRNA selects and administers medications for preoperative, intraoperative, or postoperative care, or for pain management, under such an order, that action does not constitute a prescription.

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 by the BRN. There is no equivalency method for CRNA certification.

Nurse-Midwife Certification – NMs are RNs who are currently authorized to attend low-risk pregnancy and childbirth and to provide prenatal, intrapartum and postpartum care, including immediate care for the newborn, interconception care, family planning, and care for common gynecologic conditions (BPC sections 2746-2746.8). This scope was broadened

and supervision requirements removed with the implementation of SB 1237 (Dodd, Chapter 88, Statutes 2020). Additional functions may be included in policies and protocols that are mutually agreed upon by the NM and a physician that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care.

NM certification may be obtained by successful completion of a BRN-approved nurse-midwifery program or completion of an out-of-state nurse-midwifery program and certification as a nurse-midwife by the American Midwifery Certification Board. In May 2023, the Board voted to eliminate the equivalency method that previously allowed RNs who completed NM programs not meeting BRN standards to qualify for certification. This decision aligns California's requirements more closely with the APRN Consensus Model[48] and reflects the method's lack of practical use as no certificates had been issued under this pathway since 2018 due to statutory, regulatory, organizational, and educational changes.

California NMs may also apply for a NM furnishing number, enabling them to write a medication order to a pharmacy to be filled. As of January 2023, the BRN streamlined the application process for NMs by combining the NM initial application and the furnishing application into one. This change eliminates the need for a separate furnishing application and fee, reducing the overall cost for applicants.

To obtain a furnishing number, the NM must satisfactorily complete an advanced pharmacology course. NMs also have the ability to furnish or order drugs and devices that, with completion of required pharmacology coursework, may include Schedule II drugs. Upon completion of the course and notification to the BRN, the NM then applies to the Drug Enforcement Administration (DEA) to obtain a DEA number. A BRN approved CE course that is a minimum of two hours that includes Schedule II drug content is required for renewal of a Schedule II approval.

Nurse Practitioner Certification – NPs are RNs who possess additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs (16 CCR sections 1480-1486). This includes assessing, diagnosing and treating, ordering and interpreting diagnostic tests, patient education and counseling, managing and providing comprehensive patient care, and prescribing medications if they hold a furnishing certificate. 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 section 2835.5).

In May 2023, the Board voted to eliminate the equivalency method that previously allowed RNs who completed NP programs not meeting BRN standards to qualify for certification. This decision aligns California's requirements more closely with the APRN Consensus Model[49] and reflects the method's lack of practical use as no certificates had been issued under this pathway since 2018 due to statutory, regulatory, organizational, and educational changes.

California NPs may also separately apply for a NP furnishing number, enabling them to write a medication order for a pharmacy to be filled. As of January 2023, the BRN streamlined the application process for NPs by combining the NP initial application and the furnishing

[48] https://www.ncsbn.org/public-files/Consensus_Model_for_APRN_Regulation_July_2008.pdf
[49] https://www.ncsbn.org/public-files/Consensus_Model_for_APRN_Regulation_July_2008.pdf

application into one. This change eliminates the need for a separate furnishing application and fee, reducing the overall cost for applicants.

To obtain a furnishing number, the NP must satisfactorily complete an advanced pharmacology course. NPs have the ability to furnish or order drugs and devices that, with completion of required pharmacology coursework, may include Schedule II drugs. Upon completion of the course and notification to the BRN, the NP then applies to the DEA to obtain a DEA number. A BRN approved CE course that is a minimum of three hours that includes Schedule II drug content is required for renewal of a Schedule II approval.

Additionally, with the passage of AB 890 (Wood, Chapter 265, Statutes 2020) in 2020, two new categories of NPs were established, expanding the pathway toward independent practice in California. The first category, recognized in 2023, known as 103 NPs, includes those who have met specific education, certification, and experience requirements and are authorized to practice in defined group settings, in which one or more physicians and surgeons practice with the nurse practitioner, without standardized procedures, marking an initial step toward independent practice. The second category, 104 NPs, will be recognized in 2026 and encompasses NPs who have successfully transitioned to full independent practice authority after completing additional requirements, including a minimum of three years of full-time equivalent experience (4,600 hours) as a 103 NP. These 104 NPs are permitted to practice independently within limits of their knowledge and experience and the population focus of their national certification, thereby enhancing access to care and advancing the role of nurse practitioners in California's healthcare system.

Psychiatric/Mental Health Nurse Listing – Pursuant to the Health and Safety Code (HSC) section 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 sections 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 ACEN, CCNE or NLN-CNEA or be awarded by a school with public health nursing coursework and supervised clinical experience that BRN determines are equivalent to that of a nursing school accredited by a BRN-approved accrediting body. Equivalency methods are provided for individuals who have a nursing license but hold a baccalaureate degree in a field other than nursing and have completed a specialized public health nurse program that includes a supervised clinical experience. This specialized public health nursing program must be offered by a school accredited by a BRN-approved accrediting body such as ACEN, CCNE or NLN-CNEA.

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 section 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 section 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 NURSYS 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 NURSYS database or directly from the state board where the applicant is licensed.

Fingerprinting

Question 3.5

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 licensees who do not have current fingerprint data on file with the BRN. LiveScan technology can be used for people residing in California, and fingerprint hard cards are required for out-of-state applicants. When fingerprint results returned from DOJ, contain convictions, the BRN utilizes the information within the CORI or Record of Arrest and Prosecution (RAP) for the enforcement review process. The BRN utilizes the NCSBN NURSYS database in order to verify out-of-state license discipline, including but not limited to out-of-state convictions. For the past four FYs, the Board has not issued any application denials based on an applicant's failure to disclose criminal history.

Question 3.6

Does the board fingerprint all applicants?

Since 1990, all RN applicants have been required to submit fingerprints. The BRN currently collects and processes fingerprint data through both the DOJ and FBI for every applicant.

Question 3.7

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 was 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

Question 3.8

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 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

Question 3.9

Does the board require primary source documentation?

The BRN requires the following primary source documentation:

- Education transcripts from the school institution.
- License verification directly from NCSBN NURSYS database is required for all endorsement applicants and the Board may accept verification from the BON where the RN holds an active license.
- Fingerprint results transmitted from DOJ to the BRN via BreEZe.
- Proof of APRN national board certification from the certifying body, if required for licensure.

No Longer Interested Notifications to DOJ

Question 3.10

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 to transmit No Longer Interested (NLI) notifications to DOJ on abandoned applications. The BRN also sends individual NLI notifications electronically to DOJ in certain instances. The BRN is working to identify and implement process improvements to modernize the manual NLI process.

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

Question 3.11

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 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. Additionally, the applicant must provide verification of their active out-of-state license (BPC section 2732.1(b)).

Applicants educated out-of-country must provide documentation to verify their education meets the requirements outlined in 16 CCR section 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 section 1414)

Military Veteran Applicants

Question 3.12

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 supports veterans entering the nursing profession and would like these individuals to succeed. The BRN reviews all nursing programs to ensure they have policies and practices to grant credit for miliary education and experience. Consistent with BPC section 2786.1, if a nursing program does not have a process for granting credit for military education and experience the Board will deny the application or revoke the approval. Additionally, the BRN continues to work with 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.

Question 3.13

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?

Pursuant to 16 CCR section 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 supporting documentation demonstrating his/her military education and training to an approved nursing program and receive transfer and experiential credit. If

deficiencies are identified, the student takes only the coursework that is determined to be deficient in that BRN-approved nursing program.

Over the past four FYs, the BRN has not directly received any applications from veterans seeking to apply military education, training, or experience toward meeting licensure or credentialing requirements, as such requests are handled directly by nursing schools during the admissions or evaluation process rather than submitted to the BRN.

Question 3.14

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 section 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 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Active – Military	23	33	45	26
Inactive – Military	1	3	1	0

Question 3.15

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

BPC section 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 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Exam	N/A	N/A	N/A	N/A
Repeater	N/A	N/A	N/A	N/A
Endorsement	215	290	277	274

Examinations

Question 3.16

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 which is a national examination. This examination is only administered in the English language in the US, and also in French in Canada. If the BRN has reasonable doubt of an applicant's English language comprehension, the applicant may be required to submit to an examination demonstrating that comprehension to a degree sufficient to permit the applicant to discharge duties as a RN in California (16 CCR section1414).

Question 3.17

What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for all examinations offered, including examinations offered in a language other than English. *Include a separate data table for each language offered.*

Pass rates are not collected for examination in other languages, as the NCLEX is only administered in English. California has consistently maintained one of the highest total pass rates when compared with other BONs. In 2024, California had a 92.7 percent pass rate for 15,499 first-time test takers, ranking among the highest compared with other states with similar candidate volumes, Florida (16,303 candidates, 84.9 percent), Texas (15,327 candidates, 92.7 percent), and New York (10,927 candidates, 87.6 percent).[50]

Recognizing that the first-time NCLEX pass rate serves as a latent indicator of broader issues within a nursing program that may impact consumer safety, the BRN monitors pass rates and evaluates programs for inconsistent or declining trends. California's success in maintaining high annual pass rates can be attributed to widespread and consistent implementation of many strategies:

- Nursing program approval and oversite in alignment with NCSBN's Nursing Approval evidenced based guidelines.[51]
- Educating the NECs on the NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs.[52]
- 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 develops an action plan to improve the pass rate.
- Expedite the new graduate licensing process to help facilitate the applicant to take the examination within three months of graduation.
- NECs engage in ongoing collaboration with nursing programs, NCSBN, and other key stakeholders related to licensure examination requirements and pass rate performance.
- Prior to approving program expansion, the Board evaluates pass rates, graduation rates, and retention rates to identify at-risk schools and, through the NEC, provides guidance to strengthen outcomes and student achievement.

[50] https://www.ncsbn.org/public-files/2024_NCLEXExamStats_Final.pdf
[51] https://www.ncsbn.org/public-files/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf
[52] https://www.ncsbn.org/public-files/Spector_NCSBN_Regulatory_Guidelines_and_Evidence_Based_Quality_Indicators_for_Nursing_education_programs.pdf

Table 8. Examination Data			
License Type		Registered Nurse	
Exam Title		NCLEX-RN	
		National Data* 1st Time Candidates	**California Data* 1st Time Candidates**
FY 2021/22	Number of Candidates	185,057	13,230
	Overall Pass %	82.5%	87.5%
	Overall Fail %	17.5%	12.5%
FY 2022/23	Number of Candidates	187,977	14,223
	Overall Pass %	79.9%	83.7%
	Overall Fail %	20.1%	16.3%
FY 2023/24	Number of Candidates	186,378	13,967
	Overall Pass %	88.6%	90.4%
	Overall Fail %	11.4%	9.6%
FY 2024/25	Number of Candidates	186,760	15,499
	Overall Pass %	91.2%	92.7%
	Overall Fail %	8.8%	7.3%
Date of Last OA		2024	
Name of OA Developer		NCSBN	
Target OA Date		2027	

* Data Source: NCSBN Exam Statistics Reports[53]; data does not include repeat candidates or exam candidates educated outside the United States or United States territories.

Question 3.18

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 is developed by the NCSBN and administered by the approved test vendor Pearson VUE. Since April 1994, the NCLEX 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 include, but are 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 is constructed to measure entry-level RN skills, knowledge, and abilities. An occupational analysis (OA), also known as a practice analysis, is completed by the NCSBN every three years in which a survey is sent to a random sample of practicing RNs nationwide

[53] https://www.ncsbn.org/public-files/2021_NCLEXExamStats-final.pdf; https://www.ncsbn.org/public-files/2022_NCLEXExamStats-final.pdf; https://www.ncsbn.org/publications/2023_NCLEX_Examination_Statistics; https://www.ncsbn.org/public-files/2024_NCLEXExamStats_Final.pdf

to obtain current information about nursing practice. The most recent OA was completed in 2024[54].

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. The OA and subsequent reviews of the Test Plan and passing standard meet the BRN mandated requirements as outlined in BPC section 2786(d). The NCLEX is currently offered at testing centers throughout the US and its districts and territories as well as in ten other countries. There are currently 27 testing centers in California. Examination administration appointments are available to individuals year-round, seven days a week.

Question 3.19

Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the Board approved any amendments, or is the Board considering amendments to address the hindrances presented by these statutes?

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

Question 3.20

When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

In accordance with BPC section 2786(d), the Board must conduct an analysis of registered nursing practice no less than every five years. The BRN does not administer a California-specific exam; instead, it requires the successful completion of the NCLEX, a national examination developed by the NCSBN and delivered through the approved testing vendor, Pearson VUE.

The BRN is currently completing an occupational analysis in collaboration with the DCA's Office of Professional Examination Services (OPES). OPES began recruiting SMEs in late 2024. Selected SMEs participated in an Occupational Analysis Workshop in February 2025, after which survey invitations were distributed in May 2025. The survey focused on identifying key tasks and knowledge areas within registered nursing practice and was closed in July 2025.

Later in 2025, OPES will convene a second and third workshop to review survey findings, align California's description of registered nursing practice with the NCLEX-RN test plan, and discuss the results to ensure continued validity and relevance of the examination to current practice.

School Approvals

Question 3.21

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?

Prelicensure Nursing Education

[54] https://www.ncsbn.org/exams-research/2024-rn-practice-analysis-linking-the-nclexrn-examination-to-practice

An academic institution seeking approval of a new prelicensure nursing program must be an institution of higher education or affiliated with an institution of higher education with the ability to grant an associate of arts degree, baccalaureate or higher degree to individuals who graduate from the nursing program. Qualifying institutions of higher education includes, but is not limited to, California community colleges, California State Universities and the University of California system and an institution that is subject to the California Private Postsecondary Education Act of 2009, Chapter 8 (commencing with section 94800) of Division 10 of Title 3 of the California Education Code (EDC) also known as institutions requiring BPPE review and approval.

For prelicensure nursing programs who fall under the jurisdiction of BPPE, the BRN must establish a Memorandum of Understanding (MOU) with BPPE (BPC section 2786.2). This MOU defines the respective authorities of each entity, the BRN's responsibility to review and approve schools of nursing and the BPPE's role in protecting the interests of students attending those institutions. Full approval of a nursing program offered by a private postsecondary institution requires compliance with both BPPE and BRN regulatory standards.

The BRN's role in protecting the public is to ensure that RNs obtain the necessary education and training to provide safe and competent patient care by establishing minimum nursing academic licensing requirements and maintaining a list of programs whose graduates meet those requirements. The NECs review those nursing programs to ensure that the program can comprehensively cover the knowledge and skills needed for licensure and safe practice. This review also evaluates the program's ability to support the student from enrollment to graduation by ensuring that the program has the proper resources including the appropriate amount of qualified faculty and clinical placements to support the established nursing program's enrollment number. The process for continued approval of an established program is based upon monitoring of program performance outcomes and continued compliance with BRN statute/regulations.

The BPPE's role in protecting the interest of the student is to establish minimum operating standards to ensure quality education. Additionally, they provide consumers a meaningful opportunity to have complaints resolved, support past, current, and prospective students in making informed decisions about college enrollment, including facilitating access to financial relief when students experience economic loss, and ensure that institutions offer accurate information to prospective students on institutional and student performance. Finally, they proactively combat unlicensed institutions.

Advanced Practice Nursing Education

California NP programs must comply with the requirements set forth in 16 CCR section 1484 in order to receive approval from the BRN. For NP programs located outside of California that wish to place students in clinical practice settings within the state, approval is contingent upon demonstrating compliance with 16 CCR Section 1486. These programs must also provide evidence that students have successfully completed all prerequisite coursework and are actively enrolled in the out-of-state NP program.

Currently, NM programs are not required to obtain BRN approval; however, they may voluntarily request a program review to ensure they meet the licensure standards outlined in 16 CCR section 1462. Similarly, CNS and CRNA programs are not presently required to be approved by the BRN.

Question 3.22

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

Below are tables that show the number of prelicensure and advanced practice programs approved by the Board:

Prelicensure Nursing Programs			
Program Type	**Private**	**Public**	**Total Prelicensure Nursing Programs**
ADN	15	80	95
BSN	30	20	50
ELM	10	5	15
TOTAL	**55**	**105**	**160**

Advanced Practice Programs			
Program Type	**Private**	**Public**	**Total Advanced Practice Programs**
NP	18	18	36
NM*	0	3	3
CRNA*	4	2	6
CNS*	5	6	11
TOTAL	**27**	**28**	**55**

* These programs are currently not required to be Board-approved; however, programs have requested Board review.

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 after the first cohort's admission, and thereafter on a continuing basis, every five years for non-accredited programs or in alignment with an accredited program's accrediting agency schedule. Additional CAVs, may also be scheduled at any time to address specific concerns, such as follow-up on previous findings, investigation of complaints, substandard NCLEX-RN pass rates, or other evidence of non-compliance with BRN regulations.

Since September 2021, BRN has conducted joint CAVs with the Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE), and the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA). These coordinated reviews streamline oversight of nursing education programs by reducing duplication and restructuring the continuing approval process. Programs now submit a single report to their accrediting agency with a detailed crosswalk showing where each BRN regulatory requirement is addressed. When a requirement falls outside the accreditation report, programs provide supplemental documentation for Board review. By leveraging accreditor findings and focusing on regulatory elements that extend beyond accreditation, the BRN reduces administrative burden, strengthens its oversight role, and directs resources more efficiently toward protecting public health and ensuring program quality. The process continues to evolve with a goal to reduce or eliminate additional document submission for continued approval.

Programs are notified one year in advance, coordinated with accreditation timelines, allowing ample time to prepare the written accreditation self-study and BRN crosswalk, or, for non-accredited programs, the written self-study. The table below summarizes the number of

joint CAVs conducted with accrediting agencies, along with the regularly scheduled CAVs for non-accredited programs, over the past four academic years:

Academic Year	CAVs in Partnership with Accreditors	BRN CAVs	Total Completed CAVs
2021-2022	1	35	36
2022-2023	13	24	37
2023-2024	30	18	48
2024-2025	24	12	36

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 findings from the visit as to areas of compliance, areas of non-compliance and any recommendations that the NEC has made to the school. Additionally, a summary of this report is presented to the ELC and then the Board. After consideration, the Board will then take one of following actions:

- Continue approval for programs that have demonstrated full compliance with all statutes and regulations;
- Deferred action. This maintains the current approval and 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. Failure to correct area(s) on non-compliance as directed by the Board could result in withdrawal of program approval.

Regardless of the program status, the NEC maintains close oversight of each nursing program by offering consultation and ongoing guidance, engaging with institutional administration, and reviewing and conducting additional site visits as necessary.

Question 3.23

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. The BRN reviews coursework completed by applicants who graduated from international prelicensure nursing schools to determine if the course of instruction was equivalent to the minimum requirements for programs approved by the Board. (BPC section 2736.)

Continuing Education/Competency Requirements

Question 3.24

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

Continued competency measures 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 section 2811.5-2811.6 and the regulations governing this program are found in 16 CCR sections 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 section 1452.

