



Board Meeting

Board Meeting Materials

BRN Board Meeting | June 20, 2024

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Table of Contents

4.0	Discussion and possible action: Regarding Board approval of Board Member Granowitz participating in Board meetings from a remote location (Gov. Code, § 11123.2, subd. (j)(2)- (3).)	3
5.0	Discussion and possible action: Appointment of a subcommittee to select and nominate members to the Nurse Practitioner Advisory Committee and Nurse-Midwifery Advisory Committee	5
6.0	Report on Legislation Dolores Trujillo, RN, Chair – Legislative Committee	7
	1. AB 2269 (Flora) Board membership qualifications: public members	9
	2. AB 2862 (Gipson) Department of Consumer Affairs: African American applicants	11
	3. AB 3127 (McKinnor) Reporting of crimes: mandated reporters	14
	4. SB 607 (Portantino) Controlled substances	19
	5. SB 639 (Limon) Alzheimer’s disease	21
	6. SB 895 (Roth) Community colleges: Baccalaureate Degree in Nursing Pilot Program	25
	7. SB 1468 (Ochoa Bogh) Healing arts boards: informational and educational materials for prescribers of narcotics: federal “Three Day Rule.”	31



Agenda Item 4.0

Discussion and possible action: Regarding Board approval of Board Member Granowitz participating in Board meetings from a remote location (Gov. Code, § 11123.2, subd. (j)(2)- (3).)

BRN Board Meeting | June 20, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 4.0

DATE: June 20, 2024

ACTION REQUESTED: Board approval of Board Member Granowitz participating in Board meetings from a remote location (Gov. Code, § 11123.2, subd. (j)(2)-(3).)

REQUESTED BY: Executive Officer Loretta Melby

BACKGROUND: The Bagley-Keene Open Meeting Act ([Gov. Code, § 11120 et seq.](#)) provides requirements that the California Board of Registered Nursing (Board) must follow in conducting its meetings, including specific requirements about in-person and remote participation by Board members.

[Government Code section 11123.2](#) authorizes the Board to conduct a meeting by teleconference if, among other things, “a majority of the members of the state body [are] physically present at the same teleconference location [i.e. a physical location that is accessible to the public and from which members of the public may participate in the meeting].” (§ 11123.2, subd. (j)(1).)

Under subdivision (j)(2)-(3) of section 11123.2, a Board member may appear remotely, yet be counted towards the majority of Board members that must attend the meeting in person from the same physical location, if the Board approves that Board member doing so based upon a need related to a physical or mental disability that is not otherwise reasonably accommodated.

Board Member Granowitz requires the ability to participate remotely in public Board meetings based upon the above-referenced authority. The Board will consider taking action to approve the exception pursuant to Government Code section 11123.2, subdivision (j)(3).

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
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Agenda Item 5.0

Discussion and possible action: Appointment of a subcommittee to select and nominate members to the Nurse Practitioner Advisory Committee and Nurse-Midwifery Advisory Committee

BRN Board Meeting | June 20, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: June 20, 2024

ACTION REQUESTED: Appointment of a subcommittee to select and nominate members to the Nurse Practitioner Advisory Committee and Nurse-Midwifery Advisory Committee

REQUESTED BY: Board President Dolores Trujillo

BACKGROUND: In accordance with Business and Professions Code (BPC) section [2837.102](#), the Board established a Nurse Practitioner Advisory Committee (NPAC). NPAC is composed of four NPs, two physician and surgeons, and one public member.

In accordance with BPC section [2746.2](#) the Board established a Nurse-Midwifery Advisory Committee (NMAC). NMAC is composed of four nurse-midwives, two physician and surgeons, and one public member.

The Board must appoint new members to the NPAC and NMAC due to current members reaching the end of their term and/or resigning. This appointment process requires a subcommittee of Board members to perform the selection of prospective advisory committee members to nominate to the full Board.

The Board should appoint a subcommittee(s) of Board members for the selection and nomination of members to the NPAC and NMAC, as necessary.

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov



Agenda Item 6.0

Report on Legislation Dolores Trujillo, RN, Chair – Legislative Committee

BRN Board Meeting | June 20, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: June 20, 2024

ACTION REQUESTED: Legislative Update

REQUESTED BY: Dolores Trujillo, RN, Chairperson

BACKGROUND: Presentation of recently introduced or amended bills in the second year of the 2023-2024 Legislative Session.

Please note of the seven bills listed on the agenda, four were carried over from the May 2024 Board meeting due to time restrictions.

NEXT STEPS: Continue tracking and analysis of BRN related bills during second year of 2023-2024 Legislative Session.

