



Agenda Item 4.0

Report on Legislation

BRN Board Meeting | February 26-27, 2025

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BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 4.0
DATE: February 26-27, 2025

ACTION REQUESTED: Legislative Update

REQUESTED BY: Dolores Trujillo, RN, Chairperson

BACKGROUND: Discussion of recently introduced bills in the first year of the 2025-2026 Legislative Session.

Opportunity for Board members to discuss and take a position through vote, if desired.

NEXT STEPS: Communicate Board positions to the Legislature, if applicable.

Continue tracking and analysis of BRN related bills during first year of 2025-2026 Legislative Session.

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BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 346](#)
AUTHOR: Assemblymember Nguyen
BILL DATE: January 29, 2025 – Introduced
SUBJECT: In-home supportive services: licensed health care professional certification

SUMMARY

This bill would define “licensed health care professional” for In-Home Supportive Services (IHSS) certification purposes to mean any person who engages in acts that are the subject of licensure or regulation under specified provisions of the Business and Professions Code or under any initiative act referred to in those specified provisions.

The bill would also clarify that as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional.

BACKGROUND

In-Home Supportive Services (IHSS)

California’s IHSS program is a Medi-Cal program that provides in-home assistance to eligible aged, blind, and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes.

IHSS services may include, but are not limited to, the following:

- Personal care services like dressing, bathing, feeding, toileting
- Paramedical services like helping with injections, wound care, colostomy, and catheter care under the direction of a licensed medical professional.
- House cleaning, shopping, cooking
- Accompaniment to and from medical appointments

Eligibility criteria for all IHSS applicants and recipients:

- Be a California resident.
- Have a Medi-Cal eligibility determination.
- Living in a home, apartment, or abode of their choosing.
- Submit a completed Health Care Certification form.

Health Care Certification Form (SOC 873)

State law requires that for IHSS services to be authorized or continued, a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care.

CARES Act of 2020

The Coronavirus Aid, Relief, and Economic Security Act¹, also known as the CARES Act, was a piece of federal legislation passed in 2020 to respond to the impacts of the COVID-19 pandemic. In addition to significant economic stimulus measures, the CARES Act made changes to healthcare laws to allow for greater flexibility, including changes to Medicare payment rules. One such change allowed for Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNS) to certify and recertify for home health services.

The national Centers for Medicare and Medicaid Services (CMS) amended the *Medicare Benefit Policy Manual, Chapter 7 - Home Health Services*, to incorporate NPs and CNS as “allowed practitioners.” The policy manual states that allowed practitioners can certify and recertify beneficiaries for eligibility, order home health services, and establish and review the care plan.

REASON FOR THE BILL

To be determined.

ANALYSIS

Current law states that paramedical services include the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.

Current law also states that these necessary services shall be rendered by a provider under the direction of a licensed health care professional, subject to the informed consent of the recipient obtained as a part of the order for service.

- This bill would establish that the term, “licensed health care professional” has the same definition as the term “health care practitioner,” as defined in [Business and Professions Code \(BPC\) Section 680](#).

BPC Section 680(c) defines the term health care practitioner as any person who engages in acts that are the subject of licensure or regulation under [BPC Division 2 – Healing Arts](#).

Current law states that as a condition of receiving services, an applicant for or recipient of services shall obtain a certification from a licensed health care professional, including, but not limited to, a physician, physician assistant, regional center clinician or clinician supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, or public health nurse, declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care.

- This bill would specify that the term services include paramedical services.

- This bill would also add a nurse or nurse practitioner who is working under the direction of the licensed health care professional to the list of licensed healthcare professionals.

Additional Considerations

Passage of Assembly Bill 890 (Wood, Chapter 265, Statutes of 2020) allows for 103 and 104 NPs to certify for home health services without the use of standardized procedures or supervision of a physician and surgeon.

FISCAL IMPACT

None Anticipated.

SUPPORT

None on record.

OPPOSITION

None on record.

FULL BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 479](#)
AUTHOR: Assemblymember Tangipa
BILL DATE: February 10, 2025 – Introduced
SUBJECT: Criminal procedure: vacatur relief

SUMMARY

Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief.

The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

BACKGROUND

[AB 124 \(Kamlager\), Chapter 695, Statutes of 2021](#)

AB 124 requires courts to consider, upon a petition for relief, whether to vacate arrests and convictions that were the direct result of the person arrested or convicted being a victim of intimate partner violence or sexual violence. AB 124 also expanded the affirmative defense of coercion for human trafficking victims and extended it and vacatur relief to victims of intimate partner violence and sexual violence.