The primary route for completion of the contact hours required for license renewal is taking courses offered by one of the over 2,000 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 a BSN or higher degree program 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 section 1454. The required content of all courses must meet the requirements as set forth in 16 CCR section 1456.

Continuing Education			
Type	**Frequency of Renewal**	**Number of CE Hours Required Each Cycle**	**Percentage of Licensees Audited**
Registered Nurse	Two (2) years	30 CEUs	≤ 5%

Question 3.25

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. Pursuant to 16 CCR section 1458, BRN-approved CEPs are required to issue documentation to participants verifying course completion within a reasonable period of time, not to exceed ninety days after the course has ended. Licensees must retain certificates or grade-slips for a minimum of four years which is a requirement of 16 CCR sections 1451(d) and 1458(b)(7). The certificates 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 their BreEZe account.

Question 3.26

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.

Question 3.27

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; however, current statue and regulations do not provide clear language on how fines are

assessed so the Board has been issuing citations without fines. Serious violations are referred to the OAG for disciplinary action

Question 3.28

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

The Board is unable to provide a complete set of statistics for its CE audits because staffing issues/limitations and management constraints impeded data collection. These operational challenges restricted the Board's ability to validate audit results, leaving verified counts and outcomes available only for March 2025 forward. For the period of March 1, 2025, through October 31, 2025, BRN conducted 4,645 audits. 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. Of the 4,645 audits completed, 173 cases (3.6%) were referred, with most referrals stemming from returned mail due to incorrect addresses and non-compliance with 16 CCR section 1409.1.

Question 3.29

Who approves CE courses? 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 section 1456. Instructor qualifications and information are also reviewed as per 16 CCR sections 1454 and 1457. Course content is reviewed by a NEC to ensure that the content enhances the knowledge of the RN and is offered at a level that is above prelicensure education for a RN, and that it is relevant to the practice of registered nursing, that coursework meets the implicit bias requirements and if the topic covers an experiment procedure that it meets the guidance to be qualified as a generally accepted experimental medical procedure or treatment. Courses focused on personal self-improvement, attitude modification, financial gain, or those intended for a general (non-professional) audience are not eligible for acceptance. 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 course content requirements outlined in regulations.

Question 3.30

Who approves CE providers? If the board approves them, what is the board's 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 section 2815). Applicants are required to submit demographic information, course content, instructor qualifications, a sample copy of a 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 section 1456;

- Instructor information does not meet 16 CCR section 1457;
- Sample course verification does not meet 16 CCR section 1458; and
- Sample advertisement does not meet 16 CCR section 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".

Currently, the CEP is required to self-monitor every course offered. In accordance with 16 CCR section 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 BreEZe. 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.[55]

Question 3.31

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 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
CEP Applications Received	113	134	135	155
CEP Applications Approved	100	84	132	137
CEPs Renewed	946	999	853	938

Question 3.32

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

BPC section 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

[55] https://search.dca.ca.gov/

extensive and the review process was labor intensive. The BRN is currently evaluating requirements and designing a more efficient CEP audit process aligned with existing staffing levels. The Board also remains committed to hiring a Nursing Education Consultant (NEC) to lead and conduct these reviews.

Question 3.33

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 some other healing arts 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 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 and is specific to the role of the nurse at that institution.

SECTION 4: Enforcement Program

The BRN places high priority on protecting the public through effective Enforcement and Investigations Divisions. The Enforcement Division includes multiple sections that are responsible for various aspects of the enforcement process. These units include Complaint Intake, Discipline, Probation Monitoring, and Intervention. The Enforcement and Investigations Divisions work to protect consumers by investigating and disciplining licensees who violate the NPA, requiring remedial coursework for knowledge gaps, 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.

Performance Targets

Question 4.1

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 CPRG, a component of the Consumer Protection Enforcement Initiative (CPEI), includes the goal to improve case investigation 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 the performance measures. Currently, the BRN is completing disciplinary cases within 23 months on average. Specific efforts to improve processing times and achieve greater efficiency and effectiveness include, but are not limited to:

- Implemented procedural changes and streamlined internal processes;
- Concluded the pilot with DOI, regarding investigation of Category 1 cases and implemented the appropriate revisions to policies and procedures in processing;
- Increased outreach to stakeholders; and
- Created tutorial videos and other educational materials for applicants and licensees.

Question 4.2

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. Workload increased in the Enforcement Division over the past four FYs. Processing times have remained largely the same in all areas except of the complaint processing.

Some of the challenges that continue in the Enforcement and Investigations Divisions 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 and are further discussed in Section 10, Issues 10.13 and 10.14.

Table 9. Enforcement Statistics				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
COMPLAINTS				
Intake				
Received	5,035	5,707	6,236	5,735
Closed without Referral for Investigation	1	22	10	0
Referred to INV	5,118	5,701	6,219	5,655
Pending (close of FY)	34	15	24	99
Conviction/Arrest				
CONV Received	2,536	2,045	1,964	2,618
CONV Closed Without Referral for Investigation	3	1	5	0
CONV Referred to INV	2,556	2,045	1,948	2,602
CONV Pending (close of FY)	7	4	15	30
Source of Complaint				
Public	1,602	1,990	2,907	2,710
Licensee/Professional Groups	535	497	544	591
Governmental Agencies	1,501	1,756	1,728	1,810
Internal	3,158	2,707	1,922	1,792
Other	13	27	21	43
Anonymous	762	775	1,078	1,407
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	4	5	3	5
Average Time to Closure (from receipt of complaint/ conviction to closure at intake)	273	57	3	0
Average Time at Intake (from receipt of complaint/ conviction to closure or referral for investigation)	4	5	3	5
INVESTIGATION				
Desk Investigations				
Opened	7,816	7,920	7,643	8,249
Closed	8,062	8,104	7,584	8,175
Average days to close (from assignment to investigation closure)	69	69	54	46
Pending (close of FY)	1,187	1,001	1,107	1,205
Non-Sworn Investigation				
Opened	962	1084	934	1,293
Closed	922	903	930	1,043
Average days to close (from assignment to investigation closure)	167	191	243	230
Pending (close of FY)	464	619	651	901
Sworn Investigation				
Opened	567	466	480	336
Closed	516	561	338	352
Average days to close (from assignment to investigation closure)	263	352	335	475
Pending (close of FY)	505	410	560	545
All investigations				
Opened	9,345	9,450	9,057	9,878
Closed	9,500	9,568	8,852	9,570
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	125	135	117	110
Average days for investigation closures (from start investigation to investigation closure)	91	96	81	74

Table 9. Enforcement Statistics (cont'd)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
INVESTIGATION (cont'd)				
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	373	357	352	325
Average days from receipt of complaint to investigation closure	130	138	120	114
Pending (close of FY)	2468	2434	2646	3024
CITATION AND FINE				
Citations Issued	132	144	21	58
Average Days to Complete (from complaint receipt/ inspection conducted to citation issued)	447	457	474	541
Amount of Fines Assessed	$121,600	$151,625	$24,750	$375
Amount of Fines Reduced, Withdrawn, Dismissed	$0	$0	$0	$0
Amount Collected	$112,427	$157,194	$42,945	$11,887
CRIMINAL ACTION				
Referred for Criminal Prosecution	36	34	11	2
ACCUSATION				
Accusations Filed	699	739	882	871
Accusations Declined	36	48	64	57
Accusations Withdrawn	16	22	37	42
Accusations Dismissed	8	12	6	11
Average Days from Referral to Accusations Filed (from OAG referral to Accusation filed)	83	82	141	100
INTERIM ACTION				
ISO & TRO Issued	4	0	0	2
PC 23 Orders Issued	10	10	10	2
Other Suspension/Restriction Orders Issued	18	13	17	35
Referred for Diversion	1,061	313	80	90
Petition to Compel Examination Ordered	65	58	123	135
DISCIPLINE				
AG Cases Initiated (cases referred to the OAG in that year)	967	1,138	1,090	1,145
AG Cases Pending Pre-Accusation (close of FY)	323	469	350	376
AG Cases Pending Post-Accusation (close of FY)	654	670	785	874
DISCIPLINARY OUTCOMES				
Revocation	212	257	255	252
Surrender	113	164	159	131
Suspension only	12	23	13	17
Probation with Suspension	14	11	13	11
Probation only	277	292	353	330
Public Reprimand/Public Reproval/Public Letter of Reprimand	88	110	152	210
Other	1	0	0	0
DISCIPLINARY ACTIONS				
Proposed Decision	97	88	95	117
Default Decision	187	225	219	210
Stipulations	433	544	631	624
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	236	234	241	253
Average Days from Closure of Investigation to Imposing Formal Discipline	334	322	330	341
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	722	715	717	718

Table 9. Enforcement Statistics (cont'd)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
PROBATION				
Probations Completed	334	345	287	286
Probationers Pending (close of FY)	1,106	1,033	1,101	1,143
Probationers Tolled *	452	481	521	560
Petitions to Revoke Probation/Accusation and Petition to Revoke Probation Filed	69	80	69	86
SUBSEQUENT DISCIPLINE				
Probations Revoked	35	57	33	36
Probationers License Surrendered	78	61	58	69
Additional Probation Only	23	17	33	36
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	1	3	1	2
SUBSTANCE ABUSING LICENSEES				
Probationers Subject to Drug Testing	643	366	370	434
Drug Tests Ordered	12,600	10,556	10,561	13,083
Positive Drug Tests	1,476	1,168	1,519	1,722
PETITIONS				
Petition for Termination or Modification Granted	126	144	101	93
Petition for Termination or Modification Denied	19	17	13	6
Petition for Reinstatement Granted	47	49	54	41
Petition for Reinstatement Denied	11	14	18	15
INTERVENTION (formally DIVERSION)				
New Participants	107	49	64	60
Successful Completions	85	71	43	120
Participants (close of FY)	284	236	231	150
Terminations	41	26	27	21
Terminations for Public Threat	11	11	5	4
Drug Tests Ordered	12,505	11,814	11,139	8,914
Positive Drug Tests	168	142	136	96

Table 10. Enforcement Aging						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	5,460	5,307	5,840	5,669	22,276	71%
91 - 180 Days	573	574	468	480	2,095	7%
181 - 1 Year	806	698	804	817	3,125	10%
1 - 2 Years	747	863	675	673	2,958	9%
2 - 3 Years	241	200	168	138	747	2%
Over 3 Years	48	91	85	48	272	1%
Total Investigation Cases Closed	7,875	7,733	8,040	7,825	31,473	

Table 10. Enforcement Aging (cont'd)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	474	590	667	573	2,304	63%
1 - 2 Years	219	296	334	368	1,217	33%
2 - 3 Years	18	22	26	32	98	3%
3 - 4 Years	7	2	4	6	19	<1%
Over 4 Years	2	0	1	3	6	<1%
Total Attorney General Cases Closed	720	910	1,032	982	3,644	

Question 4.3

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

Over the past four FYs, the BRN's disciplinary action timeframes have remained stable, with case aging for disciplinary matters averaging between 715 and 722 days to resolution. Overall, disciplinary outcomes have been consistent, with the only notable disruption occurring during the COVID-19 pandemic.

BreEZe reports are generated and used by management and analysts to monitor disciplinary cases. These tools support data accuracy by identifying errors, enabling revisions, and identifying source documents, thereby strengthening data collection and analysis. Additionally, these tools have assisted with 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

Question 4.4

How are cases prioritized? What is the board's compliant prioritization policy? Including a brief summary of the Board's formal disciplinary process.

Complaints received by the BRN are prioritized according to DCA's CPRG, which outline priority assignment by complaint type. The BRN 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 (ISO) or a violation of Penal Code section 23 (PC23), 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 was 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. This pilot concluded with the development of the new CPRGs, that were released in March 2024.

If the investigation finds evidence that the nurse has violated the NPA and the violation warrants formal disciplinary action, the case is forwarded to the OAG for review. If there is sufficient evidence, an accusation, which is a legal document that lists the charges, is

prepared and sent to the nurse. The nurse is given an opportunity to respond to the charge(s) and present their evidence/support at an administrative hearing. This hearing is an administrative proceeding that closely resembles a court trial. After the hearing, the Administrative Law Judge (ALJ) writes a proposed decision. In some cases, the BRN may negotiate a stipulated agreement to resolve the case in lieu of a hearing. In this stipulated agreement, the nurse agrees to specific charges and corresponding disciplinary action. The Board members make the final decision on disciplinary matters and can either adopt, modify, or reject the proposed decision or stipulation, except for voluntary surrenders.

Mandatory Reporting Requirements and Statute of Limitations

Question 4.5

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 Penal Code (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.

Additionally, AB 890 (Wood, Chapter 265, Statutes 2020), effective January 2021, extended mandatory reporting requirements under BPC section 805 for 103 NPs and 104 NPs. It requires peer review bodies (i.e. hospital staff), to report specified information about licensees directly to the BRN, such as denying or restricting a NP's privileges for disciplinary reasons, and for NP resignations during investigations. An 805 Report must be filed when a licensee faces denial, revocation, restriction, resignation, or suspension of staff privileges, membership, or employment for medical disciplinary reasons. This includes denials of applications, revocations, restrictions lasting 30 days or more within 12 months, resignations or withdrawals during an investigation, and summary suspensions exceeding 14 days.

Unfortunately, unlike the Board of Vocational Nursing and Psychiatric Technicians (BVNPT), the BRN is not an automatic recipient for other mandatory reporting by other entities, including employers, which leaves the public at risk. The BRN attempted to obtain legislative authority to receive mandated reports, but this has not been successful. However, the BRN both refers complaint to and receives complaints from other allied health boards within DCA, the CDSS, the DHCS, the CDPH, other governmental agencies when applicable, and the general public. The BRN reports disciplinary actions to NCSBN which, among other actions, transmits the final decision to other states in which the RN holds a license as well as to required federal agencies and databanks.

Question 4.6

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

Under BPC section 801, any settlement or arbitration award exceeding $10,000 must be reported when it involves the death or personal injury of a patient resulting from a registered nurse's negligence, error, or omission in the course of practice.

Question 4.7

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

Below is a table that reflects the average settlement amount (BPC section 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 2021/22	8	18	23	13	$755,759
FY 2022/23	10	7	19	10	$357,598
FY 2023/24	7	27	36	12	$636,052
FY 2024/25	12	27	25	21	$765,391

Question 4.8

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); or
- Public Reproval.

Question 4.9

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?

The Board has not had any cases that it settled pre-accusation. Under Government Code section 11415.60(b), "...in an adjudicative proceeding to determine whether an occupational license should be revoked, suspended, limited, or conditioned, a settlement may not be made before issuance of the agency pleading…."""

Question 4.10

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 433 post-accusation hearings compared to 2,233 post-accusation stipulated settlement decisions. The following are the stipulated settlement decisions broken out:

Stipulated Settlement Decisions	Number
Probation	1,112
Surrender	567
Public Reproval	491
Extension of Probation	6
Suspension-Final Order	57

Question 4.11

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 16 percent compared to 84 percent resulting in stipulated settlement decisions.

Question 4.12

Does the board operate with a statute of limitations? If so, please describe and provide the 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. In addition, the BRN may proceed with any investigation, disciplinary proceeding, or decision against a RN with a lapsed, suspended, or surrendered license (BPC section 2764).

Unlicensed Activity

Question 4.13

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 or seek an injunction for the unlicensed practice of registered nursing (16 CCR sections 1435.2-1435.4). Individuals also may be referred to law enforcement for possible criminal charges that can include imprisonment in the county jail, a fine, or both. 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.[56] This website includes links to BPC section 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

Question 4.14

Discuss the extent to which the board utilizes 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? Does the board have authority to issue fines greater than $5,000? If so, under what circumstances?

Since the previous Sunset Report in 2022, there have been no regulatory updates or significant changes to the BRN's cite and fine authority. The BRN is using its cite and fine authority when warranted. Additionally, pursuant to 16 CCR section 1435.2 the maximum fine is $5,000.

Question 4.15

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 to provide notice to RNs whose violations of the NPA do not rise to the level of formal discipline including, but not limited to:

[56] https://www.rn.ca.gov/enforcement/unlicprac.shtml

- 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 section 1435.1.

Question 4.16

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 2021/2022 there were four informal conferences with no formal appeals compared to no informal conferences and no formal appeals in FY 2024/2025, which is a 100 percent decrease.

Fiscal Year	Informal Conferences	Formal Appeals
2021/22	4	0
2022/23	1	0
2023/24	0	0
2024/25	0	0

Question 4.17

What are the five most common violations for which citations are issued?

The most common violations for which citations are issued for the past four FYs are included in the table below:

Type of Violation	Number of Citations Issued
Conviction - DUIs	389
Fingerprint*	0
General Unprofessional Conduct	145
Conviction - Wet/Reckless	25
Conviction - Other (not DUI, Wet/ Reckless, Domestic Violence, Battery, or Theft)	33

* Pursuant to 16 CCR section1419(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.

Question 4.18

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. Current statute and regulations do not provide clear language on how fines are assessed so the Board has been issuing citations without fines.

Fiscal Year	Pre-Appeal Fine Amount	Post-Appeal Fine Amount
2021/22	$3,500	$700
2022/23	$0	$0
2023/24	N/A	N/A
2024/25	N/A	N/A

Question 4.19

Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

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 is ineligible to renew his/her license until the citation has been resolved, pursuant to 16 CCR section 1435.6(d). Additionally, beginning in 2023, the BRN has access to collection services through a contract with DCA and FTB.

Cost Recovery and Restitution

Question 4.20

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 section 820. In addition, the BRN does not have the statutory authority to order restitution for consumers.

Question 4.21

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 on the following page reflects the amounts received for revocation/surrenders and probation for the last four FYs.

Fiscal Year	Revocation/ Surrender	Probation	Total Amount Ordered	Collected Amount*	Uncollected**
2021/22	$11,305	$2,913,0976	$2,924,402	$1,986,368	$938,034
2022/23	$74,031	$2,463,735	$2,537,766	$1,674,834	$862,932
2023/24	$4,876	$2,788,792	$2,793,669	$2,066,425	$727,244
2024/25	$29,448	$2,856,363	$2,885,811	$1,991,417	$894,394

* Includes Public Reprovals.
** Cost recovery can occur over multiple FYs.

Question 4.22

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

Cost recovery is not permitted when a license is revoked through the default decision process. It is only authorized if established through a stipulation (BPC section125.3(i)) or ordered by an ALJ (BPC section125.3(d)). In cases where a licensee voluntarily surrenders or has their license revoked, cost recovery becomes payable to the BRN only if the license is later reinstated. If the license is not reinstated, then the BRN generally will not seek cost recovery.

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 section 820. In addition, the BRN does not have the statutory authority to order restitution for consumers.

Question 4.23

Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses 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 section 125.3(g)(1).