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

BILL NUMBER: [Assembly Bill 2269](#)
AUTHOR: Assemblymember Flora
BILL DATE: February 8, 2024 – Introduced
SUBJECT: Board membership qualifications: public members

SUMMARY

This bill would make specified changes to the current prohibition on a public member of a board established under the Department of Consumer Affairs (DCA) having certain business relationships with a licensee of the board during or before their tenure.

BACKGROUND

Current law states that no public member shall be – or have been within five years prior to their appointment – in an employment or contractual relationship with a licensee of the board, unless that relationship constitutes, or did constitute, no more than 2 percent of the overall practice or business of the respective licensee.

To verify this, the Governor’s office, Assembly Speaker’s office and Senate Rules Committee must request relevant records from licensees disclosed by the prospective board appointee to verify the employment or contractual relationship does not exceed the two percent income threshold.

REASON FOR THE BILL

According to the author, public members serve a vital role on professional licensing boards, providing an important check and balance to the professional members in assuring that boards achieve their consumer protection goal. To that end, current law appropriately prohibits a public member from having had a significant recent employment or contractual relationship with a licensee. AB 2269 would update and simplify that statute by repealing an arbitrary exception to that prohibition for relationships not exceeding 2 percent of a licensee’s employment or business.

ANALYSIS

Current law states that a public member or a lay member of any board shall not be, nor shall they have been within the period of five years immediately preceding their appointment, any of the following:

- An employer, or an officer, director, or substantially full-time representative of an employer or group of employers, of any licensee of a board, except that this subdivision shall not preclude the appointment of a person who maintains infrequent employer status with a licensee, or maintains a client, patient, or customer relationship with a licensee that does not constitute more than 2 percent of the practice or business of the licensee.

- A person maintaining a contractual relationship with a licensee of a board that would constitute more than 2 percent of the practice or business of the licensee, or an officer, director, or substantially full-time representative of that person or group of persons.
- An employee of a licensee of a board, or a representative of the employee, except that this subdivision shall not preclude the appointment of a person who maintains an infrequent employee relationship or renders professional or related services to a licensee if the employment or service does not constitute more than 2 percent of the employment or practice of the member of the board.

This bill would reduce the existing prohibition against a public member or lay member of a board under the DCA having specified relationships with licensees of the respective board from within a five-year period to within a three-year period preceding their appointment.

This bill would also remove the percentage threshold for determining whether a public member or lay member of a board is engaged in a prohibited relationship with the respective board's licensee.

Lastly, the bill would specify that the changes established under this bill would only be effective upon board appointments or reappointments on or after January 1, 2025.

As was noted in the policy committee analysis, a provision of this bill may conflict with [Business and Professions Code Section 450.5](#) which maintains that a public member is prohibited from engaging in pursuits which lie within the relevant field of industry or profession, or providing representation to the industry or profession, within the five year period preceding their appointment.

FISCAL IMPACT

None.

SUPPORT

None on file.

OPPOSITION

- Dental Board of California
- Consumer Protection Policy Center, University of San Diego School of Law

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 2862](#)
AUTHOR: Assemblymember Gipson
BILL DATE: April 17, 2024 – Amend
SUBJECT: Department of Consumer Affairs: African American applicants

SUMMARY

This bill would require boards under the Department of Consumer Affairs (DCA) to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. The bill would also repeal those provisions on January 1, 2029.

BACKGROUND

Current law requires all boards within the DCA 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.

California Reparations Report

In 2020, the Legislature enacted [AB 3121 \(Weber, Chapter 319, Statutes of 2020\)](#), which established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States.

The Task Force was given responsibility for studying and developing reparation proposals for African Americans as a result of slavery and numerous subsequent forms of discrimination based on race. The Task Force was then required to recommend appropriate remedies in consideration of its findings, which were submitted as a report to the Legislature on June 29, 2023. The [California Reparations Report](#), drafted with staff assistance from the California Department of Justice, totals over a thousand pages

and provides a comprehensive history of the numerous past injustices and persistent inequalities and discriminatory practices.

Chapter 10 of the Task Force’s report, titled “Stolen Labor and Hindered Opportunity,” addresses how African Americans have historically been excluded from occupational licenses. As discussed in the report, “state licensure systems worked in parallel to exclusion by unions and professional societies in a way that has been described by scholars as “particularly effective” in excluding Black workers from skilled, higher paid jobs. White craft unions implemented unfair tests, conducted exclusively by white examiners to exclude qualified Black workers.”

Race & Ethnicity of California’s Health Workforce

According to the Department of Healthcare Access and Information, below is a race & ethnicity breakdown for California’s RN workforce.

- 39.5% White, Non-Hispanic
- 33.1% Asian, Non-Hispanic
- 16.5% Hispanic, Any Race
- 5.0% Black, Non-Hispanic
- 3.0% Multiracial, Non-Hispanic
- 1.4% Other Race, Non-Hispanic
- 1.2% Pacific Islander, Non-Hispanic
- 0.2% American Indian, Non-Hispanic

Note: The above data represents a custom tabulation of survey responses from licenses in active status on July 1st, 2023.

