



Nurse Practitioner Advisory Committee Meeting

MEETING MATERIALS

March 18, 2025

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Agenda Item 2.0

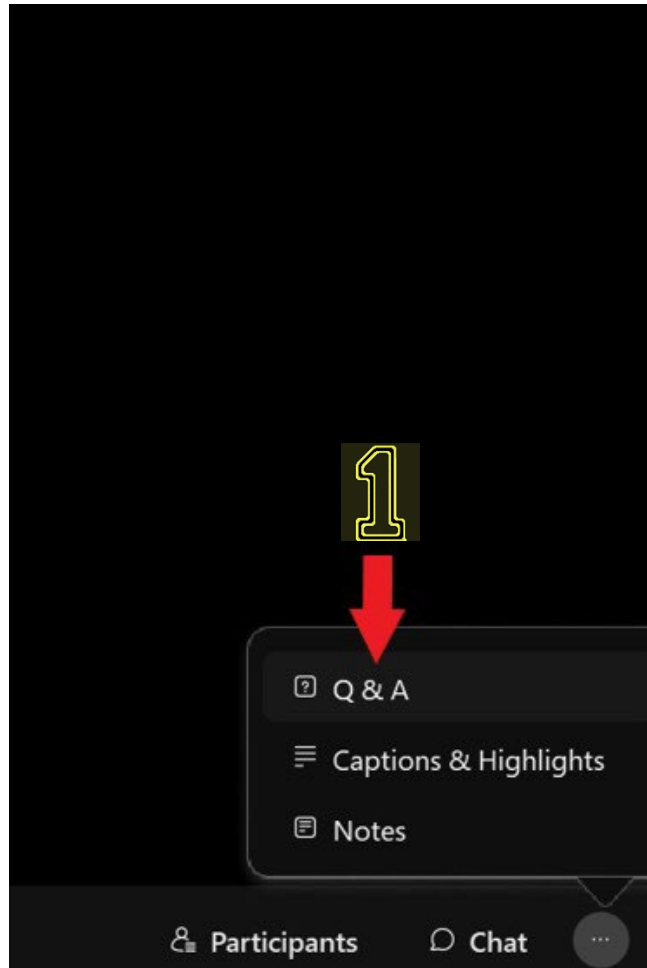
General instructions for the format of a teleconference meeting

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

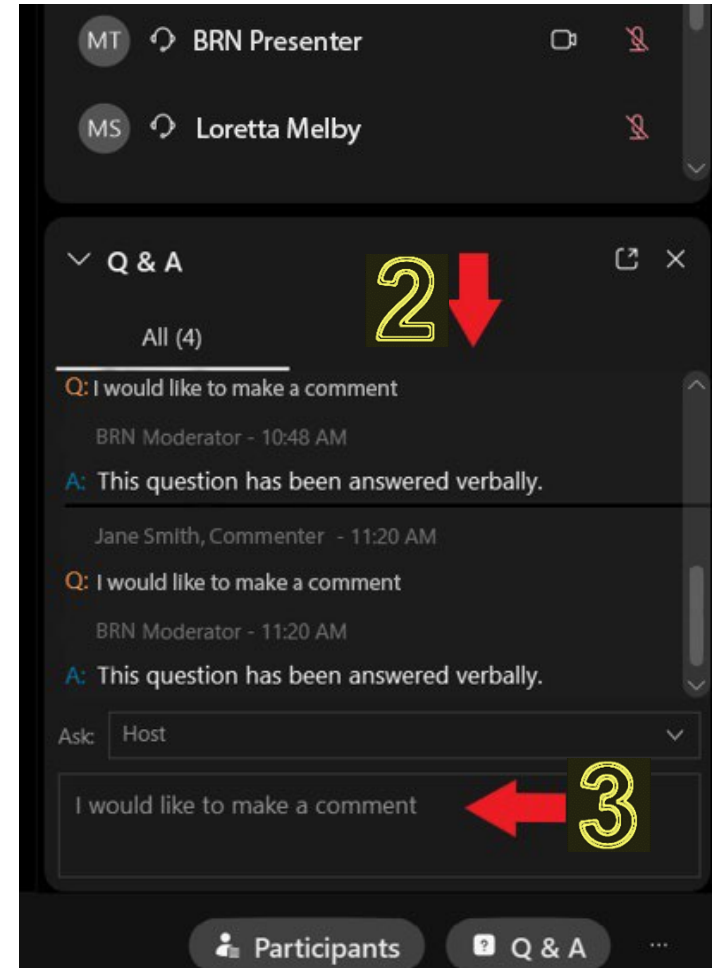
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have two (2) minutes to provide comment. Every effort is made to take comments in the order which they are requested.

