Agenda Item 10.0

Report on Legislation

BRN Board Meeting | May 23-24, 2024

Legislative Committee May 23-24, 2024

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Agenda Item 10.1

Legislative Update

BRN Board Meeting | May 23-24, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 10.0
DATE: May 23 & 24, 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 the bill analysis are current as of Friday, May 10th. Further changes to bill language may have occurred by the time of the Board meeting.

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

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BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2015
AUTHOR: Assemblymember Schiavo
BILL DATE: April 24th, 2024 – Introduced
SUBJECT: Nursing schools and programs: faculty members, directors, and assistant directors

SUMMARY

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

AMENDMENTS

The bill was amended to clarify that the proposed faculty approval process would not apply to approved schools of nursing that are not actively accredited by an institutional or programmatic accreditor recognized by the United States Department of Education as outlined in Business and Profession Code (BPC) Section 2786.2.

BACKGROUND

The Board is responsible for implementation and enforcement of the Nursing Practice Act, which consists of laws related to nursing education, licensure, practice, and discipline. This includes approving faculty for Board approved prelicensure nursing programs in California.

However, as a result of the Board's last sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022), approved schools of nursing that are actively accredited by an institutional or programmatic accreditor recognized by the United States Department of Education do not have to obtain approval from the Board on faculty hiring decisions.

For all other approved schools of nursing, the Board is responsible for verifying that prospective faculty meet the minimum qualifications outlined in Title 16 California Code of Regulations (CCR) Section 1425. The Board also ensures compliance with Title 16 CCR Section 1424(h), which requires faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing to be clinically competent in the areas to which they are assigned.

REASON FOR THE BILL

The Board's current faculty approval process is not efficient and limits the potential pool of qualified faculty. Having the Board conduct its vetting and approval after a nursing program has gone through a lengthy hiring process and chosen a top candidate is backwards, creates an additional workload for the school, and can cause unnecessary delays if the top candidate does not meet the minimum qualifications.

This bill would transition the Board's faculty approval to being applicant based, rather than school-based to streamline the approval process, reduce administrative burden for the schools, and assist the Board with gathering critical data on California's nursing faculty labor pool.

ANALYSIS

The bill states that if the Board requires the approval of the faculty or directors pursuant to BPC Section 2786, all of the following apply:

- The Board may approve an individual to serve as a member of the faculty, director, or assistant director of an approved school of nursing or nursing program.

- The Board shall approve an applicant for individual approval if the applicant submits a completed application in the form prescribed by the Board demonstrating that the applicant meets the requirements established by the board for faculty, directors, and assistant directors of an approved school of nursing or nursing program.

    - The individual approval shall be valid for five years and may be renewed if the individual demonstrates that they continue to meet the requirements established by the Board.

- The Board shall display an approved individual's faculty, director, or assistant director approval status, including the approved faculty level and content areas, and the status of their nursing license through an online search tool administered by the Department of Consumer Affairs.

- If an applicant for approval has a faculty position and does not meet a requirement established by the Board for a different position, the Board may accept a remediation plan submitted by an approved school of nursing or nursing program to help the applicant meet the requirement.

    - If the board accepts the plan, the Board 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.

- If required by the Board, an approved school of nursing or nursing program shall continue to report to the board changes in the nursing program's director and assistant director of nursing positions.

- An approved school of nursing or nursing program shall not be required to report to the Board any of the following faculty changes:
    - A change in a faculty member's teaching area.
    - An offer of employment for a faculty member position.
    - Termination of employment of a faculty member.

The bill also clarifies that the above provisions do not modify any limitations on the powers of the board related to the approval of schools of nursing and nursing programs as specified in BPC Section 2786.2.

FISCAL IMPACT
None.

SUPPORT
- Board of Registered Nursing
- Service Employees International Union, California State Council
- Santa Clarita Community College District

OPPOSITION
- Association of Independent California Colleges and Universities (opposition removed at committee hearing due to amendments)

BOARD POSITION
The Board previously took a SUPPORT position at the February Board Meeting.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2526
AUTHOR: Assemblymember Gipson
BILL DATE: April 17, 2024 – Amended
SUBJECT: Nurse anesthetists: general anesthesia or deep sedation

SUMMARY

This bill authorizes a certified registered nurse anesthetist (CRNA) to obtain a permit to administer general anesthesia (GA) or deep sedation (DS) in the office of a licensed dentist to dental patients, if certain conditions are met. The bill also authorizes a CRNA to obtain a pediatric endorsement for the permit to provide GA or DS to a child under seven years of age.