REASON FOR THE BILL

According to the author, AB 2862 would provide an imperative initiative of the prioritization of African Americans when seeking occupational licenses, especially those who are descendants of slaves. There has been historical long-standing deficiencies and internal barriers to African Americans seeking professional work, and by prioritizing their applications, we are bridging the gap of professional inequities of under representation and under compensation.

ANALYSIS

The bill would require boards under DCA to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States.

The bill would repeal those provisions on January 1, 2029.

FISCAL IMPACT

To be determined – It is unclear whether eligible applicants would be required to provide specific documentation to receive prioritization under this bill or if an applicant’s self-

attestation would be accepted. This could impact the level of staffing and resources needed to implement.

SUPPORT

- Greater Sacramento Urban League
- San Francisco African American Chamber of Commerce

OPPOSITION

- Respiratory Care Board of California
- Pacific Legal Foundation

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 3127](#)
AUTHOR: Assemblymember McKinnor
BILL DATE: May 22, 2024 - Amended
SUBJECT: Reporting of crimes: mandated reporters

SUMMARY

This bill would eliminate the duty of a health care practitioner to report assaultive or abusive conduct to law enforcement when they suspect a patient has suffered physical injury caused by such conduct, except in specified cases.

BACKGROUND

Under current law, a health care practitioner who treats a person brought into a health care facility or clinic who is suffering from specified injuries must report that fact immediately, by telephone and in writing, to the local law enforcement authorities.

This duty to report extends to physicians and surgeons, psychiatrists, psychologists, dentists, medical residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, marriage and family therapists, clinical social workers, professional clinical counselors, emergency medical technicians, paramedics, and others.

The duty to report is triggered when a health practitioner knows or reasonably suspects that the patient is suffering from a wound or other physical injury that is the result of assaultive or abusive conduct caused by another person, or when there is a gunshot wound or injury regardless of whether it self-inflicted or one cause by another person. Health practitioners are required to report if these conditions are met, regardless of patient consent. Failure to make the required report is a misdemeanor.

Other States

Laws related to medical mandated reporting vary significantly from state to state. With some exceptions, the laws generally fall into four categories: states that require reporting of injuries caused by weapons; states that mandate reporting for injuries caused in violation of criminal laws, as a result of violence, or through non-accidental means; states that specifically address reporting in domestic violence cases; and states that have no general mandatory reporting laws.

REASON FOR THE BILL

According to the author, the bill will ensure survivors can access healthcare services by creating a survivor-centered, trauma-informed approach and limit non-consensual and potentially dangerous referrals to law enforcement. The change will increase access to healthcare and ensure that survivors are provided the agency and information they need to be safe and healthy.

ANALYSIS

Mandated Reporting

The bill would require a health practitioner, employed by a health facility, clinic, physician's office, local or state public health department, local government agency, or a clinic or other type of facility operated by a local or state public health department who, in the health practitioner's professional capacity or within the scope of the health practitioner's employment, provides medical services for a physical condition to a patient whom the health practitioner knows or reasonably suspects is a person described as follows, to immediately make a report to a local law enforcement agency:

- A person suffering from a wound or other physical injury inflicted by the person's own act or inflicted by another where the injury is by means of a firearm.
- A person suffering from a wound or other physical injury that is life threatening or results in death, caused by the use of nonaccidental violence inflicted by another.
- A person suffering from a wound or other physical injury resulting from child abuse or elder or dependent adult abuse.

The bill would also require that in the circumstance of an adult seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury, if the patient requests a report be sent to law enforcement, health practitioners must follow the standard reporting process. Additionally, the medical documentation of injuries related to domestic, sexual, or any nonaccidental violent injury shall be conducted and made available to the patient for use as outlined in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The bill clarifies that it would not limit or override the ability of a health care practitioner to alert law enforcement to an imminent or serious threat to health or safety of an individual or the public, pursuant to the privacy rules of HIPAA.

Warm Handoff or Referral

The bill would require a health care practitioner, who in their professional capacity or within the scope of their employment, knows or reasonably suspects that their patient is experiencing any form of domestic violence or sexual violence, to provide brief counseling, education, or other support, and offer a "warm handoff" or referral to domestic violence or sexual violence advocacy services before the end of treatment, to the extent that it is medically possible.

The bill would allow the health practitioner to offer a warm handoff and referral to other available victim services, including, but not limited to, legal aid, community-based organizations, behavioral health, crime victim compensation, forensic evidentiary exams, trauma recovery centers, family justice centers, and law enforcement to patients who are suspected to have suffered any non-accidental injury.