NOTE: Please submit a new request for each agenda item on which you would like to comment.



Agenda Item 4.0

Review and vote on whether to approve previous meeting's minutes

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

**CALIFORNIA BOARD OF REGISTERED NURSING
NURSE PRACTITIONER ADVISORY COMMITTEE
MEETING MINUTES**

DRAFT

DATE: September 24, 2024

START TIME: 1:01 pm

LOCATION: The Board of Registered Nursing’s Nurse Practitioner Advisory Committee (NPAC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at the primary physical meeting location indicated below:

1625 North Market Blvd.,
El Dorado Room N-220
Sacramento, CA 95834

1:01 pm

1.0

Call to Order/Roll Call/Establishment of a Quorum

Edward Ray, Vice Chair, called the meeting to order at 1:01 pm. Quorum established at 1:02 pm.

**Nurse Practitioner
Advisory
Committee
Members:**

Samantha Gambles Farr, RN, MSN, FNP-C, CCRN,
RNFA – Chair - Absent
Edward Ray, MD, FACS - Vice Chair
Andrea Espinosa, MD – Joined meeting at 1:04 pm
Jan Johnson Griffin - MSN, APRN
Kevin Maxwell, PhD, DNP, FNP-BC, RN
Sally Pham, MSN, RN, FNP-BC
Betha Schnelle, MBA, MPH – Joined meeting at 1:04 pm

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Harry Skaletzky, DCA Legal Affairs Division, Attorney

1:06 pm

3.0

Public comment for items not on the agenda; items for future agendas.

**Public Comment for
Agenda Item 3.0:**

“NP Watching” – She thinks that a future agenda item should be added to educate nurses about the differences between intervention and probation. She said it is important that only one APRN has been reinstated, when looking at data from 2018 to 2024. She doesn’t think people get the appropriate education up front when they’re trying to pick between the two as can be seen in the public comments that are misdirected, and she is one. She keeps commenting and keeps getting educated by her lawyer. She said her personal information would be collected if she contacted Intervention. She was not convicted and her personal information is still visible on the web.

1:09 pm

4.0

Review and vote on whether to approve previous meetings' minutes

4.1 March 26, 2024

Discussion:

Edward Ray opened the agenda item and requested any corrections or comments.

Motion: Andrea Espinosa: Motioned to approve the minutes as amended in public comment to change Logan to Vogan on page nine.

Second: Jan Johnson-Griffin

Public Comment for Agenda Item 4.0:

Sharon Vogan, Oakland – On page nine of the minutes asked for her name to be fixed from Logan to Vogan.

No public comments in Sacramento.

Vote:

	SG	ER	AE	JJG	KM	SP	BS
Vote	AB	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

1:13 pm

5.0

Information only: Report from the Board of Registered Nursing's (BRN) Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020)

Discussion:

Loretta Melby provided an update on the implementation of AB 890 and other legislation. Andrea Espinosa asked if she could make any comments or ask for clarification when this comes back for discussion about SB 1451. Loretta Melby said any questions can be asked during agenda item 7.0.

Public Comment for Agenda Item 5.0:

No public comments in any location.

1:17 pm

6.0

Discussion and possible action: Regarding meeting dates for 2025.

Discussion:

Edward Ray opened the agenda item and requested any comments or questions to which there were none.