If the court grants a petition under [Penal Code Section 236.15](#), the conviction is dismissed and deemed never to have occurred. Additionally, the records of the crime are sealed and destroyed and cannot be distributed to a licensing board like the BRN for purposes of license discipline.

REASON FOR THE BILL

The policy intent of AB 124 is highly admirable, however, a recent case involving a Board licensee highlighted a potential unintended consequence of this statutory change and the need for a minor legislative update.

In 2024, a Board licensee was convicted of possessing a substantial amount of child pornography. As a result, the Board filed an accusation to revoke their license. While the Board was awaiting a hearing before the administrative court regarding the accusation, the licensee petitioned the trial court to vacate their conviction under Penal Code Section 236.15. The Board was not made aware of the petition and was not able to provide the trial court with any input prior to its ruling on the petition. The trial court ultimately granted the petition to vacate the conviction, which prohibited the Board from using the conviction or any related records as a basis for discipline in the administrative court.

This bill would require that when convicted of a crime, if a licensee files a petition for relief under Penal Code Section 236.15, the applicable licensing body is made aware and provided an opportunity to respond to the petition, if it wishes to do so.

The bill would not interfere with or override the discretion that AB 124 provides the courts, rather the intent is to ensure the court has all necessary and relevant information prior to making its final ruling on the petition.

ANALYSIS

Current law states that a petition for relief and supporting documentation shall be served on the state or local prosecutorial agency that obtained the conviction for which vacatur is sought or with jurisdiction over charging decisions with regard to the arrest. The state or local prosecutorial agency has 45 days from the date of receipt of service to respond to the petition for relief.

- This bill will add language that states if the petitioner holds a license, the petition and supporting documentation shall also be served on the applicable licensing entity.

Current law states that if opposition to the petition is not filed by the applicable state or local prosecutorial agency, the court shall deem the petition unopposed and may grant the petition.

- This bill would add an applicable licensing entity to those that can file an opposition.

Current law states that after considering the totality of the evidence presented, the court may vacate the conviction and expunge the arrests and issue an order if it finds all of the following:

- a) That the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of the qualifying crime.
 - b) The arrest or conviction of the crime was a direct result of being a victim of intimate partner violence or sexual violence.
 - c) It is in the best interest of justice.
- This bill would add that if the petitioner holds a license and the offense is substantially related to the qualifications, functions, or duties of a licensee, the court shall consider and make findings regarding the impact on the public health, safety, and welfare in its evaluation pursuant to this subdivision.

FISCAL IMPACT

None Anticipated.

SUPPORT

None on record.

OPPOSITION

None on record.

FULL BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 489](#)
AUTHOR: Assemblymember Bonta
BILL DATE: February 10, 2025 – Introduced
SUBJECT: Health care professions: deceptive terms or letters:
artificial intelligence

SUMMARY

The bill would prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession enforceable against an entity who develops or deploys artificial intelligence (AI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality.

The bill would also prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with a health care license or certificate.

BACKGROUND

[AB 3030 \(Calderon, Chapter 848, Statutes of 2024\)](#)

Requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

A violation of these provisions by a physician is subject to the jurisdiction of the Medical Board of California or Osteopathic Medical Board of California, as appropriate.

[Business and Profession Code, Division 2, Chapter 6, Article 5](#)

Business and Profession Code Section 2795 – 2800 establishes that is unlawful for a person to represent themselves as a registered nurse or offer the practice of nursing if they don't hold an active license from the Board of Registered Nursing.

It also states that any person who violates any of the provisions of this chapter is guilty of a misdemeanor and upon a conviction thereof shall be punished by imprisonment in the county jail for not less than 10 days nor more than one year, or by a fine of not less than twenty dollars nor more than one thousand dollars, or by both such fine and imprisonment.

REASON FOR THE BILL

According to the author, Californians deserve truth, honesty, and transparency in their healthcare. Generative AI systems are not licensed health professionals, and they shouldn't be allowed to present themselves as such. Generative AI systems are booming across the internet, and for children and those unfamiliar with these systems, there can be dangerous implications if we allow this misrepresentation to continue.

AB 489 will ensure that Generative AI is not used dishonestly or negligently to confuse and mislead California consumers.

ANALYSIS

For the purposes of this bill, the following definitions apply:

- Healthcare profession - any profession that is the subject of licensure or regulation under this division or under any initiative act referred to in this division.
- Artificial intelligence - an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

The bill would prohibit the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence system, program, device, or similar technology.