The bill states that if the patient is being treated in the emergency department of a general acute care hospital, the health practitioner shall also offer assistance to the patient in accessing a medical evidentiary exam, reporting to law enforcement, and a

24-hour domestic or sexual violence advocacy program, if the patient wants to pursue these options.

The bill would require health practitioners who treat a patient for wounds, physical injuries, or other signs consistent with abuse that have not previously been documented in the health practitioner's medical record for the patient shall document such wounds, physical injuries, or other signs consistent with abuse in the health practitioner's medical record for the patient.

The bill states that if in the health practitioner's professional judgment, such documentation would increase danger for the patient, the portions of the medical record containing documentation of the wounds, physical injuries, or other signs consistent with abuse may be marked confidential.

The bill would provide that a health practitioner shall not be civilly or criminally liable for any report made or not made or for any other acts taken or not taken, in good faith compliance the provisions of this bill and other applicable state and federal laws.

Definitions

The bill would establish definitions for the following terms:

- *Life Threatening* - an injury likely to result in death without immediate medical or surgical intervention. Life-threatening injuries can include, but are not limited to, injuries from knife, gun, and strangulation that are likely to result in death without immediate medical or surgical intervention.
- *Referral* - may include, but is not limited to, the health practitioner sharing information about how a patient can get in touch with a local or national survivor advocacy organization, information about how the survivor advocacy organization could be helpful for the patient, what the patient could expect when contacting the survivor advocacy organization, or the survivor advocacy organization's contact information.
- *Warm Handoff* - may include, but is not limited to, the health practitioner establishing direct and live connection to an in-person survivor advocate, through a call with a survivor advocate, in-person onsite survivor advocate, in-person on-call survivor advocate, or some other form of tele advocacy. When a telephone call is not possible, the warm handoff may be completed through an email. The patient may decline the warm handoff. Health practitioners are encouraged to offer connection to an in-person advocate where available.

Additional Considerations

The Board has previously voted to Oppose two similar versions of this bill - [AB 2790 \(Wicks, 2022\)](#) and [AB 1028 \(McKinnor, 2023\)](#). AB 3127 has made several changes that appear to address some of the concerns previously raised by the Board.

The Board previously discussed requiring an incident report still be completed and maintained internally by the facility so that survivors could access it if they decide to engage with law enforcement or press charges at a later date. The bill added a provision requiring wounds, physical injuries, or other signs consistent with abuse to be documented in the patient's medical record.

The Board also discussed the need to have some type of data collection or reporting that would allow for increases or decreases in the occurrence of domestic abuse incidents to still be tracked at a state or national level. It does not appear as though the bill addressed this item.

FISCAL IMPACT

The Board estimates a minor and absorbable fiscal impact to update the form used for abuse reporting.

SUPPORT

- California Attorneys for Criminal Justice
- Planned Parenthood Affiliates of California
- Western Center on Law and Poverty
- American Nurses Association of California
- Coalition to Abolish Slavery and Trafficking
- California Democratic Party
- Asian Resources, Inc.
- Asian Americans for Community Involvement
- STAND! Against Domestic Violence
- Women Organized to Make Abuse Non-existent (WOMAN, Inc.)
- Dignity Health
- Public Health Advocates
- Initiate Justice
- East Los Angeles Women's Center
- Youth Forward
- American College of Obstetricians and Gynecologists, District IX/CA
- Justice At Last
- FreeFrom
- Smart Justice of California
- Community Solutions For Children, Families And Individuals
- ACLU California Action
- Ohio Domestic Violence Network
- Lumina Alliance
- Victims Empowerment Support Team
- California Alliance of Academics and Communities for Public Health Equity
- California Medical Association
- Collective Healing and Transformation Project

OPPOSITION

- California District Attorneys Association
- California Emergency Nurses Association
- California Sexual Assault Investigators Association
- San Diego District Attorney
- Association of California Sexual Assault Forensic Examiners (Cal SAFE)
- Alliance for Hope
- Training Institute on Strangulation Prevention
- Enloe Medical Center Sexual Assault Response Team
- San Diego Emergency Physicians, INC

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Senate Bill 607](#)
AUTHOR: Senator Portantino
BILL DATE: January 4, 2024 – Amended
SUBJECT: Controlled substances

SUMMARY

This bill expands the requirement for prescribers to discuss the risks and dangers of opioids and opioid addiction to all patients other than those currently exempt or those receiving hospice care.

BACKGROUND

Opioids are a class of drugs prescribed and administered by health professionals to manage pain. The term “opioid” is commonly used to describe both naturally occurring opiates derived from the opium poppy as well as their manufactured synthetics. Common examples of prescription opioids include oxycodone, hydrocodone, codeine, and morphine. In addition to providing pain relief, opioids can be used as a cough suppressant, an antidiarrheal, a method of sedation, and a treatment for shortness of breath. Most pharmaceutical opioids are Schedule II drugs under the federal Controlled Substances Act, considered by the Drug Enforcement Agency to have a high potential for abuse that may lead to severe psychological or physical dependence.

