



## Agenda Item 4.0

### **Report on Legislation**

BRN Board Meeting | June 25-26, 2026

# Report on Legislation June 26, 2026

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## Agenda Item 4.1

### **Discussion and Possible Action: Future Roles and Responsibilities of the Legislative Committee**

BRN Board Meeting | June 25-26, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 4.1**  
**DATE: June 25-26, 2026**

**ACTION REQUESTED:** Future roles and responsibilities of the Legislative Committee

**REQUESTED BY:** Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

The Committee will discuss and clarify future committee roles, responsibilities, and expectations, as well as establish a clear and consistent process for information sharing between committees and Board. As committee work continues to evolve, there is a need to ensure that roles are clearly defined and that information is communicated efficiently, accurately, and in a timely manner. Establishing clear expectations will support effective decision-making, reduce duplication of efforts, and promote transparency and consistency across committees.

**NEXT STEPS:** None

**FISCAL IMPACT, IF ANY:** None

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## Agenda Item 4.2

**Discussion and Possible Action:  
To Take a Position or Take Other Action  
Regarding Legislative Bills Impacting the BRN**

BRN Board Meeting | June 25-26, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 4.2**  
**DATE: June 25-26, 2026**

**ACTION REQUESTED:** Legislative Update

**REQUESTED BY:** Loretta Melby, Executive Officer

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

**PERSON TO CONTACT:** Marissa Clark  
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## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1696](#)  
**AUTHOR:** Assemblymember Stefani  
**BILL DATE:** May 18, 2026 – Amend  
**SUBJECT:** Emergency services and care: nurse-midwives

### **SUMMARY**

This bill would clarify that a certified nurse-midwife (CNM) does not require physician supervision in the labor and delivery unit, obstetric triage, or dedicated emergency obstetric evaluation unit of a general acute care hospital when the CNM is providing emergency services and care within the scope of their authorized licensure, or when the CNM is specifically requested by the treating physician to provide obstetric consultation.

### **BACKGROUND**

#### **Certified Nurse Midwives**

CNMs are licensed registered nurses (RNs) with additional training in the field of obstetrics and certification by the American Midwifery Certification Board or an equivalent program. They are considered advanced practice RNs and are authorized to perform midwifery services and attend cases of low-risk pregnancies and childbirth without physician supervision.

#### **Emergency Medical Treatment and Active Labor Act (EMTALA)**

EMTALA was passed to address the problem of hospitals refusing to treat indigent, uninsured, or Medicaid patients, or “dumping” these patients by transferring them to county hospitals or other charity hospitals.

Federal EMTALA obligates Medicare-participating hospitals that offer emergency services to provide a medical screening and treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay.

State EMTALA imposes its obligation on any hospital that operates an ED and has similar requirements to federal EMTALA. Hospitals are required to provide stabilizing treatment for patients with an emergency medical condition. A patient is “stabilized” when the patient’s medical condition is such that, within reasonable medical probability, no material deterioration of the patient’s condition is likely to result from the release or transfer of the patient.

A Labor and Delivery (L&D) department is considered a dedicated emergency department under EMTALA if it offers urgent, unscheduled care for labor, even if it is not the main emergency room. L&D units must comply with all EMTALA requirements, including providing medical screening exams (MSE), stabilizing treatment for active labor, and maintaining a central log.

California's Health and Safety Code (HSC) provisions state that any patient who comes to an emergency department must receive an appropriate MSE regardless of insurance status and ability to pay, among other things. The MSE is used to determine if there is in fact a medical emergency.

### Nurse Assessments

HSC Section 1317.1 states that emergency services and care (ESC) must be provided either by physician and surgeon, or by an appropriate licensed person under the supervision of a physician and surgeon. ESC is a regulatory term that refers to the medical screening exam and evaluation that is conducted to determine if an emergency medical condition or active labor exists, it is not defined by the acuity of patient status.

Consequently, CNMs currently provide ESC when they evaluate pregnant patients who arrive at the hospital seeking urgent care without an appointment. If the CNM determines that an emergency medical condition exists, then they are required by BPC Section 2746.5(h)(1) to make an immediate referral to a physician and surgeon. If the CNM determines that an emergency medical condition does not exist, then they may continue to provide care as appropriate within their existing scope of practice including the release of the patient after the completion of a MSE.

### **REASON FOR THE BILL**

According to the bill sponsor, when CNM provide care in labor and delivery triage units, this care falls under the category of "emergency services and care" and is regulated by HSC section 1317-1317.10.4. This code ensures that people who need emergency services and care are not refused treatment or improperly transferred because of their ability to pay, insurance status, or other non-medical reasons.