Table 11. Cost Recovery[57] (list dollars in thousands)

	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Total Enforcement Expenditures	$21,482	$22,370	$23,557	$23,434
Potential Cases for Recovery *	717	857	945	951
Cases Recovery Ordered	308	335	421	446
Amount of Cost Recovery Ordered	$2,924	$2,538	$2,794	$2,886
Amount Collected	$1,986	$ 1,675	$2,066	$1,991

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

[57] Cost recovery may include information from prior fiscal years.

Question 4.24

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 section 820.

Table 12. Restitution (list dollars in thousands)

	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Amount Ordered	N/A	N/A	N/A	N/A
Amount Collected	N/A	N/A	N/A	N/A

SECTION 5: Public Information Policies

The BRN is committed to transparency and timely communication to keep consumers, licensees, and stakeholders fully informed about its activities and decisions. Through comprehensive public information policies, the BRN ensures that meeting agendas, minutes, disciplinary actions, and key regulatory updates are easily accessible online and maintained in accordance with state law. These policies guide how the Board shares information, ranging from complaint disclosure and licensee data to educational resources, while safeguarding confidentiality and protecting sensitive personal details. This section outlines the BRN's approach to public access, detailing how it balances openness with privacy to foster trust, support informed decision-making, and promote accountability across California's nursing profession.

Board Meeting Materials and Webcast on the BRN Website

Question 5.1

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 on its website in compliance with the Bagley-Keene Open Meeting Act, aiming to provide at least 14 days' notice and never less than 10 days before the scheduled meeting. Whenever possible, the BRN posts supplemental meeting materials on its website 14 days before the meeting and, at a minimum, no later than the Friday preceding the scheduled meeting, except under extraordinary circumstances. Additionally, as of October 2020, supplemental meeting materials for the ELC 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 being 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.

Question 5.2

Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived 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.[58] Additionally, webcasts are available on the DCA YouTube Channel.[59]

[58] https://www.rn.ca.gov/consumers/webcasts.shtml
[59] https://www.youtube.com/user/CaliforniaDCA/videos

Question 5.3

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 page[60] of the BRN website. This page is updated to reflect meeting information and materials as they become available.

Complaint Disclosure Policy and Policy on Internet Discipline Document Retention

Question 5.4

Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?

The BRN Complaint Disclosure Policy[61] and the BRN Policy on Internet Discipline Document Retention[62] are consistent with DCA's polices on complaint disclosure and website posting of accusations and disciplinary actions.

Question 5.5

Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?

Although the BRN is not one of the entities identified and this subject to BPC section 27, the BRN posts accusations and disciplinary actions consistent with BPC section 27 and other DCA boards that are subject to it, thus ensuring consistency, transparency and public access to disciplinary information.

Question 5.6

Does the board post complaint date on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.

No, the BRN does not post complaint data on its website. Information becomes publicly available only after a formal pleading is filed, such as an Accusation, Statement of Issues, or Petition to Revoke Probation, or when a Statement of Issues or PC23 order has been granted.

Licensee Information Available to the Public

Question 5.7

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:[63]

- Name
- License Number
- License Type (e.g., RN, Nurse Practitioner, Public Health Nurse, etc.)
- Status (e.g., Current, Active, Inactive, Voluntary Surrender, etc.)

[60] https://rn.ca.gov/consumers/meetings.shtml
[61] https://www.rn.ca.gov/pdfs/regulations/npr-b-36.pdf
[62] https://www.rn.ca.gov/pdfs/enforcement/disclosure.pdf
[63] https://search.dca.ca.gov/

- Expiration Date
- Original Issue Date
- Disciplinary Actions
- Court Orders
- Public Letter of Reprimands
- Licensed in California by examination or endorsement
- Faculty Status (e.g., Director of Nursing, Assistant Director of Nursing, Instructor, etc.)
- Faculty Specialty (e.g., Pediatrics, Obstetrics, Geriatrics, etc.)
- If licensed as an NP, it will indicate a 103/104 NP certification, along with the national certification held, and the corresponding population focus area.

The DCA License Search page also displays the exact date and time the information is accessed, ensuring users view the most current data available. The public may access the DCA's data portal[64] 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

Question 5.8

What methods does the board use 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 Website[65]

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 Board and Committee Meetings, the agenda is posted on the website along with links to all available meeting materials.

The BRN Report[66]

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 Meetings[67]

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.[68] Additionally, webcasts are available on the DCA YouTube Channel.[69] Additionally, when the BRN holds Board/Committee Meetings at a physical location, there is a table containing information including, but not limited to, the BRN programs; applications for IEC membership and Expert Practice Consultant opportunities; and supplemental meeting materials.

[64] https://www.dca.ca.gov/consumers/public_info/index.shtml
[65] https://www.rn.ca.gov/
[66] https://www.rn.ca.gov/forms/pubs.shtml#brnreport
[67] https://www.rn.ca.gov/consumers/meetings.shtml
[68] https://www.rn.ca.gov/consumers/webcasts.shtml
[69] https://www.youtube.com/user/CaliforniaDCA/videos

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 answer questions, provide critical information, clarify 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, providing information on nursing laws and regulations.

BRN ListServ
An individual can request to be added to the BRN's various email lists, to which 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 Facebook[70] account and added Instagram[71] and LinkedIn[72] accounts to enhance BRN's social media presence. The BRN has a X (formerly known as Twitter)[73] 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.

[70] https://www.facebook.com/CA.BRN
[71] https://www.instagram.com/the_ca_brn/
[72] https://www.linkedin.com/company/thebrn/
[73] https://twitter.com/califbrn

SECTION 6: Online Practice Issues

The BRN monitors and addresses emerging practice issues in the digital environment to protect the public and uphold professional standards. As telehealth, electronic health records, remote monitoring, and other technology-driven services become integral to modern care delivery, the BRN evaluates how these innovations affect nursing practice, patient safety, and regulatory compliance. This section highlights the Board's approach to key online and unlicensed practice issues.

Online and Unlicensed Practice Issues

Question 6.1

Discuss the prevalence of online practice and whether there are issues with unlicensed activity.

Telehealth is a modality to provide patient care. This can be offered using different types of telecommunication equipment to individuals, groups, and communities. In response to COVID-19, telehealth significantly expanded medical care by offering broader access to care through leveraging widely available smartphone and digital technologies to deliver medical services remotely and more flexibly. Any RN providing telehealth services to a patient/family in California must hold an active California RN license.

The BRN has authority to cite, fine, and issue an order of abatement for the unlicensed practice of registered nursing (16 CCR sections 1435.2-1435.4). Individuals also may be 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.[74] This website includes links to BPC section 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.

Question 6.2

How does the board regulate online/internet practice?

The BRN regulates online and telehealth practice under the same standards and laws that govern the profession of nursing, as outlined in the NPA.

Question 6.3

How does the board regulate online/internet business practices outside of California?

The BRN does not have authority to regulate online/internet business practices outside of California.

[74] https://www.rn.ca.gov/enforcement/unlicprac.shtml

Question 6.4

Does the Board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?

At this time, the BRN does not require additional statutory authority or clarification to effectively regulate online nursing practice. However, the Board will continue to collaborate with stakeholders and the Legislature to monitor developments in this evolving area and ensure that its regulatory framework remains current, effective, and aligned with best practices in patient safety and professional standards.

SECTION 7: Workforce Development and Job Creation

The BRN is committed to strengthening California's nursing workforce and supporting job creation to meet the state's evolving health care needs. Through strategic partnerships with academic institutions, health care employers, and state agencies, the BRN advances initiatives that expand educational capacity, enhance clinical training opportunities, and align nursing competencies with emerging industry demands. These efforts include fostering innovative academic–practice collaborations and supporting policies that open new career pathways. By cultivating a well-prepared and adaptable nursing workforce, the BRN not only safeguards patient care and public health but also drives economic growth by creating stable, high-quality employment opportunities throughout California's health care system.

Workforce Development

Question 7.1

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

By the late 1990s, California appeared to have an adequate nursing workforce, with many experts predicting a surplus. Yet by 2002, the state was facing a severe nursing shortage. To confront this crisis, 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 CCCCO.
- 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 ($10) to allow more money for scholarship and loan repayment programs for nursing students.

Years of sustained investment expanded the nursing pipeline and educational capacity, but the 2008 economic downturn slowed progress. By 2010, data showed the shortage had largely stabilized, with the 2019 Forecast of Registered Nurse Workforce in California projecting a relatively balanced supply and demand.[75] However, that balance shifted in March 2020 when the COVID-19 pandemic spread globally, prompting unprecedented coordination among local, state, and federal agencies to contain the crisis that led to nurse burnout.

To further strengthen the nursing workforce, the Board's NEWAC established subcommittees dedicated to narrowing the academic–practice gap and preparing graduates for today's complex healthcare environment. These subcommittees bring together academic leaders, clinical partners, and key stakeholders to identify barriers and develop actionable solutions. Their work focuses on aligning curricula with evolving clinical competencies, expanding high-quality clinical placements, and integrating emerging technologies and evidence-based practices into training. By fostering stronger partnerships between nursing programs and healthcare employers, NEWAC's subcommittees are creating strategies that smooth the transition from the classroom to the bedside, strengthen workforce readiness, and ultimately enhance patient care outcomes.

[75] https://www.rn.ca.gov/pdfs/forms/forecast2019.pdf

Licensing

Question 7.2

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 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.

Additionally, in May 2022, Governor Gavin Newsom announced a public-private partnership to expand workforce development programs targeting high-demand sectors such as climate, public health, and other emerging fields, particularly within disadvantaged communities. This effort led to the Workforce for All (W4A) initiative, designed to strengthen California's health and human services infrastructure by increasing the number of qualified providers, expanding training opportunities, and advancing workforce diversity and cultural competency.

Recognizing that timely licensure is essential to workforce readiness, DCA partnered with HCAI through an Interagency Agreement to assess and improve licensing operations statewide. To support this initiative, DCA issued Request for Proposal (RFP) No. 22-01 in April 2023, seeking a vendor to streamline application processing, accelerate review and approval timelines, and establish a sustainable licensing framework. The $2.35 million contract was awarded to HORNE, LLP (HORNE) in September 2023, with work beginning in October 2023.

As a part of the contract and, in collaboration with the BRN, HORNE assessed the impact of licensing delays, focusing on endorsement and out-of-state examination applicants. The assessment revealed that licensing backlogs directly hindered the entry of qualified nurses into the workforce, contributing to delayed employment in healthcare facilities. Through targeted process improvements, the implementation of new IT tools, and the introduction of a concierge support service, application processing times were substantially reduced. Average processing time for endorsement applications decreased from 174 days to 52 days (a reduction of 122 days), while out-of-state examination applications decreased from 77 days to 19 days (a reduction of 58 days).

Question 7.3

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. 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 Fall and Spring 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; and
- The BRN website provides licensing information and regularly posts updates and announcements.

Question 7.4

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

Licensing

Some common challenges stem from requirements affecting applicants who are already licensed nurses in other states and have completed out-of-state nursing programs. Applicants share that they have difficulty accessing their transcripts if the nursing program was completed many years ago or from a program that closed. Additionally, California's licensing requirements include a review of general education coursework as part of the evaluation process. These courses may have been completed at an institution separate from the nursing program, and some degree programs may not require the same general education components. In many cases, this coursework may have been completed years prior to the nursing education program itself. This requires applicants to track and submit multiple transcripts for review and approval, and it may also compel an out-of-state licensed nurse, who may already hold an advanced nursing degree and have active practice experience, to complete additional general education coursework.

This requirement also impacts advanced practice nursing applicants and may delay their ability to begin practicing in California, as they must first obtain RN licensure based on their prelicensure nursing education, which includes general education coursework, before becoming eligible for APRN certification. Consequently, the same barriers faced by RN applicants also apply to APRN candidates.

Nursing Pipeline

One of the primary barriers to licensure and employment identified by the Board is clinical displacement, which occurs when nursing students are unable to obtain sufficient clinical placements due to competition amongst nursing schools for limited clinical site availability. This shortage directly affects students' ability to complete the required hands-on training, leading to delays in graduation and licensure.

Another significant challenge is the limited availability of qualified faculty. Many nursing programs face difficulties recruiting and retaining educators, often because academic salaries are not competitive with clinical positions. This faculty shortage reduces program capacity, resulting in waitlists and lower enrollment, which in turn worsens the overall nursing workforce shortage.

Additionally, residents in rural areas of California face unique challenges in accessing nursing education. Geographic isolation often limits the availability of nearby nursing programs, forcing students to travel long distances or relocate, both of which can pose significant financial and logistical burdens. Internet connectivity issues may also hinder participation in

online coursework. Moreover, rural areas frequently lack sufficient clinical sites and preceptors, making it difficult for students to fulfill the direct patient care practical training requirements locally. These barriers contribute to a slower pipeline of rural nurses, impacting healthcare access in underserved communities.

Early Career Attrition

There are several factors that may contribute to early career attrition when newly licensed nurse(s) leave the profession shortly after being licensed. One of the most significant challenges is the disconnect between academic preparation and real-world clinical expectations. While nursing programs provide foundational knowledge, many graduates report feeling unprepared for the complexity, pace, and emotional demands of clinical practice. New nurses also share that exposure to workplace incivility and a lack of structured support may lead them to feel isolated and overwhelmed.

Data Collected by the BRN

Question 7.5

Provide any workforce development data collected by the board, such as: a) workforce shortages and b) training programs.

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, 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 HCAI 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.

The data obtained from these surveys and the corresponding data analysis, informed by the historical survey information, offers an accurate and reliable depiction of California's nursing workforce. Following the Board's vote in May 2025, the BRN will also begin participating in the NCSBN Prelicensure Annual Report Core Data Survey[76] starting in 2026

Below are the ongoing and one-time reports that have been completed since the last Sunset Report. Additionally, the BRN uses Tableau to create an interactive dashboard[77] in conjunction with UCSF, which can be used by the public to learn more about RN programs and nursing students in California. The interactive dashboard and the reports listed below are available on the BRN website:

Survey of Registered Nurses in California, 2022[78] (ongoing – biennially): This is a legislatively mandated (BPC section 2717) biennial workforce study of California RNs. Currently, analysis is being done on the fourteenth of these studies with previous studies conducted in 1990, 1993, 1997, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018, 2020, and 2022. The studies provide

[76] https://www.ncsbn.org/nursing-regulation/education/national-nursing-education-database.page
[77] https://www.rn.ca.gov/forms/rnsurvey201718.shtml
[78] https://rn.ca.gov/pdfs/forms/survey2022.pdf

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, 2024[79] (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.

2022-2023 Annual Survey of RN Educational Programs (ongoing – annually): These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs[80] as well as APRN and some other post-licensure programs[81] 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.

Drawing from the data in these reports, supply and demand projections highlight the critical need for continued monitoring and proactive workforce planning. The BRN's 2024 Regional RN Forecasts[82] offers a range of scenarios based on multiple data sources and highlights significant regional variation. While the Inland Empire, Sacramento, San Diego-Imperial, Northern Counties, and Los Angeles regions are projected to maintain RN supply above the current national median ratio, the Central Valley and Sierra, San Francisco Bay Area, and Central Coast regions are expected to remain well below national demand benchmarks. These long-term forecasts provide essential guidance for workforce planning, while recognizing that rapid economic or labor-market shifts can quickly alter local needs.

The Board has taken proactive steps to expand nursing education capacity. The 2022-2023 Annual Survey of RN Education Programs reported increased student enrollment across many RN programs, reflecting the Board's approval of expanded cohort sizes. Additionally, the Board approved several new nursing programs and satellite campuses during the reporting period, directly increasing access to nursing education. This expansion has already shown positive impact, with more graduates entering the workforce. These efforts demonstrate the Board's commitment to strengthening California's nursing pipeline through data-driven policy.

Question 7.6

What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

The Board has taken several actions to reduce inequities and expand access to nursing education for vulnerable and marginalized communities. From January 2022 through August 2025, the Board approved 10 new prelicensure programs, six new campus locations, and 63 enrollment increases, resulting in the growth of 5,725 additional students. These efforts are reflected in the findings of its Annual School Surveys and related workforce studies. The Board has supported the expansion of nursing programs in regions historically lacking access to healthcare education, including rural and low-income urban communities. This helps

[79] https://rn.ca.gov/pdfs/forms/forecast2024.pdf
[80] https://rn.ca.gov/pdfs/education/schoolrpt22-23.pdf
[81] https://rn.ca.gov/pdfs/education/postlicensure2223.pdf
[82] https://rn.ca.gov/pdfs/forms/forecast2024.pdf

address local workforce shortages and creates pathways for residents to enter the nursing profession. The Board is supportive of nursing apprenticeships which are particularly accessible to working adults and those from economically disadvantaged backgrounds.

The Board monitors student demographics and program accessibility through its Annual School Report. These reports show a consistent increase in racial and gender diversity among nursing students. This includes higher enrollment of Hispanic/Latinx, Black/African American, and male students.

In addition, the BRN enforces requirements for cultural competence, health equity, and implicit bias education within nursing curricula and continuing education. By integrating these standards into both prelicensure programs and ongoing professional development, the BRN ensures that California's nurses are equipped to provide care that is responsive to the needs of diverse patient populations.

Finally, in carrying out its licensing and enforcement responsibilities, the BRN remains committed to protecting patient safety without creating unnecessary harm to vulnerable communities. The Board has streamlined licensing processes, increased the use of electronic services to reduce costs and delays, and enhanced communication and outreach to applicants and licensees. These improvements have reduced administrative barriers that can disproportionately impact low-income applicants and those in rural or underserved areas. Through these efforts, the BRN continues to uphold its mandate to protect the public while working to dismantle systemic barriers, expand opportunity, and promote health equity across California's diverse communities.

SECTION 8: Current Issues

The BRN continues to address complex challenges in a rapidly evolving public-sector environment where information technology is central to regulatory effectiveness. Rising cybersecurity risks, aging legacy systems, and the need for secure, user-friendly online services drive the Board's efforts to modernize its technology infrastructure. At the same time, increasing public demand for timely licensing, efficient enforcement processes, and transparent data reporting requires ongoing improvements to BreEZe and expansion of other digital tools. This section outlines current issues shaping the BRN's operations, highlighting how technology initiatives are essential to protecting public safety and supporting California's nursing workforce.

Information Technology

Question 8.1

Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

The BRN is actively engaged in the statewide development and implementation of modernized online application and payment capabilities. The BRN collaborates closely with DCA's OIS to ensure that system upgrades are designed to meet the unique needs of nursing applicants and licensees. BreEZe already supports initial and renewal applications and payment capability, and ongoing enhancements are focused on expanding functionality, improving user experience, and ensuring system reliability.

The BRN continues to have ongoing participation in the development of BreEZe and maintains open communication with the DCA on usability challenges within BreEZe, including navigation issues and payment processing delays that can create unnecessary barriers for applicants. Working in partnership with DCA, the Board has helped prioritize fixes and advocate for features such as streamlined application workflows, mobile-friendly interfaces, and more efficient electronic document submission.

