



## Agenda Item 4.0

### **Report on Legislation**

BRN Board Meeting | March 26-27, 2026

# Report on Legislation March 27, 2026

## TABLE OF CONTENTS

|            |  |          |
|------------|--|----------|
| <b>4.1</b> | <b>Discussion and possible action:</b> Future roles and responsibilities of the Legislative Committee                        | <b>3</b> |
| <b>4.2</b> | <b>Discussion and possible action:</b> To take a position or take other action regarding legislative bills impacting the BRN | <b>5</b> |



## Agenda Item 4.1

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

BRN Board Meeting | March 26-27, 2026

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

---

**AGENDA ITEM:** 4.1  
**DATE:** March 26-27, 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

**PERSON(S) TO CONTACT:** Marissa Clark  
Chief of Legislative Affairs  
[Marissa.Clark@dca.ca.gov](mailto:Marissa.Clark@dca.ca.gov)  
916-574-7438



## 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 | March 26-27, 2026

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

---

**AGENDA ITEM: 4.2**  
**DATE: March 26-27, 2026**

**ACTION REQUESTED:** Legislative Update

**REQUESTED BY:** Dolores Trujillo, RN, Chairperson

**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  
Chief of Legislative Affairs  
[Marissa.Clark@dca.ca.gov](mailto:Marissa.Clark@dca.ca.gov)  
916-574-7438

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

**BILL NUMBER:** [Assembly Bill 1558](#)  
**AUTHOR:** Assemblymember Arambula  
**BILL DATE:** January 8, 2026 – Introduced  
**SUBJECT:** Uniform Emergency Volunteer Health Practitioners Act

### **SUMMARY**

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would authorize the establishment of additional volunteer registration systems, other than those established by the Emergency Medical Services Authority (EMSA).

The bill would require, among other things, that a registration system be capable of supplying EMSA with sufficient information concerning whether a volunteer is licensed to provide specified health or veterinary services in another state or territory of the United States and in good standing before that volunteer provides those services in this state while an emergency declaration is in effect.

### **BACKGROUND**

#### **[Emergency Medical Services Authority \(EMSA\)](#)**

EMSA is the lead agency responsible for coordinating California's medical response to disasters and provides medical resources to local governments in support of their disaster response. This includes the identification, acquisition and deployment of medical supplies and personnel from unaffected regions of the state to meet the needs of disaster victims. Response activities may also include arranging for evacuation of injured victims to hospitals in areas/regions not impacted by a disaster.

#### **[Emergency Management Assistance Compact \(EMAC\)](#)**

EMAC is a national, legally binding, state-to-state mutual aid agreement that allows U.S. states and territories to share resources, personnel, and equipment during governor-declared emergencies. EMAC has been ratified by U.S. Congress ([PL 104-321](#)) and is law in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands. Members can share resources from all disciplines, protect personnel who deploy, and be reimbursed for mission-related costs.

#### **[Disaster Healthcare Volunteers System](#)**

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program that creates national standards for state-based systems to pre-verify the credentials, licenses, and identification of volunteer health professionals.

In California, EMSA established the Disaster Healthcare Volunteers program as an overarching program for medical volunteers in the state and folded in the ESAR-VHP. In addition to the registration of health professionals, Disaster Healthcare Volunteers

also has operational, training, and exercise components for health professionals, healthcare organizations and governmental entities.

## **REASON FOR THE BILL**

To Be Determined.

## **ANALYSIS**

This bill creates the Uniform Emergency Volunteer Health Practitioner Act for the purpose of registering volunteer health practitioners to allow licensees from other states to practice health or veterinary services in California in an emergency.

### Volunteer Health Practitioner

The bill states that while an emergency declaration is in effect, a volunteer health practitioner, registered with an approved volunteer health practitioner registration system, that is licensed and in good standing in the state in which the practitioner's registration is based, is able to practice in California as if the practitioner were licensed in this state.

The bill clarifies that a volunteer health practitioner is a practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services.

It does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in this state, unless the practitioner is not a resident of this state and is employed by a disaster relief organization providing services in this state while an emergency declaration is in effect.