BACKGROUND

SB 501 (Glazer), Chapter 929, Statutes of 2018
The bill created a process for the Dental Board of California (DBC) to issue General Anesthesia (GA) permits to dentists and/or physician and surgeons based on their level of experience and training.

GA Permit Eligibility – Dentist
A dentist that wishes to administer or order the administration of DS or GA in a dental office must do the following:

- Submit an GA permit application and corresponding fee to the DBC.
- Produce evidence showing that they have successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level.
- Provide documentation that the equipment and drugs required by the DBC are on the premises.

To receive a pediatric endorsement on the GA permit (for patients under seven years old), the dentist must also provide proof of successful completion of all the following:

- A Commission on Dental Accreditation-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.
- At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal.
- Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other DPC-approved training in pediatric life support and airway management for the duration of the permit.

GA Permit Eligibility – Physician and Surgeon

A physician and surgeon who wishes to administer DS or GA in a dental office must do all the following:

- Submit an GA permit application and corresponding fee to the DBC.
- Provide evidence that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the American Council on Graduate Medical Education.
- Provide documentation demonstrating that all equipment and drugs required by the DBC are on the premises for use in any dental office in which they administer deep sedation or general anesthesia.
- Information relative to the current membership of the applicant on hospital medical staffs.

To receive a pediatric endorsement on the GA permit (for patients under seven years old), the physician and surgeon must also provide proof of successful completion of all the following:

- At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal.
- Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other DPC-approved training in pediatric life support and airway management for the duration of the permit.

<u>Certified Registered Nurse Anesthetists</u>
CRNAs are advanced practice registered nurses who specialize in anesthesia services. In addition to the education requirements of an RN, CRNAs must obtain a minimum of a master's degree from a CRNA educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. CRNAs generally practice in all settings where anesthesia is provided but may only provide anesthesia services in dental settings if the dentist has a GA permit or there is an anesthesiologist with a GA permit.

REASON FOR THE BILL

According to the sponsor, general anesthesia plays a crucial role in dental care, especially for pediatric patients and those with developmental disabilities, who often face challenges in receiving timely treatment. Consequently, many of these individuals require intensive restorative procedures under deep sedation or general anesthesia. However, accessing such care can be problematic due to a shortage of providers offering these services.

The sponsor goes on to state that this bill seeks to increase the number of anesthesia providers available to provide these services by allowing CRNAs to obtain a general anesthesia permit from the DBC and allow them to order anesthesia medications to administer in the dental office.

ANALYSIS

Under current law, any provider in a dental office who administers or orders the administration of DS or GA on an outpatient basis for dental patients must obtain a GA permit from the DBC. Further, the GA permit must contain a pediatric endorsement to administer or order the administration of DS or GA to patients under seven years of age. However, only dentists and physicians are currently eligible to receive a GA permit.

This bill would authorize a CRNA to administer GA or DS in the office of a licensed dentist to dental patients, without regard to whether the dentist possesses a GA permit, if all the following conditions are met:

- The CRNA holds a valid GA permit issued by the DBC.
- The CRNA meets the requirements of BPC Section 1646.1(d) related to additional safety precautions for patients under 13 years of age.
- The CRNA does all the following:
    - Registers with the United States Drug Enforcement Administration.
    - Practices within the scope of their clinical and professional education and training.
    - Establishes a plan for referral of complex cases and emergencies.
    - Declines or refers a patient with a preexisting disease or condition that is not optimized and may adversely interact with general anesthesia or deep sedation.
    - Ensures that the facilities, equipment, personnel, and procedures utilized by the CRNA meet the DBC's onsite inspection requirements.

The bill states that as part of the GA permit application process, a CRNA must provide all the following:

- Payment of an application fee.
- Evidence satisfactory to the DBC and the Board of Registered Nursing showing that the applicant has successfully completed a CRNA accredited program.
- Documentation demonstrating that all equipment and drugs required by the board are on the premises for use in any dental office in which the nurse anesthetist administers general anesthesia or deep sedation.