The bill sponsor also notes that this code section currently requires that non-physicians must act under physician supervision when providing emergency services and care, including consultation and stabilization. However, the state removed the requirement of physician supervision for CNMs in 2020 through SB 1237 (Dodd, Chapter 88, Statutes of 2020). This bill would update the HSC to reflect CNMs current practice authority without physician supervision.

### **ANALYSIS**

HSC section 1317 requires a health facility that operates an emergency department to provide ESC without regard to the patient's insurance status or ability to pay.

HSC section 1317.1 defines ESC as a medical screening, examination, and evaluation by a physician to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, if within the scope of that person's license, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.

This bill would amend HSC 1317.1 and 1317.10 to state that a CNM shall not require physician supervision when they are providing ESC within their scope of licensure in the

labor and delivery unit, obstetric triage, or dedicated emergency obstetric evaluation unit or when the CNM is specifically requested by the treating physician and surgeon to provide obstetric consultation.

#### Additional Considerations

At their June 1<sup>st</sup> meeting the Nurse Midwife Advisory Committee (NMAC) discussed the bill and voted unanimously to recommend the Board take a support position on this bill.

Webcast can be viewed here: <https://www.youtube.com/watch?v=zfEjRG4dg1Y>.  
Bill discussion begins one hour and sixteen minutes into the meeting.

#### **FISCAL IMPACT**

Not Applicable.

#### **SUPPORT**

- California Association of Nurse Midwives (Sponsor)
- Access Reproductive Justice
- American Nurses Association/California
- Aria Medical
- California Association of Nurse Anesthesiology
- California Clinical Nurse Specialist Association
- California Women's Law Center
- Gender Equity Policy Institute
- National Health Law Program
- Nurses for Sexual & Reproductive Health
- Reproductive Freedom for All California

#### **OPPOSITION**

- None

#### **FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1775](#)  
**AUTHOR:** Assemblymember Ward  
**BILL DATE:** May 18, 2026 – Amend  
**SUBJECT:** Veterans.

### **SUMMARY**

This bill would allow an individual who received a discharge from the United States Armed Forces solely because of federal action to restrict military service by transgender individuals to be eligible for programs administered by licensing entities within the Department of Consumer Affairs (DCA) to assist honorably discharged military members and their spouses.

### **BACKGROUND**

#### **[EO 14004 – Enabling All Qualified Americans to Serve Their Country in Uniform](#)**

In January 2021, President Biden’s executive order established a policy to ensure that all transgender individuals who wish to serve in the United States military and can meet the appropriate standards shall be able to do so openly and free from discrimination.

#### **[EO 14183 – Prioritizing Military Excellence and Readiness](#)**

In January 2025, President Trump’s executive order rescinded the Biden Administration’s policy of inclusion for transgender people in the military and prohibited the use of preferred pronouns for transgender service members.

### **Expedited Licensure**

Current law requires all boards within the Department of Consumer Affairs to expedite the licensure process for the following individuals:

- An applicant that has served as an active-duty member of the Armed Forces of the United States and was honorably discharged.
- An applicant that is an active-duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program.
- An applicant that is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active-duty military orders.
- An applicant that has been admitted to the United States as a refugee, has been granted asylum, or has a special immigrant visa.

Current law also requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within the scope of practice of their license.

### **REASON FOR THE BILL**

According to the bill sponsor, the bill ensures eligibility for expedited professional licensing to support a smooth transition into civilian life, establishes no-cost housing services for discharged veterans, and prioritizes access to discharge upgrades through the Veteran's Military Discharge Upgrade Grant Program.

The sponsor goes on to state that at a time when transgender people are facing unprecedented attacks across the country, AB 1775 ensures that transgender veterans who have served our country honorably are not abandoned and reaffirms California's commitment to fairness and opportunity for all who serve.

### **ANALYSIS**

The bill proposes several changes related to veterans that were discharged from service due to EO 14183. This bill analysis focuses only on the proposed changes that are related to professional licensure.

The bill would require licensing boards under DCA to expedite the initial licensure for an applicant who provides satisfactory evidence they served as an active-duty member of the United States Armed Forces and received a discharge solely as a result of EO 14183.

The bill would require DCA to include the number of applications for expedited licenses received from those who received a discharge solely because of EO 14183 as part of their current annual report to the Legislature.

### **FISCAL IMPACT**

Minor and absorbable.

### **SUPPORT**

- Equality California (Co-Sponsor)
- Out in National Security (Co-Sponsor)
- Transgender Military Hub (Co-Sponsor)
- California Commission on the Status of Women and Girls
- California Association of Veteran Service Agencies
- California Legislative LGBTQ Caucus
- California State Board of Pharmacy
- CFT – A Union of Educators & Classified Professionals, AFT, AFL-CIO
- Los Angeles LGBTQ Chamber of Commerce
- Modern Military Association of America
- Planned Parenthood Affiliates of California

### **OPPOSITION**

None on file.