### Scope of Practice and Discipline

The bill states that a volunteer health practitioner must adhere to the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other laws of this state. They are not authorized to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in this state would be permitted to provide the services.

The bill authorizes the applicable licensing board to modify or restrict the services that a volunteer health practitioner may provide.

The bill establishes that a volunteer health practitioner shall not be found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide the services.

A volunteer health practitioner has reason to know of a limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide a service if either:

- The practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.
- From all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.

The bill also grants the applicable licensing board or other disciplinary authority with the following powers and duties:

- It may impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency.
- It may impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency.

The applicable licensing body shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board in any other state in which the practitioner is known to be licensed.

In determining whether to impose administrative sanctions, a licensing board shall consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill.

### Registration System

The bill states a volunteer health practitioner registration system must meet the following criteria:

- Accept applications for the registration of volunteer health practitioners before or during an emergency.
- Include information about the licensure and good standing of health practitioners that is accessible by authorized persons.
- Be capable of supplying sufficient information about registered volunteer health practitioners to the EMSA, or a similar designated agency, to allow that authority or agency to confirm the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this article.
- Meet at least one of the following conditions:
  - Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded under Section 319C-2 of the Public Health Service Act ([42 U.S.C. Sec. 247d-3b](#)).
  - Be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed pursuant to Section 2813 of the Public Health Service Act ([42 U.S.C. Sec. 300hh-15](#)).

- Be operated by one of the following:
  - A disaster relief organization.
  - A California licensing board or bureau.
  - A national, state, or regional association of licensing boards or health practitioners.
  - A health facility that provides comprehensive inpatient and outpatient health care services, including a tertiary care and teaching hospital.
  - A governmental entity.
- Be designated by EMSA as a registration system.

While an emergency declaration is in effect, EMSA, a person authorized to act on behalf of EMSA, or a host entity, may confirm whether volunteer health practitioners utilized in this state are registered with a registration system that meets the requirement set forth in this bill.

Upon request of a person in this state authorized to manage the emergency response, or a similarly authorized person in another state, a registration system located in this state shall notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.

A host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

#### Emergency Medical Services Authority

The bill states that while an emergency declaration is in effect, the EMSA may limit, restrict, or otherwise regulate all the following:

- The duration of practice by volunteer health practitioners.
- The geographical areas in which volunteer health practitioners may practice.
- The types of volunteer health practitioners who may practice.
- Any other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.

A host entity that uses volunteer health practitioners to provide health or veterinary services in this state must both of the following:

- Coordinate its activities with the EMSA to the extent practicable to provide for the efficient and effective use of volunteer health practitioners.
- Comply with any laws relating to the management of emergency health or veterinary services.

EMSA must coordinate its activities with the Office of Emergency Services to ensure that any deployment of volunteer health practitioners is consistent with the standardized emergency management system.

**FISCAL IMPACT**

To Be Determined.

**SUPPORT**

None on record.

**OPPOSITION**

None on record.

**FULL BOARD POSITION**

To Be Determined.

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

**BILL NUMBER:** [Assembly Bill 2622](#)  
**AUTHOR:** Assemblymember Pellerin  
**BILL DATE:** February 20, 2026 – Introduced  
**SUBJECT:** Nurse Practitioner Advisory Committee.

### **SUMMARY**

This bill would add additional members to the Board of Registered Nursing (Board) Nurse Practitioner Advisory Committee (NPAC).

### **BACKGROUND**

#### **Nurse Practitioner Advisory Committee**

Established by [Assembly Bill 890 \(Wood, Chapter 265, Statutes of 2020\)](#), the NPAC is charged with advising and making recommendations to the Board on all matters relating to nurse practitioners including education, appropriate standard of care, and other matters specified by the Board. NPAC is also charged with providing recommendations or guidance to the Board when the Board is considering disciplinary action against a nurse practitioner.

The committee currently consists of four qualified nurse practitioners, two physicians and surgeons with demonstrated experience working with nurse practitioners, and one public member.