REASON FOR THE BILL

According to the Author, existing law requires a prescriber to discuss specified opioid information when dispensing or issuing controlled substances. However, this requirement only applies when prescribing opioids to minors, not adults. Opioid overdoses are not exclusive to minors.

The number of overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids in 2021 was 10 times the number in 1999, which indicates that many measures to reduce opioid use have been unsuccessful. In an effort to mitigate the frequency of overdoses and reduce the number of opioid overdose deaths, SB 607 would expand the current requirement to include all patients, not just minors.

ANALYSIS

Current law requires a prescriber, for minor patients, to discuss all of the following with the minor, the minor’s parent or guardian, or another adult authorized to consent to the minor’s medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid:

- The risks of addiction and overdose associated with the use of opioids.
- The increased risk of addiction to an opioid to an individual who is suffering from both mental and substance abuse disorders.

- The danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant.
- Any other information required by law.

Current law states the above provision does not apply in the following circumstances:

- If the minor's treatment includes emergency services and care.
- If the minor's treatment is associated with or incident to an emergency surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis.
- If, in the prescriber's professional judgment, doing so would be detrimental to the minor's health or safety, or in violation of the minor's legal rights regarding confidentiality.

This bill would expand the requirement for prescribers to discuss the risks and dangers of opioids and opioid addiction from only minor patients to all patients, other than those currently exempt and those receiving hospice care.

FISCAL IMPACT

None.

SUPPORT

None on file.

OPPOSITION

None on file.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Senate Bill 639](#)
AUTHOR: Senator Limon
BILL DATE: September 8, 2023 – Amended
SUBJECT: Alzheimer’s disease

SUMMARY

This bill would rename Alzheimer’s diagnostic and treatment centers as “diagnostic hubs” and revise the functions of these entities.

NOTE – This bill was included on the agenda because forthcoming amendments are expected to include a new continuing education requirement for advanced practice registered nurses. If the bill is not amended by the time of the meeting or the amendments do not impact the Board, it will not be discussed.

BACKGROUND

Alzheimer's Disease Program.

Administered by the California Department of Public Health (CDPH), the Alzheimer's Disease Program consists of California Alzheimer’s Disease Centers (CADCs) which are a statewide network of ten dementia care Centers of Excellence at university medical schools, established by legislation in 1984. The CADCs improve dementia health care delivery, provide specialized training and education to health care professionals, and advance the diagnosis and treatment of Alzheimer’s disease and dementia. The CADCs also play a role in building a workforce for the growing needs of the state through training physicians, nurses, physician’s assistants, health care professionals and research investigators.

Dementia Care Aware

Dementia Care Aware is a training and support program administered by the California Department of Health Care Services (DHCS) that empowers primary care teams to meet this need and assess and address dementia early. It provides a statewide standard of care for dementia screening in California, through equity-focused, culturally appropriate training for primary care providers across all payers, including Medicare, Medi-Cal, and other coverage.

The Dementia Care Aware Warmline offers education and decision-making consultation for clinicians and primary care teams in California, covering topics related to dementia screening, assessment, diagnosis, management, and care planning. Consultants are available to answer provider questions that may arise during any stage of dementia care, how to make systems changes in their practice, and related medical legal considerations.

REASON FOR THE BILL

According to author, CADCs are a network of sites at university medical schools, overseen by CDPH, that provide services ranging from specialized training for healthcare professionals to piloting federally funded clinical trials. The CADCs also provide culturally and linguistically appropriate dementia care to the African American, Asian American and Pacific Islander, LGBTQIA+, and Latino communities. Dementia Care Aware is overseen by DCHS to provide statewide standards of care for dementia screening for primary care providers across all healthcare coverage options.

The author goes on to state that without adequate funding and coordination, these two programs will be restricted in providing dementia care to hundreds of thousands of patients, leaving the most vulnerable without treatment. This bill would form the California Alzheimer's Diagnostic Hubs across the state to provide equity-focused services for patients and ultimately deliver the promise of more time for the loved ones of the patient.

ANALYSIS

Current law permits any postsecondary higher educational institution with a medical center to establish diagnostic and treatment centers for Alzheimer's disease subject to the CDPH grants review process and requires CDPH to administer grants for this purpose. Current law also states that the functions of the diagnostic hubs shall be designed to serve all the following purposes:

- Provide diagnostic and treatment services and improve the quality of care to victims of Alzheimer's disease;
- Increase research by faculty and students in discovering the cause of, and a cure for, Alzheimer's disease;
- Provide training, monitoring, consultation, and continuing education to the families of those who are affected by Alzheimer's disease; and,
- Increase the training of health care professionals with respect to Alzheimer's disease and other acquired brain impairments to the extent that the centers have the requisite expertise.