Motion: Andrea Espinosa: Motioned to accept the Advisory Committee meeting dates of March 18, 2025, and September 23, 2025

Second: Betha Schnelle

**Public Comment for
Agenda Item 6.0:**

Sharon Vogan, Oakland – She sees there is a discussion about subcommittees later on the agenda and wonders if this committee should meet more often with so much to discuss. Loretta Melby said there is an option to schedule a special meeting if needed. A lot of work is going to be done in subcommittees and with board staff. The subcommittee makeup is nurse practitioners and/or physicians and no complaints have been raised so they will continue as is. Sharon asked how it is decided for another meeting to be held. Loretta Melby said there will be discussion during 7.0 to discuss the bill and what needs to be done to implement it. There will be discussion in the subcommittee on assignment of those tasks if they believe work can be done in a reasonable amount of time without calling an additional meeting of this committee. Then it will move forward and if at any point they decide another meeting is needed then they will look to schedule it. The subcommittees can meet with subject matter experts and any other advisors without having to schedule public meetings. Any work will be reported out at the advisory committee meetings for consideration by the public. Sharon appreciates the information. Edward Ray said BRN staff does a good job recognizing when there’s potential issues that affect their work and get the committee involved quickly. He has no doubt that if issues come up with SB 1451 or anything else it will be addressed quickly and brought to public attention.

Vote:

	SG	ER	AE	JJG	KM	SP	BS
Vote	AB	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

1:27 pm

7.0

Information only: Overview of Senate Bill (SB) 1451 (Ashby) Professions and vocations.

Discussion:

Section 7 in the bill BCP section 2054:

Edward Ray asked about language saying use of “Dr.” in a business card, letterhead, or advertisement. He doesn’t see anything that says in day-to-day conversation the use of “Dr.” and asked if that is different. Loretta Melby said her understanding is that presenting themselves could be advertisement but she defers to Harry Skaletzky, DCA Attorney. Harry Skaletzky said advertisement is unambiguous and the problem is going to be in an informal setting where someone is referred to as Doctor/Dr. He thinks the obligation will be on the individual to clarify when they introduce themselves that they are not a medical doctor. Advertising clearly must indicate that Dr. is not a medical doctor and there are other titles the individual holds.

Andrea Espinosa said she thought this was taken care of in AB 890 that says is clear that the person is not a doctor and asks why this was added. Loretta Melby said the information from AB 890 is for the Nurse Practice Act and this is in the Medical Practice Act. She said the different advance practice nurses have sections to identify the various practitioners with information in a patient chart acknowledging who is caring for them. She said there is language that even directs the font used on a name badge. Marissa Clark said AB 890 is for NPs informing new patients and said Business and Professions Code section 2054 speaks to cross board licensees.

Edward Ray said it is unfortunate there is such ambiguity in the language that there are terms that can mean many different things. He says it's unfortunate because the word doctor is more appropriate for someone who is a teacher because it comes from Latin and means to teach. This is not an issue in the United Kingdom where they use Mister and Miss to differentiate a physician who has advanced education.

Section 10 Transition to Practice:

Andrea Espinosa asked about competency of the physician attesting to the hours. She said the intent of the law was to add primary care providers, not various specialties such as orthopedics or endocrinologists who cannot certify primary care. She's concerned with any physician attesting to hours. She's okay with the transition to practice. Loretta Melby said the BRN regulations are much more prescriptive, but the statute supersedes regulations which will need to be updated. Competence was not something that was asked for through the attestation so that is not a change with the writing of this law. Competence is determined by the employer which is outside the board and was not changed. OPES looked at this and determined national certification shows they are minimally prepared to practice independently as verified by the national certifying exam and the employers will continue to be the one to vet the competency outlined in their policy and procedure. Andrea Espinosa asked if competency would come in as they're practicing in the 103. Loretta Melby said NPs working traditionally under standardized procedures or 103 will be done by the employer. Andrea Espinosa asked about independent practice and who determines they're able to do so. Loretta Melby said a 103 NP must work in specific settings with one or more physicians for an additional three years. They cannot work in a nursing corporation, only a medical corporation during the three-year time period without standardized procedures using their 103 status in order to become a 104 NP which is the independent practitioner who can work outside these group settings. She read the requirements to become a 104 NP. Andrea Espinosa gave an example of a physician who is a diabetic specialist working with a