The bill would establish that the use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

Lastly, the bill states that each use of a prohibited term, letter, or phrase shall constitute a separate violation and that a violation is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.

Additional Considerations

If a licensee violates the provisions of this law, the Board would be able to pursue action against their license. However, if a company or healthcare entity violates the provisions of this law, it is unclear what level of action, if any, the Board would be able to take or if the violation would need to be referred to another appropriate enforcement agency as outlined in the law.

FISCAL IMPACT

To be determined.

SUPPORT

- SEIU California
- California Medical Association

OPPOSITION

None on record.

FULL BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 583](#)
AUTHOR: Assemblymember Pellerin
BILL DATE: February 12, 2025 – Introduced
SUBJECT: Death certificates

SUMMARY

This bill would authorize the medical and health section data and the time of death on a death certificate to be completed and attested to by a licensed nurse practitioner in the case where a patient is in a skilled nursing or intermediate care facility.

The bill would also include a licensed nurse practitioner to the group of individuals required to notify the coroner when they have knowledge of a death under certain specified circumstances.

BACKGROUND

[Vital Records](#)

The California Department of Public Health – Vital Records (CDPH-VR) maintains birth, death, fetal death/still birth, marriage, and divorce records for California. Services provided by CDPH-VR include issuing certified copies of California vital records and registering and amending vital records as authorized by law.

[Health and Safety Code, Division 102, Part 1, Chapter 6, Article 1](#)

The laws and requirements for registering a death in California are outlined in Health and Safety Code (HSC) Sections 102775-102938. This includes guidance on the responsibilities of the attending physician, responsibility of the coroner, and content of the certificate of death.

REASON FOR THE BILL

To be determined.

ANALYSIS

Current law states that on a death certificate, the medical and health section and the time of death shall be completed and attested to by the physician and surgeon last in attendance.

Current law states that in the case of a patient in a skilled nursing or intermediate care facility at the time of death, that information shall be completed by the physician and surgeon last in attendance or by a licensed physician assistant under the supervision of the physician and surgeon last in attendance if the physician and surgeon or licensed physician assistant is legally authorized to certify and attest to these facts, and if the physician assistant has visited the patient within 72 hours of the patient's death.

- This bill would expand upon the case of a patient in a skilled nursing or intermediate care facility at the time of death, to also allow for the medical and health section data and the time of death to be completed by a licensed nurse practitioner.

Current law states that the medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

Current law states that the physician shall within 15 hours after the death deposit the certificate at the place of death or deliver it to the attending funeral director at his or her place of business or at the office of the physician.

- This bill would expand upon both of these provisions to also allow for a licensed nurse practitioner to complete the required tasks, in addition to a physician.

Current law states that the physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, the physician and surgeon last in attendance or a licensed physician assistant under the supervision of the physician and surgeon last in attendance, on a deceased person shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and any other medical and health section data as may be required on the certificate.

- This bill would expand this section to allow for a licensed nurse practitioner to complete the required tasks in the case of a patient in a skilled nursing or intermediate care facility at the time of death.

Current law states that the physician and surgeon last in attendance or a licensed physician assistant under the supervision of the physician and surgeon last in attendance, shall also specify the time in attendance, the time he or she last saw the deceased person alive, and the hour and day on which death occurred, except in deaths required to be investigated by the coroner. The physician and surgeon or physician assistant shall specifically indicate the existence of any cancer as defined in subdivision (h) of Section 103885, of which the physician and surgeon or physician assistant has actual knowledge.

- This bill would strike the above section and replace it with the following language:

The individuals identified in subdivision (a) shall also specify all of the following on the certificate:

- (1) The time in attendance.
- (2) The time they last saw the deceased person alive.
- (3) The hour and day on which the death occurred, except in deaths required to be investigated by the coroner.

The physician and surgeon, licensed nurse practitioner, or physician assistant shall specifically indicate the existence of any cancer as defined in subdivision (h) of Section 103885, of which the physician and surgeon, licensed nurse practitioner, or physician assistant has actual knowledge.

Current law states a physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has they have knowledge of a death that occurred or has charge of a body in which death occurred under the circumstances specified in [HSC Section 102850](#).

- This bill would expand this section by adding licensed nurse practitioner to the list of persons that must notify the corner of a death that occurred under specified circumstances.

FISCAL IMPACT

None Anticipated.

SUPPORT

None on record.

OPPOSITION

None on record.

FULL BOARD POSITION

To Be Determined.