This bill would rename diagnostic and treatment centers as "diagnostic hubs" and revises the functions of these entities as follows:

- Delete the requirement that the hubs increase research to discover the cause of and cure for Alzheimer's disease and provide training, monitoring, consultation, and continuing education to families;
- Require training of health care professionals through the diagnostic hubs to be increased by expanding educational relationships that support primary care, developing thorough care plans, and improving diagnostics so that health care professionals have the requisite training and expertise to know when to refer and

feel comfortable with detection and diagnosis of Alzheimer's disease and related conditions;

- Require the diagnostic hubs to continue and expand upon the cognitive health assessment training and validated tool for Medi-Cal;
- Require the diagnostic hubs to create capacity to secure access to new Alzheimer's and related condition clinical therapies coming to the market, consistent with federal requirements;
- Require the hubs to collaborate with DHCS in its effort to promote Dementia Care Aware and in its effort to continue and expand upon its cognitive health assessment training;
- Require the hubs to provide information to persons diagnosed with dementia and their care partners about home- and community-based services, including area agencies on aging, caregiver resource centers, and aging and disability resource connections.

The bill would require a state department or diagnostic hub to obtain and maintain approval from DHCS to host any Dementia Care Aware materials on websites not owned by DHCS. It would also require other state departments and diagnostic hubs, if DHCS grants that approval, to submit reports describing the use of Dementia Care Aware materials.

The bill would permit the diagnostic hubs to collaborate with relevant state departments to provide expertise related to state or federal research, and training, monitoring, consultation, and continuing education to the families of those who are affected by Alzheimer's disease.

The bill would make implementation subject to an appropriation by the Legislature and requires provisions relative to Dementia Care Aware to be implemented only to the extent any necessary federal approvals are obtained.

FISCAL IMPACT

None.

SUPPORT

- California Alliance for Retired Americans
- California Commission on Aging
- California Senior Legislature
- California Assisted Living Association
- LeadingAge California
- Alzheimer's Association
- Alzheimer's Greater Los Angeles
- Alzheimer's Association of Orange County

- Alzheimer's Association of San Diego
- Keck School of Medicine, University of Southern California
- California Alzheimer's Disease Center
- Stanford/VA Alzheimer's Center

OPPOSITION

None on file.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Senate Bill 895](#)
AUTHOR: Senator Roth
BILL DATE: May 16, 2024 – Amended
SUBJECT: Community colleges: Baccalaureate Degree in Nursing Pilot Program

SUMMARY

The bill would require the California Community College Chancellor's Office (CCCCO) to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes no more than 15 community college districts, with priority given to districts located in an underserved nursing area, to offer a Bachelor of Science in Nursing (BSN) degree.

The bill would also require the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program.

RECENT AMENDMENTS

- Clarifies that the total number of associate and bachelor's degree nursing students at a community college district shall be limited to the community college district's associate degree in nursing class size as approved by the Board of Registered Nursing.
- Requires a community college district that is selected for the pilot program to continue to offer an associate degree in nursing program.
- Provides that community college districts that are still in "candidate" status for national accreditation may be provisionally selected to participate in the pilot program and may commence the program upon final accreditation.
- Requires a community college district selected for the pilot program to give priority registration for enrollment in the pilot program to students with an associate degree in nursing from that community college district.
- Expands the items that must be addressed in the Legislative Analyst's Office evaluation report.
- Extends the sunset date to January 1, 2034.

BACKGROUND

As outlined in the Master Plan for Higher Education and by state statute, the California Community Colleges are designated to have an open admission policy and bear the most extensive responsibility for lower-division undergraduate instruction. Its three primary areas of mission include education leading to associate degrees and university

transfer, career technical education, and basic skills. The primary mission of the California State Universities is undergraduate and graduate instruction through the master's degree. The University of California was granted the sole authority to offer doctoral degrees.

In 2014, Governor Brown signed [Senate Bill 850 \(Block, Chapter 747, Statutes of 2014\)](#) which authorized the California Community Colleges Board of Governors to establish the statewide baccalaureate degree pilot program at 15 California community colleges. In November 2014, the CCCO sought applications from colleges that were interested in participating in the pilot program. In May 2015, the Board of Governors approved 15 colleges to participate. The first Baccalaureate Degree Program graduates received their degrees in spring 2018.

In 2021, Governor Newsom signed [AB 927 \(Medina, Chapter 565, Statutes of 2021\)](#) authorizing the Board of Governors to expand and extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill authorized the Board of Governors to establish up to 30 baccalaureate degree programs in two applications cycles per academic year.

