Legislative Committee
SUPPLEMENTAL MATERIALS TO COMMITTEE MEETING AGENDA

BRN Legislative Committee Meeting | August 13, 2020
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Agenda Item 10.0.1
APPROVAL OF MINUTES

BRN Legislative Committee Meeting | August 13, 2020
DATE: May 28, 2020
START TIME: 10:40 a.m.

MEMBERS PRESENT: Donna Gerber, Chair
Karen Skelton
Dolores Trujillo

STAFF MEMBERS PRESENT: Reza Pejuesh, DCA Legal Attorney
Loretta Melby-Acting Executive Officer, NEC RNC, MSN, NEC
Evon Lenerd-Tapps, Assistant Executive Officer
Thelma Harris, RN, PHN, MSN, Chief of Legislation-Staff Liaison

8.0 Call to Order/Roll Call/Establishment of a Quorum
Donna Gerber called the meeting to order at 10:40 a.m.

ABSENT: None

8.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
March 12, 2020
ACTION: March 12, 2020 Previous Meeting Minutes are Approved.
MOTION: Trande Phillips
SECOND: Imelda Ceja-Butkiewicz

PUBLIC COMMENT: No public comment

8.1 Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session, Including But Not Limited To the Following Bills:

BACKGROUND: Bills of interest for the 2019-2020 legislative session are listed on the attached tables.

Bold denotes a new bill for Committee or Board consideration, is one that has been amended since the last Committee or Board meeting, or is one about which the Board has taken a position and may wish to discuss further and restate or modify its position.
An analysis of and the bill text for these bills are included for further review.

- AB 329 (Rodriguez) Hospitals: assaults and batteries
- AB 362 (Eggman) Controlled substances: overdose prevention program
- AB 613 (Low) Professions and vocations: regulatory fees
- AB 732 (Bonta) County jails: pregnant inmates
- AB 890 (Wood) Nurse practitioners
- AB 1145 (Cristina Garcia) Child abuse: reportable conduct
- AB 1544 (Gipson/Gloria) Community Paramedicine or Triage to Alternate Destination Act
- AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions
- AB 1759 (Salas) Health care workers: rural and underserved areas
- AB 1909 (Gonzalez) Healing arts licensees: virginity examinations or tests
- AB 1917 (Ting) Budget Act of 2020
- AB 1928 (Kiley/Melendez) Employment standards: independent contractors and employees
- AB 2028 (Aguir-Curry) State agencies: meetings
- AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing
- AB 2185 (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity
- AB 2288 (Low) Nursing Programs: Clinical hours
- AB 2549 (Salas) Department of Consumer Affairs: temporary licenses
- AB 2635 (Gallagher) Nursing programs: clinical hours
- AB 2704 (Ting) Healing Arts: licenses: data collection
- AB 3016 (Dahle) Board of Registered Nursing: online license verification
- AB 3045 (Gray) Boards: veterans: military spouses: licenses
- AB 3244 (Flora) Nursing, vocational nursing, and psychiatric technicians: schools: examination fraud
- SB 3 (Allen/Glazer) Office of Higher Education Coordination, Accountability, and performance
- SB 808 (Mitchell) Budget Act of 2020
- SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times
- SB 1053 (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
- SB 1237 (Dodd) Nurse-Midwives: scope of practice
AB 890  (Wood) Nurse Practitioners: Scope of Practice: Unsupervised Practice
ACTION: No Action Taken
PUBLIC COMMENT: None

AB 2028  (Aguiar-Curry) State Agencies: Meetings
ACTION: Oppose unless amended
MOTION: Donna Gerber
SECOND: Imelda Ceja-Butkiewicz
PUBLIC COMMENT: None

AB 2185  (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity.
ACTION: Oppose
MOTION: Donna Gerber
SECOND: Imelda Ceja-Butkiewicz
PUBLIC COMMENT: None

AB 2288  (Low) Nursing Programs: State of Emergency
ACTION: Support with Amendments
MOTION: Donna Gerber
SECOND: Michael Jackson
PUBLIC COMMENT: None

AB 2549  (Salas) Department of Consumer Affairs: temporary licenses
ACTION: Continue to Watch
PUBLIC COMMENT: None

AB 2635  (Gallagher) Nursing programs: clinical hours
ACTION: Oppose
MOTION: Donna Gerber
SECOND: Michael Jackson
PUBLIC COMMENT: Saskia Kim, SIEU
Judy Corliss, Public Member
Sharon Goldfarb, Dean, College of Marin

AB 3016  (Dahle) Board of Registered Nursing: online license verification
ACTION: Oppose, with explanation provided in the body of the letter outlining all steps to streamline to provide the service.
MOTION: Donna Gerber
SECOND: Michael Jackson
PUBLIC COMMENT: Saskia Kim, SEIU

SB 1053 (Moorlach)Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
ACTION: None-Status Report
PUBLIC COMMENT: None

SB 1237 (Dodd) Nurse-Midwives: scope of practice
ACTION: Support if amended, continue with current committee structure
MOTION: Donna Gerber
SECOND: Karen Skelton/Elizabeth Woods
PUBLIC COMMENT: Saskia Kim, SIEU

8.2 Public Comment for Items Not On The Agenda
NOTE: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code, Sections 11125 and 11125.7(a)).

PUBLIC COMMENT: Saskia Kim

8.3 ADJOURNMENT: 10:53 am

Submitted by: Thelma Harris, RN, PHN, MSN
Chief of Legislation-Staff Liaison

Accepted by: Donna Gerber- Chairperson
Agenda Item 10.1

DISCUSSION OF BILLS OF INTEREST TO THE BOARD OF REGISTERED NURSING (BOARD) AND POSSIBLE VOTE TO RECOMMEND THAT THE BOARD ADOPT OR MODIFY POSITIONS ON BILLS INTRODUCED DURING THE 2019-2020 LEGISLATIVE SESSION, INCLUDING BUT NOT LIMITED TO THE FOLLOWING BILLS

BRN Legislative Committee Meeting | August 13, 2020
AGENDA ITEM:  10.1 
DATE:  August 13, 2020

ACTION REQUESTED: Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session, Including But Not Limited To the Following Bills:

REQUESTED BY: Donna Gerber, Chair, Legislative Committee

BACKGROUND: Bills of interest for the 2019-2020 legislative session are listed on the attached tables.

Bold denotes a new bill for Committee or Board consideration, is one that has been amended since the last Committee or Board meeting, or is one about which the Board has taken a position and may wish to discuss further and restate or modify its position.

An analysis of and the bill text for these bills are included for further review.

NEXT STEPS: Present recommendations to the Board

FINANCIAL IMPLICATIONS, IF ANY: As reflected by the proposed legislation

PERSON TO CONTACT: Thelma Harris, RN, PHN, MSN
Chief of Legislation
(916) 574-7600
# 2020 Tentative Assembly Legislative Calendar

## January

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<tr>
<th>Week</th>
<th>Sun</th>
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### Deadlines

- **Jan. 1**: Statutes take effect (Art. IV, Sec. 8(c)).
- **Jan. 6**: Legislature reconvenes (J.R. 51(a)(4)).
- **Jan. 10**: Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- **Jan. 17**: Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- **Jan. 20**: Martin Luther King, Jr. Day.
- **Jan. 24**: Last day for any committee to hear and report to the floor bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to submit bill requests to the Office of Legislative Counsel.
- **Jan. 31**: Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

## February

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### Deadlines

- **Feb. 17**: Presidents' Day.
- **Feb. 21**: Last day for bills to be introduced (J.R. 61(b)(4), J.R. 54(a)).

## March

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### Deadlines

- **Mar. 3**: Primary Election.
- **Mar. 20**: Joint Recess begins upon adjournment (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- **Mar. 27**: Cesar Chavez Day observed.

## April

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<th>Week</th>
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### Deadlines

- **May 4**: Assembly reconvenes from Joint Recess (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- **May 22**: Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in the Assembly (J.R. 61(b)(5)).
- **May 25**: Memorial Day.
- **May 29**: Last day for policy committees to hear and report to the floor nonfiscal bills introduced in the Assembly (J.R. 61(b)(6)).

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*Holiday schedule subject to final approval by Rules Committee.*
### 2020 TENTATIVE ASSEMBLY LEGISLATIVE CALENDAR
**Compiled by the Office of the Assembly Chief Clerk**

**Revised 7-24-20**

**June 5** Last day for fiscal committees to hear and report to the floor bills introduced in the Assembly (J.R. 61(b)(8)).

**June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

**June 15-19 Assembly Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

**June 19** Last day for the Assembly to pass bills introduced in that house (J.R. 61(b)(11)).

**Summer Recess** begins for the Assembly upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

**June 25** Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

**July 3** Independence Day observed.

**July 27** Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).

**Aug. 14** Last day for policy committees to meet and report bills (J.R. 61(b)(14)).

**Aug. 21** Last day for fiscal committees to meet and report bills (J.R. 61(b)(15)).

**Aug. 24** Last day to amend bills on the floor (J.R. 61(b)(17)).

**Aug. 24 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).

**Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), I.R. 61(b)(38)).

**Final Recess** begins upon adjournment (J.R. 51(b)(3)).

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**IMPORTANT DATES OCCURRING DURING FINAL RECESS**

**2020**

- **Sept. 30**: Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

- **Oct. 1**: Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).

- **Nov. 3**: General Election.

- **Nov. 30**: Adjourment sine die at midnight (Art. IV, Sec. 3(a)).

- **Dec. 7**: 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

**2021**

- **Jan. 1**: Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.*
### 2020 TENTATIVE LEGISLATIVE CALENDAR
COMPILLED BY THE OFFICE OF THE SECRETARY OF THE SENATE
Revised May 6, 2020

#### DEADLINES

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Jan. 1</td>
<td>Statutes take effect (Art. IV, Sec. 8(c)).</td>
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<tr>
<td>Jan. 6</td>
<td>Legislature Reconvenes (J.R. 51(a)(4)).</td>
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<tr>
<td>Jan. 10</td>
<td>Budget must be submitted by Governor (Art. IV, Sec. 12(a)).</td>
</tr>
<tr>
<td>Jan. 17</td>
<td>Last day for <strong>policy committees</strong> to hear and report to <strong>fiscal committees</strong> fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).</td>
</tr>
<tr>
<td>Jan. 20</td>
<td>Martin Luther King, Jr. Day.</td>
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<tr>
<td>Jan. 24</td>
<td>Last day for any committee to hear and report to the floor bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to submit bill requests to the Office of Legislative Counsel.</td>
</tr>
<tr>
<td>Jan. 31</td>
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</tr>
<tr>
<td>Feb. 17</td>
<td>Presidents’ Day.</td>
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<tr>
<td>Feb. 21</td>
<td>Last day for bills to be introduced (J.R. 61(b)(4)), (J.R. 54(a)).</td>
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<tr>
<td>Mar. 16</td>
<td>Legislature in recess, ACR 189, Resolution Chapter 15, Statutes of 2020</td>
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<tr>
<td>Mar. 27</td>
<td>Cesar Chavez Day observed</td>
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<td>May 11</td>
<td>Senate Reconvenes</td>
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<tr>
<td>May 25</td>
<td>Memorial Day</td>
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<tr>
<td>May 29</td>
<td>Last day for <strong>policy committees</strong> to hear and report to <strong>fiscal committees</strong> fiscal bills introduced in their house (J.R. 61(b)(5)).</td>
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</table>

*Holiday schedule subject to Senate Rules committee approval.*
June 5 Last day for policy committees to hear and report to the floor non-fiscal bills introduced in their house (J.R. 61(b)(6). Last day for policy committees to meet prior to June 8 (J.R. 61(b)(7)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

June 19 Last day for fiscal committees to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for fiscal committees to meet prior to June 29 (J.R.61(b)(9)).

June 22-26 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).

June 25 Last day for a legislative measure to qualify for the November 3 General Election ballot (Election code Sec. 9040).

June 26 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

July 3 Independence Day observed.

July 13 Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).

July 31 Last day for policy committees to hear and report fiscal bills to fiscal committees (J.R. 61(b)(13)).

August 7 Last day for policy committees to meet and report bills (J.R. 61(b)(14)).

Aug. 14 Last day for fiscal committees to meet and report bills (J.R. 61(b)(15)).

Aug. 17 – 31 Floor Session only. No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(16)).

Aug. 21 Last day to amend bills on the Floor (J.R. 61(b)(17)).