### **REASON FOR THE BILL**

To Be Determined.

### **ANALYSIS**

The law currently requires NPAC to consist of four nurse practitioners, two physician and surgeons, and two public members.

This bill would add an additional nurse practitioner member, physician and surgeon member, and public member.

### **FISCAL IMPACT**

To Be Determined.

### **SUPPORT**

None on record.

### **OPPOSITION**

None on record.

### **FULL BOARD POSITION**

To Be Determined.

## BOARD OF REGISTERED NURSING BILL ANALYSIS

**BILL NUMBER:** [Senate Bill 903](#)  
**AUTHOR:** Senator Padilla  
**BILL DATE:** January 21, 2026 – Introduced  
**SUBJECT:** Mental health professionals: artificial intelligence

### **SUMMARY**

This bill would prohibit individuals or companies, including those using Artificial Intelligence (AI), from offering or advertising therapy or psychotherapy in California unless a licensed professional is responsible for the care.

### **BACKGROUND**

[AB 489 \(Bonta, Chapter 615, Statutes of 2025\)](#)

This bill prohibits 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, as defined, enforceable against an entity who develops or deploys AI or GenAI technology that uses one or more of those terms, letters, or phrases in its advertising or functionality.

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

### **Psychiatric-Mental Health RN & APRN**

There are several types of RNs that may provide therapy or psychotherapy services.

- *Psychiatric-Mental Health - Registered Nurses* work with individuals, families, groups, and communities to assess mental health, and contribute to the development of a diagnosis and a plan of care. PMH nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmacology and other treatment modalities.
- *Psychiatric-Mental Health - Advanced Practice Registered Nurses* practice as Clinical Nurse Specialists or Nurse Practitioners. They provide the full range of specialized services that constitute mental health and psychiatric care and treatment. They hold advanced master's or doctoral degrees, national certification, and additional licensure.

### **REASON FOR THE BILL**

According to the author's office, AI technology has rapidly expanded into nearly every sector of modern life, including health care and mental health services. As access to traditional mental health care remains limited for many individuals, new technologies are increasingly being marketed as solutions to long-standing gaps in care. This growing

reliance on AI-driven tools has sparked important questions about their role, effectiveness, and limitations in addressing mental health needs.

AI has the possibility to help professionals with tasks such as administrative or supplementary support, but the technology is not fit to take over the job of human therapists. A skilled therapist brings clinical judgement, training, a duty of care, and human instincts and emotion to treatment that AI is incapable of replicating. AI also does not carry the legal or ethical responsibilities of a licensed professional and cannot replace the interpersonal connection that comes with talking to a human therapist. In high-risk professions such as mental health treatment, it is imperative to ensure that AI technology is not being misused in a way that is potentially harmful to patients

## **ANALYSIS**

The bill states its purpose is to safeguard individuals seeking therapy or psychotherapy services by ensuring these services are delivered by qualified, licensed, or certified professionals.

The bill establishes the following definitions:

### **Administrative Support**

Tasks performed to assist a licensed professional in the delivery of therapy or psychotherapy services that do not involve therapeutic communication. It includes, but is not limited to, all of the following:

- Managing appointment scheduling and reminders.
- Processing billing and insurance claims.
- Drafting general communications related to therapy logistics that do not include therapeutic advice.

### **Artificial Intelligence (AI)**

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.

### **Consent**

A clear, explicit affirmative act by an individual meets both of the following requirements:

- Unambiguously communicates the individual's express, freely given, informed, voluntary, specific, and unambiguous written agreement, including a written agreement provided by electronic means.
- Is revocable by the individual.

It does not include an agreement that is obtained by any of the following:

- The acceptance of a general or broad terms of use agreement or a similar document that contains descriptions of artificial intelligence along with other unrelated information.
- An individual hovering over, muting, pausing, or closing a given piece of digital content.

- An agreement obtained using deceptive actions.