Among other requirements and criteria, baccalaureate degree programs at community colleges are currently subject to the following limitations:

- A district must identify and document unmet workforce needs in the subject area of the baccalaureate degree to be offered and offer a baccalaureate degree at a campus in a subject area with unmet workforce needs in the local community or region of the district.
- A baccalaureate degree program shall not offer a baccalaureate degree program or program curricula already offered by the California State University or the University of California.
- A district must have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

For a list of currently approved California Community College Bachelor's Degree Programs, please visit the following website, [CCCO Baccalaureate Degree Program](#).

REASON FOR THE BILL

According to the author, for decades, California has suffered from a shortage of registered nurses, and this problem has been exacerbated in recent years due to the pandemic and it's expected to worsen due to an increase in RN retirements. While the nursing shortage is a national problem, it is particularly acute here in our state, — ranking 40th out of 50 states. A key factor contributing to this crisis is that California's nursing school capacity has not been able to keep up with demand. In 2018, more than 85% of hospitals in California reported that the demand for RN's was greater than the available supply – a situation that has not improved. But there is a path forward to help solve this problem and that path cuts right through our California Community Colleges.

SB 895 creates a pilot program allowing community colleges to offer a bachelor's degree in nursing, which is increasingly the industry standard, and a requirement for employment in our hospitals.

ANALYSIS

This bill would require the CCCO to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes select community college districts to offer a BSN degree.

The bill would limit the pilot program to 15 community college districts statewide and require the CCCO to identify and select eligible community college districts based on the following:

- The CCCO is encouraged to ensure there is equitable access between the northern, central, and southern parts of the state to the pilot program.
- Priority shall be given to community college districts located in underserved nursing areas.
- The community college district shall have a nationally accredited nursing program.

The bill would require community college district selected for the pilot program to continue to offer an associate degree in nursing program.

The bill would limit the total number of associate degree in nursing and bachelor of science in nursing students at a community college district to the community college district's associate degree in nursing class size approved by the Board of Registered Nursing.

The bill would also limit the total number of participants in a pilot program shall be limited to 25 percent of that class size, or 35 students, whichever is greater.

The bill would require each participating community college district shall give priority registration for enrollment in the pilot program to students with an associate degree in nursing from that community college district.

The bill states that community college districts without a nationally accredited nursing program, but that are in "candidate" status, may be provisionally selected to participate in the pilot program, and may commence the program upon final accreditation. Regarding this provision, the bill would give priority to community college districts located in the central valley.

The bill states that if a community college district that is provisionally selected is found to be making untimely progress toward accreditation, after notice and an opportunity to cure, the chancellor's office may withdraw the provisional selection and may select a different community college district to participate in the pilot program.

The bill would require the chancellor's office to develop a process designed to assist community college districts with nursing programs that are applying for national

accreditation for the purpose of qualifying for the pilot program, and that assistance shall be made available to community college districts upon request.

The bill requires the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program. The evaluation must include, but is not limited to, all the following:

- How many, and which specific, community college districts applied for the pilot program.
- The number of pilot programs implemented, including information identifying the number of enrollments and degree recipients.
- Which of the selected community college districts developed a pilot program in an underserved nursing area.
- Which community college districts were selected to participate in the pilot program and why they were selected.
- The pilot program costs and the funding sources that were used to finance each of the pilot programs.
- The cost charged to students, including tuition and any additional fees.
- The extent to which instruction was provided in person or online.
- Current completion rates, if available, for each cohort of students participating in a pilot program.
- Time-to-degree rates and completion rates for each pilot program.
- The extent to which each pilot program complies with the requirements outlined in the bill.
- Other factors to consider when expanding Bachelor of Science in nursing opportunities across the state.
- Recommendations on whether and how the authorization establishing the pilot program should be extended.

The bill would require the results of the evaluation to be submitted to the Legislature on or before July 1, 2032.

Lastly, the bill establishes a sunset date of January 1, 2034.

FISCAL IMPACT

The Board estimates minor and absorbable staffing costs to review curriculum revisions.

SUPPORT

- American Federation of State, County and Municipal Employees
- California Association of Health Facilities
- California Hospital Association
- Faculty Association of the California Community Colleges
- Los Angeles Community College District
- San Jose Evergreen Community College District
- Student Senate for California Community Colleges
- San Diego Unified School District