Aug. 31 Last day for each house to pass bills, except bills that take effect Immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c)), (J.R. 61(b)(18)). Final recess begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval.

**IMPORTANT DATES OCCURRING DURING FINAL RECESS**

**2020**

**Sept. 30**

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

**Nov. 3**

General Election

**Nov. 30**

Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).

**Dec. 7**

12 m. convening of 2021-22 Regular Session (Art. IV, Sec. 3(a)).

**2021**

**Jan. 1**

Statutes take effect (Art. IV, Sec. 8(c)).

**Jan. 4**

Legislature reconvenes (JR 51(a)(1)).
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/ BILL SPONSOR</th>
<th>SUBJECT</th>
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<th>BILL STATUS as of July 29, 2020</th>
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<tr>
<td>AB 329</td>
<td>Rodriguez/ CENA</td>
<td>Hospitals: assaults and batteries</td>
<td>Watch 3/14/19</td>
<td>Watch 4/11/19</td>
<td>Senate Public Safety-Hearing</td>
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<tr>
<td>AB 362</td>
<td>Eggman/ DPA; HRC</td>
<td>Controlled substances: overdose prevention program</td>
<td>Information 5/9/19</td>
<td>Watch 4/11/19</td>
<td>Senate Health-Hearing</td>
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<tr>
<td>AB 613</td>
<td>Low</td>
<td>Professions and vocations: regulatory fees</td>
<td>Watch 3/14/19</td>
<td>Watch 4/11/19</td>
<td>Senate BP&amp;ED-Hearing postponed</td>
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<td>AB 732</td>
<td>Bonta</td>
<td>County jails: prisons: incarcerated pregnant persons</td>
<td>Watch 3/14/19</td>
<td>Watch 4/11/19</td>
<td>Senate Public Safety</td>
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<td>AB 890</td>
<td>Wood</td>
<td>Nurse practitioners: scope of practice: unsupervised practice</td>
<td>Oppose unless amended 01/09/19</td>
<td>Oppose unless amended 6/24/20</td>
<td>Senate B &amp; P</td>
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<td>AB 1145</td>
<td>Cristina Garcia</td>
<td>Child abuse: reportable conduct</td>
<td>Watch 3/14/19</td>
<td>Watch 4/11/19</td>
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<td>Department of Consumer Affairs: boards: expunged convictions</td>
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<td>AB 1759</td>
<td>Salas</td>
<td>Health care workers: rural and underserved areas</td>
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<td>Senate Judiciary</td>
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<td>AB 1909</td>
<td>Gonzalez</td>
<td>Healing arts licensees: virginity examinations or tests</td>
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<td>Assembly B &amp; P</td>
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<td>AB 1998</td>
<td>Low</td>
<td>Dental Practice Act: unprofessional conduct: patient of record</td>
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<td>AB 2028</td>
<td>Aguilar-Curry</td>
<td>State agencies: meetings</td>
<td>Oppose unless amended 03/12/20</td>
<td>Support as Amended June 24, 20</td>
<td>Senate G.O</td>
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<td>Refugees, asylees, and immigrants: professional licensing</td>
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<td>AB 2288</td>
<td>Low</td>
<td>Nursing Programs: Clinical hours</td>
<td>Support with Amendments 5/27/20</td>
<td>Support with Amendments 6/24/20</td>
<td>Senate B &amp; P</td>
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<td>AB 2549</td>
<td>Salas</td>
<td>Department of Consumer Affairs: temporary licenses</td>
<td>Watch 6/24/20</td>
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<td>AB 3016</td>
<td>Dahle</td>
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An act to amend Sections 650.01, 805, and 805.5 of, and to add Article 8.5 (commencing with Section 2837.100) to Chapter 6 of Division 2 of, and to repeal Section 2837.101 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST


Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts that are in addition to other authorized practices, including certifying disability
after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor.

This bill, until January 1, 2026, bill would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to nurse practitioners. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon: independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. The bill would also authorize a nurse practitioner to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board. The bill would require the board to issue that certification to a nurse practitioner who meets additional specified education and experience requirements.

The bill would also require the board to request the department’s Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing certain functions. The bill would require the board to take specified measures to identify and assess competencies. The bill would require the board to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided.

Existing law makes it unlawful for specified healing arts practitioners, including physicians and surgeons, psychologists, and acupuncturists, to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician and surgeon or their immediate family has a financial interest with the person or in the entity that receives the referral. A violation of those provisions is a misdemeanor and subject to specified civil penalties and disciplinary action.

This bill would make those provisions applicable to a nurse practitioner practicing pursuant to the bill’s provisions.
Existing law requires certain peer review organizations responsible for reviewing the medical care provided by specified healing arts licentiates to file with the relevant agency an “805 report,” which is a report of certain adverse actions taken against a licentiate for a medical disciplinary cause or reason.

Existing law exempts a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a physician and surgeon’s license by the Medical Board of California or a licensing agency of another state. Existing law requires the licensing agency to disclose, among other things, a copy of any 805 report of a licensee upon a request made by specified institutions prior to granting or renewing staff privileges for the licentiate. Existing law specifies certain penalties for failing to file an 805 report, and requires the action or proceeding to be brought by the Medical Board of California if the person who failed to file an 805 report is a licensed physician and surgeon. Existing law defines “licentiate” for those purposes.

This bill would include as a licentiate a nurse practitioner practicing pursuant to the bill’s provisions, and make conforming changes. The bill would exempt a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a nurse practitioner’s license by the Advanced Practice Board of Registered Nursing—Board of Registered Nursing or a licensing agency of another state. The bill would require the action or proceeding to be brought by the Advanced Practice Board of Registered Nursing—Board of Registered Nursing if the person who failed to file an 805 report is a licensed nurse practitioner.

Because the bill would expand the scope of crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

1. SECTION 1. Section 650.01 of the Business and Professions Code is amended to read:
650.01. (a) Notwithstanding Section 650, or any other provision of law, it is unlawful for a licensee to refer a person for laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, or diagnostic imaging goods or services if the licensee or their immediate family has a financial interest with the person or in the entity that receives the referral.

(b) For purposes of this section and Section 650.02, the following shall apply:

(1) “Diagnostic imaging” includes, but is not limited to, all X-ray, computed axial tomography, magnetic resonance imaging nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

(2) A “financial interest” includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, “direct or indirect payment” shall not include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of their research and development of medical devices and techniques for that manufacturer or distributor. For purposes of this paragraph, “consulting fees” means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for their ongoing services in making refinements to their medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is referring.
the patient. A “financial interest” shall not include the receipt of
capitation payments or other fixed amounts that are prepaid in
exchange for a promise of a licensee to provide specified health
care services to specified beneficiaries. A “financial interest” shall
not include the receipt of remuneration by a medical director of a
hospice, as defined in Section 1746 of the Health and Safety Code,
for specified services if the arrangement is set out in writing, and
specifies all services to be provided by the medical director, the
term of the arrangement is for at least one year, and the
compensation to be paid over the term of the arrangement is set
in advance, does not exceed fair market value, and is not
determined in a manner that takes into account the volume or value
of any referrals or other business generated between parties.

(3) For the purposes of this section, “immediate family” includes
the spouse and children of the licensee, the parents of the licensee,
and the spouses of the children of the licensee.

(4) “Licensee” means a physician, as defined in Section 3209.3
of the Labor Code, or a nurse practitioner practicing pursuant to
Section 2837.103 or 2837.104.

(5) “Licensee’s office” means either of the following:
(A) An office of a licensee in solo practice.
(B) An office in which services or goods are personally provided
by the licensee or by employees in that office, or personally by
independent contractors in that office, in accordance with other
provisions of law. Employees and independent contractors shall
be licensed or certified when licensure or certification is required
by law.

(6) “Office of a group practice” means an office or offices in
which two or more licensees are legally organized as a partnership,
professional corporation, or not-for-profit corporation, licensed
pursuant to subdivision (a) of Section 1204 of the Health and Safety
Code, for which all of the following apply:
(A) Each licensee who is a member of the group provides
substantially the full range of services that the licensee routinely
provides, including medical care, consultation, diagnosis, or
treatment through the joint use of shared office space, facilities,
equipment, and personnel.
(B) Substantially all of the services of the licensees who are
members of the group are provided through the group and are
billed in the name of the group and amounts so received are treated
as receipts of the group, except in the case of a multispecialty clinic, as defined in subdivision (l) of Section 1206 of the Health and Safety Code, physician services are billed in the name of the multispecialty clinic and amounts so received are treated as receipts of the multispecialty clinic.

(C) The overhead expenses of, and the income from, the practice are distributed in accordance with methods previously determined by members of the group.

(c) It is unlawful for a licensee to enter into an arrangement or scheme, such as a cross-referral arrangement, that the licensee knows, or should know, has a principal purpose of ensuring referrals by the licensee to a particular entity that, if the licensee directly made referrals to that entity, would be in violation of this section.

(d) No claim for payment shall be presented by an entity to any individual, third party payer, or other entity for a good or service furnished pursuant to a referral prohibited under this section.

(e) No insurer, self-insurer, or other payer shall pay a charge or lien for any good or service resulting from a referral in violation of this section.

(f) A licensee who refers a person to, or seeks consultation from, an organization in which the licensee has a financial interest, other than as prohibited by subdivision (a), shall disclose the financial interest to the patient, or the parent or legal guardian of the patient, in writing, at the time of the referral or request for consultation.

(1) If a referral, billing, or other solicitation is between one or more licensees who contract with a multispecialty clinic pursuant to subdivision (l) of Section 1206 of the Health and Safety Code or who conduct their practice as members of the same professional corporation or partnership, and the services are rendered on the same physical premises, or under the same professional corporation or partnership name, the requirements of this subdivision may be met by posting a conspicuous disclosure statement at the registration area or by providing a patient with a written disclosure statement.

(2) If a licensee is under contract with the Department of Corrections or the California Youth Authority, and the patient is an inmate or parolee of either respective department, the requirements of this subdivision shall be satisfied by disclosing
financial interests to either the Department of Corrections or the
California Youth Authority.

(g) A violation of subdivision (a) shall be a misdemeanor. The
Medical Board of California shall review the facts and
circumstances of any conviction pursuant to subdivision (a) and
take appropriate disciplinary action if the licensee has committed
unprofessional conduct. Violations of this section may also be
subject to civil penalties of up to five thousand dollars ($5,000)
for each offense, which may be enforced by the Insurance
Commissioner, Attorney General, or a district attorney. A violation
of subdivision (c), (d), or (e) is a public offense and is punishable
upon conviction by a fine not exceeding fifteen thousand dollars
($15,000) for each violation and appropriate disciplinary action,
including revocation of professional licensure, by the Medical
Board of California or other appropriate governmental agency.

(h) This section shall not apply to referrals for services that are
described in and covered by Sections 139.3 and 139.31 of the
Labor Code.

(i) This section shall become operative on January 1, 1995.

SEC. 2. Section 805 of the Business and Professions Code is
amended to read:

805. (a) As used in this section, the following terms have the
following definitions:

(1) (A) “Peer review” means both of the following:
(i) A process in which a peer review body reviews the basic
qualifications, staff privileges, employment, medical outcomes,
or professional conduct of licentiates to make recommendations
for quality improvement and education, if necessary, in order to
do either or both of the following:
(I) Determine whether a licentiate may practice or continue to
practice in a health care facility, clinic, or other setting providing
medical services, and, if so, to determine the parameters of that
practice.
(II) Assess and improve the quality of care rendered in a health
care facility, clinic, or other setting providing medical services.
(ii) Any other activities of a peer review body as specified in
subparagraph (B).
(B) “Peer review body” includes:
(i) A medical or professional staff of any health care facility or
clinic licensed under Division 2 (commencing with Section 1200)
of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center. (ii) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code. (iii) Any medical, psychological, marriage and family therapy, social work, professional clinical counselor, dental, midwifery, or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code. (iv) A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity. (2) “Licentiate” means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, licensed midwife, physician assistant, or nurse practitioner practicing pursuant to Section 2837.104 or 2837.105. “Licentiate” also includes a person authorized to practice medicine pursuant to Section 2113 or 2168. (3) “Agency” means the relevant state licensing agency having regulatory jurisdiction over the licentiates listed in paragraph (2). (4) “Staff privileges” means any arrangement under which a licentiate is allowed to practice in or provide care for patients in a health facility. Those arrangements shall include, but are not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services. (5) “Denial or termination of staff privileges, membership, or employment” includes failure or refusal to renew a contract or to renew, extend, or reestablish any staff privileges, if the action is based on medical disciplinary cause or reason.
(6) “Medical disciplinary cause or reason” means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

(7) “805 report” means the written report required under subdivision (b).