### Licensed Professional

An individual who holds a valid license issued by California to provide therapy or psychotherapy services, including, but not limited to, the following:

- A licensed clinical psychologist.
- A licensed clinical social worker.
- A licensed professional clinical counselor.
- A licensed marriage and family therapist.
- A registered or certified alcohol or other drug counselor.
- A psychiatric mental health nurse practitioner.
- Any other professional authorized to provide therapy or psychotherapy services.

### Peer Support

Services provided by individuals with lived experience of mental health conditions or recovery from substance use that are intended to offer encouragement, understanding, and guidance without clinical intervention.

### Religious Counseling

Counseling provided by clergy members, pastoral counselors, or other religious leaders acting within the scope of their religious duties if the services are explicitly faith based and are not represented as clinical mental health services or therapy or psychotherapy services.

### Supplementary Support

Tasks performed to assist a licensed professional in the delivery of therapy or psychotherapy services that do not involve therapeutic communication and that are not administrative support. This includes, but is not limited to, any of the following:

- Preparing and maintaining client records, including therapy notes.
- Analyzing anonymized data to track client progress or identify trends, subject to review by a licensed professional.
- Identifying and organizing external resources or referrals for client use.

### Therapeutic Communication

Any verbal, nonverbal, or written interaction conducted in a clinical or professional setting that is intended to diagnose, treat, or address an individual's mental, emotional, or behavioral health concerns. This includes, but is not limited to, any of the following:

- Direct interactions with clients for the purpose of understanding or reflecting their thoughts, emotions, or experiences.
- Providing guidance, therapeutic strategies, or interventions designed to achieve mental health outcomes.
- Offering emotional support, reassurance, or empathy in response to psychological or emotional distress.
- Collaborating with clients to develop or modify therapeutic goals or treatment plans.

- Offering behavioral feedback intended to promote psychological growth or address mental health conditions.

Therapeutic communication does not include the discussion of a patient's use of AI in a clinical setting.

#### Therapy or Psychotherapy Services

Services provided to diagnose, treat, or improve an individual's mental health or substance use disorder condition. It does not include religious counseling or peer support.

#### Use of Artificial Intelligence

The use of artificial intelligence tools or systems by a licensed professional to assist in providing administrative support or supplementary support in therapy or psychotherapy services where the licensed professional maintains full responsibility for all interactions, outputs, and data use associated with the system.

The bill contains the following provisions:

The bill prohibits a licensed professional from engaging in the use of AI to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless both of the following conditions are satisfied:

- The patient or the patient's legally authorized representative is informed in writing of both of the following:
  - That AI will be used and the specific purpose of the AI tool or system that will be used
- The patient or the patient's legally authorized representative provides consent to the use of AI.

The bill prohibits an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy services to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional.

The bill prohibits a licensed professional from using AI to do any of the following:

- Make independent therapeutic decisions.
- Directly interact with clients in any form of therapeutic communication, unless they are using a product that is approved by the United States Food and Drug Administration and is compliant with the federal Health Insurance Portability and Accountability Act of 1996.
- Generate therapeutic recommendations or treatment plans without review and approval by the licensed professional.
- Detect emotions or mental states.

The bill requires all records kept by a licensed professional and all communications between an individual seeking therapy or psychotherapy services and a licensed professional to be confidential and not be disclosed except as otherwise required by law.

The bill gives the Department of Consumer Affairs the authority to investigate any actual, alleged, or suspected violation of the bill provisions.

The bill establishes a fine of up to \$10,000 per violation, with penalties assessed based on the degree of harm and the circumstances of the violation.

The bill exempts the following from its provisions:

- Religious counseling
- Peer support
- Self-help materials and educational resources that are available to the public and do not purport to offer therapy or psychotherapy services

#### **FISCAL IMPACT**

To Be Determined.

#### **SUPPORT**

- California Psychological Association (Co-Sponsor)
- California Association of Marriage and Family Therapists (Co-Sponsor)
- California Behavioral Health Association (Co-Sponsor)
- National Union of Healthcare Workers (Co-Sponsor)

#### **OPPOSITION**

None on record.

#### **FULL BOARD POSITION**

To Be Determined.