- Community College League of California
- Long Beach City College
- Southwestern Community College District
- Association of California HealthCare Districts
- Los Angeles Area Chamber of Commerce
- County Health Executives Association of California
- California Assisted Living Association
- County of Los Angeles Board of Supervisors
- Rancho Santiago Community College District
- Union of Health Care Professionals
- United Nurses Associations of California/Union of Healthcare Professionals
- Sharp HealthCare
- Antelope Valley Community College District
- Kern Community College District
- Peralta Community College District
- West Kern Community College District
- Bakersfield College
- California Community Colleges
- Moorpark College
- Cerritos Community College District
- Citrus College
- Desert Community College District
- Glendale Community College
- MiraCosta Community College District
- Mt. San Antonio College
- Pasadena City College
- Rio Hondo Community College
- San Diego Community College District
- TELACU
- Grossmont-Cuyamaca Community College District
- Chabot-Las Positas Community College District
- Compton Community College District
- Contra Costa Community College District
- Los Angeles Pierce College
- California Association of Health Services at Home
- Coast Community College District
- Foothill-De Anza Community College District
- Association of California Community College Administrators
- Sutter Health
- El Camino Community College District
- Riverside Community College District
- Health Net
- North Orange County Community College District
- South Orange County Community College District

- West Hills Community College District
- Butte-Glenn Community College District
- Ventura County Community College District
- Alameda Health Systems
- Monterey Peninsula College
- Gavilan Joint Community College District
- Victor Valley Community College
- Lassen High School
- Adventist Health White Memorial
- Cabrillo Community College
- Santa Clarita Community College District
- Cuesta College Health Services
- Palomar Community College District
- Palo Verde College
- Providence Health & Services California
- California Community College Chief Instructional Officers
- California Association of Latino Superintendents and Administrators
- California Community College Baccalaureate Association
- Grossmont College
- Los Angeles Valley College
- Redwoods Community College District
- Siskiyou Joint Community College District
- West Hills College Lemoore
- Sierra Joint Community College District
- Asian Pacific Islander Trustee and Administrator Caucus of the Community College League of California
- Mt. San Jacinto Community College
- San Luis Obispo County Community College District
- Sonoma County Junior College District

OPPOSITION

- California Baptist University
- California State University, Office of the Chancellor
- California Faculty Association
- Association of Independent California Colleges and Universities
- Azusa Pacific University
- Dominican University of California
- California Association of Colleges of Nursing
- University of San Francisco School of Nursing and Health Professions
- Concordia University Irvine
- 1 Individual

BOARD POSITION

The Board previously took a WATCH position at the February Board meeting.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Senate Bill 1468](#)
AUTHOR: Senator Ochoa Bogh
BILL DATE: May 17, 2024 – Amended
SUBJECT: Healing arts boards: informational and educational materials for prescribers of narcotics: federal “Three Day Rule.”

SUMMARY

This bill requires each health professional licensing board under the Department of Consumer Affairs (DCA) that licenses a prescriber to develop informational and educational material regarding the federal Drug Enforcement Administration’s (DEA) “Three Day Rule” to ensure prescriber awareness of existing medication-assisted treatment pathways to serve patients with substance use disorder.

BACKGROUND

Three-Day Rule

On December 11, 2020, the President signed the Easy Medication Access and Treatment for Opioid Addiction Act into law. One of the provisions of the Act directed DEA to revise [21 CFR 1306.07\(b\)](#) “so that practitioners . . . are allowed to dispense not more than a three-day supply of narcotic drugs to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both).”

The goal of the Act was to significantly expand immediate and emergency access to medications for individuals suffering from acute withdrawal symptoms while the individual awaits further, long-term treatment. The House Report accompanying the Act explained that expanding medication dispensing to a three-days' supply at one time alleviates the burden on both the patient, specifically transportation issues for those with opioid use disorder, and on the practitioner from having to treat the same patient multiple days in a row.

REASON FOR THE BILL

According to the author, the bill seeks to address is the need for increased education and engagement amongst providers around how to confidently manage patients with opioid use disorder. Reports have shown that providers have not been enforcing the new DEA rule because of a lack of comfortability.

ANALYSIS

The bill states that each board that licenses a prescriber shall develop informational and educational material regarding the federal DEA’s “Three Day Rule,” as codified in subsection (b) of Section 1306.07 of Title 21 of the Code of Federal Regulations, to ensure prescriber awareness of existing medication-assisted treatment pathways to serve patients with substance use disorder.

The bill would require each board to annually disseminate the information and educational materials to each licensed prescriber's email address on file with the board.

The bill would require each board to post the informational and educational material on their website.

The bill would require the Medical Board of California to also disseminate the informational and educational material it develops to each acute care hospital in the state annually. The bill clarifies that the information may be disseminated via email.

The bill states that the DCA and boards may consult with other state agencies as necessary to implement the bill.

The bill defines "prescriber" as a person authorized to write or issue a prescription pursuant to [Health and Safety Code Section 11150](#).

FISCAL IMPACT

The Board anticipates minor and absorbable costs to disseminate materials.

SUPPORT

- Smart Justice California

OPPOSITION

None on file.

FULL BOARD POSITION

To Be Determined.