To receive a pediatric endorsement on their GA permit (for patients under seven years old), the CRNA must also provide proof of successful completion of all the following:

- At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal.
- Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other DPC-approved training in pediatric life support and airway management for the duration of the permit.

A CRNA that would otherwise qualify for the pediatric endorsement but lacks sufficient cases of pediatric sedation to patients under seven years of age may administer DS and GA to patients under seven years of age under the direct supervision of a GA

permitholder with a pediatric endorsement and count those cases toward the 20 cases required for their own pediatric endorsement.

The bill states that, prior to issuance or renewal of a GA permit, the DBC may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, and personnel, including, but not limited to, the CRNA and procedures utilized. At least one of the people evaluating the procedures utilized by the CRNA shall be a CRNA expert in outpatient general anesthesia or deep sedation who has been authorized or retained under contract by the DBC for this purpose.

The bill states that a CRNA who has failed an onsite inspection and evaluation shall have their permit automatically suspended for 30 days after the date on which the DBC notifies the CRNA of the failure unless within that period the CRNA has retaken and passed an onsite inspection and evaluation.

The bill states that a CRNA with a GA permit shall be subject to an onsite inspection and evaluation at least once every five years and refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

FISCAL IMPACT
None.

SUPPORT
- American Nurses Association of California
- California Association of Nurse Anesthetists
- 14 individual dentists

OPPOSITION
- California Medical Association
- California Society of Anesthesiologists
- California Association of Oral and Maxillofacial Surgeons

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2578
AUTHOR: Assemblymember Flora
BILL DATE: March 21, 2024 – Amended
SUBJECT: Nursing: students in out-of-state nursing programs
SPONSOR: Nightingale Education Group

SUMMARY

This bill would authorize a nursing student who is a California resident enrolled in an out-of-state distance education nursing program to render nursing services, under the supervision of a licensed registered nurse, for the purpose of gaining experience in a clinical setting.

BACKGROUND

Program Approval

Nursing program approval is a required process that is carried out by the public Board of Nursing (BON) in each state. The BONs evaluate programs from a state perspective, to see if they meet the specifications of the state's Nursing Practice Act (NPA) for the purpose of protecting both the students and the public.

Every state has its own NPA that sets the framework for how nurses are prepared and able to practice within that state. This includes different standards and rules related to nursing education, nursing discipline, and nursing scope of practice. Consequently, without BON approval, there is no way to ensure that the education students are receiving complies with that state's laws and regulations.

For these reasons, state law currently states that a nursing student can only provide nursing services if they are enrolled in a California Board approved nursing program. The Board provides initial vetting and ongoing oversight to California nursing programs through its program approval process to ensure that they comply the laws set by the California Legislature related to nursing education and scope of practice.

Program Accreditation

Nursing program accreditation is a voluntary process in which a private, nonprofit organization evaluates a nursing program from a national perspective to see if they meet certain standards of the profession. While there can be overlap between the two roles, national accrediting agencies have a distinctly different mission and focus than the BON in each state, as highlighted in the following chart from the National Council on State Boards of Nursing: Approval vs Accreditation.

REASON FOR THE BILL

According to the sponsor, the bill recognizes that for many California residents, distance nursing education is the best, or only, option for pursuing a nursing degree. By amending the Nurse Practice Act to allow California residents enrolled in accredited

distance nursing education programs to participate in clinical rotations at California facilities (conducted by California licensed registered nurses), the Legislature will allow these California residents to complete their online nursing education while simultaneously participating in their required hands-on training in their local communities, providing them much-needed experience and exposure to California healthcare systems and removing the need for costly out-of-state travel.

ANALYSIS

According to Business and Professions Code Section 2729, a student may render nursing services if those services are incidental to the course of study of one of the following:

a) A student enrolled in a board-approved prelicensure program or school of nursing.
b) A nurse licensed in another state or country taking a board-approved continuing education course or a post licensure course.