103 NP and asked if the NP could become a 104 NP who is not a primary care provider. Loretta Melby read the language that a NP must comply with to practice as a 104 NP. Andrea Espinosa thanked Loretta Melby for explaining this information.

Section 12 BPC 2837.105:

Andrea Espinosa asked if these NPs could skip the 103 and go to 104. Marissa Clark said this would make the legacy NP eligible to become a 103 which was not allowed in the previous language.

Section 11 Notice to Consumers:

Andrea Espinosa asked about the language telling the patient they have the right to see a physician and surgeon on request. Marissa Clark explained that the law removed this requirement, and the regulations will be updated. The Board cannot impose this requirement, but the patient can always ask to see a physician.

Edward Ray asked about Section 10 subsection 3(c) and the language that specifically says a NP shall not vote at department, division, or other meetings. He's curious why this specific language would be created and would be regulated on the local level at the medical institution. He asked if there is a legal precedent for it. Loretta Melby said this was original language from AB 890 and was not changed in SB 1451. Edward Ray is surprised how deep the state of California goes into the hospital administration and was eye opening to him. Loretta Melby said when Dr. Ray has time, he should read Title 22 to see just how specific and in depth it goes. Edward Ray said he is going to do that. Loretta Melby said Title 22 is a very robust document and is very specific.

Loretta Melby explained that statutory language supersedes regulations and the BRN will start working to update the regulatory language in conflict with the language in SB 1451. The additional discussion is regarding whether the subcommittees work on this regulation for the 101 section, another one for 103 section, another for 104 section. The subcommittees could look at the language and see if there is any other clarifying language that would need to be added to ensure the statutory language can be fully implemented. She walked the committee through the regulations and what might be considered by the subcommittees based on the statutory changes that go into effect on January 1, 2025.

Edward Ray asked if it is best to be worked on in the subcommittees. Loretta Melby said a standard email will be sent to the subcommittees to take a look at the various sections. She said Edward Ray and Betha Schnelle were on transition to

practice and Kevin Maxwell and Jan Johnson Griffin were the 104 section. The majority of the work will be the transition to practice. BRN staff and DCA legal counsel are available to assist with this. If additional regulatory language is needed to clarify the statutory language it will not be in place by January 1, 2025, due to the formal regulatory process.

Edward Ray asked about the regulatory process being approved by NPAC and then going to board for approval. Marissa Clark said any proposed regulatory text would have to go to full board for approval before starting the initial rulemaking process. Edward Ray said this is something that will come up at the March 2025 meeting. Andrea Espinosa asked, if there is anything to contribute, would that still be at the March 2025 meeting? Jan Johnson Griffin asked, if there is some input needed, could the members go to EO Melby? Edward Ray said he thought that would be okay to seek guidance. Jan Johnson Griffin asked if there is a NP on each of the subcommittees. Loretta Melby said the transition to practice does not have a NP on it but Edward Ray and Betha Schnelle could seek information and input from subject matter expert NPs during their meetings.

Andrea Espinosa said she would like to see a NP on the transition to practice subcommittee. Edward Ray thought Sally Pham was on his subcommittee. Jan Johnson Griffin asked if this could be done. Loretta Melby said if an agenda item for this meeting allows, it could be done. Edward Ray said agenda item 8.0 has the subcommittees listed. Loretta Melby said that would be the appropriate time to do so.