(b) The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic shall file an 805 report with the relevant agency within 15 days after the effective date on which any of the following occur as a result of an action of a peer review body:

(1) A licentiate’s application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

(2) A licentiate’s membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.

(3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

(c) If a licentiate takes any action listed in paragraph (1), (2), or (3) after receiving notice of a pending investigation initiated for a medical disciplinary cause or reason or after receiving notice that their application for membership or staff privileges is denied or will be denied for a medical disciplinary cause or reason, the chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic where the licentiate is employed or has staff privileges or membership or where the licentiate applied for staff privileges or membership, or sought the renewal thereof, shall file an 805 report with the relevant agency within 15 days after the licentiate takes the action.

(1) Resigns or takes a leave of absence from membership, staff privileges, or employment.

(2) Withdraws or abandons their application for staff privileges or membership.

(3) Withdraws or abandons their request for renewal of staff privileges or membership.
(d) For purposes of filing an 805 report, the signature of at least one of the individuals indicated in subdivision (b) or (c) on the completed form shall constitute compliance with the requirement to file the report.

(e) An 805 report shall also be filed within 15 days following the imposition of summary suspension of staff privileges, membership, or employment, if the summary suspension remains in effect for a period in excess of 14 days.

(f) (1) A copy of the 805 report, and a notice advising the licentiate of their right to submit additional statements or other information, electronically or otherwise, pursuant to Section 800, shall be sent by the peer review body to the licentiate named in the report. The notice shall also advise the licentiate that information submitted electronically will be publicly disclosed to those who request the information.

(2) The information to be reported in an 805 report shall include the name and license number of the licentiate involved, a description of the facts and circumstances of the medical disciplinary cause or reason, and any other relevant information deemed appropriate by the reporter.

(3) A supplemental report shall also be made within 30 days following the date the licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as disciplinary action by the reporting peer review body. In performing its dissemination functions required by Section 805.5, the agency shall include a copy of a supplemental report, if any, whenever it furnishes a copy of the original 805 report.

(4) If another peer review body is required to file an 805 report, a health care service plan is not required to file a separate report with respect to action attributable to the same medical disciplinary cause or reason. If the Medical Board of California or a licensing agency of another state revokes or suspends, without a stay, the license of a physician and surgeon, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension. If the California Board of Podiatric Medicine or a licensing agency of another state revokes or suspends, without a stay, the license of a doctor of podiatric medicine, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension. If the Advanced Practice Registered Nursing Board
Registered Nursing or a licensing agency of another state revokes or suspends, without a stay, the license of a nurse practitioner, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension.

(g) The reporting required by this section shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 and Sections 803.1 and 2027, provided that a copy of the report containing the information required by this section may be disclosed as required by Section 805.5 with respect to reports received on or after January 1, 1976.

(h) The Medical Board of California, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Dental Board of California, and the Advanced Practice Registered Nursing Board shall disclose reports as required by Section 805.5.

(i) An 805 report shall be maintained electronically by an agency for dissemination purposes for a period of three years after receipt.

(j) No person shall incur any civil or criminal liability as the result of making any report required by this section.

(k) A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars ($100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. If the person who is designated or otherwise required to file an 805 report is a licensed doctor of podiatric medicine, the action or proceeding shall be brought by the California Board of Podiatric Medicine. If the person who is designated or otherwise required to file an 805 report is a licensed nurse practitioner, the action or proceeding shall be brought by the Advanced Practice Registered Nursing Board.

Board of Registered Nursing. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the
licentiate. A person who is alleged to have violated this subdivision
may assert any defense available at law. As used in this
subdivision, “willful” means a voluntary and intentional violation
of a known legal duty.

Except as otherwise provided in subdivision (k), any failure
by the administrator of any peer review body, the chief executive
officer or administrator of any health care facility, or any person
who is designated or otherwise required by law to file an 805
report, shall be punishable by a fine that under no circumstances
shall exceed fifty thousand dollars ($50,000) per violation. The
fine may be imposed in any civil or administrative action or
proceeding brought by or on behalf of any agency having
regulatory jurisdiction over the person regarding whom the report
was or should have been filed. If the person who is designated or
otherwise required to file an 805 report is a licensed physician and
surgeon, the action or proceeding shall be brought by the Medical
Board of California. If the person who is designated or otherwise
required to file an 805 report is a licensed doctor of podiatric
medicine, the action or proceeding shall be brought by the
California Board of Podiatric Medicine. If the person who is
designated or otherwise required to file an 805 report is a licensed
nurse practitioner, the action or proceeding shall be brought by
the Advanced Practice Registered Nursing Board. Board of
Registered Nursing. The fine shall be paid to that agency but not
expended until appropriated by the Legislature. The amount of the
fine imposed, not exceeding fifty thousand dollars ($50,000) per
violation, shall be proportional to the severity of the failure to
report and shall differ based upon written findings, including
whether the failure to file caused harm to a patient or created a
risk to patient safety; whether the administrator of any peer review
body, the chief executive officer or administrator of any health
care facility, or any person who is designated or otherwise required
by law to file an 805 report exercised due diligence despite the
failure to file or whether they knew or should have known that an
805 report would not be filed; and whether there has been a prior
failure to file an 805 report. The amount of the fine imposed may
also differ based on whether a health care facility is a small or
rural hospital as defined in Section 124840 of the Health and Safety
Code.
(m) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case-by-case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates.

SEC. 3. Section 805.5 of the Business and Professions Code is amended to read:

805.5. (a) Prior to granting or renewing staff privileges for any physician and surgeon, psychologist, podiatrist, dentist, or nurse practitioner, any health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code, any health care service plan or medical care foundation, the medical staff of the institution, a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an outpatient setting accredited pursuant to Section 1248.1 of the Health and Safety Code shall request a report from the Medical Board of California, the Board of Psychology, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Dental Board of California, or the Advanced Practice Registered Nursing Board of Registered Nursing to determine if any report has been made pursuant to Section 805 indicating that the applying physician and surgeon, psychologist, podiatrist, dentist, or nurse practitioner, has been denied staff privileges, been removed from a medical staff, or had their staff privileges restricted as provided in Section 805. The request shall include the name and California license number of the physician and surgeon, psychologist, podiatrist, dentist, or nurse practitioner. Furnishing of a copy of the 805 report shall not cause the 805 report to be a public record.

(b) Upon a request made by, or on behalf of, an institution described in subdivision (a) or its medical–staff staff, the board shall furnish a copy of any report made pursuant to Section 805 as well as any additional exculpatory or explanatory information submitted electronically to the board by the licensee pursuant to subdivision (f) of that section. However, the board shall not send a copy of a report (1) if the denial, removal, or restriction was imposed solely because of the failure to complete medical records,
(2) if the board has found the information reported is without merit,
(3) if a court finds, in a final judgment, that the peer review, as
defined in Section 805, resulting in the report was conducted in
bad faith and the licensee who is the subject of the report notifies
the board of that finding, or (4) if a period of three years has
elapsed since the report was submitted. This three-year period shall
be tolled during any period the licentiate has obtained a judicial
order precluding disclosure of the report, unless the board is finally
and permanently precluded by judicial order from disclosing the
report. If a request is received by the board while the board is
subject to a judicial order limiting or precluding disclosure, the
board shall provide a disclosure to any qualified requesting party
as soon as practicable after the judicial order is no longer in force.
If the board fails to advise the institution within 30 working days
following its request for a report required by this section, the
institution may grant or renew staff privileges for the physician
and surgeon, psychologist, podiatrist, dentist, or nurse practitioner.
(c) Any institution described in subdivision (a) or its medical
staff that violates subdivision (a) is guilty of a misdemeanor and
shall be punished by a fine of not less than two hundred dollars
($200) nor more than one thousand two hundred dollars ($1,200).
SEC. 4. Article 8.5 (commencing with Section 2837.100) is
added to Chapter 6 of Division 2 of the Business and Professions
Code, to read:

Article 8.5. Advanced Practice Registered Nurses

2837.100. It is the intent of the Legislature that the requirements
under this article shall not be an undue or unnecessary burden to
licensure or practice. The requirements are intended to ensure the
new category of licensed nurse practitioners has the least
restrictive amount of education, training, and testing necessary to
ensure competent practice.

2837.101. (a) There is in the Department of Consumer Affairs
the Advanced Practice Registered Nursing Board consisting of
nine members.
(b)—

2837.101. For purposes of this article, the following terms have
the following meanings:
(1) “Board” means the Advanced Practice Registered Nursing Board.

(a) “Committee” means the Nurse Practitioner Advisory Committee.

(b) “Standardized procedures” has the same meaning as that term is defined in Section 2725.

(c) “Transition to practice” means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice without the routine presence of a physician and surgeon independently. The board shall, by regulation, define minimum standards for transition to practice. Clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board.

(e) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

2837.102. Notwithstanding any other law, the repeal of Section 2837.101 renders the board or its successor subject to review by the appropriate policy committees of the Legislature.

(a) (1) Until January 1, 2026, four members of the board shall be licensed registered nurses who shall be certified as a nurse practitioner and shall be active in the practice of their profession engaged primarily in direct patient care with at least five continuous years of experience.

(2) Commencing January 1, 2026, four members of the board shall be nurse practitioners licensed under this chapter.

(b) Three members of the board shall be physicians and surgeons licensed by the Medical Board of California or the Osteopathic Medical Board of California. At least one of the physician and surgeon members shall work closely with a nurse practitioner. The remaining physician and surgeon members shall focus on primary care in their practice.

(c) Two members of the board shall represent the public at large and shall not be licensed under any board under this division or any board referred to in Section 1000 or 3600.

2837.102. (a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but
not limited to, education, appropriate standard of care, and other matters specified by the board.

(b) A majority of the members of the committee shall be nurse practitioners and the committee shall include physicians and surgeons with demonstrated experience working with nurse practitioners.

2837.104.

2837.103. (a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (3) of subdivision (a) of Section 2837.106. 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body recognized by the board.

(C) Provides documentation that educational training was consistent with standards established by the board pursuant to Section 2836 and any applicable regulations as they specifically relate to requirements for clinical practice hours. Online educational programs that do not include mandatory clinical hours shall not meet this requirement.

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

(2) A nurse practitioner who meets all of the requirements of paragraph (1) may practice, including, but not limited to, performing the functions authorized pursuant to subdivision (c), in one of the following settings or organizations in which one or more physicians and surgeons practice with the nurse practitioner without standardized procedures:

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A health facility, as defined in Section 1250 of the Health and Safety Code, except for a correctional treatment center, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code, or a state hospital, as specified in Section 4100 of the Welfare and Institutions Code.
(C) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(D) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(E) A home health agency, as defined in Section 1727 of the Health and Safety Code.

(F) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(3) In health care agencies that have governing bodies, as defined in Division 5 of Title 22 of the California Code of Regulations, including, but not limited to, Sections 70701 and 70703 of Title 22 of the California Code of Regulations, the following apply:

(A) A nurse practitioner shall adhere to all applicable bylaws.

(B) A nurse practitioner shall be eligible to serve on medical staff and hospital committees.

(C) A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned. A nurse practitioner shall not vote at department, division, or other meetings unless the vote is regarding the determination of nurse practitioner privileges with the organization, peer review of nurse practitioner clinical practice, whether a licensee’s employment is in the best interest of the communities served by a hospital pursuant to Section 2401, or the vote is otherwise allowed by the applicable bylaws.

(b) An entity described in subparagraphs (A) to (D), (F), inclusive, of paragraph (2) of subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a nurse practitioner functioning pursuant to this section in a manner prohibited by Section 2400 or any other law.