This bill would amend that section to add the following:

c) A student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution for the purpose of gaining clinical experience in a clinical setting that meets all the following criteria:
   - The program is accredited by a programmatic accreditation entity recognized by the United States Department of Education.
   - The board does not otherwise approve the program.
   - The student placement does not impact any students already assigned to the agency or facility.
   - The program does not make payments to any clinical agency or facility in exchange for clinical experience placements for students enrolled in a nursing program offered by or affiliated with the institution or private postsecondary school of nursing.
   - The program qualifies graduates for licensure under this chapter.
   - The program maintains minimum faculty to student ratios required of Board-approved programs for in-person clinical experiences.
   - The program pays a one-time fee of $100 to the Board for each student who participates in clinical experience placements in the state.

The bill states that a student shall be supervised in person by a registered nurse licensed by the Board while rendering nursing services.

The bill also states that a clinical agency or facility shall not schedule a clinical experience placement with an out-of-state private postsecondary educational institution if the placement is needed to fulfill the clinical experience requirements of an in-state student enrolled in a board-approved nursing program.

Lastly, the bill defines an out-of-state private postsecondary educational institution as a private entity without a physical presence in this state that offers distance education to

California students for an institutional charge, regardless of whether the institution has affiliated institutions or institutional locations in California.

Additional Considerations

The Board took an Oppose position on a somewhat similar bill last year, AB 1292 (Flora, 2023). AB 2578 has added some additional eligibility criteria and would require up front vetting of the program curriculum, but the Board's previous concerns about lack of ongoing oversight from a public protection standpoint remain.

The Board also previously expressed concerns about clinical displacement, which appear to remain in this bill. While the bill does seek to address the issue by stating that a clinical agency or facility cannot schedule a clinical experience placement with an out-of-state private postsecondary educational institution if the placement is needed to fulfill the clinical experience requirements of an in-state student enrolled in a board-approved nursing program, it is unclear how that provision would be monitored or enforced since the Board does not have jurisdiction over out of state nursing programs or the healthcare facilities their students would be conducting their clinicals in.

FISCAL IMPACT

The Board estimates additional staffing would be needed to review the out of state nursing programs to ensure they meet California's licensure requirements, as outlined in the bill. The Board also anticipates needing to provide technical assistance to students, schools, and healthcare facilities utilizing the new process.

SUPPORT

- Nightingale Education Group

OPPOSITION

- None on File

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

The 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 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, Statues 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 documentation/validation to receive prioritization under this bill or if an applicant's self-

attestation would be accepted. This would 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: April 1, 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 triggering conditions are met, regardless of patient consent. Failure to make the required report is a misdemeanor.

Other States

According to a 2019 Compendium of State Statutes and Policies on Domestic Violence and Health Care, most U.S. states have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, and very few have mandated reporting laws specific to suspected abuse or domestic violence for individuals being treated by a health care professional. Mandatory reporting laws are distinct from elder abuse or vulnerable adult abuse and child abuse reporting laws, in that the individuals to be protected are not limited to a specific group but pertain to all individuals to whom specific health care professionals provide treatment or medical care, or those who come before the health care facility.

The laws vary from state-to-state, but 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 HIPPA.

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 fiscal impact to update the form used for abuse reporting.

SUPPORT
- Access Reproductive Justice
- ACLU California Action
- Alliance for Boys and Men of Color
- American Nurses Association/California
- Asian Americans for Community Involvement
- Black Lives Matter - Los Angeles
- California Black Women's Collective Empowerment Institute
- California Consortium for Urban Indian Health
- California for Safety and Justice
- California Partnership to End Domestic Violence
- Coalition to Abolish Slavery & Trafficking (CAST)
- Communities United for Restorative Youth Justice (CURYJ)
- Community Solutions
- Culturally Responsive Domestic Violence Network
- Downtown Women's Center
- East Los Angeles Women's Center
- Family Violence Appellate Project
- Freefrom
- Futures Without Violence (UNREG)
- Gray's Trauma-informed Care Services Corp
- Heal Trafficking