In addition to online application and payment services, the BRN continues to address secondary IT issues that impact operations and service delivery. The BRN signed a contract with an IT consultant to assist with design, development, and implementation of IT enhancements. These include the need for stronger data integration across systems, improved real-time reporting tools to support enforcement, education, and licensing programs, and greater automation of routine processes to reduce staff workload and processing times. The BRN has also increased communication with stakeholders to provide updates on system changes and gather feedback to guide future improvements.

Through active participation in these efforts, the BRN is committed to leveraging technology to reduce administrative burden, increase efficiency, and provide applicants, licensees, and the public with faster, more accessible, and more reliable services.

Question 8.2

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 in 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.

Question 8.3

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? 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 signed a contract with an IT consultant to assist with design, development, and implementation of IT enhancements.

The BRN currently utilizes DCA One, a secure authentication and integration platform provided by DCA, to support its digital infrastructure. Both the California Nursing Program Graduate Portal and the CFA Portal are built within the DCA One framework, leveraging its centralized access controls, seamless integration with BreEZe, and user-friendly interface. These portals have significantly improved data exchange, user authentication, and system integration. The BRN anticipates expanding its use of DCA One and other IT tools to support future IT initiatives, including enhanced data analytics, expanded self-service tools, and additional automation features that will further streamline regulatory operations and improve user experience.

SECTION 9: Board Action and Response to Prior Sunset Issues

During the previous sunset review in 2022, the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business, Professions and Consumer Protection provided the Board with 38 Issues to address. These issues are included in this section. Each issue is presented in the following format:

- Issue and question as it was presented by the Committees.
- Recommendations as they were presented by the Legislative Committees and/or Committee staff for handling the issue.
- BRN Response and Action includes the actions taken since the 2022 sunset report and the current status or activities of the Board for dealing with the issue, or what has not been addressed.

Issue 9.1: FEE AUDIT
The BRN's 2019 fee audit recommended fee amounts for functions that have workload but are not associated with a fee. However, the BRN currently operates at a surplus and recently made two General Fund loans totaling more than $32 million. Should the BRN be authorized to establish the new fees?

2022 Staff Recommendation: The BRN should discuss whether other boards have similar fees, whether the fees are equitably applied between applicant types, and whether the fees are currently necessary. If seeking legislation upon board approval to do so, the BRN should complete and submit the Committee's fee bill questionnaire at the time of the request.

BRN Response and Action: The BRN continues to operate at a surplus and remains committed to researching and addressing workload activities without fees associated. Additionally, it is anticipated that the BRN will align its current fee schedule to accurately reflect the technological updates and streamlined licensing processes.

Issue 9.2: ATTORNEY GENERAL BILLING RATE
In 2019, the Attorney General suddenly and significantly increased its billing rate for all DCA licensing boards in disciplinary matters. Will the cost pressures generated by the increase create difficulties for the BRN's fund?

2022 Staff Recommendation: The BRN should discuss the impact of the Attorney General's rate increase and whether any action is needed by the Administration or the Legislature to safeguard the health of its special fund.

BRN Response and Action: The BRN continues to monitor any impact from the increase in the OAG billing rate to ensure there is no negative impact to the Board of Registered Nursing Fund. The below table shows the total OAG expenditures for the last four FYs:

Total OAG Expenditures	
FY 2021/2022	$8,401,673
FY 2022/2023	$8,436,384
FY 2023/2024	$8,726,201
FY 2024/2025	$9,310,019

Issue 9.3: LICENSING VS. PROMOTION OF THE PROFESSION
The long-standing policy of the Committees is that the purpose of licensing is to protect consumers through the least restrictive means, not to guarantee the highest quality practitioners. Are the BRN's mission and actions consistent with this policy?

2022 Staff Recommendation: The BRN should discuss why its primary mission is to protect the public by ensuring the highest quality of RNs, rather than to protect the public through the objective regulation of the profession.

BRN Response and Action: The BRN believes that its actions are consistent with the policy of protecting consumers through the least restrictive means of regulation. The BRN completed its Strategic Plan for 2022-2025[83], and through the development of this Strategic Plan, the BRN updated its mission statement to reflect that the Board's mission is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California and this mission remains the same in the 2026-2030 Strategic Plan.[84]

Additionally, the EO and Board's legal counsel provide ongoing education at Board, committee, and advisory committee meeting to distinguish between public protection and the promotion of the profession, consistently demonstrating a clear separation between the two.

Issue 9.4: EXECUTIVE OFFICER REQUIREMENTS
The Nursing Practice Act is the only licensing law in California that requires the executive officer to be a licensee. Why is this requirement necessary?

2022 Staff Recommendation: The BRN should discuss the distinctions between the administration of the BRN and the other healing arts boards that necessitates the requirement of an RN executive officer.

BRN Response and Action: The BRN has a total of 228.1 authorized positions, of which 18 positions currently require active licensure as a RN. The expertise of a licensed practitioner in the role of the BRN Executive Officer is extremely beneficial to understanding the intricacies of the issues inherent in regulating the nursing profession. Additionally, a licensee is better equipped to interpret and apply evolving healthcare policies, especially during crises like the COVID-19 pandemic and the Palisades and Eaton fires, where rapid, informed decision-making was critical. The EO as a licensee also has firsthand experience with the full range of operational requirements, including navigating BreEZe, submitting payments, and completing CE. These activities are critical to effective licensure management and play a vital role in supporting the Board's broader regulatory responsibilities.

The BRN's Assistant Executive Officer position does not have a requirement to be a RN. This allows for an executive-level position without the requirement of a RN license to provide input on the objective regulation of the nursing profession. Additionally, the composition of the nine-member Board includes five RNs and four public members. Finally, based on other United States state/territory BONs' websites and the NCSBN Board Profiles,[85] 45 out of the 55 United States BONs have an RN in an executive decision-making role.

[83] https://www.rn.ca.gov/pdfs/consumers/stratplan22-25.pdf
[84] https://www.rn.ca.gov/pdfs/consumers/stratplan26-30.pdf
[85] https://www.ncsbn.org/contact-bon.htm

Issue 9.5: PRIOR SEXUAL HARASSMENT AND MISCONDUCT ALLEGATIONS
What was the outcome of the investigation into the prior executive officer?

2022 Staff Recommendation: The BRN should provide any available updates, including whether any recommendations for change were suggested or adopted.

BRN Response and Action: The investigation of the prior sexual harassment and misconduct allegations was completed, and the Board took appropriate actions based on the findings in the investigation. The BRN is committed to ensuring that it operates a workplace that is free from all forms of harassment and discrimination.

Issue 9.6: WHISTLEBLOWER AUDIT
A whistleblower revealed that the prior BRN executives falsified data sent to the State Auditor to meet a 2016 audit recommendation. While recommendations 1 and 2 from the audit have been implemented, what is the status of recommendation 3? What is the result of the following DCA internal audit?

2022 Staff Recommendation: The BRN should update the Committees on its progress in implementing the State Auditor's recommendations and continue to work with the State Auditor on full implementation.

BRN Response and Action: Recommendation #3 states that, within 90 days, the BRN should work with the audit team to develop a satisfactory approach for fully implementing the 2016 audit recommendation. The BRN provided its response to that recommendation to the California State Auditor (CSA), indicating that the investigators' assignments will not exceed 30 cases. All three recommendations for the CSA Investigative Report 12020-0027 are fully implemented and reflected as such on the CSA website. On DCA's review, implementation of recommendations was confirmed.

The BRN will continue to implement this recommendation. As stated in response to the CSA on Recommendation 3 for Investigative Report 12020-0027 (associated to Recommendation 7 for 2016-046), the BRN "has demonstrated a good-faith effort to work with the audit team to develop a satisfactory approach for fully implementing the 2016 audit recommendation, we deem this recommendation fully implemented." The BRN has not received any additional request for information or documentation from CSA but will cooperate with any such requests to demonstrate full compliance.

Issue 9.7: NEC RECRUITMENT AND RETENTION
The BRN reports that it continues to have difficulty recruiting and retaining NECs due to the non-competitive salary. What changes are necessary to improve recruitment and retention?

2022 Staff Recommendation: The BRN should discuss its current efforts to work with the DCA and State Personnel Board, and whether it is exploring additional avenues to address the NEC recruitment and retention issue.

BRN Response and Action: The NECs work at a high level within the profession and should be compensated at a level commensurate with their nursing expertise and experience. Due to the low NEC/Supervising Nursing Education Consultant (SNEC) salary combined with the role's demand for strong leadership and extensive experience, recruitment, hiring, and retention for these positions remain challenging (as discussed in this report, Section 10, Issue 10.3), the BRN conducts targeted outreach to COADN and CACN, holds NEC job postings

open until filled. Previously, the BRN had the ability to request authorization to hire above the minimum (HAM) salary level when warranted to attract and retain qualified candidates; however, this option is no longer available, limiting the Board's flexibility in addressing critical recruitment and retention challenges. The Board has had several qualified candidates turn down the job offer since this option was removed.

Civil service employees in California state government are subject to the collective bargaining process for negotiating wages, hours, and other terms and conditions of employment. The unions negotiate directly with the state employer, represented by the California Department of Human Resources (CalHR). Although this is up to union labor negotiations with SEIU Unit 21 local 1000, the BRN will continue to work collaboratively with DCA to recommend that CalHR increase the NEC and SNEC salaries to be in alignment with other equivalent positions in state service. The last request submitted to CalHR to increase the salary was in 2023; however, the request was not granted, and CalHR maintains that the bargaining process is confidential; therefore, no reason(s) were provided.

The BRN will continue to advocate for the NEC and SNEC salaries to be competitive as this will assist the BRN with recruitment and retention of qualified NECs/SNECs to perform the duties necessary to carry out the Board's mission.

Position Information	NEC Assignment Areas			Total
	Education	Enforcement	CE	
SNEC Positions	2	N/A	1	3
Filled	2	N/A	0	2
Vacancies	0	N/A	1	1
% Vacancy Rate	0%	N/A	100%	33%
NEC Positions	11	2	1	14
Filled	9	1	0	10
Vacancies	2	1	2	5
% Vacancy Rate	18%	50%	100%	36%

Issue 9.8: CONSUMER SATISFACTION
Consumer satisfaction with the BRN is low, particularly in areas related to complaints, endorsements, and consumer contact. What can be done to improve consumer satisfaction, and are there ways to improve the utility of consumer surveys?

2022 Staff Recommendation: The BRN should discuss what specific steps, other than the augmentation of staff, it is taking to address the low levels of consumer satisfaction. It should also discuss its survey development process, and what the comprehensive analysis of the surveys has revealed so far.

BRN Response and Action: The BRN has taken multiple steps to address the low level of consumer satisfaction, and these efforts are reflected in the overall Consumer Services Survey responses. Each year, the BRN distributes the Consumer Services Survey to individuals and organizations who have interacted with its divisions to gather feedback on service quality and effectiveness. Beginning in 2022, the survey included a neutral category; therefore, only data from years using the revised scale were compared and data is included below. Additionally, for clarity and to support a clear three-year comparison (2022–2024) of survey results, responses were combined into three categories: Satisfied (including "Somewhat Satisfied"), Neutral, and Dissatisfied (including "Somewhat Dissatisfied"). All comments were analyzed using MAX-QDA software to provide a comprehensive assessment and analysis was

conducted by combining the quantitative levels of satisfaction with the qualitative comments in each functional area and compared changes from year to year. The analysis of the past three-years of surveys, reflects significant improvements in overall customer satisfaction across multiple divisions of the BRN.

Overall satisfaction with the BRN rose from 51 percent in 2022 to 70 percent in 2024, while dissatisfaction decreased from 33 percent to 19 percent. The Licensing and Education Division demonstrated the strongest gains, with satisfaction in online application processing, renewal timeliness, and communication effectiveness increasing between 12 percent and 21 percent, and dissatisfaction declining by over 20 percent in some areas. The Enforcement Division also saw moderate improvement, particularly in professionalism and communication, each rising around 15 percent since 2022. Additionally, satisfaction with Board and Committee meetings rose steadily, with several committees (such as Nursing Practice and Legislative) showing increases of 27-40 percent over three years. The Public Information Unit and correspondence channels (email, mail, website, and phone) similarly improved, with satisfaction levels increasing by 15-20 percent. Overall, the data indicate that BRN's operational and communication reforms have resulted in marked gains in efficiency, professionalism, and stakeholder satisfaction since 2022.

Issue 9.9: LICENSING TIMELINES AND RESPONSIVENESS
The Committees have received a steady stream of complaints from applicants about lack of responsiveness and extended processing timelines. What prevents the BRN from responding in a timely manner, and can the target timeframes be shortened?

2022 Staff Recommendation: The BRN should discuss its progress on updating its internal licensing processing target timelines and reducing errors in the application process.

BRN Response and Action: To improve processing times and reduce errors, the BRN partnered with DCA and a consultant to enhance IT systems, including BreEZe. BRN implemented many key initiatives, including but not limited to:

- June 2021: Launched the Application Status and Details webpage[86] to provide real-time updates on application progress and deficiencies.
- July 2021: Removed the photo submission requirement and duplicate documentation for reapply/repeat exam applicants, reducing deficiencies and processing delays and started emailing deficiency notices to applicants.
- October 2021: Introduced a secure education history portal for nursing programs, allowing Directors of Nursing to verify student completion electronically. This streamlined exam eligibility and accelerated NCLEX scheduling.
- March 2022: Implemented NURSYS with NCSBN to provide RN license verification services as well as updated BreEZe to link faculty approvals to RN licenses, reducing the need for repeated approvals unless new content areas are added.
- October 2023: Implemented an automatic initial review triggering an email notification if deficiencies are found. This allows staff to complete their review once all required documentation is submitted.
- February 2024: For California graduates, implemented an automated email which is sent 30 days after application submission if the Program Director has not entered the applicant's education data into the portal, notifying applicants of the deficiency.

These IT and business process enhancements, combined with comprehensive staff training that ensures a thorough understanding of licensing procedures and consistent application processing, have led to reductions in processing times, as shown in the table below:

[86] https://rn.ca.gov/online/appstatus.shtml

Application Processing Times for all Applications[87]				
Application Type	**FY 2021/22**	**FY 2022/23**	**FY 2023/24**	**FY 2024/25**
Complete Applications in Days				
RN Endorsement	69	56	40	40
RN Examination	35	28	27	24
CNS	7	0	1	0
CRNA	1	1	13	4
NM	3	19	2	5
NM (Furnishing)	4	19	46	16
NP	7	4	2	3
NP (Furnishing)	7	7	11	2
PHN	10	10	4	6
Incomplete Applications in Days				
RN Endorsement	143	127	97	79
RN Examination	125	138	97	83
CNS	112	126	86	66
CRNA	110	92	75	61
NM	114	85	66	72
NM (Furnishing)	102	95	70	76
NP	107	84	67	52
NP (Furnishing)	97	72	37	10
PHN	85	74	36	36

Additionally, on May 6, 2022, Governor Gavin Newsom announced a public-private partnership to expand workforce development programs focused on high-demand careers in climate, public health, and other future-focused fields, particularly in disadvantaged communities. The W4A initiative stemmed from this effort to strengthen California's health and human services infrastructure by increasing the number of providers, expanding training opportunities, and promoting diversity and cultural competency across the workforce.

The DCA plays a vital role in W4A, as timely licensure enables qualified professionals to enter the workforce and contribute to California's economy. To support this effort, HCAI engaged DCA through an IA to improve licensing operations.

DCA issued RFP No. 22-01 on April 7, 2023, seeking a partner to streamline application processing, accelerate review and approval timelines, and establish a sustainable licensing model. The $2.35 million contract was awarded to HORNE LLP on September 8, 2023, with a term through December 31, 2024. Following required security clearances, HORNE began work on October 16, 2023, in coordination with the BRN to:

- Eliminate licensing backlogs for out-of-state applicants,
- Improve application review and approval processes,
- Reduce processing times, and
- Develop a long-term, sustainable licensing framework.

BRN made significant improvements prior to and during the HORNE contract period. Due to the corrective actions taken during the contract, the backlog of applications was cleared, IT tools were designed and implemented to provide lasting benefits post-contract, the need for a quality assurance model was realized, and the concierge service was proven to be successful. These efforts enhanced BRN's framework and contributed to strengthening the

[87] https://www.dca.ca.gov/data/license_per67forman102ce.shtml

sustainable foundation that will continue to support the profession of nursing and the workforce pipeline. Furthermore, BRN will continue to solicit input from staff regarding business processes to eliminate unnecessary steps and barriers and improve efficiency.

Issue 9.10: LICENSE RECIPROCITY
The Nursing Practice Act allows licensees from other states to apply for a CA license via endorsement of their existing license, but it can be a lengthy process that involves a rigorous review of education, background, and other requirements. What are the unique CA standards that other state licenses do not meet?

2022 Staff Recommendation: The BRN should discuss possible options for improving reciprocity, such as streamlining its endorsement process or other available solutions and discuss any licensing requirements that reduce the feasibility of reciprocity.

BRN Response and Action: According to NCSBN data, nurses are the second largest group of licensed professionals in the United States. California has the highest number of nurses in the United States, having 9.84 percent of the total number of nurses in the United States.[88] California is followed by New York at 6.75 percent and Texas at 6.30 percent of the total number of nurses in the United States. Each state or territory has a NPA[89] that identifies how nursing is regulated, sets requirements for licensing, and defines scope of nursing practice within that jurisdiction.

The Nurse Licensure Compact (NLC) allows a nurse to work temporarily in or commute to other compact states as long as the nurse remains a resident in the issuing state. The NLC allows for existing facility staff to be augmented by nurses on temporary assignment who can work in multiple states. With the NLC, nurses must establish residency and apply for licensure by endorsement in the Primary State of Residence (PSOR). The PSOR (also known as the home state) is the state where a nurse declares a primary residence for legal purposes. Only one state can be identified as the primary state of legal residence for NLC purposes.

The chart below summarizes the NCSBN NLC moving scenario factsheet,[90] which explains that under any scenario, if a nurse is changing their PSOR, they must apply for licensure by endorsement in their new primary state of residency:

Moving from a noncompact state to an NLC state	The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.
Moving from an NLC state to a noncompact state	The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) of the former NLC state of the new address.
Moving from an NLC state to another NLC state	When moving (changing primary state of legal residence) to a new NLC state, it is the nurse's responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse's new state of legal residency. The nurse may practice on the former home state license only UNTIL the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated

[88] https://www.ncsbn.org/NND/Statistics/Aggregate-RNActiveLicensesTable.pdf
[89] https://www.ncsbn.org/Nursing_Licensure.pdf
[90] https://www.ncsbn.org/2018_Moving_Scenarios_Factsheet.pdf

Even with the NLC, the BRN would need to address the licensing by endorsement process for nurses who want to make California their PSOR. Additionally, the BRN would have to address the licensing verification process for nurses who want to establish a new PSOR. To assist with RNs moving from state to state quickly and efficiently, irrespective of NLC, the BRN has started and will continue to improve licensing processes for endorsement applicants.