2:31 pm

**Public Comment on
Agenda Item 7.0:**

Charlotte Thomas – Said she’s a 103NP and works in a hospital setting. She said they are not allowing NPs to practice without standardized procedures as part of their credentialing. She wonders if that will limit them to be able to apply for a 104 if they haven’t actually worked as a 103NP. Edward Ray tried to paraphrase the comment since it was difficult to hear the commenter. Sally Pham said there are 103s in the hospital working with standardized procedures but in order to get the 104 they need to work without the standardized procedures which is why that has become a problem. Loretta Melby said the regulations say a NP must practice as a 103 for 3 years without standardized procedures in specified group settings. She said the BRN cannot force health care facilities to use the 103s. If a 103 wants to apply as a 104 they have to work as a 103 in a setting as the regulations read.

Sharon Vogan, Oakland – Thanked Dr. Ray for the scholarly definition for doctor and that it is an American problem. She hopes people will step back and focus on things that have a more direct impact on safety and the health care of the community

because there are so many issues to talk about. The assessment of competence for MDs is their education and training and then take a board exam which is what the NPs are doing. She wants to clarify there's independent practice of having your own clinic and then there's practicing without standardized procedures which are a little different from one another. She said independent practice is used in the different settings. She said NPs are not going to stop collaborating or consulting with providers with more experience because they know that's their role and what they were trained to do. They want to give the best possible care to their patients. They will reach out to others including PAs. She would not be off in a clinic working alone. Good practice involves working and collaborating with others.

2:38 pm

8.0

Discussion and possible action: Regarding discussion of the following subcommittees: 2837.101 Transition to Practice; 2837.104; and Discipline.

Discussion:

Sally Pham looked at the data and didn't see any outliers in this year's data. She doesn't think there will be real data until you see the 103 and 104 which could be a few years out.

Loretta Melby said Sally Pham and Samantha Gambles Farr are the Discipline subcommittee, Edward Ray and Betha Schnelle are the transition to practice subcommittee, Jan Johnson Griffin and Kevin Maxwell are the 104 subcommittee. Jan Johnson Griffin said the transition and 104 should split and swap. Edward Ray said he would defer to the NPs. Jan Johnson Griffin said she would move to transition to practice. Betha Schnelle is flexible with whatever works. Edward Ray is flexible but said the bulk of the work is with transition to practice and wonders if that would benefit from having a MD and NP. Jan Johnson Griffin would prefer the MD and NP. Loretta Melby said a motion and second are needed.

Motion: **Kevin Maxwell:** Motioned to ensure there is a NP on each of the subcommittees to accept the changes to the subcommittees as outlined: Reconstitute 101/103 to Edward Ray and Jan Johnson Griffin and 104 to Kevin Maxwell and Betha Schnelle.

Second: **Sally Pham**

2:45 pm

Public Comment for Agenda Item 8.0:

No public comments in any location.

Vote:

	SG	ER	AE	JJG	KM	SP	BS
Vote	AB	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

2:48 pm **9.0** **Information only:** Overview of the Med Spa/IV Hydration Taskforce and investigations alleging negligent intravenous hydration and/or therapy.

Discussion: Edward Ray asked how the BRN is monitoring this type of violation of scope of practice. Loretta Melby said that right now it is complaint based and we are looking to see if resources are available to spot check. Other boards are conducting investigations and notifying the BRN. RNs are not allowed to compound drugs and this practice exceeds a RN scope of practice.

3:03 pm **Public Comment for Agenda Item 9.0:** No public comments in any location.

3:04 pm **10.0** **Discussion and possible action:** Regarding input from NPAC on changes to the BRN Disciplinary Guidelines, to provide recommendations or guidance on care when the Board is considering disciplinary action against a Nurse Practitioner.

Discussion: Edward Ray asked if the committee members had enough time to read the language. Loretta Melby reviewed and provided context for the proposed language. Edward Ray said it seems straightforward. Kevin Maxwell said he doesn't see anything that bothers him and that this is consistent across multiple disciplines and it is important to keep as close as possible to all others without something special for nurse practitioners. Andrea Espinosa asked if the cost is paid by the NP. Loretta Melby said the last sentence says all costs of supervision shall be borne by respondent. Jan Johnson Griffin asked if the BRN has a list of supervisors. Loretta Melby said there is no list of supervisors maintained by the BRN because there has not been any independent practice. A list could be created as supervisors are utilized. There are companies who provide this service. If you work for a hospital, then you can reach out to the chief of staff or CNO for help.