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

**BILL NUMBER:** [Senate Bill 975](#)  
**AUTHOR:** Senator Ochoa Bogh  
**BILL DATE:** February 4, 2026 – Introduced  
**SUBJECT:** Nursing schools and programs: faculty members, directors, and assistant directors

### **SUMMARY**

The bill would authorize the Board of Registered Nursing (Board) to accept a remediation plan, if an applicant for approval at a California Community College with an approved school of nursing or nursing program does not meet a requirement established by the Board for the faculty, assistant director, or program director positions.

The bill would require the Board to approve the applicant to serve under the mentorship of a board-approved director or assistant director, if the board accepts the above-described remediation plan for nursing directors or assistant directors.

### **BACKGROUND**

Regardless of accreditation status, the program director and assistant director of an approved prelicensure nursing program must obtain Board approval. Faculty members of non-accredited programs must also obtain Board approval.

### **Minimum Qualifications**

All three position types must have an active license, in good-standing, and meet the qualifications or equivalences listed below:

#### **Program Director**

- A master's or higher degree from an accredited college or university which includes course work in nursing, education, or administration.
- One year of experience as an administrator with validated performance of administrative responsibilities.
- Two years of experience teaching in pre-licensure or post-licensure registered nurse (RN) programs; and
- One year of continuous, full-time or its equivalent experience direct patient care as a RN.

#### **Assistant Program Director**

- A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration.
- Two years of experience teaching in pre- or post-licensure registered nursing programs; and
- One year of continuous, full-time or its equivalent experience direct patient care as an RN.

### Faculty Instructor

- A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration.
- Direct patient care experience within the previous five years in the nursing area to which he or she is assigned.

### **Equivalencies**

For some of the qualifications outlined above, Board is authorized to accept equivalent experience or education. Below are the qualifications and related equivalencies as determined by the Board.

### Direct Patient Care Experience

- One year of continuous, full-time (or equivalent) experience providing direct patient care as a RN in the designated nursing area
  - The Board will accept one academic year of clinical teaching experience at a RN level. The one-year continuous full-time equivalent can be equivalent to two semesters or three quarters if competency is established.
- One academic year (or equivalent) of RN level clinical teaching experience providing direct patient care in the clinical facility in the designated nursing area that demonstrates clinical competency
  - The Board will accept a remediation plan to demonstrate clinical competency.

### Teaching Experience

- One year of experience teaching courses related to registered nursing.
  - Pre- or post-licensure teaching experience in a RN program such as associate, baccalaureate, master's, or doctoral degree in nursing. If the person does not have a BRN faculty approval to teach in specific nursing content areas the Board will accept teaching of other coursework within the prelicensure nursing program (e.g. dosage calculations, nursing theory, pharmacology, nursing leadership etc.) as long as the course includes teaching strategies, course outline and lesson plan development, evaluation, and practice teaching.
  - Teaching experience can be demonstrated through validated nonacademic instruction of registered nurses as long as the teaching experience utilizes teaching strategies, course outlines and lesson plan development, evaluation, and practice teaching (ex. hospital educator).
- Completion of a post-baccalaureate course which includes practice in teaching registered nursing.
  - This is demonstrated by submitting a transcript showing successful completion of a course that includes practice in teaching registered nursing as well as the course description in the college or university catalog that confirms the course contains this practice in teaching (practicum).

### Administrative Experience

- One year of experience as an administrator with validated performance of administrative responsibilities consistent with the coordination and direction of all activities in developing, implementing, and managing a nursing program, including its fiscal planning.
  - This can be demonstrated through a job description that shows administrative responsibility of a RN education program, which includes diploma, associate, baccalaureate and post-licensure RN programs;
  - This administrative responsibility can also be completed as a RN administrator of a hospital professional nursing education services program as long as it encompasses development and implementation of education of registered nurses and fiscal planning/budget responsibilities. This can be demonstrated through a job description.

### **Remediation**

The Board's existing remediation pathway is only for faculty members that are already approved by the Board to teach in one content area and want to teach in a new content area, but they do not meet the five year recency requirement. The faculty remediation plan is developed and overseen by the Program Director and Content Expert.