- Healthy Alternatives to Violent Environments
- Initiate Justice
- Jenesse Center, INC.
- Los Angeles Dependency Lawyers, INC.
- Los Angeles LGBT Center
- Lumina Alliance
- Miracles Counseling Center
- Project Sanctuary, INC.
- Psychiatric Physicians Alliance of California
- Public Counsel
- Resilience Orange County
- San Francisco Public Defender
- Sheedy Consulting, LLC
- Sunita Jain Anti-trafficking Initiative
- The Collective Healing and Transformation Project
- UC Irvine School of Law, Domestic Violence Clinic
- Victims Empowerment Support Team
- Western Center on Law & Poverty
- Woman INC
- Youth Forward
- Youth Leadership Institute
- YWCA Golden Gate Silicon Valley

<u>OPPOSITION</u>

- Arcadia Police Officers' Association
- Burbank Police Officers' Association
- California District Attorneys Association
- California Narcotic Officers' Association
- California Reserve Peace Officers Association
- California Sexual Assault Forensic Examiner Association
- Claremont Police Officers Association
- Corona Police Officers Association
- Culver City Police Officers' Association
- Deputy Sheriffs' Association of Monterey County
- Fullerton Police Officers' Association
- Los Angeles County Professional Peace Officers Association
- Los Angeles School Police Management Association
- Los Angeles School Police Officers Association
- Murrieta Police Officers' Association
- Newport Beach Police Association
- Novato Police Officers Association
- Palos Verdes Police Officers Association
- Placer County Deputy Sheriffs' Association
- Pomona Police Officers' Association

- Riverside Police Officers Association
- Riverside Sheriffs' Association
- San Diego County District Attorney's Office
- Santa Ana Police Officers Association
- Upland Police Officers Association

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 895
AUTHOR: Senator Roth
BILL DATE: April 25, 2024 – Amended
SUBJECT: Community colleges: Baccalaureate Degree in Nursing Pilot Program

SUMMARY

The bill would require the California Community College Chancellor's Office (CCCO) 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 (CSU) or the University of California (UC).

- 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 eligible community college districts based on the following:

- The chancellor's office 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. With regard to this provision, the bill gives 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 this 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

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 (LBCC)
- 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 (CAHSAH)
- 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 Colelge 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
- Siskiyous 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 1451
AUTHOR: Senator Ashby
BILL DATE: April 17, 2024 – Amended
SUBJECT: Professions and vocations

SUMMARY

The bill makes various changes to the operations of programs governed by practice acts in the Business and Professions Code (BPC) and various professions regulated by these programs, stemming from prior sunset review oversight efforts.

This bill analysis will be focused on the proposed changes that impact the Board of Registered Nursing (Board) and its licensees.

BACKGROUND

AB 890 (Wood, Chapter 265, Statutes of 2020)
Signed into law September 2020, AB 890 created two new categories of Nurse Practitioners (NP) that can function within a defined scope of practice without standardized procedures.

These new categories of NPs are:

- **103 NP** - Works under the provisions outlined in BPC Section 2837.103. This NP can work without standardized procedures, in a group setting with at least one physician and surgeon, within the population focus of their National Certification.

- **104 NP** - Works under the provisions outlined in BPC Section 2837.104. This NP can work without standardized procedures, outside of a group setting, within the population focus of their National Certification.

AB 890 established the following four criteria to become a 103 NP:

- Passed a national NP board certification examination and, if applicable, any supplemental examination developed by the Department of Consumer Affairs Office of Professional Examination Services.

- Holds a certification as a NP from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board.

- Provides documentation that educational training was consistent with standards established by the Board and any applicable regulations as they specifically relate to requirements for clinical practice hours.

- Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours.

Once a licensee as practiced in good standing as a 103 NP for three years, they can apply for a 104 NP certification which allows them to practice without standardized procedures outside of a group setting.

Transition to Practice

AB 890 defined a transition to practice to mean additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. It also stated that a transition to practice includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. AB 890 also tasked the Board with issuing regulations to define the minimum standards for the transition to practice.

Over a two years period the Board performed widespread outreach and engagement to develop regulatory language. Board staff received extensive input on proposed language from Board members, advisory committee members, and a wide variety of stakeholders. Especially critical to this effort was the guidance and direction provided by the Nurse Practitioner Advisory Committee, also established by AB 890.

When discussing the transition to practice, NPAC members provided feedback on the need for NPs to only practice with expanded authority in the practice area of their education and training, including completing a transition to practice in that practice area. NPAC members also stated that the mentor whose signature guarantees completion of an NPs transition to practice hours must have the education, training and experience, and an active practice that corresponds with the role and population focus of the nurse practitioner.