The BRN's average processing time for completed endorsement applications (RN coming to California) is about 40 days. The BRN will issue a license at the time of initial review if there are no application deficiencies, including but not limited to transcripts and fingerprints. To further improve the overall processing times, the BRN updated the endorsement application review process to prioritize applications where the fingerprint response is received.

Fingerprint images can be transmitted two ways: either through Live Scan for applicants in California, or "hard cards" for those applicants outside of California and those who are not able to complete the Live Scan process. Receiving fingerprint results from the hard card process can take 8-12 weeks or longer. For either process, factors including but not limited to poor fingerprint quality and transaction errors can cause delays/rejects from the California Department of Justice, thereby delaying the final determination of the endorsement application for licensure.

Another public safety issue is enforcement and discipline. When RNs are licensed in California, they fall under the jurisdiction of the BRN, which allows the BRN to receive subsequent arrest and/or conviction information. This ensures that the BRN can take immediate action on that license for public protection without necessarily having to coordinate with other states, which can cause delays.

Additionally, California has experienced minimal impact from individuals with fraudulent nursing licenses, largely due to its rigorous education review process, an approach not consistently implemented in many other states that issue initial licensure, endorsements, or permit multistate practice.

Issue 9.11: CA LICENSE PORTABILITY
Licensed CA RNs that wish to practice out of state must endorse to other states' nursing boards through the BRN, which can be costly and time-consuming. How can the out-of-state endorsement process be improved?

2022 Staff Recommendation: The BRN should update the Committees on its progress in implementing the changes proposed and whether there are further solutions to improve the portability of CA licenses.

BRN Response and Action: On March 10, 2022, the BRN implemented the use of NURSYS for license verification requests previously completed by the BRN.[91] NURSYS provides online verification for endorsement to a nurse requesting to practice in another state and anyone who wants to verify a nurse license.

[91] https://mailchi.mp/ncsbn/california-board-of-registered-nursing-joins-nursys-electronic-license-verification?e=f06db8ea9c

Issue 9.12: IMPLEMENTATION OF RECENT LEGISLATION IMPACTING ADVANCED PRACTICE NURSES

In 2020, the Legislature passed two bills that the Governor signed into law clarifying independent practice authority for advanced practice nurses. Specifically, AB 890 paved the way for NPs to practice independently while SB 1237 established parameters for CNM independence. While BRN is implementing both measures, code cleanup is necessary to fully achieve the intent of both measures.

2022 Staff Recommendation: The Committees may wish to amend the Act to ensure that AB 890 and SB 1237 can be properly implemented. The BRN should provide an update on the implementation of these measures.

BRN Response and Action: The establishment of the NPAC and the NMAC was completed in early 2021. Since implementation, the committees have met at least twice annually, with subcommittees convening as needed to advance their work. Additionally, between August 2021 and January 2022, OPES test specialists held eight workshops with certified NPs, or SMEs, to review and finalize task and knowledge statements for each of California's eight NP specialties. The SMEs, representing diverse practice backgrounds, confirmed task-knowledge linkages and identified common conditions and procedures within their specialties. The OA report for NP Practice and Practice Specialties was finalized in July 2022 and published to the BRN website.[92]

Finally, SB 1451, signed by Governor Newsom in September 2024, revised licensure criteria for NPs practicing without standardized procedures. The bill clarified that transition-to-practice experience may span multiple practice categories and that an attestor need not specialize in the same category as the applicant. It also allowed acceptance of national NP certification exams discontinued before January 1, 2017.

Issue 9.13: FURNISHING VS. PRESCRIBING

The BRN has requested replacing the term "furnishing" with "prescriptive authority." What is the necessity for this change and is the change appropriate?

2022 Staff Recommendation: The BRN should discuss the benefits of making the statutory changes to the terms in light of the existing cross-references and definitions that accomplish the same goal.

BRN Response and Action: Although California is the only state using the term "furnishing" which is often misunderstood, the BRN no longer believes there is a need to amend the terms "furnishing or ordering drugs or devices" in statute to "prescribing drugs or devices" as the BRN instead aligning with the other states and the NCSBN consensus model allowing for the NP and NM, once certified in California, to work at the extent of their education and training and prescribe with the issuance of the APRN certification thus reducing confusion between pharmacies, DEA, and patients receiving care. (see Section 10, Issue 10.5 and 10.6).

[92] https://www.rn.ca.gov/pdfs/forms/oa_report-np.pdf

Issue 9.14: APRN REPRESENTATION
Given the new Nurse-Midwifery Advisory Committee (NMAC) and Nurse Practitioner Advisory Committee (NPAC) established pursuant to SB 1237 (Dodd) and AB 890 (Wood), the role of the APRN Advisory Committee (APRNAC) is likely to change. Should the APRNAC be maintained, and if so, in what fashion?

2022 Staff Recommendation: The BRN should provide an update on its plans and goals for the APRNAC going forward.

BRN Response and Action: With the establishment of the NMAC and NPAC, the Board revised the structure and goals of the APRNAC. In August 2021, the Board voted to retain the APRNAC to focus on CRNAs, CNSs, and issues that affect multiple APRN groups; however, in November 2022, the Board voted to sunset the APRNAC and establish two new committees, the CNSAC and the CRNAAC to better support the specialized needs of each profession.

Both committees advise the Board through the NPC and conduct their work through subcommittees that provide subject-matter expertise, gather public input, and develop evidence-based recommendations. Each committee consists of five members, four CNSs or CRNAs and one public member. The CNSAC focuses on issues related to practice, education, standards of care, and qualifications under Business and Professions Code (BPC) section 2838.2, while the CRNAAC addresses matters pertaining to CRNA practice, including education, standards of care, and provisions outlined in Article 7 of the NPA.

Issue 9.15: PHISHING SCAMS
RN Licensees are being specifically targeted by scammers. Are there steps that can be taken to help address the issue?

2022 Staff Recommendation: The BRN should discuss what steps it has taken to inform licensees and any additional solutions it is considering going forward.

BRN Response and Action: When phishing scams are reported, the BRN posts alerts to the BRN website, posts information about the phishing scam on its social media platforms and sends emails to the BRN ListServ alerting licensees and other stakeholders about the phishing scam.

Issue 9.16: INDEPENDENT CONTRACTORS
Does the new test for determining employment status, as prescribed in the court decision Dynamex Operations West Inc. v. Superior Court, have any unresolved implications for BRN licensees working as independent contractors?

2022 Staff Recommendation: The BRN should inform the committees of any discussions it has had about the Dynamex decision and AB 5, and whether there is potential to impact the current landscape of the profession unless an exemption is provided.

BRN Response and Action: In general, the BRN does not regulate the private business and employment practices of registered nurses and their employers and, as a result, AB 5 did not have a significant impact on the BRN's regulatory oversight of the practice of nursing.

Issue 9.17: FAIR CHANCE LICENSING ACT
What is the status of the BRN's implementation of AB 2138 (Chiu/Low) and are any statutory changes needed to enable the Board to better carry out the intent of the Fair Chance Licensing Act?

2022 Staff Recommendation: The BRN should provide an update on its implementation of the Fair Chance Licensing Act, as well as relay any recommendations it has for statutory changes.

BRN Response and Action: The regulations associated with the Fair Chance Licensing Act were approved and became effective on May 21, 2021.

Issue 9.18: RN EDUCATIONAL PROGRAM APPROVAL
The BRN is one of a few licensing boards that continues to actively approve educational programs. Should the BRN continue to approve RN educational programs, and if so, are there improvements that should be made?

2022 Staff Recommendation: The BRN should continue to work with the Committees on the BRN's role and scope in approving and reviewing RN educational programs.

BRN Response and Action: According to NCSBN, eligibility to take the NCLEX requires that graduates demonstrate completion of a nursing program approved by a recognized nursing regulatory body. There are two types of nursing education program approval: 1) initial approval of new programs before they open for enrollment, and 2) ongoing monitoring and continued approval of existing programs.

The purpose of initial approval is to ensure that the programs comprehensively cover the knowledge and skills needed for licensure and safe practice. This review also evaluates the program's ability to support the student from enrollment to graduation by ensuring that the program has the proper resources to support the proposed enrollment number and admission frequency. The purpose of continued approval of an established program is based upon monitoring of the program performance outcomes and continued compliance with BRN statute and regulations.

The BRN remains committed to collaborating with the BPPE, the CCCCO, the California State University and the University of California system, nursing specific program accreditors, and other stakeholders to streamline processes and enhance regulatory efficiency. The Board is continuing to refine the continued approval process and has a goal to reduce or eliminate additional document submission for continued approval if the program is currently accredited. BRN staff are in process of developing crosswalks of its' regulatory requirements to each of the three accreditors. At the completion of the crosswalks, areas identified that differ from the accreditor's requirements will be reviewed and SME input will be received to address these differences in regulation.

Issue 9.19: NURSE EDUCATOR MEMBER
The BRN is required to have a member who is "an educator or administrator in an approved program." Should the educator member qualifications be more specific?

2022 Staff Recommendation: The BRN should discuss the role and expectations of the RN educator member and whether additional qualifications would be beneficial to the BRN's education functions.

BRN Response and Action: Per statute, the Board's composition includes four public members and five RN members. (BPC, § 2702.) The RN members consist of two direct patient care nurses, an advanced practice nurse, a nursing service administrator, and a nurse educator or administrator in an approved nursing educational program. The BRN appreciates the special insight that a nursing school educator or administrator provides to the Board, but BRN has not participated in discussions regarding any special qualifications for this member and whether additional qualifications would be beneficial; however, it would participate in such discussions. Any broadening or narrowing of the eligibility criteria for this member would require legislative amendments to BPC section 2702, subdivision (e).

Issue 9.20: EDUCATION COMMITTEE COMPOSITION
The BRN has established an Education/Licensing Committee to approve and review schools, among other functions. Should there be more representation of program directors and interested stakeholders?

2022 Staff Recommendation: The BRN should discuss options for improving the ELC's stakeholder representation and input.

BRN Response and Action: The ELC is composed exclusively of Board members, which ensures direct engagement between the Board and stakeholders during its four scheduled meetings each year. These meetings are strategically timed, typically one month before each of the four regular Board meetings, giving program directors and other interested stakeholders at least eight formal opportunities to interact with the board annually.

Beyond these meetings, the Board also convenes a minimum of two NEWAC meetings per year. These meetings are specifically designed to gather input from SMEs, stakeholders presenting agenda items, and members of the public. The NEWAC charter mandates representation from nursing education leaders, including two program directors (one from COADN and one from CACN), and two representatives from the Chancellor's Office (one each for CSU and California community colleges) ensuring education voices are part of the conversion.

The ELC is structured to support both informational updates and in-depth discussion. Items for notification are generally handled as consent items, while non-consent items require program representatives to attend and be prepared to provide clarification as needed. Nothing precludes the nursing program from being present for all agenda items and they may request additional discussion or attention from the Board.

To promote broader access, the Board has adopted virtual meeting formats, enabling participation regardless of geographic location or work schedule. Additionally, during committee meetings, the public and other stakeholders are provided the opportunity to comment on agenda items, items not on the agenda, and items for future consideration. In June 2023, the BRN further strengthened its outreach by sending meeting reminders to its ListServ and all program directors in advance of each Board and committee meeting.

While the current structure provides multiple opportunities for engagement, the Board recognizes that additional input is sometimes necessary. In such cases, special workgroups and subcommittees have been formed to facilitate further discussion and ensure that educational perspectives are consistently heard.

Issue 9.21: JLAC AUDIT RECOMMENDATIONS
The State Auditor found that the BRN fails to use sufficient info when considering enrollment decisions and that its work overlaps with the work of accreditors. What is the status of the recommendations, and are additional statutory changes necessary?

2022 Staff Recommendation: The BRN should provide an update on the implementation of the State Auditor's recommendations, continue to work with the State Auditor on full implementation, and work with the Committees on the State Auditor's Legislative Recommendations.

BRN Response and Action: All statutory recommendations from the JLAC audit have been completed and are now incorporated in the NPA. Additionally, the BRN has fully implemented six out of the nine audit recommendations, and it will continue to work with the State Auditor to implement the remaining three recommendations. The remaining three recommendations (6, 7, and 9) all relate to clinical capacity information and are interdependent and are being managed through one OIS build. The BRN launched the CFA portal in May 2025 which will allow BRN to compile and aggregate clinical facility and nursing program specific information. This tool has safeguards to ensure data integrity and functionality for internal and external stakeholders. A user guide was developed and released along with multiple training sessions held for internal and external stakeholders. Additional education and training materials related to the CFA will be released, if appropriate.

Issue 9.22: REGULATION VS. WORKFORCE MANAGEMENT
The BRN is a regulatory and enforcement agency. Is the BRN the proper entity for workforce management?

2022 Staff Recommendation: The BRN should discuss its current workforce efforts, including upcoming plans for NEWAC and options for coordinating with other workforce agencies and stakeholders.

BRN Response and Action: The BRN will continue to collaborate with workforce agencies including, but not limited to, California Labor and Workforce Development Agency, California Health and Human Services Agency, CDPH, HCAI, CHA, and HWI.

Additionally, the structure of the NEWAC was revised at the November 2021 Board meeting, with its Charter approved in May 2022 and later codified through AB 2684 (Berman, Chapter 413, Statutes of 2022). NEWAC serves as a strategic forum that unites nursing and healthcare leaders, including employers, practicing RNs and APRNs, educators, researchers, workforce and economic analysts, union representatives, and public members, to advise the Board concerning education and workforce issues with the goal to strengthen California's nursing education and workforce infrastructure. Additionally, SB 1015 (Cortese, Chapter 776, Statutes 2024) expanded the objectives and deliverables of NEWAC.

The committee's objectives are to:

- Foster collaboration across nursing and healthcare sectors to identify and address workforce shortages, education gaps, and emerging practice needs, including potential regulatory or policy solutions.
- Advise the Board and its survey contractor on the design and content of the BRN's RN Workforce Survey and the Annual School Survey for both prelicensure and postlicensure programs, ensuring data effectively informs workforce planning.

- Provide data-driven insights, updates, and recommendations to the Board based on workforce trends, educational capacity, and evidence-based research to support a resilient, well-prepared nursing workforce.
- Dedicate at least one meeting annually to focus specifically on nursing education issues and another on nursing workforce issues.
- Study and recommend standards for simulated clinical experiences, drawing from best practices established by organizations such as INACSL, NCSBN, SSH, or other equivalent standards.
- Examine and propose standards for how approved schools of nursing or nursing programs manage and coordinate clinical placements. This study must be submitted to the Legislature by the Board and include, at a minimum, the following areas:
    - Methods used by approved schools or programs to uphold clinical education standards.
    - Participation in consortiums with other approved schools or programs to manage or coordinate clinical placements.
    - The need for and feasibility of establishing a statewide or regional consortium, under Board oversight, to manage or coordinate clinical placements.
    - Processes for identifying and reporting violations of BPC section 2786.4.
    - Strategies to ensure fair and equitable access to clinical placements among approved schools or programs.
    - Identification of key data the Board should collect to ensure compliance with committee-recommended standards.

NEWAC meets at least twice annually, with subcommittees convening as needed to advance targeted workforce and education initiatives.

Issue 9.23: DUPLICATION OF PROGRAM REVIEW
Per the JLAC audit, there are duplicated services. Which duplicated services can be reduced?

2022 Staff Recommendation: The BRN should identify and discuss any potential duplication of services.

BRN Response and Action: After the release of the CSA Audit 2019-120, to address CSA's second recommendation to the Legislature, the BRN created a workgroup of deans and directors to explore opportunities to streamline current nursing program approval processes, including but not limited to efforts to align, in part, the BRN approval and the accreditation processes. The BRN facilitated bi-weekly meetings with this workgroup and when duplication of services was identified, BRN staff adjusted internal processes, as appropriate. In September 2021, the Board participated in its first CAV with ACEN. This pilot demonstrated that while regulatory and accreditation reviews have different purposes, they share enough common ground to justify coordination. The BRN subsequently aligned future CAVs with accreditation visits to minimize duplication, reduce the burden on nursing programs, and improve efficiency. The Board is continuing to refine the continued approval process and has a goal to reduce or eliminate additional document submission for continued approval if the program is currently accredited. BRN staff are in process of developing crosswalks of its regulatory requirements to each of the three accreditors. At the completion of the crosswalks, areas identified that differ from the accreditor's requirements will be reviewed and SME input will be received to address these differences in regulation.

NCSBN shares on its website[93] that program approval is an integral part of the state licensure process because it assures standards are met, whereas national nursing accreditation assesses the quality of nursing programs from a national perspective. In December 2019, NCSBN sought to verify the current accreditation status of nursing programs[94] and when comparing the 2012 accreditation rates to the current rates, there is a decrease in accreditation rates from 96 percent to 89.1 percent for BSN or higher and a slight increase from 52 percent to 53.2 percent for ADN programs.

Additionally, the following information is provided from NCSBN:

> In the United States, prelicensure nursing education programs are required to be approved by the BON in the state where the program is officially located. This approval process begins with an initial application and extensive proposal to the BON, which performs an extensive evaluation ensuring the program has the proper facilities, resources, administration and faculty, curriculum, clinical agreements, policies, and procedures, among many other requirements set forth in state regulations. Once the program is approved, the BON continually monitors the program. To obtain BON nursing education program approval, nursing programs must meet the nursing education standards established by their BON. Only students graduating from officially recognized and approved programs are permitted to take the NCLEX, the official nursing licensure exam in the US and Canada. (Spector & Woods, 2013).
>
> For our national Delphi study, data were provided on consensus from experts in nursing education, regulation, and practice on nursing education quality indicators, warning signs when programs are beginning to fall below standards, and performance outcome measures of nursing education programs. Consensus among the experts was reached after 2 rounds of discussion. This Delphi study identified 18 quality indicators (characteristics of nursing programs that graduate safe and competent students), 11 warning signs when nursing programs begin to fall below standards, and eight program performance outcomes that nursing regulatory bodies could measure. The quality indicators fall into the categories of (a) school leadership and faculty support; (b) consistent and competent faculty; (c) quality, hands-on clinical experiences with meaningful collaboration with clinical partners; and (d) an evidence-based curriculum emphasizing quality and safety and critical thinking/clinical reasoning. Although the warning signs are similar to the quality indicators (only the opposite), there are additional ones that are of interest, including over-reliance on simulation to replace clinical experiences and refusal of clinical facilities to host clinical experiences. There were few surprises with the outcomes that were identified (NCLEX pass rates, graduation rates, employment rates, etc.)[95]

[93] https://www.ncsbn.org/education.htm
[94] https://www.ncsbn.org/public-files/Percentages_Accredited_Programs_L2L.pdf
[95] https://www.ncsbn.org/research-item/ncsbn-regulatory-guidelines-and-evidencebased-quality-indicators-for-nursing-education-programs

Issue 9.24: FACULTY APPROVAL
The BRN has very specific requirements for faculty. Are these requirements necessary?