### **REASON FOR THE BILL**

According to the author's office, California faces a persistent nursing shortage, the consequences of which are felt most prominently in rural and medically underserved communities. Community college nursing programs play a critical role in training registered and vocational nurses who often choose to stay in these communities after graduation. However, these programs struggle to recruit qualified nursing directors and assistant directors due to rigid minimum qualification requirements and limited candidate pools.

SB 975 clarifies existing law by expressly authorizing the BRN to accept remediation plans for nursing directors and assistant directors, allowing conditional approval under mentorship by a board-approved director or assistant director. This bill provides the flexibility and clarity needed to ensure that qualified candidates can progress toward compliance.

### **ANALYSIS**

Current law authorizes the Board to approve an individual to serve as a member of the faculty, director, or assistant director of an approved school of nursing or nursing program.

Current law states if an applicant is already approved as a faculty member but does not meet the requirements for different faculty position, the Board may accept a remediation plan submitted by the nursing program and may approve the applicant to instruct in theory under the mentorship and supervision of the content expert identified in the plan for up to one year.

The bill would authorize the Board to also accept a remediation plan for an assistant director or program director that does not meet the minimum qualifications or equivalencies.

The bill states that, if the Board accepts a remediation plan for an assistant director or program director applicant, it must also approve the applicant to serve under the mentorship of a board-approved director or assistant director.

The bill would limit the Board's ability to accept the existing faculty remediation plans or the proposed assistant director and program director remediation plans to only applicants that work at a California Community College nursing program.

### Additional Considerations

Below are several potential areas of concern from an operational and policy standpoint.

- First, the bill language does not align with the Board's current faculty approval process. Passage of [AB 2015 \(Schiavo, Chapter 370, Statutes of 2024\)](#) moved the faculty approval process from a nursing program led functions to an individual applicant led function. Nursing programs no longer submit their faculty to the Board for approval. Instead, an individual applicant is required to apply to the Board for approval if they are seeking an assistant director or director position at any nursing program or a faculty position at a non-accredited nursing program.

Consequently, the bill language that states, "If an applicant for approval at a California Community College with an approved school of nursing or nursing program" is not implementable as the applicant cannot seek approval through a California Community College nursing program, they must seek approval directly from the Board.

- Second, the current faculty remediation process is available to all approved nursing programs. The current bill language would limit it so that it could only be utilized by community college nursing programs. This could make it harder for non-community college nursing programs to have sufficient faculty coverage.

Additionally, the Board has discretion as whether to approve an applicant with a faculty remediation plan to teach theory courses under the mentorship and supervision of a content expert for up to one year.

However, the Board would be required to approve an applicant with an assistant director or program director remediation plan to serve under the mentorship of a board-approved director or assistant director for an indefinite period of time.

- Third, since both the program director and assistant director roles have a hand in everything from budgets and personnel to curriculum development and clinical partnerships, a potential concern is whether the minimum qualifications for director and assistant director roles can or should be remediated. For example, the

requirement to have prior experience teaching in pre- or post-licensure RN programs. Nursing programs are unique and subject to different rules and guidelines than many other education programs, so having prior experience in nursing academia before being chosen to run a program is considered by many to be critical.

Lastly, it is unclear what type of remediation pathway could be provided to an applicant that does not meet the nursing education or direct patient care qualifications other than obtaining the required experience or equivalency.

**FISCAL IMPACT**

To Be Determined.

**SUPPORT**

Copper Mountain College (Sponsor)

**OPPOSITION**

None on record.

**FULL BOARD POSITION**

To Be Determined.

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

**BILL NUMBER:** [Senate Bill 1146](#)  
**AUTHOR:** Senator Gonzalez  
**BILL DATE:** February 18, 2026 – Introduced  
**SUBJECT:** Health-related consumer products and services:  
artificial intelligence

### **SUMMARY**

This bill would require an advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence (AI) or other computer technology to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the image, audio, or video of the person in the advertisement was generated or substantially altered by AI.