### **FULL BOARD POSITION**

To Be Determined.

## BOARD OF REGISTERED NURSING BILL ANALYSIS

**BILL NUMBER:** [Assembly Bill 1973](#)  
**AUTHOR:** Assemblymember Aguiar-Curry  
**BILL DATE:** April 8, 2026 – Amend  
**SUBJECT:** Abortion: authorized procedures.

### **SUMMARY**

This bill would authorize certified nurse-midwives (CNMs), nurse practitioners (NPs), and physician assistants (PAs) to perform procedural abortions.

### **BACKGROUND**

Under California law, an individual who is pregnant has a legal right to choose to have an abortion before viability. A pregnancy becomes viable when a doctor determines that the fetus could live outside the uterus without extreme medical measures. California law also allows an individual to have an abortion at any point, if necessary to protect their own life or health.

According to the National Academies of Sciences, Engineering, and Medicine (NASEM), the current methods for abortion include medication, aspiration, dilation and evacuation (D&E), and induction. Which method is used depends on the gestational period, patient preference, provider skill and training, the need for sedation, costs, clinical setting, and local abortion laws.

#### **Medication Abortion.**

Medication abortion is the use of pharmaceutical drugs to perform the abortion. Currently, CNMs, NPs, and PAs can provide medication abortions during the first trimester.

#### **Procedural Abortion**

The two most common procedural abortions are aspiration abortion and D&E. Aspiration abortion, or vacuum aspiration, is a minimally invasive and common first trimester abortion technique. It is well studied, and the risk of complications by any trained provider is very low. Where complications requiring interventions do occur, the patient is referred out for appropriate care. Currently, CNMs, NPs, and PAs can provide aspiration abortions during the first trimester.

After the first trimester, D&E is typically utilized. This method uses suction as well as surgical instruments and is performed under general anesthesia. Currently, CNMs, NPs, and PAs are not authorized to directly perform D&E or other less common forms of procedural abortion.

### **REASON FOR THE BILL**

The sponsors of the bill state that this bill modernizes California law and increases access to abortion care provided by NPs, CNMs, and PAs. By updating the law to

reflect current terminology and removing arbitrary barriers, this will allow California to better deploy its existing, qualified abortion provider workforce to meet patient needs. The sponsors also state that this bill will particularly support those in rural communities, low-income individuals, people of color, and individuals forced to travel long distances to access basic sexual and reproductive health care.

### **ANALYSIS**

Existing law specifies that NPs, CNMs, and PAs are authorized to perform first-trimester aspiration abortions after completing approved competency-based clinical and didactic training.

This bill would delete the reference to abortion by aspiration and instead authorize NP, CNM and PAs to perform procedural abortions after completing approved competency-based clinical and didactic training.

The bill would also require an NP or CNM that is performing a procedural abortion to establish and maintain procedures for consultation, collaboration, referral, and transfer of care to a physician and surgeon in complex cases and cases with complications, conditions, or emergencies requiring care that is beyond the scope of their education, training, and experience.

### **Additional Considerations**

Historically, in California RNs and APRNs have not been authorized to perform surgery as outlined in [Business and Professions Code Section 2726](#). This bill would change that since some procedural abortions have a surgical component.

### ***NPAC Feedback***

At their April 28<sup>th</sup> meeting the Nurse Practitioner Advisory Committee (NPAC) discussed the bill and voted to recommend the Board take a support position on the bill. However, it was not a unanimous vote. Some members expressed concerns about patient safety, especially in situations where a physician and surgeon is not readily available, since more advanced procedures can result in more significant complications.

Webcast can be viewed here: <https://www.youtube.com/watch?v=SKFOUir81jM>.

Bill discussion begins 2 hour and 30 minutes into the meeting.

### ***NMAC Feedback***

At their June 1st meeting the Nurse Midwifery Advisory Committee (NMAC) discussed the bill but did not vote to recommend a specific position to the full Board as there were differing views amongst members on the provisions of the bill.

Some members expressed support for the bill because there is an increased need for access to timely reproductive care, especially for pregnant persons in rural and underserved areas. However, other members expressed concerns about patient safety and the complex training that is needed to address the more significant complications that can occur in the second trimester versus the first trimester.

One member suggested limiting the bill to only allow for abortions that occur early in the second trimester (e.g. less than 14 weeks or another timeframe suggested by experts in complex family planning) and in a licensed healthcare facility could be a potential middle ground since abortions generally become more complex and carry a higher risk of complications the farther along you are in the pregnancy.

Webcast can be viewed here: <https://www.youtube.com/watch?v=zfEjRG4dg1Y>.  
Bill discussion begins 1 hour and 27 minutes into the meeting.