(c) In addition to any other practices authorized by law, a nurse practitioner who meets the requirements of paragraph (1) of subdivision (a) may perform the following functions without standardized procedures in accordance with their education and training:
1. Conduct an advanced assessment.
2. Order, perform, and interpret diagnostic procedures. *Diagnostic procedures involving imaging refers to x-rays, mammography, and ultrasounds.*
3. Establish primary and differential diagnoses.
4. Prescribe, order, administer, dispense, and furnish therapeutic measures, including, but not limited to, the following:
   (A) Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.
   (B) Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.
   (C) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.
5. After performing a physical examination, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.
6. Delegate tasks to a medical assistant pursuant to Sections 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with Section 1366) of Chapter 3 of Division 13 of Title 16 of the California Code of Regulations.
(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. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”
(e) A nurse practitioner shall refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of a patient is beyond the scope of the education and training of the nurse practitioner.
(f) A nurse practitioner practicing under this section shall maintain have professional liability insurance appropriate for the practice setting.
(a) Notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

(1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.104 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (D), inclusive, of paragraph (2) of subdivision (a) of Section 2837.104 2837.103.

(2) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, the nurse practitioner shall be eligible for membership of an organized medical staff.

(3) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, a nurse practitioner member may vote at meetings of the department to which nurse practitioners are assigned.

(b) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.104 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (D), inclusive, of paragraph (2) of subdivision (a) of Section 2837.104 2837.103, if the nurse practitioner satisfies all of the following requirements:

(1) The nurse practitioner meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.104 2837.103.

(2) Holds a Master of Science degree in Nursing (MSN) or a Doctorate of Nursing Practice degree (DNP); valid and active license as a registered nurse in California and a master’s degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

(3) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.104 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(c) A nurse practitioner authorized to practice pursuant to this section shall comply with all of the following:

(1) The nurse practitioner, consistent with applicable standards of care, shall not practice within beyond the scope of their clinical
and professional education and training, including specific areas of concentration during their transition to practice, and shall only practice within the limits of their knowledge and experience.

(2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided.

(3) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers.

(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. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”

(e) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

(f) For purposes of this section, corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(g) Subdivision (f) shall not apply to a nurse practitioner if either of the following apply:

(1) The certificate issued pursuant to this section is inactive, surrendered, revoked, or otherwise restricted by the board.

(2) The nurse practitioner is employed pursuant to the exemptions under Section 2401.

2837.106.

2837.105. (a) (1) The board shall request the department’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 2837.104 pursuant to that subdivision.

(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 2837.104 with the occupational analysis performed according to paragraph (1).
(3) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.104 pursuant to that subdivision that are not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.104, the board shall identify and develop a supplemental exam that properly validates identified competencies.

(b) The examination process shall be regularly reviewed pursuant to Section 139.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
An act to amend Sections 11125 and 11125.7 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL’S DIGEST

AB 2028, as amended, Aguiar-Curry. State agencies: meetings. Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these
writings or materials to be distributed or discussed. The bill would
generally require that these writings and materials be made available
on the body’s internet website no later than the first business day after
they are provided to members of the state body or at least 48 hours in
advance of the meeting, whichever is earlier, and to be provided
immediately upon written request. If the writings or materials are
provided to the members of the state body by another state body after
this 48-hour deadline, the bill would require that they be posted on the
body’s internet website no later than the first business day, but prior
to the meeting of the state body, following the dissemination of the
writings and materials to the members of the state body, and made
available immediately upon written request. The bill would except
writings or materials relating to matters to be discussed in a closed
session and state financial materials, as defined, that put the Treasurer,
or specified entities for which the Treasurer serves as chairperson, at
a competitive disadvantage in financial transactions from its
requirements. The bill would authorize a state body to post and provide
additional time-sensitive materials related to certain active legislation,
as specified, and changing financial market conditions as they become
available, as specified. Upon receipt of a written request, the bill would
require that these writings or materials be provided immediately.

Existing law requires that a state body provide an opportunity for
members of the public to directly address the body on each agenda
item. Existing law exempts from this requirement, among other things,
an agenda item that has already been considered by a committee
composed exclusively of members of the state body at a public meeting
where members of the public were afforded an opportunity to address
the committee on the item.

This bill would delete this exception, thereby making the requirement
to provide an opportunity to address the state body applicable to an
agenda item for which the public had an opportunity to address it at a
public meeting of a committee of the state body.

Existing law, the Bagley-Keene Open Meeting Act, requires that all
meetings of a state body, as defined, be open and public, and that all
persons be permitted to attend any meeting of a state body, except as
otherwise provided in that act. Existing law requires the state body to
provide notice of its meeting, including specified information and a
specific agenda of the meeting, as provided, to any person who requests
that notice in writing and to make that notice available on the internet
at least 10 days in advance of the meeting.
This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these writings or materials to be distributed or discussed. The bill would generally require that these writings and materials be made available on the body's internet website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier, and to be provided immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body’s internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request. The bill would except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the Treasurer at a competitive disadvantage in financial transactions from its requirements.

The bill would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately.

Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were afforded an opportunity to address the committee on the item.

This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:

(a) The Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) (hereafter “Bagley-Keene”) was intended to implement Section 3 of Article I of the California Constitution, which states in part, “The people have the right of access to information concerning the conduct of the people’s business, and, therefore, the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny.”

(b) Bagley-Keene was written to protect public meetings and public notice and to ensure the transparency of actions taken by state agencies, boards, and commissions.

(c) Californians have the right to participate in state body deliberations. This includes the public’s ability to comment on all agenda items discussed at a meeting of the state body, regardless of whether an item has been discussed previously in a committee of the state body.

(d) The purpose of public notice is so that state bodies give the public adequate time for review of the substance of a state body meeting and for comment.

(e) Public notice must also include any writings or materials provided by a state body’s staff or by a member of the state body to other members of the state body for a noticed meeting of the body.

(f) Bagley-Keene affirms these rights by stating in Section 11120 of the Government Code, “The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.”

SEC. 2. Section 11125 of the Government Code is amended to read:

11125. (a) The state body shall provide notice of its meeting to any person who requests that notice in writing. Notice shall be given and also made available on the Internet website at least 10 days in advance of the meeting, and shall include the name,
address, and telephone number of any person who can provide
further information prior to the meeting, but need not include a
list of witnesses expected to appear at the meeting. The written
notice shall additionally include the address of the Internet site
internet website where notices required by this article are made
available.

(b) The notice of a meeting of a body that is a state body shall
include a specific agenda for the meeting, containing a brief
description of the items of business to be transacted or discussed
in either open or closed session. A brief general description of an
item generally need not exceed 20 words. A description of an item
to be transacted or discussed in closed session shall include a
citation of the specific statutory authority under which a closed
session is being held. No item shall be added to the agenda
subsequent to the provision of this notice, unless otherwise
permitted by this article.

(c) (1) Any notice provided pursuant to subdivision (a) shall
include all writings or materials provided for the noticed meeting
to a member of the state body by the staff of that state agency,
board, or commission, or another member of the state body, that
are in connection with a matter subject to discussion or
consideration at the meeting. A state body may distribute or discuss
writings or materials only to the extent that it has complied with
the applicable requirements of this subdivision.

(2) (A) The writings or materials to be considered at a noticed
meeting and provided to members of the state body in advance of
the meeting shall be made available on the body’s internet website
no later than the first business day following the dissemination of
the writings and materials to members of the state body or at least
48 hours in advance of the meeting, whichever is earlier. Upon
receipt of a written request for writings or materials provided to
members of the state body in advance of the meeting, a state body
shall provide them immediately.

(B) Any writings or materials provided to the members of the
state body by another state body after the time periods described
in subparagraph (A) have passed shall be posted on the body’s
internet website no later than the first business day, but prior to
the meeting of the state body, following the dissemination of the
writings and materials to the members of the state body. Upon
receipt of a written request, these writings or materials shall be
provided immediately. A state body that satisfies the requirements of this subparagraph may discuss these writings and materials at an otherwise properly noticed meeting.

(3) (A) This subdivision does not apply to writings or materials prepared for a matter to be discussed in a closed session of the state body or to state financial materials that put the Treasurer, or any of the boards, authorities, commissions, committees, and councils for which the Treasurer serves as chairperson, at a competitive disadvantage in financial transactions.

(B) For purposes of this paragraph, “financial materials” mean documents related to bonds, loans, and grants.

(4) If the writings or materials described in paragraph (1) on an agenda for discussion at a meeting of the state body are related to legislation that is before the Legislature in a current legislative session or are related to changing financial market conditions, a state body shall satisfy the requirements of this subdivision by posting on its internet website the writings and materials related to the legislation or the changing market conditions as they become available after the time periods described in paragraph (2). Upon receipt of a written request, these writings or materials shall be provided immediately. The state body shall make clear what date the new or changed writings or materials are posted and, when applicable, what changes have been made in the writings or materials.

(d) Notice of a meeting of a state body that complies with this section shall also constitute notice of a meeting of an advisory body of that state body, provided that the business to be discussed by the advisory body is covered by the notice of the meeting of the state body, provided that the specific time and place of the advisory body’s meeting is announced during the open and public state body’s meeting, and provided that the advisory body’s meeting is conducted within a reasonable time of, and nearby, the meeting of the state body.

(e) A person may request, and shall be provided, notice pursuant to subdivision (a) for all meetings of a state body or for a specific meeting or meetings. In addition, at the state body’s discretion, a person may request, and may be provided, notice of only those
meetings of a state body at which a particular subject or subjects
specified in the request will be discussed.
(e) A request for notice of more than one meeting of a state body
shall be subject to the provisions of Section 14911.
(f) The notice shall be made available in appropriate alternative
formats, as required by Section 202 of the Americans with
Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal
rules and regulations adopted in implementation thereof, upon
request by any person with a disability. The notice shall include
information regarding how, to whom, and by when a request for
any disability-related modification or accommodation, including
auxiliary aids or services may be made by a person with a disability
who requires these aids or services in order to participate in the
public meeting.

SEC. 3. Section 11125.7 of the Government Code is amended
to read:

11125.7. (a) Except as otherwise provided in this section, the
state body shall provide an opportunity for members of the public
to directly address the state body on each agenda item before or
during the state body’s discussion or consideration of the item.
This section is not applicable if the agenda item has already been
considered by a committee composed exclusively of members of
the state body at a public meeting where interested members of
the public were afforded the opportunity to address the committee
on the item, before or during the committee’s consideration of the
item, unless the item has been substantially changed since the
committee heard the item, as determined by the state body. Every
notice for a special meeting at which action is proposed to be taken
on an item shall provide an opportunity for members of the public
to directly address the state body concerning that item prior to
action on the item. In addition, the notice requirement of Section
11125 shall not preclude the acceptance of testimony at meetings,
other than emergency meetings, from members of the public if no
action is taken by the state body at the same meeting on matters
brought before the body by members of the public.
(b) The state body may adopt reasonable regulations to ensure
that the intent of subdivision (a) is carried out, including, but not
limited to, regulations limiting the total amount of time allocated
for public comment on particular issues and for each individual
speaker.

(c) (1) Notwithstanding subdivision (b), when a state body
limits time for public comment the state body shall provide at least
twice the allotted time to a member of the public who utilizes a
translator to ensure that non-English speakers receive the same
opportunity to directly address the state body.

(2) Paragraph (1) shall not apply if the state body utilizes
simultaneous translation equipment in a manner that allows the
state body to hear the translated public testimony simultaneously.

(d) The state body shall not prohibit public criticism of the
policies, programs, or services of the state body, or of the acts or
omissions of the state body. Nothing in this subdivision shall confer
any privilege or protection for expression beyond that otherwise
provided by law.

(e) This section is not applicable to closed sessions held pursuant
to Section 11126. any of the following:

(1) Closed sessions held pursuant to Section 11126.

(f) This section is not applicable to decisions

(2) Decisions regarding proceedings held pursuant to Chapter
5 (commencing with Section 11500), relating to administrative
adjudication, or to the conduct of those proceedings.

(g) This section is not applicable to hearings

(3) Hearings conducted by the California Victim Compensation
Board pursuant to Sections 13963 and 13963.1.

(h) This section is not applicable to agenda

(4) Agenda items that involve decisions of the Public Utilities
Commission regarding adjudicatory hearings held pursuant to
Chapter 9 (commencing with Section 1701) of Part 1 of Division
1 of the Public Utilities Code. For all other agenda items, the
commission shall provide members of the public, other than those
who have already participated in the proceedings underlying the
agenda item, an opportunity to directly address the commission
before or during the commission’s consideration of the item.

SECTION 1. The Legislature finds and declares the following:

(a) The Bagley-Keene Open Meeting Act (Article 9
(commencing with Section 11120) of Chapter 1 of Part 1 of
Division 3 of Title 2 of the Government Code) (hereafter
“Bagley-Keene”) was intended to implement Section 3 of Article
1 of the California Constitution, which states in part, “The people
have the right of access to information concerning the conduct of
the people’s business, and, therefore, the meetings of public bodies
and the writings of public officials and agencies shall be open to
public scrutiny.”