### **BACKGROUND**

#### [Attorneys General Letter to Meta re Weight Loss Advertisements](#)

A bipartisan coalition of 35 Attorneys General, including California, submitted a letter to Meta requesting the company better enforce policies governing pharmaceutical and wellness advertising on Instagram and Facebook by taking steps to stop misleading AI-generated, weight-loss advertisements.

According to the letter, advertisers are misleadingly using AI-generated fictitious spokespersons and falsified before-and-after images to boost sales of GLP-1s. The risk is only increasing as AI video generation is rapidly becoming more sophisticated, and therefore harder to detect. The “before” clip in one Direct Meds ad touting the loss of 58 pounds is difficult to identify as AI generated without repeatedly playing the video and scrutinizing its fine details, which consumers are unlikely to do while casually scrolling social media.

### **REASON FOR THE BILL**

According to the author’s office, SB 1146 will require an advertisement of a health-related consumer product or service that uses the image, audio, or video of a natural person that is generated or significantly altered using AI, to include a clear and obvious disclosure that the advertisement was generated by AI.

The bill would also empower the California Attorney General to take enforcement action against these fraudulent actors, to ensure physicians and the public at large are safe from unscrupulous actors attempting to use AI to sell unproven and potentially unsafe products.

## **ANALYSIS**

The bill establishes the following definitions:

### 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.

### Generated or substantially altered using AI or other computer technology

When visual or audio media of a natural person is either of the following:

- Entirely created using AI or other computer technology and would appear to a reasonable person to be authentic.
- Materially altered by AI or other computer technology and that alteration would cause a reasonable person to have a fundamentally different understanding of the altered media when comparing it to an unaltered version.

Any visual or audio media of a natural person is not “generated or substantially altered using AI or other computer technology” if the media is immaterially altered by artificial intelligence or other computer technology, including a cosmetic adjustment, color edit, cropped image, or resized image.

### Health-related Consumer Product or Service

A product or service that is marketed for use primarily for personal, family, or household purposes, and is marketed as having a health benefit. Examples include, but are not limited to, dietary supplements and medical goods and services.

### Natural Person

A natural human individual. It does not include a firm, partnership, association, corporation, limited liability company, or cooperative association.

The bill contains the following provisions:

The bill states that an advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using AI or other computer technology to promote the sale of a health-related consumer product or service shall include a clear and conspicuous disclosure that the image, audio, or video of the person in the advertisement was generated or substantially altered by AI, and shall comply with all of the following:

- For visual media, the text of the disclosure shall appear in a prominent location and in a size that is easily readable by the average viewer.
  - For visual media that is video, that disclosure shall be displayed for the duration of the video.
- For audio-only media, the disclosure shall be read in a clearly spoken manner and in a pitch that can be easily heard by the average listener, at the beginning of the audio, at the end of the audio, and, if the audio is greater than two minutes

in length, interspersed within the audio at intervals of not greater than two minutes each.

The bill also specifies that only the Attorney General or a district attorney can prosecute violations of the bill's provisions.

**FISCAL IMPACT**

To Be Determined.

**SUPPORT**

California Medical Association (Sponsor)

**OPPOSITION**

None on record.

**FULL BOARD POSITION**

To Be Determined.

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

**BILL NUMBER:** [Senate Bill 1302](#)  
**AUTHOR:** Senator Wahab  
**BILL DATE:** February 20, 2026 – Introduced  
**SUBJECT:** Nursing: list of approved schools.

### **SUMMARY**

This bill would make non substantive changes to the California Nursing Practice Act (NPA).

### **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 2701 grants authority to the Board of Registered Nursing to exist as a semi-autonomous board and implement the provisions the NPA through January 1, 2027. Additional legislation is needed to extend that date and make necessary changes.

### **ANALYSIS**

The bill currently contains several non-substantive code clean up provisions. The bill will be amended at a future date to contain a variety of additional proposed policy changes related to the Board's authority and functions.

### **FISCAL IMPACT**

To Be Determined.

### **SUPPORT**

None on record.

### **OPPOSITION**

None on record.

### **FULL BOARD POSITION**

To Be Determined.