2022 Staff Recommendation: The BRN should discuss its faculty approval process in relation to the BPPE and accreditors, including any evidence supporting the experiential and minimum faculty requirements.

BRN Response and Action: The BRN's nursing faculty approval is required to meet the competency expectations set forth in 22 CCR section 70213(c), "Nursing Services Policies and Procedures". The Nursing Services Policies and Procedures requires general acute care hospitals to have policies and procedures which contain competency standards for staff performance in the delivery of patient care. This section demands that nurses practicing in these facilities be competent. Faculty, who are licensed nurses practicing in these facilities while overseeing these student clinical experiences, must be held to at least the same standard to ensure they can effectively prepare students for real-world practice while providing safe competent care.

These policies and procedures include elements of competency validation for registered nurses as set forth in 22 CCR section 70016.1 and require at least annually, patient care personnel shall receive a written performance evaluation. The evaluation shall include, but is not limited to, measuring individual performance against established competency standards. The clinical facilities do not provide competency validation or maintain records demonstrating competency of the faculty performing and overseeing patient care as part nursing education. The facilities rely on the BRNs faculty approval that requires clinical competence, ensuring that the nursing program faculty member possesses and exercises the degree of learning skill, care and experience ordinarily possessed and exercised by staff level RNs of the nursing area to which the faculty member is assigned. This is in alignment with the standards outlined in 16 CCR 1420(d), 1424(h), 1425 and 1425.1(d).

Issue 9.25: CLINICAL SIMULATION
The use of simulated clinical experiences is becoming more common, particularly during the COVID-19 pandemic. Should more simulation be allowed, and should there be standards for the use of clinical simulation?

2022 Staff Recommendation: The BRN should discuss its current process for overseeing simulation, whether it supports any specific amount of simulation, and whether standards can and should be established.

BRN Response and Action: BPC section 2786(a)(2) establishes that an approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a Board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the Board. This was the Board's effort to establish minimum requirements for each content area, where none previously existed, while also allowing the flexibility in curriculum design and implementation that nursing programs had been requesting for use of simulation. Each nursing program is required to provide students with a minimum of 18 semester units of clinical lab hours to ensure adequate preparation for licensure. The Board does not prescribe minimum credit requirements for individual courses. Instead, each program designs its curriculum to meet the needs of both the institution and the students it serves.

Example 16-week semester: 864 total clinical hours required for licensure.

Prior: 75%	Ask: 50%	Current Minimum
648 hours	432 hours	500 hours

Clinical/lab	Prior clinical hour requirement with BRN's 75% in direct patient care	Academia's ask for 50% simulation with a 1:1 direct patient care to simulation ratio	The current BRN requirement after establishing minimum direct patient care hours in the last sunset bill
1 unit - 48 hours	36	24	30
2 units - 96 hours	72	48	30
3 units - 144 hours	108	72	30
4 units - 192 hours	144	96	30
5 units - 240 hours	180	120	30

In each of the examples above, the clinical hours required by the nursing program above 30 hours can be provided in any manner that meets the clinical objectives. This can be done in direct patient care or laboratory and simulation settings.

Additionally, pursuant to BPC section 2785.6, subdivision (g), the NEWAC was tasked with studying and recommending standards for simulated clinical experiences based on best practices established by recognized authorities such as the International Nursing Association for Clinical Simulation and Learning (INACSL), the NCSBN, the Society for Simulation in Healthcare (SSH), or equivalent organizations.

In March 2023, NEWAC approved the formation of a subcommittee to evaluate and recommend standards for simulation in nursing education. The subcommittee collaborated with simulation experts from across California to review and assess the standards developed by INACSL, NCSBN, and SSH. There was total agreement among the experts that prelicensure RN programs utilizing simulation should follow at least one of these established sets of standards, and that the BRN does not need to develop new or independent simulation standards for nursing programs. Additionally, the subcommittee noted that INACSL offers an endorsement program and SSH provides an accreditation program, both of which recognize demonstrated excellence in simulation-based education. There was unanimous agreement among simulation experts that the BRN should accept INACSL endorsement or SSH accreditation as sufficient evidence of compliance with any simulation requirements established by the BRN, without requiring additional documentation or action from the program.

The subcommittee's findings were first presented to NEWAC on September 28, 2023, where members voted to accept the simulation report and agreed to continue discussions on potential regulatory language at a future meeting. At the next NEWAC meeting, in March 2024, the subcommittee presented proposed regulatory language to NEWAC, recommending that if the BRN were to adopt simulation regulations, they should be based on a modified version of the NCSBN Model Rules Language for Prelicensure RN Programs (2016).[96] NEWAC voted to forward the proposed language to the NPC for further review and discussion.

During its meeting on May 2024, the Board voted to accept the recommendation from the NPC to approve NEWAC's recommendations and proposed draft regulatory language establishing standards for simulation in clinical education and authorize Board staff to initiate drafting formal

[96] https://www.ncsbn.org/public-files/16_Simulation_Guidelines.pdf

regulatory language for revisions and/or additions to CCR, title 16, division 14, article 3, Prelicensure Nursing Programs.

The Board's recommendation regarding simulation is further discussed in Section 10, Issue 10.2.

Issue 9.26: CONCURRENCY OF THEORY AND CLINICAL
Nursing student education is required to have classroom and clinical learning occur at the same time. Should there be additional flexibility to this requirement?

2022 Staff Recommendation: The BRN should discuss its concurrency requirement, including any studies or other evidence demonstrating the benefits of concurrency or specifically tying learning outcomes to the timing of theory and clinical experience.

BRN Response and Action: To fulfill its mission of consumer protection, the BRN emphasizes the critical importance of delivering nursing theory and clinical training concurrently within the same academic term. This integrated approach ensures that students can immediately apply theoretical knowledge to real-world clinical situations, reinforcing learning and enhancing clinical judgment.

The requirement for concurrent theory and clinical education in nursing programs is rooted in the belief that students learn best when they can immediately apply classroom concepts to real-world clinical settings. This approach aligns with the principles of experiential learning, which are foundational to Science, Technology, Engineering, Mathematics (STEM) education. STEM education emphasizes active learning and hands-on experiences. It encourages students to solve authentic problems and make meaningful connections between theoretical knowledge and practical application. In nursing, this means that students benefit from seeing how concepts play out in clinical environments as they learn them in class.

RNs are expected to rapidly assess, analyze, synthesize, and act on complex information. This level of clinical reasoning is cultivated through the seamless integration of theory and hands-on experience. Without concurrent instruction, students may struggle to connect classroom learning to clinical application, leading to flawed reflection, poor decision-making, and potentially harmful outcomes.

Nursing education, grounded in the principles of adult learning, is intentionally designed to be interactive, immersive, and progressive. Through group work, skills labs, high-quality simulation, and supervised direct patient care, students transition from novice to expert. This symbiotic relationship, where theory informs practice and practice reinforces theory, is essential in a discipline that is both a science and an art. Nursing education naturally aligns with the experiential learning models used in STEM fields, where students learn best by doing. The absence of concurrency contributes to the well-documented "theory-practice gap," which has been linked to increased medication errors and diminished use of critical assessment skills, both of which compromise patient safety and care quality.

The updated concurrency requirements outlined in AB 2684 (Berman, Chapter 413, Statutes of 2022) now provide flexibility by allowing any direct patient care not completed during the scheduled semester to be carried over to the immediately following semester, provided that all other school-based clinical and lab experiences are completed within the originally scheduled term. The BRN strongly maintains that California's concurrency requirement is vital to developing competent and confident nurses while protecting public health. By ensuring students apply theoretical knowledge in real time, the requirement fosters critical clinical reasoning and decision-making skills essential for safe and effective nursing practice.

Issue 9.27: NEC CONSISTENCY
NECs follow the same guidelines and regulations. Why do they sometimes make decisions inconsistently?

2022 Staff Recommendation: The BRN should discuss what may account for NEC inconsistency and develop ways to improve it.

BRN Response and Action: The BRN agrees with the staff recommendation that some NEC decisions may appear inconsistent; however, these decisions are based on the unique facts and circumstances of each case, which naturally vary. To promote greater consistency and enhance communication, the BRN holds bi-weekly NEC meetings with a structured format that supports alignment across the team.

In addition, all SNECs and NECs actively participate in the 10-12-week New Hire Orientation alongside each new team member. This collaborative approach fosters a culture of shared learning, mentorship, and professional support. These regular meetings also serve as a platform for ongoing training and team discussions, helping to ensure the uniform application of rules and regulations statewide.

Issue 9.28: AVAILABILITY OF CLINICAL PLACEMENTS
Clinical placements for nursing students are historically limited and are more so as a result of COVID-19. Does the BRN have a plan to resolve this issue?

2022 Staff Recommendation: The BRN should update the Committees on the current state of clinical placements and potential solutions going forward. The BRN should advise the Committees as to how it selects and uses certain data related to nursing shortage areas, current program enrollment figures, simulated learning options, and alternate site availability in making programmatic approval decisions, including decisions on clinical placements.

BRN Response and Action: 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, policymakers, researchers, students, and the public.

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 moves forward, thus 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.

The most recent complete data on clinical placements is reflected in the 2022-2023 Annual School Survey. This survey collects data on programs that were denied clinical space they had the previous year, the strategies used to address the loss, and the reasons for being denied. Below is the data that was collected for the past four years from the report:

Programs Denied Clinical Space	2019/20	2020/21	2021/22	2022/23
Number of programs denied a clinical placement, unit, or shift	125	128	92	81
% of programs denied a clinical placement, unit, or shift	85.6%	88.3%	80.5%	53.6%
Number of programs that reported	146	145	152	151
Total number of students affected	22,415	15,043	5,163	3,933

Strategies to Address the Loss of Clinical Space	2019/20	2020/21	2021/22	2022/23
Replaced lost space at different site currently used by nursing program	65.0%	49.6%	68.5%	69.1%
Added/replaced lost space with new site	60.2%	55.1%	53.3%	60.5%
Clinical simulation	87.8%	78.7%	57.6%	33.3%
Replaced lost space at same clinical site	32.5%	32.3%	26.1%	35.8%
Reduced student admissions	29.3%	27.6%	19.6%	4.9%
Other	15.4%	18.9%	10.9%	6.2%
Number of programs that reported	123	127	92	81

Reasons for Clinical Space being Unavailable	2019/20	2020/21	2021/22	2022/23
Competition for clinical space due to increase in number of nursing students in region	30.0%	22.0%	37.0%	51.9%
Displaced by another program	21.7%	25.2%	25.0%	31.6%
Staff nurse overload or insufficient qualified staff	17.5%	25.2%	41.3%	45.6%
Visit from Joint Commission or other accrediting agency	12.5%	15.7%	22.8%	17.7%
Decrease in patient census	9.2%	9.4%	22.8%	20.3%
Change in facility ownership/management	8.3%	9.4%	8.7%	16.5%
Other	17.5%	2.4%	19.6%	17.7%
No longer accepting ADN students	12.5%	11.8%	9.8%	5.1%
Nurse residency programs	6.7%	12.6%	20.7%	34.2%
Closure, or partial closure, of clinical facility	22.5%	19.7%	15.2%	20.3%
Clinical facility seeking magnet status	9.2%	7.1%	9.8%	3.8%
Implementation of Electronic Health Records system	8.3%	7.1%	3.3%	3.8%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	3.3%	1.6%	2.2%	0%
Facility moving to a new location	0%	0%	0%	0%
Staff nurse overload or insufficient qualified staff due to COVID-19	73.3%	72.4%	53.3%	25.3%
Site closure or decreased services due to COVID-19	65.8%	64.6%	28.3%	6.3%
Change in site infection control protocols due to COVID-19	69.2%	59.8%	26.1%	3.8%
Lack of PPE due to COVID-19	79.2%	48.8%	4.3%	0%
Decrease in patient census due to COVID-19	43.3%	41.7%	27.2%	8.9%
Number of programs that reported	120	127	92	79

Clinical displacement is problematic not only in California but for other state nursing boards as well. This has been a frequent topic of exploration in the regular NCSBN Education Network conferences. The NECs work with the nursing programs to identify other options including, but not limited to, health care clinics, churches, skilled nursing facilities, addiction and rehabilitation facilities, birth centers, summer camps, correctional facilities, public health clinics, home health, outpatient surgery centers, hospice care, Veterans Health Administration and within the Military health systems, to ensure students have the clinical experience needed to progress.

To help alleviate clinical displacement challenges, the BRN amended its regulations to remove the requirement that a specific percentage of clinical hours in a clinical practice course be spent in direct patient care and instead established a direct patient care minimum hour requirement. This change gives prelicensure nursing programs greater flexibility

in how they structure clinical education, allowing them to adapt more easily when direct patient care placements are limited. However, it has been shared by programs that they still feel clinical placements are not equitable when there are nursing programs requiring clinical hours in excess of the statutory minimum of 500 hours.

Finally, the BRN remains committed to exploring the development of statewide or regional consortiums as a strategic solution to improve clinical placement coordination. These consortiums aim to create a comprehensive system for tracking all student placements across clinical settings, ensuring transparency in resolving placement conflicts, and systematically identifying and documenting areas where clinical access is limited.

Consortiums coordinate and allot available clinical placements to ensure the most efficient utilization of clinical facility resources; however, decisions regarding allotment of clinical placements to nursing programs are ultimately the decision of each individual clinical facility. There are currently limited consortiums available in California and they are not uniform nor are they located in every region, and participation in the consortiums is voluntary. Without legislative and regulatory authority, BRN cannot implement a statewide consortium with a regional focus and require all clinical settings and academic institutions to participate. Such a system could provide a complete and accurate representation of available clinical placement slots.

Issue 9.29: FORMAL DISCIPLINE TIMELINES
The BRN is unable to meet its target timelines for cases that rise to the level of formal discipline, Performance Measure 4 (PM4). Can the BRN improve its processes to meet its target, and should PM4 be modified to better reflect the different stages of an enforcement case?

2022 Staff Recommendation: The BRN should discuss if there are additional improvements that can be made to its PM4 timelines and whether the PM4 measure can be broken up to better identify where bottlenecks may exist.

BRN Response and Action: DCA utilizes PM4 to report total number of cases closed that were referred to the OAG for disciplinary action; however, it does not distinguish between DOI and BRN's internal investigations. PM4 includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.). PM4 tracks all stages with subcategories including intake, investigation, and pre- and post-OAG. This report is based on data entered into the BreEZe system. The BRN will continue to identify and implement business process improvements to reduce the processing time of cases.

The average days to completion for an investigation based on PM4 data are listed in the table below:

Average Days to Completion			
Fiscal Year	**BRN**	**DOI**	**OAG**
2021/2022	167	263	324
2022/2023	191	352	315
2023/2024	243	335	316
2024/2025	230	475	350

Issue 9.30: PEACE OFFICER AUTHORITY
The BRN has requested that its investigators be authorized to exercise specified peace officer powers, including the powers of arrest, to serve warrants, and receive criminal history information. Should the BRN's investigators be granted this authority?

2022 Staff Recommendation: The BRN should detail how the peace officer authority will assist its investigators in various stages of an investigation, whether there will be any fiscal impacts, and how the investigators with peace officer powers will be integrated into the enforcement division and its partnership with DCA's DOI.

BRN Response and Action: While the BRN previously presented a thoughtful proposal to grant its investigators limited peace officer powers under Penal Code section 830.11, the proposed expansion of authority under this section introduces new operational, fiscal, and policy complexities that outweigh the anticipated benefits.

While Penal Code section 830.11 does provide limited peace officer powers to investigators at certain state agencies, without extending peace officer retirement benefits or firearm privileges, these powers represent a significant shift in the role and responsibilities of BRN's Special Investigators, Supervising Special Investigators, and the Supervising Special Investigator II even if they remain in their current classifications and are designated as public officers rather than full peace officers. Investigators under section 830.11 are generally required to complete training certified by the California Commission on Peace Officer Standards and Training (POST). Becoming a POST-participating law enforcement agency involves substantial financial and administrative commitments. These include ongoing training requirements, compliance with POST standards, and infrastructure to support peace officer operations. If BRN investigators were granted limited peace officer powers, aligning with section 830.11 would still require coordination with law enforcement systems and protocols that may introduce unanticipated costs and oversight burdens.

Additionally, the existing framework, supported by DCA and guided by the CPRGs, already ensures that high-risk and criminal matters are handled by fully sworn peace officers with the appropriate training and infrastructure. Introducing limited peace officer powers to BRN investigators risks duplicating efforts, creating ambiguity, and imposing new administrative burdens without a clear return on investment.

Issue 9.31: COST RECOVERY
During the BRN's 2017 Sunset Review, the BRN reported that it was looking into improvements to its cost recovery functions. What is the status of that research?

2022 Staff Recommendation: The BRN should provide any additional updates on its response to the issue raised and the outcome of its research into cost recovery and trends.

BRN Response and Action: The BRN will continue its process for cost recovery, including but not limited to, extending probationary terms and/or placing a hold on the license until the cost recovery is paid in full, or using the FTB to collect outstanding fines for those individuals residing in and filing California taxes. Additionally, beginning in 2023, the BRN has access to collection services through a contract with DCA and FTB.

Issue 9.32: AUDITS OF CE PROVIDERS
The BRN notes that it began auditing continuing education providers (CEPs) in 2016, but that the review was labor-intensive and requires additional staff. What is the current status of the CEP audit unit?

2022 Staff Recommendation: The BRN should provide an update on its CE NEC recruitment efforts and any other outstanding implementation of its CEP approval/disapproval plan.

BRN Response and Action: Applications for the CE NEC are received and screened on an ongoing basis with interviews scheduled for those applications who meet the scoring criteria. To date, no applicants have been successful in the hiring process; however, the BRN remains committed to hiring for this position. The position has proven difficult to fill due to salary limitations, which have impacted the ability to attract qualified candidates (further discussed in Section 10, Issue 10.3). Since the last sunset review, the BRN has had to rely on retired annuitant NECs and temporary coverage by the Executive Officer to fill this role during vacancy periods.

Issue 9.33: CE COMPLIANCE DOCUMENTATION
Licensees are only required to submit CE compliance information once audited. Should licensees instead submit CE compliance information upon renewal?

2022 Staff Recommendation: The BRN should discuss the feasibility and any potential benefit of allowing licensees to upload CE compliance documents at the time of renewal.

BRN Response and Action: Currently, BreEZe allows licensees to upload CE compliance documents at the time of renewal; however, it is not required. The BRN would support an effort to require the CE compliance documents to be submitted through BreEZe at the time of renewal which would require a regulatory update. Pursuant to 16 CCR section 1451, subdivision (d), licensees must keep the certificates from the academic institutions for a period of four years from the date of completion of the approved CE education course. The licensee must provide to the Board, upon request, the certification of completion of the approved CE course during a CE compliance audit to ensure the licensee is in compliance with the four-year retention requirement. Requiring, by regulation, that CE compliance documents be uploaded at the time of renewal would allow staff to perform audits randomly through BreEZe without requesting additional information from the licensee and would also allow BreEZe to serve as the repository for the four years that the licensee must retain these documents.