The final regulations were approved by the Office of Administrative Law and went into effect January 1, 2023. As part of the regulations, Title 16 Section 1482.3(a)(13) requires 103 NP applicants to submit the following information to the Board related to transition to practice:

Proof of completion of a transition to practice by submitting to the Board one or more attestations of a physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code. Any physician or surgeon, a nurse practitioner practicing pursuant to Section 2837.103 of the code, or a nurse practitioner practicing pursuant to Section 2837.104 of the code submitting an attestation must specialize in the same specialty area or category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code and must not have a familial or financial relationship with the applicant.

The regulations define "transition to practice" as 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all the following:

- *Completed in California.*
- *Completed within five years prior to the date the applicant applies for certification as a nurse practitioner pursuant to Section 2837.103 of the code.*
- *Completed after certification by the Board of Registered Nursing as a nurse practitioner.*
- *Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.*

Legacy Certifications

At the national level various categories of nurse practitioner have been established over the years (e.g., family, adult-gerontology, neonatal, psychiatric-mental health, etc.). Over time, several categories of NP have essentially been "retired with new categories being introduced. For the categories that have been retired" (e.g., acute care, adult, etc.) NPs that have already obtained certifications in those categories can continue to renew and retain them, but other NPs cannot newly obtain those certifications. These are commonly referred to as legacy certifications.

As outlined above, AB 890 established one of the 103 NP prerequisites as: "Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board." The Board's accepted categories of nurse practitioner are outlined in regulation at 16 CCR 1481(a). This list does not include the legacy certifications, which means they are not currently "recognized by the board".

More importantly, AB 890 contained the following requirements under BPC 2837.105(a) related to national NP certification exams:

- The Board shall request the DCA's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103.

- The Board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

Because the legacy certifications had been phased out, there were no longer national NP certification exams in those categories. Consequently, at the time that OPES did its occupational analysis, it was technically impossible to fulfill the requirement to compare the occupational analysis with the competencies tested in the certification exam for those legacy certifications/exams.

This has caused a significant number of NPs who possess legacy certifications and who have practiced as an NP for a significant amount of time to be ineligible to qualify as a 103 NP and consequently a 104 NP.

Notice to Consumers

AB 890 also established a requirement for NPs to verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. It went on to state that for purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”

During the regulation development process, the Board received a significant amount of input regarding this section. The first concern raised was regarding the translation of “enferma especializada.” Stakeholders argued that was an incorrect translation for a NP and would cause more confusion than clarity amongst Spanish speaking patients. However, since the language was established in statute, the Board did not have the legal authority to change or amend it through the regulatory process.

The second concern was regarding consumer notice. Many stakeholder and advocacy groups representing low-income communities that experience language barriers requested that the consumer notification requirements be further strengthened through a variety of requests.

Amongst these requests was for patients to be notified verbally and in writing that they are not receiving care from a physician, and they have the right to see a physician. They also requested patients be provided in writing the circumstances in which a NP is solely responsible for the care the patient receives.

In an attempt to be responsive to stakeholder input while not placing undue burden on the providers, the Board attempted to strike a balance by adding a requirement at 16 CCR 1487(c) for NPs to verbally advise patients that they have the right to see a physician and surgeon on request and the circumstances under which they must be referred to see a physician and surgeon.

Medical Titles

The Medical Practice Act currently prohibits any person from practicing or advertising as practicing medicine without a license. Statute specifically makes it a misdemeanor for any unlicensed person to use the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.,” or any other terms or letters indicating or implying that the person is a licensed physician and surgeon on any sign, business card, or letterhead, or, in an advertisement. To use these words, prefixes, or initials, a person’s license must be valid, unrevoked, and unsuspended.

While the Medical Practice Act expressly reserves use of the words “doctor” or “physician” for actively licensed physicians, this provision does not comprehensively reflect the current state of the law. For example, while podiatrists are independently

licensed by the Podiatric Medical Board of California, their formal title is "doctors of podiatric medicine." Similarly, the California Board of Naturopathic Medicine licenses and regulates a profession statutorily referred to as "naturopathic doctors."