(b) Bagley-Keene was written to protect public meetings and
public notice and to ensure the transparency of actions taken by
state agencies, boards, and commissions.

c) Californians have the right to participate in state body
deliberations. This includes the public’s ability to comment on all
agenda items discussed at a meeting of the state body, regardless
of whether an item has been discussed previously in a committee
of the state body.

d) The purpose of public notice is so that state bodies give the
public adequate time for review of the substance of a state body
meeting and for comment.

e) Public notice must also include any writings or materials
provided by a state body’s staff or by a member of the state body
to other members of the state body for a noticed meeting of the
body.

(f) Bagley-Keene affirms these rights by stating in Section 11120
of the Government Code, “The people of this state do not yield
their sovereignty to the agencies which serve them. The people,
in delegating authority, do not give their public servants the right
to decide what is good for the people to know and what is not good
for them to know. The people insist on remaining informed so that
they may retain control over the instruments they have created.”

SEC. 2. Section 11125 of the Government Code is amended
to read:

11125. (a) The state body shall provide notice of its meeting
to any person who requests that notice in writing. Notice shall be
given and also made available on the internet website at least 10
days in advance of the meeting, and shall include the name,
address, and telephone number of any person who can provide
further information prior to the meeting, but need not include a
list of witnesses expected to appear at the meeting. The written
notice shall additionally include the address of the internet website
where notices required by this article are made available.

(b) The notice of a meeting of a body that is a state body shall
include a specific agenda for the meeting, containing a brief
description of the items of business to be transacted or discussed
in either open or closed session. A brief general description of an item generally need not exceed 20 words. A description of an item to be transacted or discussed in closed session shall include a citation of the specific statutory authority under which a closed session is being held. No item shall be added to the agenda subsequent to the provision of this notice, unless otherwise permitted by this article.

(c) (1) Any notice provided pursuant to subdivision (a) shall include all writings or materials provided for the noticed meeting to a member of the state body by the staff of that state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. A state body may distribute or discuss writings or materials only to the extent that it has complied with the applicable requirements of this subdivision.

(2) (A) The writings or materials to be considered at a noticed meeting and provided to members of the state body in advance of the meeting shall be made available on the body’s internet website no later than the first business day following the dissemination of the writings and materials to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier. Upon receipt of a written request for writings or materials provided to members of the state body in advance of the meeting, a state body shall provide them immediately.

(B) Any writings or materials provided to the members of the state body by another state body after the time periods described in subparagraph (A) have passed shall be posted on the body’s internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body. Upon receipt of a written request, these writings or materials shall be provided immediately. A state body that satisfies the requirements of this subparagraph may discuss these writings and materials at an otherwise properly noticed meeting.

(3) (A) This subdivision does not apply to writings or materials prepared for a matter to be discussed in a closed session of the state body or state financial materials that put the Treasurer at a competitive disadvantage in financial transactions.

(B) For purposes of this paragraph, “financial materials” mean documents related to bonds, loans, and grants.
(4) If the writings or materials described in paragraph (1) on an agenda for discussion at a meeting of the state body are related to legislation that is before the Legislature in a current legislative session or are related to changing financial market conditions, a state body shall satisfy the requirements of this subdivision by posting on its internet website the writings and materials related to the legislation or the changing market conditions as they become available after the time periods described in paragraph (2). Upon receipt of a written request, these writings or materials shall be provided immediately. The state body shall make clear what date the new or changed writings or materials are posted and, when applicable, what changes have been made in the writings or materials.

(d) Notice of a meeting of a state body that complies with this section shall also constitute notice of a meeting of an advisory body of that state body, provided that the business to be discussed by the advisory body is covered by the notice of the meeting of the state body, provided that the specific time and place of the advisory body’s meeting is announced during the open and public state–body’s–meeting, and provided that the advisory–body’s meeting is conducted within a reasonable time of, and nearby, the meeting of the state body.

(e) A person may request, and shall be provided, notice pursuant to subdivision (a) for all meetings of a state body or for a specific meeting or meetings. In addition, at the state body’s discretion, a person may request, and may be provided, notice of only those meetings of a state body at which a particular subject or subjects specified in the request will be discussed.

(f) A request for notice of more than one meeting of a state body shall be subject to the provisions of Section 14911.

(g) The notice shall be made available in appropriate alternative formats, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request by any person with a disability. The notice shall include information regarding how, to whom, and by when a request for any disability-related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires these aids or services in order to participate in the public meeting.
SEC. 3. Section 11125.7 of the Government Code is amended to read:

11125.7. (a) Except as otherwise provided in this section, the state body shall provide an opportunity for members of the public to directly address the state body on each agenda item before or during the state body’s discussion or consideration of the item. Every notice for a special meeting at which action is proposed to be taken on an item shall provide an opportunity for members of the public to directly address the state body concerning that item prior to action on the item. In addition, the notice requirement of Section 11125 shall not preclude the acceptance of testimony at meetings, other than emergency meetings, from members of the public if no action is taken by the state body at the same meeting on matters brought before the body by members of the public.

(b) The state body may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public comment on particular issues and for each individual speaker.

(c) (1) Notwithstanding subdivision (b), when a state body limits time for public comment the state body shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the state body.

(2) Paragraph (1) shall not apply if the state body utilizes simultaneous translation equipment in a manner that allows the state body to hear the translated public testimony simultaneously.

(d) The state body shall not prohibit public criticism of the policies, programs, or services of the state body, or of the acts or omissions of the state body. Nothing in this subdivision shall confer any privilege or protection for expression beyond that otherwise provided by law.

(e) This section is not applicable to any of the following:

(1) Closed sessions held pursuant to Section 11126.

(2) Decisions regarding proceedings held pursuant to Chapter 5 (commencing with Section 11500), relating to administrative adjudication, or to the conduct of those proceedings.

(3) Hearings conducted by the California Victim Compensation Board pursuant to Sections 13963 and 13963.1.
(4) Agenda items that involve decisions of the Public Utilities Commission regarding adjudicatory hearings held pursuant to Chapter 9 (commencing with Section 1701) of Part 1 of Division 1 of the Public Utilities Code. For all other agenda items, the commission shall provide members of the public, other than those who have already participated in the proceedings underlying the agenda item, an opportunity to directly address the commission before or during the commission’s consideration of the item.
ASSEMBLY BILL

No. 2288

Introduced by Assembly Member Low
(Coauthors: Assembly Members Arambula, Chiu, Fong, Gallagher, Grayson, Irwin, Obernolte, and Smith)
(Coauthor: Senator Caballero)

February 14, 2020

An act to add Section 2786.3 to the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL’S DIGEST

AB 2288, as amended, Low. Nursing programs: state of emergency.
Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and requires an applicant for licensure to have completed a nursing program at a school of nursing that is approved by the board. Existing regulatory law sets forth curriculum requirements for nursing programs, including preceptorships and clinical practice hours, and also requirements for clinical facilities that may be used for clinical experience.

This bill would authorize an approved nursing program to submit a request to a board nursing education consultant to revise certain clinical
experience requirements, including reducing the required direct patient hours and using preceptorships without maintaining specified written policies, for enrolled students until the end of the 2020–21 academic year and whenever the Governor declares a state of emergency in the county where an agency or facility used by the approved nursing program is located. The bill would require the board nursing education consultant to approve the request if specified conditions are satisfied and to reject the request if the approved nursing program fails to meet the conditions or fails to submit information satisfactory to the board. The bill would require the board to notify the appropriate policy committees of the Legislature if a board nursing education consultant denies a request.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: \( \frac{2}{3} \). Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. It is the intent of the Legislature that the provisions of this bill be used solely for the purpose of progressing nursing students who are displaced from clinical experiences during the COVID-19 pandemic and future state of emergencies and not for purposes of increasing student enrollment.

SEC. 2. Section 2786.3 is added to the Business and Professions Code, to read:

2786.3. (a) Until the end of the 2020–21 academic year, and whenever the Governor declares a state of emergency for a county in which an agency or facility used by an approved nursing program for direct patient care clinical practice is located and is no longer available due to the conditions giving rise to the state of emergency, the director of the approved nursing program may submit to a board nursing education consultant requests to do any of the following for no more than the existing number of enrolled students:

(1) Utilize a clinical setting during the state of emergency or until the end of the academic term without the following:

(A) Approval by the board.

(B) Written agreements with the clinical facility.
(C) Submitting evidence of compliance with board regulations relating to the utilization of clinical settings, except as necessary for a board nursing education consultant to ensure course objectives and faculty responsibilities will be met.

(2) Utilize preceptorships during the state of emergency or until the end of the academic term without having to maintain written policies relating to the following:

(A) Identification of criteria used for preceptor selection.

(B) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities.

(C) Identification of preceptor qualifications for both the primary and the relief preceptor.

(D) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship.

(E) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships.

(F) Plan for an ongoing evaluation regarding the continued use of preceptors.

(3) Request that the approved nursing program be allowed to reduce the required number of direct patient care hours to 50 percent in geriatrics and medical-surgical and 25 percent in mental health-psychiatric nursing, obstetrics, and pediatrics if all of the following conditions are met:

(A) No alternative agency or facility located within 25 miles of the impacted approved nursing program, campus, or location, as applicable, has a sufficient number of open placements that are available and accessible to the approved nursing program for direct patient care clinical practice hours in the same subject matter area.

An approved nursing program shall submit, and not be required to contact a clinical facility that the program has previously contacted, provide more than, the following:

(i) The list of alternative agencies or facilities listed within 25 miles of the impacted approved nursing program, campus, or location, as applicable, using the facility finder on the Office of Statewide Health Planning and Development’s website.
(ii) The list of courses impacted by the loss of clinical placements due to the state of emergency and the academic term the courses are offered.

(iii) Whether each of the listed alternative agencies or facilities would meet the course objectives for the courses requiring placements.

(iv) Whether the approved nursing program has contacted each of the listed alternative agencies or facilities about the availability of clinical placements. The approved nursing program shall not be required to contact a clinical facility that would not meet course objectives.

(v) The date of contact or attempted contact.

(vi) The number of open placements at each of the listed alternative agencies or facilities that are available for the academic term for each course. If an alternative agency or facility does not respond within 48 hours, the approved nursing program may list the alternative agency or facility as unavailable. If the alternative agency or facility subsequently responds prior to the submission of the request to a board nursing education consultant, the approved nursing program shall update the list to reflect the response.

(vii) Whether the open and available placements are accessible to the students and faculty. An open and available placement is accessible if there are no barriers that otherwise prohibit a student from entering the facility, including, but not limited to, the lack of personal protective equipment or cost-prohibitive infectious disease testing. An individual’s personal unwillingness to enter an alternative agency or facility does not make a placement inaccessible.

(viii) The total number of open and available placements that are accessible to the students and faculty compared to the total number of placements needed.

(B) The substitute clinical practice hours not in direct patient care provide a learning experience, as defined by the board consistent with Section 2708.1, that is at least equivalent to the learning experience provided by the direct patient care clinical practice hours.

(C) Once the applicable state of emergency is lifted, clinical practice hours not in direct patient care shall cease as soon as practicable.
available and accessible, once the applicable state of emergency has terminated pursuant to Section 8629 of the Government Code, or by the end of the academic year, term, whichever is sooner.

(D) The simulation experiences are based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the board, except those relating to the number of direct patient care hours.

(E) A minimum of 25 percent of the remaining direct patient care hours are completed in an in-person setting.

(4) Request that the approved nursing program be allowed to reduce the required number of direct patient care hours to 25 percent for students in their graduating quarter or semester academic term if all of the following conditions are met:

(A) The approved program meets the requirements of paragraph (3).

(B) All courses in the students’ earlier terms met a minimum of 50 percent direct patient care hours.

(C) The number of placements available at agencies or facilities being used by the approved nursing program for direct patient care are insufficient to meet the 50 percent direct patient care requirement.

(D) The approved program has maintained a minimum first-time pass rate of 80 percent for the licensing examination under this chapter for the last two consecutive academic years.