### **FISCAL IMPACT**

Not Applicable.

### **SUPPORT**

- Access Reproductive Justice – cosponsor
- Black Women for Wellness Action Project – cosponsor
- California Nurse Midwives Association (CNMA) – cosponsor
- Essential Access Health – cosponsor
- Planned Parenthood Affiliates of California – cosponsor
- Reproductive Freedom for All California – cosponsor
- Training in Early Abortion for Comprehensive Health Care (TEACH) – cosponsor
- ACLU California Action
- Aria Medical
- California Academy of Physician Associates
- California Association for Nurse Practitioners
- California Women’s Law Center
- City and County of San Francisco
- Equal Rights Advocates
- Nurses for Sexual & Reproductive Health
- University of California
- Urge: Unite for Reproductive & Gender Equity
- Women’s Foundation California

### **OPPOSITION**

- California Catholic Conference
- California Family Council
- Real Impact.
- Sierra Pregnancy and Health
- The California Baptist Capitol Ministry

### **FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Senate Bill 1302](#)  
**AUTHOR:** Senator Wahab  
**BILL DATE:** April 23, 2026 – Amend  
**SUBJECT:** Nursing.

### **SUMMARY**

This bill makes numerous updates and revisions to the Nursing Practice Act (Act) and the Board of Registered Nursing (Board). It extends the Board and its authority to appoint an Executive Officer (EO) until January 1, 2031.

### **BACKGROUND**

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint sunset review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA).

The DCA boards and bureaus are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the DCA, the Legislature, the boards, and interested parties and stakeholders to discuss the performance of the boards, and make recommendations for improvements.

### **REASON FOR THE BILL**

Business and Professions Code Section (BPC) 2701 establishes the Board and its authority to implement the Nursing Practice Act. BPC 2708 grants the Board the authority to appoint an Executive Officer and operate as a semi-autonomous entity. Both provisions are currently only operational through January 1, 2027. Additional legislation is needed to extend that date and make other policy and operational changes.

### **ANALYSIS**

The current bill language addresses several of the issues raised by the Board as well as making several other changes.

### **BRN ISSUES**

#### **1. Board Meetings in Northern California and Southern California**

The bill revises the requirement for the Board to meet in northern and southern California and allows the Board to meet in appropriate locations that are necessary to transact its business.

#### **2. Certified Nurse Midwife (CNM) and Nurse Practitioner (NP) Renewal and Furnishing Applications**

The bill combines the renewal application and furnishing application for CNMs and NPs.

### **3. Align Simulation Hours with Best Practice Guidelines**

The bill requires any clinical practice hours that are provided using simulation experience to be based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the Board.

### **4. Direct Patient Care Hours During State of Emergency**

The bill replaces the minimum percentage requirement for clinical experience during a state of emergency with a minimum hourly requirement.

It authorizes an approved nursing program to reduce the required number of direct patient care hours to 200 hours in medical-surgical, maintaining at minimum 30 hours of supervised direct patient care clinical hours dedicated to each remaining nursing specialty area specified by the board if specified conditions are met.

### **5. NCSBN Nursing Education Approval Guidelines**

Requires the Board's inspection criteria to be consistent with the 2020 Nursing Education Approved Guidelines established by the National Council of State Board of Nursing (NCSBN) or its successor as approved by the BRN.

### **6. Four Year Sunset**

The bill extends the operations of the Board and its authority to appoint an Executive Officer by four years, until January 1, 2031.

## **OTHER ISSUES**

### **1. Allow Transition to Practice Hours outside of CA for 103 NP**

The bill allows for transition to practice hours that are completed outside of California to count towards the required 4600-hours that must be completed to become a 103 NP and practice without standardized procedures in a group setting.

### **2. Program Director/Assistant Director Remediation Path**

The bill would authorize the Board to accept a remediation plan submitted by an approved nursing program for an assistant director or director applicant that does not meet one of the Board's minimum qualifications for the position.

The bill would also authorize the Board to approve the applicant to serve in the role of the assistant director under the mentorship of a board-approved director or assistant director while completing the remediation plan for up to one year.

### **CODE CLEAN UP**

The bill also makes the following less substantive changes:

- Deletes references to fee floors for Clinical Nurse Specialist and Certified Registered Nurse Anesthetist applications.
- Deletes a provision that allows the Board to offer a supplemental oral or practical examination for licensure rather than a written one.
- Requires the Board to make the list of approved schools of nursing available on its website.
- Makes additional technical and clarifying changes.

### **FISCAL IMPACT**

To Be Determined.

### **SUPPORT**

- California Association for Nurse Practitioners
- California Association of Nurse Anesthesiology

### **OPPOSITION**

None on record.

### **FULL BOARD POSITION**

To Be Determined.