Optometrists, dentists, chiropractors, psychologists, and other practitioners possessing professional doctorates are also expressly authorized by law to use the term "doctor." "Dr." is also commonly used as a social honorific for anyone who has received a doctoral degree, including research doctorates not associated with licensure.

REASON FOR THE BILL

According to the Author, this bill is intended to be an omnibus bill which includes several changes to programs reviewed through the sunset review oversight process. Among other important clarifying provisions, SB 1451 addresses a number of practice areas impacting the ability for female-dominant healthcare professions to effectively provide safe and expanded access to care to California patients.

ANALYSIS

Transition to Practice

The bill would amend the 103 NP eligibility criteria outlined in BPC 2837.103(a)(1)(D) to state the following regarding transition to practice:

Has completed a transition to practice in California or another state of a minimum of three full-time equivalent years of practice or 4600 hours. A nurse practitioner who has been practicing as a nurse practitioner for a minimum of three full-time equivalent years or 4,600 hours within the last 5 years, as of January 1, 2023, may be deemed to have satisfied this requirement. For purposes of this subparagraph:

- Proof of completion of a transition to practice shall be provided to the board, on a form prescribed by the board, as an attestation from either a licensed physician and surgeon, a certified nurse practitioner practicing pursuant to this section, or a certified nurse practitioner practicing pursuant to Section 2837.104.

- A licensed physician and surgeon or a certified nurse practitioner who attests to the completion of a transition to practice is not required to specialize in the same category as the applicant pursuant to Section 2836.

- A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice is not required to verify competence, clinical expertise, or any other standards related to the practice of the applicant and shall only attest to the completion of the transition to practice, as defined in Section 2837.101.

- A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice shall not be liable for any civil damages and shall not be subject to an

administrative action, sanction, or penalty for attesting only to the completion of a transition to practice.

The bill would also amend the definition of transition to practice outlined in BPC Section 2837.101 to include the following:

- Clinical experience shall not be limited to experience in a single category that a nurse practitioner may practice in pursuant to Section 2836.

- Clinical experience may include experience obtained before January 1, 2021, but clinical experience obtained before a person is certified by the board as a nurse practitioner shall not be included.

Legacy Certifications
The bill would amend the certification exam requirements outlined in BPC Section 2837.105(a)(2), to state the following:

(2) The Board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

This paragraph shall not apply to a national nurse practitioner certification examination discontinued before January 1, 2017.

Notice to Consumers
The bill would amend the consumer notification requirements outlined in BPC Section 2837.104(d) to state the following:

(d) A nurse practitioner shall inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.
(e) A nurse practitioner shall not be required by the board to tell a patient that the patient has a right to see a physician and surgeon.

Medical Titles
The bill would amend the Medical Practice Act at BPC Section 2054 to include the following language:

No person shall use the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.” or “D.O.,” or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed “M.D.” or “D.O.”.

FISCAL IMPACT

Minor and absorbable costs are anticipated to update the BreEZe system.

SUPPORT

- California Hospital Association
- Respiratory Care Board of California
- Madera Community Hospital
- Bay Area Council
- California Hepatitis C Task Force
- California Association of Alcohol and Drug Program Executives
- Service Employees International Union, California State Council
- California Black Health Network, Inc.
- LeadingAge California
- California Foundation for the Advancement of Addiction Professionals
- California Council of Community Behavioral Health Agencies
- ACCESS California
- California Dental Hygienists Association
- Sickle Cell Disease Foundation
- Looms for Lupus
- Bay Area Cancer Connections
- California Association of Nurse Anesthetists
- Liver Coalition
- Michelle's Place Cancer Resource Center
- Patient Advocates United in San Diego County

OPPOSITION

- California Dental Association

FULL BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1468
AUTHOR: Senator Ochoa Bogh
BILL DATE: March 20, 2024 – Amended
SUBJECT: Healing arts boards: informational and educational materials for prescribers of narcotics: federal “Three Day Rule.”

SUMMARY

The 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 and shall disseminate the informational and educational material to licensees biannually.

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 biannually.

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
Minor and absorbable costs to disseminate materials to licensees.

SUPPORT
- Smart Justice California

OPPOSITION
None on file.

FULL BOARD POSITION
To Be Determined.