(5) Request that the approved nursing program allow theory to precede clinical practice for purposes of placing students in the remaining clinical placement settings if all of the following conditions are met:

(A) No alternative agency or facility located within 25 miles of the impacted approved nursing program, campus, or location, as applicable, has a sufficient number of open placements that are available and accessible to the approved nursing program for direct patient care clinical practice hours in the same subject matter area. An approved program shall not be required to contact a clinical facility that the program has previously contacted.

submit more than required under subparagraph (A) of paragraph (3.)
(B) Clinical practice takes place in the academic term immediately following theory.

(C) Theory is taught concurrently with nondirect patient care clinical experiences if no direct patient care experiences are available.

(b) If the conditions in paragraphs (1), (2), (3), (4), or (5) of subdivision (a), as applicable to the request, are met, a board nursing education consultant shall approve the request. If an approved nursing program fails to submit information satisfactory to the board nursing education consultant, or fails to meet the conditions specified, the board nursing education consultant shall deny the request. If the request is not approved or denied on or before 5:00 p.m. on the date seven business days after receipt of the request, the request shall be deemed approved.

(c) A board nursing education consultant shall use a uniform method consistent with all other board nursing education consultants for granting approvals under this section.

(d) If a board nursing education consultant denies a request under this section, the board shall notify the appropriate policy committees of each house of the Legislature. The notice shall be delivered electronically within seven calendar days and include the reason for the denial.

SEC. 3. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect public health and preserve the future health care workforce by providing flexibility in the way nursing students obtain clinical experience during the COVID-19 pandemic as soon as possible, it is necessary that this act take effect immediately.
An act to amend Sections 115.6 and 5132 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL’S DIGEST

AB 2549, as amended, Salas. Department of Consumer Affairs: temporary licenses.

Under existing law, the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, is comprised of various boards, as defined, that license and regulate various professions and vocations. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant 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 and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the
board. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill would expand that requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation. The bill would require a temporary license to be converted to a standard license if, within 12 months of issuance, the applicant demonstrates having met all of the requirements for a standard license or submits documents demonstrating that the requirements to obtain the out-of-state license were substantially equivalent to the requirements for a standard license as determined by the board in order to protect the public. The bill would require a board to submit to the department for approval draft regulations necessary to administer these provisions and to publish regulations on its internet website and in application materials by January 1, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who 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 is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.


The people of the State of California do enact as follows:

SECTION 1. Section 115.6 of the Business and Professions Code is amended to read:

115.6. (a) Except as provided in subdivision (h), a board within the department shall, after appropriate investigation, issue
the following eligible temporary licenses to an applicant within
30 days of receiving the required documentation pursuant to
meeting the requirements set forth in subdivision (c):
(1) Registered nurse license by the Board of Registered Nursing.
(2) Vocational nurse license issued by the Board of Vocational
Nursing and Psychiatric Technicians of the State of California.
(3) Psychiatric technician license issued by the Board of
Vocational Nursing and Psychiatric Technicians of the State of
California.
(4) Speech-language pathologist license issued by the
Speech-Language Pathology and Audiology and Hearing Aid
Dispensers Board.
(5) Audiologist license issued by the Speech-Language
Pathology and Audiology and Hearing Aid Dispensers Board.
(6) All licenses issued by the Veterinary Medical Board.
(7) All licenses issued by the Board for Professional Engineers,
Land Surveyors, and Geologists.
(8) All licenses issued by the Medical Board of California.
(9) All licenses issued by the Podiatric Medical Board of
California.
(10) All licenses issued by the Dental Board of California.
(11) All licenses issued by the Dental Hygiene Board of
California.
(12) All licenses issued by the California State Board of
Pharmacy.
(13) All licenses issued by the State Board of Barbering and
Cosmetology.
(14) All licenses issued by the Board of Psychology.
(15) All licenses issued by the California Board of Occupational
Therapy.
(16) All licenses issued by the Physical Therapy Board of
California.
(17) All licenses issued by the California Board of Accountancy.
Revenues from fees for temporary licenses issued under this
paragraph shall be credited to the Accountancy Fund in accordance
with Section 5132.
(b) The board may conduct an investigation of an applicant for
purposes of denying or revoking a temporary license issued
pursuant to this section. This investigation may include a criminal
background check.
(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant 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.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of the applicant’s knowledge. The application shall also include written verification from the applicant’s original licensing jurisdiction stating that the applicant’s license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(d) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect the person’s eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary
licenseholder to immediately cease the practice of the licensed profession upon receipt.

(e) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(f) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of an expedited license pursuant to Section 115.5, a license by endorsement, or upon denial of the application for expedited licensure by the board, whichever occurs first.

(g) A temporary license issued pursuant to this section shall be converted to a standard license if, within 12 months of issuance, the applicant demonstrates having met all of the requirements for a standard license or submits documents demonstrating that the requirements to obtain the out-of-state license were substantially equivalent to the requirements for a standard license as determined by the board in order to protect the public.

(h) A board shall adopt regulations necessary to administer this section and shall publish these regulations on its internet website and in application materials by January 1, 2022. These regulations shall be adopted pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(h) This section shall not apply to a board that has a process in place by which an out-of-state licensed applicant in good standing who 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 is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.

SEC. 2. Section 5132 of the Business and Professions Code is amended to read:
5132. (a) All moneys received by the board under this chapter from any source and for any purpose and from a temporary license issued under Section 115.6 shall be accounted for and reported monthly by the board to the Controller and at the same time the moneys shall be remitted to the State Treasury to the credit of the Accountancy Fund.

(b) The secretary-treasurer of the board shall, from time to time, but not less than once each fiscal year, prepare or have prepared on their behalf, a financial report of the Accountancy Fund that contains information that the board determines is necessary for the purposes for which the board was established.

(c) The report of the Accountancy Fund, which shall be published pursuant to Section 5008, shall include the revenues and the related costs from examination, initial licensing, license renewal, citation and fine authority, and cost recovery from enforcement actions and case settlements.

REVISIONS:

Heading—Line 2.
An act to add Section 2718 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

AB 3016, as amended, Megan Dahle. Board of Registered Nursing: online license verification.

The Nursing Practice Act provides for the licensure and regulation of nurses by the Board of Registered Nursing within the Department of Consumer Affairs. Existing law also requires the board to issue temporary or expedited licenses to specified applicants who hold a current, active, and unrestricted license in another state, district, or territory of the United States, in the profession or vocation for which the applicant seeks a license from the board.

This bill would require the board to consult with the department no later than July 1, 2021, and develop recommendations for the implementation of the Nursys online license verification system for verifying the licenses of California nurses seeking to practice outside
the state. The bill would require the board to implement those recommendations within a reasonable period.


The people of the State of California do enact as follows:

SECTION 1. Section 2718 is added to the Business and Professions Code, to read:

2718. (a) The board shall consult with the department no later than July 1, 2021, and shall develop recommendations for the implementation of the Nursys online license verification system for verifying the licenses of California nurses seeking to practice outside the state.

(b) The board shall implement the recommendations developed pursuant to subdivision (a) within a reasonable period upon completion of the development of those recommendations.
SENATE BILL No. 1237

Introduced by Senator Dodd
(Coauthor: Senator Mitchell)
(Principal coauthor: Assembly Member Burke)

February 20, 2020

An act to amend Sections 650.01, 2746.2, 2746.5, 2746.51, and 2746.52 of, and to add Sections 2746.54 and 2746.55 to, the Business and Professions Code, and to amend Section 102415 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a
certified person, under the supervision of licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Existing law requires all complications to be referred to a physician immediately. Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery.

This bill would delete the above-described provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would authorize a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient’s care, signed by both the certified nurse-midwife and a physician and surgeon to provide a patient with specified services. The bill, except as specified, would require the patient to be transferred to the care of a physician and surgeon to provide those services if the nurse-midwife does not have those mutually agreed-upon policies and protocols in place, and would authorize the return of that patient to the care of the nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer is resolved. The bill would authorize a certified nurse-midwife to continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, if a physician and surgeon assumes care of the patient, as indicated by the mutually agreed-upon policies and protocols. The bill would authorize a certified nurse-midwife, after referring a patient to a physician and surgeon, to continue care of a patient the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon. The bill would authorize a certified nurse-midwife to attend pregnancy and childbirth in an out-of-hospital setting if consistent with the above-described provisions. Under the bill, a certified nurse-midwife would not be authorized to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version. The bill would
require a certified nurse-midwife to refer all emergencies to a physician and surgeon immediately, and would authorize a certified nurse-midwife to provide emergency care until the assistance of a physician and surgeon is obtained.

This bill would require a certified nurse-midwife who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient’s written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(2) Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including, but not limited to, obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. Existing law, additionally, authorizes the committee to include family physicians.

This bill would specify the name of the committee as bill, instead, would require the board to appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee. The bill would require the committee to consist of 4 qualified nurse-midwives, 2 qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member. The bill would delete the provision including ratios of nurse-midwives to supervising physicians and associated matters in the standards developed by the committee, and would instead require the committee to make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The bill would authorize require the committee to make recommendations on disciplinary actions at the request of the board. The bill would require a majority of the members of the committee to be nurse-midwives and at least 40% of the members of the committee to be physicians and surgeons. provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife. The bill would require authorize the committee to continue to make the recommendations described above if the board, despite good faith efforts, is unable to solicit and appoint to the committee members pursuant to these provisions: 4 qualified nurse-midwives, 2 qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.
Existing law authorizes a certified nurse-midwife to furnish drugs or devices, including controlled substances, in specified circumstances, including if drugs or devices are furnished or ordered incidentally to the provision of care in specified settings, including certain licensed health care facilities, birth centers, and maternity hospitals provided that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision. Existing law requires the drugs or devices to be furnished in accordance with standardized procedures or protocols, and defines standardized procedure to mean a document, including protocols, developed and approved by specified persons, including a facility administrator. Existing law requires Schedule II or III controlled substances furnished or ordered by a certified nurse-midwife to be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon. Existing law requires a certified nurse-midwife who is authorized to furnish or issue a drug order for a controlled substance to register with the United States Drug Enforcement Administration.

This bill would delete the condition that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision, and would authorize a certified nurse-midwife to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery as provided by the bill and when care is rendered in an out-of-hospital setting, as specified. The bill would limit the requirement that the furnishing or ordering of drugs or devices by a certified nurse-midwife be in accordance with the standardized procedures or protocols to the furnishing or ordering of drugs or devices for services that do not fall within the scope of services specified by the bill, and the furnishing of Schedule IV or V controlled substances by a nurse-midwife for any condition. The bill would require Schedule II or III controlled substances furnished or ordered by a certified nurse-midwife for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. The bill would require Schedule II or III controlled substances furnished or ordered by a certified nurse-midwife for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. The bill would require a certified nurse-midwife who is authorized to furnish or issue a drug order for a controlled substance to additionally register with the Controlled Substance Utilization Review and Enforcement System (CURES). The bill would authorize a certified nurse-midwife to procure supplies and devices, obtain and administer
diagnostic tests, obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified by the bill, order laboratory and diagnostic testing, and receive reports, as specified. The bill would make it a misdemeanor for a certified nurse-midwife to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the certified nurse-midwife or their immediate family member has a financial interest with the person receiving a referral. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law authorizes a certified nurse-midwife to perform and repair episiotomies and repair lacerations of the perineum in specified health care facilities only if specified conditions are met, including that the protocols and procedures ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when the supervising physician and surgeon is not on the premises.

This bill would delete those conditions, and instead would require a certified nurse-midwife performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care when a physician and surgeon is not on the premises.

(5) Existing law requires each live birth to be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event. Existing law makes the professionally licensed midwife in attendance at a live birth that occurs outside of a hospital or outside of a state-licensed alternative birth center responsible for entering the information on the birth certificate, securing the required signatures, and for registering the certificate with the local registrar.

This bill instead would make the professionally licensed midwife or the certified nurse-midwife in attendance responsible for those duties.

(6) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.
Existing law, the Health Data and Advisory Council Consolidation Act, requires certain health facilities to make and file with the Office of Statewide Health Planning and Development specified reports containing various financial and patient data. Existing law requires a licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting to annually report specified information to the Office of Statewide Health Planning and Development.