Motion: **Kevin Maxwell:** Motioned to approve, as written.

Second: **Jan Johnson Griffin**

3:16 pm **Public Comment on Agenda Item 10.0:** Sharon Vogan – Said she looks for preceptors and has seen it in use for nurses on probation. Loretta Melby said this is in place for RNs but not independent practitioners. She explained the review and approval process for worksite monitors. The independent practice process is new and will be different.

Vote:

Vote	SG	ER	AE	JJG	KM	SP	BS
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	AB	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Motion Passed

3:20 pm

8.0

Adjournment: Edward Ray – Vice Chair, adjourned the meeting at 3:20 pm.

Submitted by:

Approved by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Samantha Gambles Farr, RN, MSN,

FNP-C, CCRN, RNFA

Chair
Nurse Practitioner Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Report from the Board of Registered Nursing's (BRN) Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020) and Senate Bill (SB) 1451 (Reg. Sess. 2023-2024)

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

**BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 5.0
DATE: March 18, 2025

ACTION REQUESTED: **Discussion and possible action:** Report from the Board of Registered Nursing's (BRN) Executive Officer regarding the implementation of Assembly Bill 890 (Reg. Sess. 2019-2020) and Senate Bill (SB) 1451 (Reg. Sess. 2023-2024)

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities regarding the implementation of AB 890 and SB 1451 to NPAC members.

RESOURCES:

SB 1451: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1451

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: March 18, 2025

ACTION REQUESTED: **Discussion and Possible Action:** Regarding the following subcommittees: Business and Professions Code (BPC) section 2837.101, Transition to Practice; BPC section 2837.104; and Discipline

REQUESTED BY: Loretta Melby, MSN, RN
Executive Officer

BACKGROUND:

The three NPAC subcommittees will provide updates on work conducted and discuss the following subcommittees:

- 2837.101 Transition to Practice
- 2837.104
- Discipline

Additionally, the members of the Discipline subcommittee will provide updates on the work conducted and any trends/issues with final dispositions of disciplinary cases against NPs. Discipline data for the past seven (7) years is included in the two charts below:

Nurse Practitioner (NP) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2024 (as of 2/25/24)
Public Repeval	13	11	5	10	5	17	19	5
Probation	14	16	23	30	24	24	28	4
Surrender	15	19	9	6	7	8	8	3
Voluntary Surrender during Probation	3	3	3	3	3	6	2	2
Revocation	5	6	12	8	9	15	15	2
Reinstatement	1	0	0	0	0	0	0	0
Total	51	55	52	57	48	70	72	14

NP Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2024 (as of 2/25/24)
Practice	26	27	21	30	17	27	23	3
801 Practice	7	3	1	7	6	1	4	0
OSD	8	14	7	3	5	16	12	5
Conviction	7	6	12	6	7	13	19	4
SUD	3	4	5	4	3	3	5	1
Sexual Misconduct	0	0	0	2	3	1	2	0
Other	0	1	6	5	7	9	7	1
Total	51	55	52	57	48	70	72	14

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 7.0

Discussion and Possible Action: Regarding proposed regulatory text to incorporate statutory changes from SB 1451 (Reg. Sess. 2023-2024) and other related updates

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: March 18, 2025

ACTION REQUESTED: **Discussion and Possible Action:** Regarding proposed regulatory text to incorporate statutory changes from SB 1451 (Reg. Sess. 2023-2024) and other related updates

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

RESOURCES:

During the February 26-27, 2025, Board meeting, the Board voted to adopt the proposed regulatory text to incorporate statutory changes from SB 1451 (Ashby, Chapter 481, Statutes of 2024) and other related updates, direct staff to continue with the rulemaking file and proceed with review by the Director of the Department of Consumer Affairs and the Secretary of the Business, Consumer Services, and Housing Agency. Upon their approvals, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulatory text as noticed.