Issue 9.34: SCHOOL NURSES
The BRN reports that it is concerned about the services that unlicensed school nurses provide. What changes, if any, are necessary to ensure the safety and proper care of students?

2022 Staff Recommendation: The BRN should discuss any instances of harm it may be aware of and present any solutions it may have to address those instances of harm.

BRN Response and Action: As the California Department of Education (CDE) is the entity governing unlicensed school nurses (also known as a School Health Clerk or Aide) and other designated school personnel, the BRN is not aware of specific instances of harm from school personnel, as the BRN does not have jurisdiction over these personnel.

EDC section 49426 explains that a School Nurse is an RN with a bachelor's degree, who has completed the additional education requirements for and possess a current credential in school nursing by the Commission on Teacher Credentialing. School Nurses strengthen and

facilitate the educational process by improving and protecting the health of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The School Nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

Unlicensed assistive personnel and/or trained health care aides may administer medications (EDC section 49423) in the education setting when the pupil's physician has delegated the responsibility of medication administration on the pupil's medication form and the student's parents have consented that the pupil may be assisted with medication administration at school on the medication form. This was further supported through a Supreme Court of California decision (American Nurses Association v. Torlakson (2013) 57 Cal. 4th 570). CDE regulations to govern this process were developed in consultation with parents, representatives of the medical and nursing professions, and other individuals jointly designated by the Superintendent of Public Instruction, the Advisory Commission on Special Education, and the department formerly known as the Department of Health Services.

The BRN continues to monitor and 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.

Issue 9.35: MENTAL HEALTH SERVICES FOR COVID-19 PROVIDERS
Under ordinary circumstances, frontline healthcare providers and first responders often face difficult situations that are mentally and emotionally challenging. Are there new issues arising from, or ongoing issues being worsened by, the extreme conditions of the COVID-19 pandemic?

2022 Staff Recommendation: The BRN should discuss any findings related to the mental and behavioral healthcare needs of frontline healthcare providers arising from the COVID-19 pandemic.

BRN Response and Action: The BRN recognizes the lasting mental health impacts experienced by frontline healthcare providers following the COVID-19 pandemic. The Board remains committed to ongoing collaboration and stakeholder engagement to identify needs and develop sustainable solutions that support the well-being of the nursing workforce.

Issue 9.36: COVID-19
Since March of 2020, there have been a number of executive-issued waivers, which affect licensees and future licensees alike. Do any of these waivers warrant an extension or statutory changes?

2022 Staff Recommendation: The BRN should advise the Committees on the use of the COVID-19 waivers, including the number of temporary licenses issued to out-of-state licensees and any associated timelines, and the ongoing necessity of any of the waivers.

BRN Response and Action: Throughout the COVID-19 pandemic, the BRN collaborated closely with the DCA to provide input and request extensions for waivers that ensured continued public protection and access to care. While these waivers have since expired, the BRN remains vigilant in monitoring the ongoing effects of the pandemic and other emergencies. The Board will pursue regulatory or legislative action, as appropriate, to address emerging needs and maintain continuity of safe nursing practice.

Issue 9.37: TECHNICAL EDITS
Are there technical changes to the Nursing Practice Act that may improve BRN operations?

2022 Staff Recommendation: The BRN should continue to work with the Committees on potential changes.

BRN Response and Action: The BRN reviewed the NPA and any new issues, which may require legislative changes, are outlined in Section 10.

Issue 9.38: SUNSET EXTENSION
Should the current BRN be continued and continue regulating the practice of RNs?

2022 Staff Recommendation: The BRN's regulation of RNs should be continued and be reviewed again on a future date to be determined.

BRN Response and Action: The BRN appreciates the Committee's continued support and encourages additional feedback and recommendations to further strengthen its programs and operations throughout the current Sunset Review process.

SECTION 10: 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, and legislative changes) for each of the following:

1. **Issues raised under prior Sunset Review that have not been addressed.**
2. **New issues 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. These issues are organized under the Board's four primary areas of oversight, nursing education, licensure, scope of practice, and discipline, with an additional category addressing general board operations.

For most issues, the Board has included recommended actions or proposed legislative changes it believes would effectively address the identified challenges. In certain instances, however, recommendations are still under development as the Board continues to gather data and evaluate potential options. The Board is presenting these matters to the Legislature to ensure they are considered in future policy discussions and collaborative efforts to strengthen consumer protection and regulatory effectiveness. Implementing legislative changes to resolve these issues will strengthen the Board's capacity to protect consumers, enhance public safety, and ensure it can fully meet its regulatory responsibilities.

Nursing Education

Issue 10.1: Evidence Based Criteria for Nursing Program Approval

Nursing licensure operates under a two-step system. To qualify for the NCLEX examination, nursing graduates must first provide proof of completion from a nursing education program that has been approved by a state board of nursing.

In July 2020, the NCSBN published evidence-based guidelines for nursing education program approval. Developed from a large mixed-methods study, the Nursing Education Approval Guidelines[97] consist of nursing program quality indicators and warning signs. The NCSBN reviews and updates these guidelines annually, using data collected from state boards of nursing to verify that they continue to support consistent, high-quality outcomes.

The guidelines were developed to help state nursing boards and nursing education programs increase their collaboration by allowing for more transparency in the approval process. They were also intended to help state nursing boards identify when they should intervene and provide technical assistance to a program prior to them falling below standards.

The Board has received criticism for using outdated, inefficient, and inconsistent standards when providing initial and continuing approval to nursing programs. In an effort to establish more consistency and efficiency in the program approval process, the Board would like to eliminate some of its ineffective standards and replace them with evidence-based standards that are recognized at the national level.

[97] https://www.ncsbn.org/public-files/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf

Recommendation for Action
The Board recommends amending BPC section 2786.2 to incorporate quality indicators and warning signs identified in the NCSBN Nursing Education Approval Guidelines, where appropriate. Integrating these evidence-based benchmarks, would support early identification of at-risk programs, and promote consistent, high-quality nursing education across the state.

Issue 10.2: Clear Guidance on Simulation Based Learning
Simulation-based teaching is an evidence-informed experiential methodology used by many healthcare educators to facilitate learning. As this mode of clinical training becomes more widely used, it is important to ensure that it is being done in a safe and consistent manner.

Historically, the Board was silent on simulation as it related to the type and amount that could be utilized by prelicensure nursing programs. This changed during the pandemic when passage of AB 2288 (Low, Chapter 282, Statutes of 2020) provided nursing programs additional flexibility in meeting their clinical hour requirements during a state of emergency. This flexibility allowed programs to replace varying percentages of their direct patient care hours with other learning experiences, such as simulation, when specified conditions were met.

The bill used percentages because the Board previously required 75 percent of programs' clinical hour requirements to be completed in direct patient care. However, the Board's 2022 sunset bill replaced those percentages with a minimum number of hours overall and in each content area.

BPC section 2786(a)(2) states that an approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the board.

Consequently, BPC section 2786.3(a)(3) has become obsolete as the percentages included are no longer applicable. To maintain the intended flexibility for nursing programs during future emergencies, that provision should be updated to include the minimum number of hours that can be completed in simulation rather than minimum percentages.

Additionally, BPC Section 2786.3(a)(3)(D) states that any simulation experiences substituted for direct patient care during a state of emergency should be based on the best practices published by the INACSL, NSCBN, SSH, or equivalent standards approved by the board. The Board agrees with this standard and believes statute should be expanded so that it applies whenever simulation is used by a nursing program, not just during a state of emergency.

Recommendation for Action
The Board recommends amending BPC Section 2786.3(a)(3) to replace percentage-based allowances with a defined number of clinical hours that may be substituted with alternative learning experiences during a declared state of emergency, provided that all specified conditions are met. This change would enhance clarity, consistency, and enforceability during emergency situations.

Further, the Board recommends updating statute to require that any simulation experiences utilized by nursing programs to meet their clinical hour requirements adhere to best practices established by the INACSL, NCBN, SSH, or equivalent standards approved by the Board. This ensures that simulation-based education maintains high quality and supports safe, effective clinical preparation and helps to address the risks associated with inadequate

simulation training, as highlighted in the NEWAC simulation study, which identified psychological safety as a critical concern requiring attention under the Board's consumer protection mandate. INACSL explicitly promotes psychological safety through several of its standards: Prebriefing, Preparation and Expectations, Facilitation, Professional Integrity and Participant Evaluation. Additionally, SSH emphasizes psychological safety as a core component of high-quality simulation programs. This is evident in the Core Standards: Learning Environment, Teaching/Education Standards, and Assessment Standards and Human Simulation Programs. Finally, NCSBN simulation standards have psychological safety in several key areas of the guidelines. These are present in guidelines addressing the Prebriefing and Orientation, Facilitator Training, Learner Support, and Debriefing.

Issue 10.3: NEC Recruitment and Salaries

The Board continues to have difficulty in recruiting and retaining NECs and SNECs due to the non-competitive salary compared to what RNs can make at other state agencies, in the private sector, or in academia and now the inability to higher above the minimum and within the established pay range.

The NECs play a critical role in the public's health and welfare by offering 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 APRNs. This is done by reviewing the program's curriculum, facility sites, and faculty, among other things, to ensure they meet Californias law and regulations related to nursing education.

As of November 20, 2025, there are 160 prelicensure programs with over 33,000 students enrolled in these programs and over 5,700 faculty. There are also 36 California NP programs that require ongoing NEC support on oversight and 64 out-of-state NP programs that require NEC review at approval only. Additionally, there are 24 academic institutions in different stages of the feasibility process to become a new prelicensure nursing program and 40 out-of-state NP programs in various stages of the approval process.

Due to the multifaceted nature of NEC responsibilities, the minimum requirements for the position include possession of an active, valid California RN license; at least five years of work experience; and a preferred education of an MSN or a related field. Nevertheless, current data comparisons show that the salaries for NECs at the Board are significantly lower than the salaries for equivalent positions in other state agencies. This is outlined in the table below.

Classification	Department*	Monthly Salary**	
		Min	Max
Nursing Education Consultant	DCA-BRN	$8,649	$10,825
Nurse Consultant I (Range P)	DHCS, CDDS, CalVet	$12,487	$15,635
Nurse Consultant II (Range P)	DHCS, CDDS, CalVet	$12,609	$15,791
Nurse Consultant III, Specialist (Range P)	DHCS, CDDS, CalVet	$12,735	$15,945
Nursing Consultant Program Review (Range P or R)	DHCS, CDDS, CalVet	$12,736	$15,945

* Department of Health Care Services (DHCS), California Department of Developmental Services (CDDS) and California, Department of Veterans Affairs (CalVet), and California Correctional Health Care Services (CCHCS)

** Data Source: CalHR Pay Scales as of 10/8/2025

Additionally, community college nursing program directors in California now earn in the range of $140,800 to $198,200 (commonly around $141,000-$155,000), while nursing program directors statewide average about $188,500 annually. Directors of Nursing at private institutions can see compensation of $264,000 or more, with total pay often exceeding $300,000 before benefits. These tend to be the strongest candidates for NECs; however, the Board cannot compete with the salaries offered at the community college level, let alone private industry.

Historically, the Board was permitted to request authorization to hire NECs at a salary above the minimum due to the comparatively lower compensation relative to other RN positions. However, as of 2024, this hiring flexibility is no longer permitted to the Board. Previously, even placement at the highest step of the NEC salary range often results in a drastic pay reduction for prospective candidates as it is now mandated that they are hired in at the minimum monthly salary of $8,649 (approx. $103,788 annually), which is a 47 percent lower pay differential from other comparable positions within the State. In numerous cases, NECs have sought supplemental employment with private healthcare organizations and academic medical centers, often at higher pay rates, to offset their current full-time Board salary and sustain their standard of living.

Recommendation for Action:
To be determined.

Licensure

Issue 10.4: APRN National Certification
The term APRN includes CRNAs, NMs, CNSs and NPs. While education, accreditation, and certification are necessary components of an overall approach to preparing an APRN for practice, it is the individual state laws and regulations that determine who can be recognized to practice as an APRN within each state.

Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examinations accepted for entry-level competence assessment. This has created a significant barrier for APRNs to easily move from state to state and has decreased access to care for patients.

To address this, in 2008, NCSBN released the APRN Consensus Model[98] which provided guidance for United States jurisdictions to adopt uniformity in the regulation of APRN roles, licensure, accreditation, certification and education. In 2014, the Board voted to adopt this framework and has been steadily progressing toward full implementation ever since.

This regulatory framework includes seven main elements:

1. **Title:** Advanced Practice Registered Nurse
2. **License:** Holds an APRN license
3. **Four Roles**: CRNAs, NMs, CNSs and Certified NPs
4. **Education:** Completion of postgraduate education is required
5. **National Certification:** APRNs must pass a nationally accredited certification exam
6. **Independent Practice:** APRNs are granted authority to practice independently without physician oversight such as collaborative/supervisory agreement
7. **Independent Prescribing:** APRNs are granted authority to prescribe without physician oversight such as collaborative/supervisory agreement

[98] https://www.ncsbn.org/public-files/Consensus_Model_for_APRN_Regulation_July_2008.pdf

California is in full alignment with elements one through four and has made progress towards elements six and seven over the last few years. However, California remains one of only three states, along with New York and Indiana, that do not require national certification for APRNs. APRN national certification is an advanced credential demonstrating a nurse's expertise and clinical competence in a chosen specialty after completing a master's or doctoral degree. It requires passing a national certification exam from an accredited body which validates their specialized knowledge and skills. These certifications must also be renewed every four to five years to remain current.

Currently, the BRN only requires national certification for CRNAs and NPs that are practicing without standardized procedures (103/104 NPs). National certification is also required for an APRN to be eligible to bill to the Medi-Cal program. This means that, although it's not required for licensure in California, it can often be a requirement for employment.

Requiring national certifications as a condition of licensure for all APRNs moving forward would not only ensure alignment with the APRN consensus model and assist in the interstate mobility of healthcare providers, but it would also add another layer of oversight in ensuring that APRNs are competent and safe providers. This will be especially critical as California continues to move towards more independent practice by APRNs in the state.

Recommendation for Action:
The Board recommends requiring National Certification for all APRNs newly licensed on or after January 1, 2027. To ensure a fair and practical transition, the Board also recommends including a grandfathering provision that exempts currently licensed APRNs from this requirement, unless otherwise mandated by statute. This approach upholds high standards for clinical competency while recognizing the qualifications of existing licensees.

Issue 10.5: Furnishing License
Prescriptive authority is the ability of healthcare providers to prescribe specific medications, including controlled substances. State laws to determine the prescriptive authority of APRNs differ considerably. In California, both NMs and NPs have prescriptive authority. NMs and NPs practicing without standardized procedures (103/104 NP) can prescribe medications, within their scope of practice, without physician supervision. NPs operating under standardized procedures can prescribe within their scope of practice but must do so under the supervision of a physician as outlined in BPC section 2836.1.

For all NPs and NMs, rather than receive their prescribing authority upon licensure, licensees must obtain a separate furnishing license. California is the only state that has a separate furnishing application. Other states grant prescribing authority as part of the APRN license, when appropriate for the scope of practice. This additional step imposed both administratively burdensome for the Board and expensive for licensees, as outlined by the fees listed below and established in 16 CCR section 1417:

- NP/NM Initial Application Fee - $500
    - Furnishing Initial Application Fee - $400 (if not submitted with initial application)
- NP/NM Biennial Renewal Fee - $150
    - Furnishing Biennial Renewal Fee - $162

During its previous sunset review, the Board requested statutory authority to combine the initial applications for NPs and NMs and the initial furnishing applications into one application to reduce the financial burden on licensees. However, the applications and fees remain separate for the renewal applications. While this change represented meaningful progress, the Board believes a more effective and streamlined approach would be to align with other

states and national standards by eliminating the separate furnishing license requirement and granting prescriptive authority to eligible APRNs as part of their initial licensure and renewal processes.

Recommendation for Action:
The Board recommends removing the requirement for a separate furnishing license and allowing for prescriptive authority to be granted upon licensure for NPs and NMs. Integrating prescriptive authority into the core licensure process would streamline regulatory requirements, reduce administrative burden, and better reflect the advanced education and clinical training these practitioners receive. This change would also align California with national best practices and support more efficient healthcare workforce. Currently, CRNAs and CNSs do not have prescriptive authority in California, and the BRN does not intend to pursue changes to this during the current Sunset Review process.

Scope of Practice

Issue 10.6: Furnishing NP Supervision Ratio
Statutory guidance for NPs that are furnishing drugs or devices is outlined in BPC section 2836.1. The guidance states that a standardized procedure or protocol covering the furnishing of drugs or devices must specify a list of items such as which NPs may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP's competence, etc. The only component that is specified in statute rather than deferred to standardized procedures is the supervision ratio, as the law prohibits any physician and surgeon from supervising more than four furnishing NPs at one time.

Although this ratio is not inherently problematic, the Board consistently receives inquiries from employers and practitioners requesting clarification as to what the "one to four" ratio looks like in practice. For example, does it mean a physician and surgeon can supervise four furnishing NPs as at any given moment, four NPs over the course of one shift, four NPs over a 24-hour period, etc. The Board also receives questions about whether physicians can supervise more than four NPs, if the additional NPs either don't have a furnishing license or have a furnishing license but are not actively furnishing during their shift. Given these recurring uncertainties, it may be more practical for supervision ratios to be defined within standardized procedures, tailored to the specific needs of individual providers and healthcare facilities.

Recommendation for Action:
The Board recommends removing the current statutory limitation of one physician to four furnishing NPs practicing under standardized procedures and instead require the supervision ratio be clearly outlined within the standardized procedures alongside all other data elements that must be addressed. This approach would allow for greater flexibility, better alignment with the operational needs of healthcare settings, and more effective oversight tailored to the qualifications of individual providers and the complexity of care being delivered.

Issue 10.7: APRN to RN Delegation
Historically APRNs have been able to act as an agent of the physician through the use of standardized procedures. This allowed an RN to implement and follow a medical order initiated by an APRN. However, passage of AB 890 (Wood, Chapter 265, Statutes 2020), SB 1237 (Dodd, Chapter 88, Statutes 2020), and AB 876 (Flora, Chapter 169, Statutes 2025) has removed the standardized procedure requirement for many APRNs. As a result, explicit

statutory authority is needed to ensure that APRNs may continue to direct RNs in a manner consistent with safe, efficient, and modern clinical practice.

From both an operational and access-to-care standpoint, the ability for APRNs to direct RNs is critical. Consequently, nurse scope of practice needs to be updated to make clear that APRNs can still direct RNs without the use of standardized procedures. The Board recognizes that similar revisions may be needed to allow other healthcare professionals to receive this type of direction from an APRN. Since the Board only has jurisdiction over RNs, this recommendation is limited to APRN to RN delegation. However, the Board would likely support expanding this authority to other healthcare providers through separate legislation or through rulemaking undertaken by their respective regulatory boards.