This bill would require a certified nurse-midwife to report the outcome of a birth in an out-of-hospital setting to ensure consistent reporting of birth outcomes in all settings, consistent with the information currently reported by hospitals to the Office of Statewide Health Planning and Development. who provides labor and delivery services that occurs in an out-of-hospital setting to report patient-level data within 90 days of the birth to the State Department of Public Health, as specified. The bill would require the Board of Registered Nursing to specify the final form of the data submission. The bill would require the department to maintain the confidentiality of that information, and would prohibit the department from permitting any law enforcement or regulatory agency to inspect or have copies made of the contents of the submitted reports for any purpose. The bill would require the department to report to the board by April 30, those licensees who have met the reporting requirement. The bill would prohibit the board from renewing the license of a certified nurse-midwife who has failed to comply with the reporting requirement unless the certified nurse-midwife submits to the department the missing data. The bill would require, for those cases that involve a hospital transfer, the Office of Statewide Health Planning and Development to coordinate the linkage of the data submitted by the certified nurse-midwife with the vital records data and patient discharge data that reflects the hospitalization. The bill would require the department to report the aggregate information collected pursuant to these provisions to the board by July 30 of each year. The bill would require the board to include this information in its annual report to the Legislature.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares the following:

(a) It is the intent of the Legislature to ensure the preservation of nurse-midwifery care in both the hospital and out-of-hospital setting by delineating the scope of practice for certified nurse-midwives.

(b) There is a maternity care workforce crisis in California. At least nine counties have no obstetrician at all, and many more counties fall below the national average for obstetricians. Nurse-midwives and physicians and surgeons can work together to innovatively address this issue and fill gaps in care, before California reaches the point of a critical provider shortage.

(c) California has made great strides in reducing maternal mortality. Nonetheless, there remains a large disparity for Black and indigenous birthing people, and other birthing people of color. The maternal mortality rate for Black women in California is still three to four times higher than White women. Within an integrated model of care, physicians and surgeons and nurse-midwives can work together with patients and community leaders to eradicate this disparity. This measure will set the foundation for that work.

(d) Structural, systemic, and interpersonal racism, and the resulting economic and social inequities and racial disparities in health care are complex problems requiring multiple, innovative strategies in order to turn the tide. Expansion of care teams, working together in a patient-centered approach, is one of these innovative strategies.

(e) State studies show that successful physician-midwifery integration enhances well-being and maternal and neonatal outcomes.
Nurse-midwives attend 50,000 births a year in California and are currently underutilized. Supporting vaginal birth could improve health outcomes and save millions in annual health care costs in California. California is the only western state that still requires nurse-midwives to be supervised by a physician and surgeon and one of only four states in the nation that still requires this. Forty-six other states have removed the requirement for physician and surgeon supervision. Bodily autonomy including the choice of health care provider and the personalized, shared involvement in health care decisions is fundamental to reproductive rights. Every person is entitled to access dignified, person-centered childbirth and health care, regardless of race, gender, age, class, sexual orientation, gender identity, ability, language proficiency, nationality, immigration status, gender expression, religion, insurance status, or geographic location. The core philosophy of nurse-midwifery is to provide patient-centered, culturally sensitive, holistic care in collaboration with physicians and surgeons and other health care providers, all of which are key to reducing disparities in maternal health care.

SEC. 2. Section 650.01 of the Business and Professions Code is amended to read:

650.01. (a) Notwithstanding Section 650, or any other provision of law, it is unlawful for a licensee to refer a person for laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, or diagnostic imaging goods or services if the licensee or their immediate family has a financial interest with the person or in the entity that receives the referral.

(b) For purposes of this section and Section 650.02, the following shall apply:

(1) “Diagnostic imaging” includes, but is not limited to, all X-ray, computed axial tomography, magnetic resonance imaging
nuclear medicine, positron emission tomography, mammography,
and ultrasound goods and services.

(2) A “financial interest” includes, but is not limited to, any
type of ownership interest, debt, loan, lease, compensation,
remuneration, discount, rebate, refund, dividend, distribution,
subsidy, or other form of direct or indirect payment, whether in
money or otherwise, between a licensee and a person or entity to
whom the licensee refers a person for a good or service specified
in subdivision (a). A financial interest also exists if there is an
indirect financial relationship between a licensee and the referral
recipient including, but not limited to, an arrangement whereby a
licensee has an ownership interest in an entity that leases property
to the referral recipient. Any financial interest transferred by a
licensee to any person or entity or otherwise established in any
person or entity for the purpose of avoiding the prohibition of this
section shall be deemed a financial interest of the licensee. For
purposes of this paragraph, “direct or indirect payment” shall not
include a royalty or consulting fee received by a physician and
surgeon who has completed a recognized residency training
program in orthopedics from a manufacturer or distributor as a
result of their research and development of medical devices and
techniques for that manufacturer or distributor. For purposes of
this paragraph, “consulting fees” means those fees paid by the
manufacturer or distributor to a physician and surgeon who has
completed a recognized residency training program in orthopedics
only for their ongoing services in making refinements to their
medical devices or techniques marketed or distributed by the
manufacturer or distributor, if the manufacturer or distributor does
not own or control the facility to which the physician is referring
the patient. A “financial interest” shall not include the receipt of
capitation payments or other fixed amounts that are prepaid in
exchange for a promise of a licensee to provide specified health
care services to specified beneficiaries. A “financial interest” shall
not include the receipt of remuneration by a medical director of a
hospice, as defined in Section 1746 of the Health and Safety Code,
for specified services if the arrangement is set out in writing, and
specifies all services to be provided by the medical director, the
term of the arrangement is for at least one year, and the
compensation to be paid over the term of the arrangement is set
in advance, does not exceed fair market value, and is not
determined in a manner that takes into account the volume or value
of any referrals or other business generated between parties.

(3) For the purposes of this section, “immediate family” includes
the spouse and children of the licensee, the parents of the licensee,
and the spouses of the children of the licensee.

(4) “Licensee” means a physician as defined in Section 3209.3
of the Labor Code or a certified nurse-midwife as described in
Article 2.5 (commencing with Section 2746) of Chapter 6, acting
within their scope of practice.

(5) “Licensee’s office” means either of the following:

(A) An office of a licensee in solo practice.

(B) An office in which services or goods are personally provided
by the licensee or by employees in that office, or personally by
independent contractors in that office, in accordance with other
provisions of law. Employees and independent contractors shall
be licensed or certified when licensure or certification is required
by law.

(6) “Office of a group practice” means an office or offices in
which two or more licensees are legally organized as a partnership,
professional corporation, or not-for-profit corporation, licensed
pursuant to subdivision (a) of Section 1204 of the Health and Safety
Code, for which all of the following apply:

(A) Each licensee who is a member of the group provides
substantially the full range of services that the licensee routinely
provides, including medical care, consultation, diagnosis, or
treatment through the joint use of shared office space, facilities,
equipment, and personnel.

(B) Substantially all of the services of the licensees who are
members of the group are provided through the group and are
billed in the name of the group and amounts so received are treated
as receipts of the group, except in the case of a multispecialty
clinic, as defined in subdivision (l) of Section 1206 of the Health
and Safety Code, physician services are billed in the name of the
multispecialty clinic and amounts so received are treated as receipts
of the multispecialty clinic.

(C) The overhead expenses of, and the income from, the practice
are distributed in accordance with methods previously determined
by members of the group.

(c) It is unlawful for a licensee to enter into an arrangement or
scheme, such as a cross-referral arrangement, that the licensee
knows, or should know, has a principal purpose of ensuring referrals by the licensee to a particular entity that, if the licensee directly made referrals to that entity, would be in violation of this section.

(d) No claim for payment shall be presented by an entity to any individual, third party payer, or other entity for a good or service furnished pursuant to a referral prohibited under this section.

(e) No insurer, self-insurer, or other payer shall pay a charge or lien for any good or service resulting from a referral in violation of this section.

(f) A licensee who refers a person to, or seeks consultation from, an organization in which the licensee has a financial interest, other than as prohibited by subdivision (a), shall disclose the financial interest to the patient, or the parent or legal guardian of the patient, in writing, at the time of the referral or request for consultation.

(1) If a referral, billing, or other solicitation is between one or more licensees who contract with a multispecialty clinic pursuant to subdivision (l) of Section 1206 of the Health and Safety Code or who conduct their practice as members of the same professional corporation or partnership, and the services are rendered on the same physical premises, or under the same professional corporation or partnership name, the requirements of this subdivision may be met by posting a conspicuous disclosure statement at the registration area or by providing a patient with a written disclosure statement.

(2) If a licensee is under contract with the Department of Corrections or the California Youth Authority, and the patient is an inmate or parolee of either respective department, the requirements of this subdivision shall be satisfied by disclosing financial interests to either the Department of Corrections or the California Youth Authority.

(g) A violation of subdivision (a) shall be a misdemeanor. In the case of a licensee who is a physician and surgeon, the Medical Board of California shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. In the case of a licensee who is a certified nurse-midwife, the Board of Registered Nursing shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed
unprofessional conduct. Violations of this section may also be subject to civil penalties of up to five thousand dollars ($5,000) for each offense, which may be enforced by the Insurance Commissioner, Attorney General, or a district attorney. A violation of subdivision (c), (d), or (e) is a public offense and is punishable upon conviction by a fine not exceeding fifteen thousand dollars ($15,000) for each violation and appropriate disciplinary action, including revocation of professional licensure, by the Medical Board of California, the Board of Registered Nursing, or other appropriate governmental agency.

(h) This section shall not apply to referrals for services that are described in and covered by Sections 139.3 and 139.31 of the Labor Code.

(i) This section shall become operative on January 1, 1995.

SEC. 3. Section 2746.2 of the Business and Professions Code is amended to read:

2746.2. (a) An applicant shall show by evidence satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof.

(b) (1) The board may appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee.

(2) The committee shall make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. At the request of the board, the committee may make recommendations on disciplinary actions. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.

(3) (A) The committee shall consist of four qualified nurse-midwives, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

(B) A majority of the members of the committee shall be nurse-midwives.

(C) At least 40 percent of the members of the committee shall be physicians and surgeons.

(4) If the board is unable, despite good faith efforts, to solicit and appoint committee members pursuant to the specifications in
subparagraph (B) or (C) of paragraph (3), the committee shall may continue to make recommendations pursuant to paragraph (2).

SEC. 4. Section 2746.5 of the Business and Professions Code is amended to read:

2746.5. (a) The certificate to practice nurse-midwifery authorizes the holder to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including family planning services, interconception care, family planning care, and immediate care for the newborn, consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by the board. For purposes of this subdivision, “low-risk pregnancy” means a pregnancy in which all of the following conditions are met:

1. There is a single fetus.
2. There is a cephalic presentation at onset of labor.
3. The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery.
4. Labor is spontaneous or induced.
5. The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address pursuant to consistent with this section.

(b) (1) The certificate to practice nurse-midwifery authorizes the holder to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient’s care, signed by both the certified nurse-midwife and a physician and surgeon to do either of the following:

A. Provide a patient with care that falls outside the scope of services specified in subdivision (a).
B. Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(2) If a physician and surgeon assumes care of the patient, the certified nurse-midwife may continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, as indicated by the mutually agreed-upon
(3) After a certified nurse-midwife refers a patient to a physician and surgeon, the certified nurse-midwife may continue care of the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.

(c) (1) If a nurse-midwife does not have in place mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient’s care, signed by both the certified nurse-midwife and a physician and surgeon pursuant to paragraph (1) of subdivision (b), the patient shall be transferred to the care of a physician and surgeon to do either or both of the following:

(A) Provide a patient with care that falls outside the scope of services specified in subdivision (a).

(B) Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(2) After the certified nurse-midwife initiates the process of transfer pursuant to paragraph (1), for a patient who otherwise meets the definition of a low-risk pregnancy but no longer meets the criteria specified in paragraph (3) of subdivision (a) because the gestational age of the fetus is greater than 42 weeks and zero days, if there is inadequate time to effect safe transfer to a hospital prior to delivery or transfer may pose a threat to the health and safety of the patient or the unborn child, the certified nurse-midwife may continue care of the patient consistent with the transfer plan described in subdivision (a) of Section 2746.54.

(3) A patient who has been transferred from the care of a certified nurse-midwife to that of a physician and surgeon may return to the care of the certified nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer from the care of the nurse-midwife pursuant to paragraph (1) is resolved.

(d) The certificate to practice nurse-midwifery authorizes the holder to attend pregnancy and childbirth in an out-of-hospital setting if consistent with subdivisions (a), (b), and (c).

(e) This section shall not be interpreted to deny a patient’s right to self-determination or informed decisionmaking with regard to choice of provider or birth setting.
(f) The certificate to practice nurse-midwifery does not authorize
the holder of the certificate to assist childbirth by vacuum or
forceps extraction, or to perform any external cephalic version.
(g) A certified nurse-midwife shall document all consultations,
referrals, and transfers in the patient record.
(h) (1) A certified nurse-midwife shall refer all emergencies to
a physician and surgeon immediately.
(2) A certified nurse-midwife may provide emergency care until
the assistance of a physician and surgeon is obtained.
(i) This chapter does not authorize a nurse-midwife to practice
medicine or surgery.
(j) This section shall not be construed to require a physician and
surgeon to sign protocols and procedures for a nurse-midwife or
to permit any action that violates Section 2052 or 2400.
(k) This section shall not be construed to require a
nurse-midwife to have mutually agreed-upon, signed policies and
protocols for the provision of services described in subdivision
(a).

SEC. 5. Section 2746.51 of the Business and Professions Code
is amended to read:

2746.51. (a) Neither this chapter nor any other law shall be
construed to prohibit a certified nurse-midwife from furnishing or
ordering drugs or devices, including controlled substances
classified in Schedule II, III, IV, or V under the California Uniform
Controlled Substances Act (Division 10 (commencing with Section
11000) of the Health and Safety Code), when all of the following
apply:

(1) The drugs or devices are furnished or ordered incidentally
to the provision of any of the following:

(A) The care and services described in Section 2746.5.

(B) Care rendered, consistent with the certified nurse-midwife’s
educational preparation or for which clinical competency has been
established and maintained, to persons within a facility specified
in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the
Health and Safety Code, a clinic as specified in Section 1204 of
the Health and Safety Code, a general acute care hospital as defined
in subdivision (a) of Section 1250 of the Health and Safety Code,
a licensed birth center as defined in Section 1204.3 of the Health
and Safety Code, or a special hospital specified as a maternity
hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(C) Care rendered in an out-of-hospital setting pursuant to subdivision (d) of Section 2746.5.

(2) The furnishing or ordering of drugs or devices by a certified nurse-midwife for services that do not fall within the scope of services specified in subdivision (a) of Section 2746.5, and the furnishing of Schedule IV or V controlled substances by a nurse-midwife for any condition, including, but not limited to, the furnishing of Schedule IV or V controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, are in accordance with the standardized procedures or protocols. For purposes of this section, standardized procedure means a document, including protocols, developed in collaboration with, and approved by, a physician and surgeon and the certified nurse-midwife. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices.

(B) Which drugs or devices may be furnished or ordered and under what circumstances.

(C) The method of periodic review of the certified nurse-midwife’s competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife for any condition, including, but not limited to, the furnishing of Schedule II or III controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(b) (1) The furnishing or ordering of drugs or devices by a certified nurse-midwife is conditional on the issuance by the board of a number to the applicant who has successfully completed the
requirements of paragraph (2). The number shall be included on all transmittals of orders for drugs or devices by the certified nurse-midwife. The board shall maintain a list of the certified nurse-midwives that it has certified pursuant to this paragraph and the number it has issued to each one. The board shall make the list available to the California State Board of Pharmacy upon its request. Every certified nurse-midwife who is authorized pursuant to this section to furnish or issue a drug order for a controlled substance shall register with the United States Drug Enforcement Administration and the Controlled Substance Utilization Review and Enforcement System (CURES) pursuant to Section 11165.1 of the Health and Safety Code.

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section, including the risks of addiction and neonatal abstinence syndrome associated with the use of opioids. The board shall establish the requirements for satisfactory completion of this paragraph.

(3) A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse-midwife to perform these functions.

(4) Certified nurse-midwives who are certified by the board and hold an active furnishing number, who are currently authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) under the following conditions:

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in subdivisions (a) and (b).
(2) When Schedule II controlled substances, as defined in
Section 11055 of the Health and Safety Code, are furnished or
ordered by a certified nurse-midwife, the controlled substances
shall be furnished or ordered in accordance with a patient-specific
protocol approved by a physician and surgeon.
(d) Furnishing of drugs or devices by a certified nurse-midwife
means the act of making a pharmaceutical agent or agents available
to the patient. Use of the term “furnishing” in this section shall
include the following:
(1) The ordering of a nonscheduled drug or device for services
that fall within the scope of services specified in subdivision (a)
of Section 2746.5.
(2) The ordering of a nonscheduled drug or device for services
that fall outside the scope of services specified in subdivision (a)
of Section 2746.5 in accordance with standardized procedures or
protocols pursuant to paragraph (2) of subdivision (a).
(3) The ordering of a Schedule IV or V drug for any condition,
including, but not limited to, the furnishing of Schedule IV or V
controlled substances for services that fall for care that falls within
the scope of services specified in subdivision (a) of Section 2746.5,
in accordance with standardized procedures or protocols pursuant
to paragraph (2) of subdivision (a).
(4) The ordering of a Schedule II or III drug in accordance with
a patient-specific protocol approved by a physician and surgeon
pursuant to paragraph (3) of subdivision (a).
(5) Transmitting an order of a physician and surgeon.
(e) “Drug order” or “order” for purposes of this section means
an order for medication or for a drug or device that is dispensed
to or for an ultimate user, issued by a certified nurse-midwife as
an individual practitioner, within the meaning of Section 1306.03
of Title 21 of the Code of Federal Regulations. Notwithstanding
any other provision of law, (1) a drug order issued pursuant to this
section shall be treated in the same manner as a prescription of the
supervising physician; (2) all references to “prescription” in this
code and the Health and Safety Code shall include drug orders
issued by certified nurse-midwives; and (3) the signature of a
certified nurse-midwife on a drug order issued in accordance with
this section shall be deemed to be the signature of a prescriber for
purposes of this code and the Health and Safety Code.
(f) Notwithstanding any other law, a certified nurse-midwife may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5.

SEC. 6. Section 2746.52 of the Business and Professions Code is amended to read:

2746.52. (a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum.

(b) A certified nurse-midwife performing and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

(1) Ensure that all complications are referred to a physician and surgeon immediately.

(2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when a physician and surgeon is not on the premises.

SEC. 7. Section 2746.54 is added to the Business and Professions Code, to read:

2746.54. (a) A certified nurse-midwife shall disclose in oral and written form to a prospective patient as part of a patient care plan, and obtain informed consent for, all of the following:

(1) The patient is retaining a certified nurse-midwife and the certified nurse-midwife is not supervised by a physician and surgeon.

(2) The certified nurse-midwife’s current licensure status and license number.

(3) The practice settings in which the certified nurse-midwife practices.

(4) If the certified nurse-midwife does not have liability coverage for the practice of midwifery, the certified nurse-midwife shall disclose that fact.
(5) There are conditions that are outside of the scope of practice of a certified nurse-midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.

(6) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The certified nurse-midwife shall not be required to identify a specific physician and surgeon.

(7) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(8) If, during the course of care, the patient is informed that the patient has or may have a condition indicating the need for a mandatory transfer, the certified nurse-midwife shall initiate the transfer.

(9) The availability of the text of laws regulating certified nurse-midwifery practices and the procedure for reporting complaints to the Board of Registered Nursing, which may be found on the Board of Registered Nursing’s internet website.

(10) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The certified nurse-midwife shall inform the patient that certified nurse-midwife is independently licensed and practicing midwifery and in that regard is solely responsible for the services the certified nurse-midwife provides.

(b) The disclosure and consent shall be signed by both the certified nurse-midwife and the patient and a copy of the disclosure and consent shall be placed in the patient’s medical record.

(c) The Nurse-Midwifery Advisory Committee, in consultation with the board, may recommend to the board the form for the written disclosure and informed consent statement required to be used by a certified nurse-midwife under this section.

(d) This section shall not apply when the intended site of birth is the hospital setting.

SEC. 8. Section 2746.55 is added to the Business and Professions Code, to read:

2746.55. To ensure consistent reporting of birth outcomes in all settings, consistent with the information currently reported by
hospitals to the Office of Statewide Health Planning and Development, a certified nurse-midwife shall report the outcome of a birth in an out-of-hospital setting.

2746.55. (a) Each certified nurse-midwife who provides labor and delivery services that occurs in an out-of-hospital setting, including facilitating transfer of labor and delivery services to a hospital setting, shall report patient-level data within 90 days of the birth to the State Department of Public Health. The final form of the data submission shall be specified by the board but shall represent patient-level data for all patients whose intended place of birth at the onset of labor was an out-of-hospital setting. The data shall include all of the following:

(1) The certified nurse-midwife’s name.
(2) The certified nurse-midwife’s license number.
(3) The newborn’s date of birth.
(4) The place of birth.
(5) The county in which the place of birth is located.
(6) The ZIP Code of the place of birth.
(7) The date of birth of the parent giving birth.
(9) The county in which the residence of the parent giving birth is located.
(10) The weight of the parent giving birth.
(11) The height of the parent giving birth.
(12) The Activity, Pulse, Grimace, Appearance, and Respiration (APGAR) score.
(13) The obstetric estimate of gestational age.
(14) The total number of prior live births given by the parent giving birth.
(15) The principal source of payment for delivery.
(16) The birthweight of the newborn.
(17) The method of delivery.
(18) Any complications and procedures of pregnancy and concurrent illnesses.
(19) Any complications and procedures of labor and delivery.
(20) Any abnormal conditions and clinical procedures related to the newborn.
(21) Presentation, defined by which anatomical part of the fetus is closest to the pelvic inlet of the birth canal at the time of delivery.
(22) Plurality, defined as the number of fetuses delivered live
or dead at any time in the pregnancy.
(23) Whether the birth was both vaginal and given by a parent
who has had a prior cesarian section.
(24) The intended place of birth at the onset of labor, including,
but not limited to, home, freestanding birth center, hospital, clinic,
doctor’s office, or other location.
(25) Whether there was a maternal death.
(26) Whether there was a fetal death.
(27) Whether there was a hospital transfer during the
intrapartum or postpartum period, and, if there was a transfer,
the following:
(A) Whether the mother, the newborn or newborns, or a
combination thereof was transferred.
(B) The reason for the transfer.
(C) The outcome of the transfer.
(D) The name of the hospital to which the patient or patients
were transferred.
(28) The name and title of the delivery provider.
(29) Any other information prescribed by the board in
regulations.
(b) For those cases that involve a hospital transfer, the Office
of Statewide Health Planning and Development shall coordinate
the linkage of the data submitted by the nurse-midwife with the
vital records data and patient discharge data that reflects the
hospitalization so that additional data reflecting the outcome can
be incorporated into the aggregated reports provided pursuant to
subdivision (f).
(c) The State Department of Public Health shall maintain the
confidentiality of the information submitted pursuant to this section,
and shall not permit any law enforcement or regulatory agency to
inspect or have copies made of the contents of any reports
submitted pursuant to subdivision (a) for any purpose, including,
but not limited to, investigations for licensing, certification, or
regulatory purposes.
(d) The State Department of Public Health shall report to the
board, by April 30, those licensees who have met the requirements
of subdivision (a) for that year.
(e) The board shall send a written notice of noncompliance to
each licensee who fails to meet the reporting requirement of
subdivision (a). The board shall not renew the certificate of a certified nurse-midwife who has failed to comply with subdivision (a) unless the certified nurse-midwife submits to the department the missing data.

(f) The State Department of Public Health shall report the aggregate information, including, but not limited to, birth outcomes of patients under the care of a certified nurse-midwife, collected pursuant to this section to the board by July 30 of each year. The board shall include this information in its annual report to the Legislature. The report shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 9. Section 102415 of the Health and Safety Code is amended to read:

102415. For live births that occur outside of a hospital or outside of a state-licensed alternative birth center, as defined in paragraph (4) of subdivision (b) of Section 1204, the physician in attendance at the birth or, in the absence of a physician, the professionally licensed midwife or the certified nurse-midwife in attendance at the birth or, in the absence of a physician or midwife, either one of the parents shall be responsible for entering the information on the certificate, securing the required signatures, and for registering the certificate with the local registrar.

SEC. 10. The Legislature finds and declares that Section 8 of this act, which adds Section 2746.55 of the Business and Professions Code, imposes a limitation on the public’s right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

This act is necessary to protect sensitive material from public disclosure.

SEC. 9.

SEC. 11. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of
the Government Code, or changes the definition of a crime within
the meaning of Section 6 of Article XIII B of the California
Constitution.