Recommendation for Action:
Update statute to allow an APRN to direct the RN to provide direct and indirect patient care services including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen. This amendment ensures alignment with modern care delivery models, supports continuity of care, and removes barriers that currently impede timely implementation of APRN directed patient care.

Enforcement

Issue 10.8: Timeline to Petition for Reinstatement
According to BPC section 2760.1, a RN whose license has been revoked can petition the Board for reinstatement or modification of penalty. However, a licensee must typically wait at least three years before they can attempt to get their license reinstated.

While in most cases the three-year timeline is both sufficient and appropriate, the Board has seen a growing number of cases where a licensee is revoked by default. This means their license was revoked by the Board because the RN failed to respond to an accusation or participate in required hearings, leading to a ruling against them without their input. The license remains revoked unless a petition for reinstatement is granted.

Occasionally, a RN will contact the Board shortly after their license has been revoked, stating they were unaware of the disciplinary action until after the revocation became effective. This typically occurs when the RN did not receive mailings from the Board regarding the accusation, often due to being on a traveling contract assignment, an extended leave/vacation, or having recently moved without yet updating their address of record with the Board, etc.

Under current law, the RN must wait three years to petition for reinstatement. In these types of scenarios, the Board would prefer to have the discretion to engage with the licensee and proceed through the standard disciplinary process. However, the Board currently lacks the statutory authority to set aside a default revocation and reopen the case administratively.

Recommended Action
To be determined.

Issue 10.9: Stipend for Intervention Participants
The Intervention Program is a voluntary and confidential monitoring program for RNs whose competency may be impaired by substance use disorder or mental illness. The program provides RNs access to individualized treatment services and recovery monitoring with the

goal of returning them to safe practice. Many other BONs throughout the country offer similar programs as an alternative to discipline.

However, participants are responsible for costs associated with being in the program such as support group fees, drug testing, administrative fees, etc. Since most participants are unable to work for at least a portion of their time in earlier states of the program, covering these fees can be a significant financial burden. Some other states have remedied this problem by providing a stipend to intervention participants. For example, Washington recently passed House Bill 1255[99] which established a stipend program to defray the out-of-pocket expenses incurred in connection with participation in the Washington State Board of Nursing's approved substance use disorder monitoring program.

The Board believes that assisting with program related costs will remove barriers to involvement and allow participants to better focus on their recovery and return to safe practice. By offsetting program-related costs, the stipend would:

- Support sustain participation in the required recovery activities.
- Promote equity by ensuring that individuals with less financial resources are not disadvantages.
- Allow participants to focus on recovery rather that the stress of meeting financial obligations.
- Improve outcomes to help participants return to safe and effective practice.

Recommended Action

The Board recommends authorizing a portion of its funding be used to establish a stipend program for participants in the Intervention Program. This could include, for example, covering the testing fees for one year and/or covering the cost of participating in support groups for one year. The stipend program would continue only if the BRN has enough funds in its budget to support it.

Issue 10.10: Uniform Standard 12 Criteria

The Uniform Standards Regarding Substance-Abusing Healing Arts Licensees[100] outline requirements for random testing, clinical evaluations, worksite monitoring, and other measures to protect the public and ensure the safe practice of licensed healing arts professionals whose ability to practice safely may be impaired due to drug or alcohol abuse. The Board must operate its Intervention Program in alignment with these standards.

Uniform Standard 12 establishes the criteria that a licensee must meet to petition for reinstatement of a full and unrestricted license. One of the required criteria is for the licensee to demonstrate that he or she can practice safely. However, there has been significant variation in how this standard is interpreted by Board members, BRN staff, IEC members, and program participants, particularly regarding what constitutes sufficient evidence of safe practice.

Some believe the criteria should be interpreted to mean a participant must work as an RN in a direct patient care role to demonstrate they are able to practice safely, others do not believe that is essential to meet the criterion and have a successful completion, especially in the case of participants that do not plan to return to bedside RN positions or have a disability or health condition that limits their ability to practice in direct patient care. The Board believes the requirement for an intervention participant to work to achieve successful

[99] https://legiscan.com/WA/text/HB1255/id/2788729/Washington-2023-HB1255-Chaptered.pdf
[100] https://www.dca.ca.gov/enforcement/uniform_standards_4_2021.pdf

completion should be applied on a case-by-case basis. Codifying that stance in law would help in providing clarity to current and future participants and IEC members.

Recommended Action
The Board recommends updating statute to explicitly state that successful completion of the intervention program may or may not require a participant to work as a RN in a direct patient care role or if, upon review, a participant is found to have mitigating circumstances, such as a disability, health condition, retirement, or a career path that does not involve direct patient care, program completion may still be granted without employment. This clarification would provide greater flexibility in evaluating participant progress and ensure the program accommodates a broader range of professional circumstances while maintaining its rehabilitative intent.

Issue 10.11: Fraudulent License Surrender
Operation Nightingale was a 2023 multi-state law enforcement investigation and enforcement action by the United States Department of Health and Human Services, DOJ and the FBI that uncovered a scheme to sell fraudulent nursing diplomas and transcripts from Florida-based nursing schools to thousands of aspiring nurses across the country.

In January 2023, the United States Attorney for the Southern District of Florida, FBI, and United States Department of Health and Human Services Office of Inspector General publicly announced enforcement actions stemming from Operation Nightingale, an investigation into a large-scale fraudulent nursing diploma scheme operated by Florida-based nursing education programs. [101]

Operation Nightingale uncovered that several institutions sold fraudulent nursing diplomas and transcripts to individuals who had not completed the required coursework or clinical training. These fraudulent documents were then used to qualify for the NCLEX and obtain nursing licenses in multiple states, including California.

In response, state BONs across the country, initiated reviews of licensure records and began revoking licenses obtained through fraudulent means. In California, BRN staff identified several licensees who had obtained their licenses using fraudulent nursing degrees. Many of these individuals expressed a willingness to voluntarily surrender their licenses rather than undergo a prolonged and costly disciplinary process. However, under current California law, voluntary surrender outside of the formal disciplinary process is only permitted in cases involving mental or physical impairment. As a result, staff were required to pursue individual disciplinary actions for each active licensee involved, significantly increasing the administrative burden and delaying resolution.

Recommended Action
The Board recommends establishing statutory authority to permit licensees to voluntarily surrender their licenses, regardless of mental or physical impairment, without it being considered a disciplinary action. This change would provide a more efficient and equitable pathway for resolving cases involving fraudulent licensure while preserving due process and reducing unnecessary administrative burden.

Issue 10.12: Discipline for Driving Under the Influence
Under BPC section 2762, it is considered unprofessional conduct for a licensee to use alcoholic beverages to the extent that such use impairs their ability to safely practice as authorized by their license. As a result, the Board typically takes some form of action, whether

[101] https://www.justice.gov/usao-sdfl/pr/fraudulent-nursing-diploma-scheme-leads-federal-charges-against-25-defendants

by way of formal discipline or administrative citation, against applicants or licensees who have received a DUI, under fairly broad circumstances. While driving under the influence is unquestionably dangerous and unacceptable, the Board recognizes that the circumstances leading to a DUI can vary significantly, and not all cases reflect ongoing impairment or a risk to public safety.

Some Board members have raised concerns about whether individuals who made a serious mistake outside of the workplace, and who have already been held accountable through the criminal justice system, should also face professional discipline, particularly when there is no evidence of impairment in their nursing practice. While perspectives vary, all Board members collectively agree that these situations require careful, consistent, and fair evaluation to ensure both public protection and equitable treatment of applicants and licensees.

In comparison, other healing arts boards, such as the MBC, prioritize disciplinary action against licensees alleged to have practiced medicine while under the influence. However, if the conduct happens outside of work, they usually take action only when a person has two or more misdemeanor or felony drug and/or alcohol related offenses.

Recommended Action
The Board recommends amending BPC section 2762 to specify that unprofessional conduct includes more than one misdemeanor, or any felony, involving the use, consumption, or self-administration of any controlled substances or alcoholic beverages, or any combination thereof. This revision would bring the statute into closer alignment with principles of fairness and public safety by ensuring that disciplinary actions are directed toward serious or repeated offenses that may pose a risk to safe nursing practice. Additionally, this change reflects restorative justice principles by focusing accountability on conduct that demonstrates a pattern of risk while minimizing consequences on professional licensure for isolated incidents, thereby supporting rehabilitation, proportionality, and the opportunity for individuals to return to safe practice.

Issue 10.13: Lack of Subpoena Response from Facilities
When the Board investigates a practice-related complaint against a licensee, investigation staff typically request documentation from the healthcare facility where the licensee is employed. In most practice cases, this includes certified medical records, relevant policies and procedures, audit logs, and the licensee's personnel file, all of which are essential for expert review to assess potential violations of the NPA. However, the Board has experienced significant delays, and in some cases, no response at all, from certain healthcare facilities when asked to provide this required information.

The Board typically allows facilities or licensees 14 calendar days to respond to record requests and subpoenas. For subpoenas that require a Notice to Consumer, the response period is extended to 21 days. While extensions may be granted upon request, they often result in an average delay of 30 additional days.

Currently, the Board's only enforcement recourse for noncompliance is to issue a subpoena. If both the initial request and subpoena are ignored, the matter is referred to the OAG for subpoena enforcement, a process that is both time-consuming and costly. Once assigned, the Deputy Attorney General (DAG) contacts the facility or the facility's legal counsel to attempt to obtain the records. If unsuccessful, the DAG files a motion to compel, providing proof of service and noncompliance. If the court finds sufficient cause, it may issue an order requiring the facility to comply. In one ongoing case, the Board has been engaged in

subpoena enforcement for nearly a year. The lack of response from healthcare facilities is a contributing factor to the Board's lengthy complaint processing timelines.

Other healing arts boards, such as the Respiratory Care Board and MBC, have statutory authority to fine healthcare facilities that fail to comply with record requests in a timely manner. For example, BPC section 2225.5(a)(2) states that for healthcare facilities that have electronic health records, failure to provide certified medical records to the MBC within 15 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the fifteenth day, up to ten thousand dollars ($10,000), unless the healthcare facility is unable to provide the documents within this time period for good cause.

Granting the Board similar authority would help to reduce investigation timelines by limiting unnecessary delays. It could also reduce the need for administrative subpoenas and costly enforcement proceedings in many cases.

Recommended Action
The Board recommends establishing clear statutory authority to impose fines on facilities that fail to produce complete certified medical records of a patient, policies/procedures, Electronic Health Record audit logs, and subject personnel files in a timely manner (e.g. 14 or 30 calendar days). This authority would ensure timely compliance with the investigative and oversight processes, promote accountability, and support the integrity of patient care and facility operations.

Issue 10.14: Lack of Subpoena Response from Licensees
When the Board investigates a complaint against a licensee, an in-person interview with the subject typically occurs. The Board allows 14 calendar days for the subject to respond to the interview request. Often, subjects notify BRN staff near the deadline that they have retained legal counsel, who can then request additional time to review the case, gather records, and prepare a response.

Attorney availability often contributes to delays in scheduling, averaging an additional 30 days due to conflicts, vacations, or workload. Some attorneys request virtual interviews; however, when the Board insists on an in-person format, they may instead attempt to submit a written "response package" in lieu of participating.

Although the BRN may issue a subpoena to compel the subject's appearance at a specific date, time, and location, it cannot compel them to cooperate or answer questions. If the subject remains unresponsive, the matter may be referred for subpoena enforcement. As discussed in issue 10.12, subpoena enforcement is a process that is both costly and time-consuming and even with court enforcement, cooperation during the interview cannot be guaranteed. The lack of response from licensees is a contributing factor to the Board's lengthy complaint processing timelines.

Under BPC Section 2234(g), MBC has authority to take action against a licensee who is the subject of an investigation if they fail to attend and participate in an interview no later than 30 calendar days after being notified by the Board. The law constitutes this as unprofessional conduct.

While the NPA allows for disciplinary action against licensees who fail to cooperate in an investigation, it does not clearly define when delayed cooperation becomes unprofessional conduct. Establishing a statutory deadline for interview participation could help reduce

investigation timelines, minimize unnecessary delays, and decrease reliance on administrative subpoenas.

Recommended Action
To be determined.

Issue 10.15: RN Impersonation Terminology
When someone identifies themselves as a nurse without holding a valid nursing license, it can be misleading and potentially harmful to the public. Improper use of the title can falsely convey a sense of credibility, authority, and trustworthiness, leading the public to rely on unqualified individuals for health-related information or care.

BPC section 2796 states that it is unlawful for any person or persons not licensed or certified as provided in this chapter to use the title "registered nurse," the letters "R.N.," or the words "graduate nurse," "trained nurse," or "nurse anesthetist."

BRN investigators have recently encountered cases where unlicensed individuals use the designation "RN" without periods, rather than "R.N." as specified in BPC Section 2796. To ensure effective enforcement of existing laws prohibiting unlicensed practice, it is important to clarify that any variation of the title, such as "RN," "R.N.," or similar representations, is unlawful when used by individuals who are not licensed nurses.

Recommended Action
The Board recommends amending BPC section 2796 to explicitly prohibit the use of the letters or prefix "RN," as well as any other titles, abbreviations, or designations that imply licensure as a registered nurse. The amendment should also include language such as: "any other terms or letters indicating or implying that the person is a registered nurse that would lead a reasonable person to determine that the person hold a license to practice nursing."

Issue 10.16: Inspection Authority
As the wellness industry and affiliated businesses continue to grow, such as medical spas and IV hydration clinics, the Board has observed an increase in complaints of licensees practicing outside of their scope of practice. This is especially prevalent when it comes to compounding medications, which is the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of a patient. Under current law, only physicians, pharmacists, or pharmacy technicians under the supervision of certain pharmacies may legally perform compounding. Despite this, RNs have been found engaging in compounding activities in medical spas and IV hydration clinics across the state.

When the Board receives a complaint involving compounding by a licensee, BRN investigators face significant challenges in verifying the allegations. This is because the compounding often occurs out of public view, either behind closed doors or outside the presence of patients.

Other regulatory boards, such as the Board of Pharmacy, possess broad inspection authority that enables them to access healthcare facilities where their licensees practice. For example, under BPC section 4008(a), the Board of Pharmacy may inspect, during business hours, all pharmacies, wholesalers, dispensaries, stores, or places where drugs or devices are compounded, prepared, furnished, dispensed, or stored. In recent joint investigations with the Board of Pharmacy, the BRN has identified multiple instances of RNs operating beyond their scope of practice authority.

Granting the Board similar inspection authority over medical spas and other outpatient or community-based clinics would significantly enhance its ability to conduct comprehensive investigations, ensure licensees are practicing within their defined scope of practice, and protect customers receiving services and care in this rapidly evolving industry.

Recommended Action
The Board recommends expanding its statutory authority to grant staff inspection authority for locations beyond those defined in Health and Safety Code Sections 1200 and 1250, specifically where licensees are administering drugs via infusion or injection. This authority would enable the Board to effectively investigate complaints, monitor compliance with scope-of-practice laws, and ensure public safety in non-traditional healthcare settings such as medical spas, IV hydration clinics, and other outpatient wellness facilities.

Board Operations

Issue 10.17: Intervention Evaluation Committee Meetings
The IECs are responsible for evaluating RNs who request admission into the Board's Intervention Program. IECs determine if a RN is eligible to participate in the Intervention Program, develop the participant's individual rehabilitation plan, and determine whether the participant may safely continue or resume the practice of nursing.

Currently, there are nine IECs located throughout California, each composed of five members (three RNs, one physician, and one public member) with expertise in substance use disorders and/or mental health. While each IEC is required to meet at least four times annually, operational demands have increased the frequency. In 2026, the IECs are scheduled to meet six times a year, totaling 54 meetings statewide over the course of the year.

As most IEC members are practicing healthcare professionals, securing in-person quorums has become increasingly difficult, particularly given the high frequency of meetings. Allowing remote meeting participation would significantly alleviate this challenge.

Additionally, a significant amount of staff time and resources are spent ensuring compliance with the Bagley-Keene Open Meeting Act requirements, such as scheduling, noticing, and posting, for meetings in which the public can only attend a limited portion of. Due to the confidential nature of the Intervention Program, the majority of IEC meeting content must occur in closed session. There are a few standing agenda items, such as roll call, approval of minutes, and general updates, that are addressed in open session which is typically within the first 30 minutes of the meeting. The remaining 7-8 hours of substantive work occur in closed session where members of the public cannot attend or participate, resulting in minimal and infrequent public participation.

The Board believes that exempting IEC meetings from the provisions of the Bagley-Keene Open Meeting Act would not only facilitate quorum through the use of remote participation but also enhance the overall efficiency and effectiveness of meetings for Intervention Program participants. Removing administrative barriers would allow Board staff and IEC members to be more flexible and responsive to the evolving needs of participants by allowing them to appear before the IECs quickly and on a more frequent basis as they progress through the program.

This change would not prevent IECs from holding open meetings, when appropriate for the discussion of matters in open session. Additionally, public transparency would be maintained

through continued public discussions of the Intervention Program at the EIIC and full Board meetings, which are always open to the public.

Recommended Action
The Board recommends amending statute to exempt the Board's IEC meetings from the requirements of the Bagley-Keene Open Meeting Act. This exemption would support operational efficiency, improve quorum reliability through remote participation, and enhance the Board's ability to respond promptly to the needs of Intervention Program participant, while maintaining transparency through other public forums.

Issue 10.18: Remove geographic meeting requirements
The requirements of BPC section 2709 specify that the Board must meet at least once every three months and mandates that meetings be held in both northern and southern California.

During the COVID-19 pandemic, the Board began offering remote access to all of its meetings and observed a significant increase in public participation. While in-person meetings have since resumed, the level of in-person participation has not returned to pre-pandemic levels. In several instances, only two to three individuals have attended in person, while over one hundred participants joined remotely via WebEx. This is because most of the Board's public participation comes from working professionals (licensees, nurse educators, consumers, etc.) who are more likely to monitor the meeting while fulfilling their professional responsibilities, making remote attendance the most accessible and practical means.

In today's increasingly virtual environment, the need for Board members and staff to travel across the state for in-person meetings is less critical. The Board believes that the financial and staffing resources previously allocated to travel and lodging for out-of-town meetings could be more effectively redirected toward initiatives that deliver greater impact and value to the Board's mission.

Recommended Action
The Board recommends amending BPC section 2709 to remove the requirement that Board meetings be held specifically in Northern and Southern California, provided that a virtual attendance option is maintained. This change would reflect modern accessibility standards, support broader public participation, and allow the Board to allocate resources more efficiently without compromising transparency or stakeholder engagement.

SECTION 11: Attachments

Please provide the following attachments:

A. **Board's administrative manual.**
B. **Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).**
C. **Major studies, if any (cf., Section 1, Question 4).**
D. **Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration**

All the listed Section 11 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