The proposed text contains conforming amendments to ensure Board regulations reflect the statutory changes made by SB 1451. The proposed text also contains some clean up and clarifying amendments related to nurse practitioners. The proposed changes include the following:

103 NP Changes

- Removal of requirements for the category of a 103 NP applicant's transition to practice hours, national certification, and 103 NP certification to all align.
- Removal of the requirement for the healthcare provider attesting to a 103 NP applicant's completion of transition to practice hours to specialize in the same category as the 103 NP applicant.
- Clarification that maintenance of an active national certification in a population focus category is required to continue working as a 103 NP.
- Clarification that the term 103 NP refers to a nurse practitioner practicing pursuant to Section 2837.103 of the code.

104 NP Changes

- Clarification that maintenance of an active national certification in a population focus category that aligns with the 104 NP certification category is required to continue working as a 104 NP.
- Removal of requirement for a 104 NP applicant to submit national certification information.

- Removal of requirement for a 104 NP applicant to submit transition to practice information.
- Addition of requirement for a 104 NP applicant to submit proof of certification by the Board as a 103 NP.
- Clarification of documentation needed for a 104 NP applicant to apply direct patient care hours obtained as part of a Doctor of Nursing Practice program towards the 4600-hour requirement.
- Clarification that the term 104 NP refers to a nurse practitioner practicing pursuant to Section 2837.104 of the code.

Notice to Consumer Changes

- Clarification that consumer notification provisions are only mandatory for 103 and 104 NPs.
- Removal of specification that a patient be notified verbally that an NP is not a physician and surgeon.
- Removal of requirement for the patient notification that an NP is not a physician and surgeon be provided using specific terms for Spanish speakers.
- Removal of requirement for 103 NPs and 104 NPs to advise their patients that they have the right to see a physician and surgeon on request and the circumstances under which they must be referred to see a physician and surgeon.

General NP Changes

- Removal of the nurse practitioner certification equivalency option (Method 3) to reflect previous Board action.

Clarification that nurse practitioners who are not certified as a 103 NP or 104 NP are still required to work under standardized procedures.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Marissa Clark
 Chief of Legislative Affairs
 California Board of Registered Nursing
marissa.clark@dca.ca.gov

**Department of Consumer Affairs
Title 16. Board of Registered Nursing**

**PROPOSED REGULATORY LANGUAGE
Nurse Practitioners- Amendments to Align with Statutory Updates**

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Amend Sections 1481, 1482.3, 1482.4 and 1487 of Division 14 of Title 16 of the California Code of Regulations as follows:

§ 1481. Categories and Scope of Practice of Nurse Practitioners.

(a) Categories of nurse practitioners include:

- (1) Family/individual across the lifespan;
- (2) Adult-gerontology, primary care or acute care;
- (3) Neonatal;
- (4) Pediatrics, primary care or acute care;
- (5) Women's health/gender-related;
- (6) Psychiatric-Mental Health across the lifespan.

(b) Nurse Practitioners who have met the additional training and experience requirements can apply to the board for an expanded scope of practice, and work without standardized procedures, under these two categories:

(1) A nurse practitioner practicing pursuant to Section 2837.103 of the code may perform the functions listed in Section 2387.103(c) of the code without standardized procedures only in a group setting ~~and in the category listed in subdivision (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.103 of the code.~~

(2) A nurse practitioner practicing pursuant to Section 2837.104 of the code may perform the functions listed in section 2387.104(b) - (c) of the code without standardized procedures, inside or outside of a group setting, only in the category listed in in subdivision (a) of this regulation in which the applicant is certified as a nurse practitioner pursuant to Section 2837.104 of the code.

(c) A registered nurse who has been certified by the Board as a nurse practitioner may use the title, "advanced practice registered nurse" and/or "certified nurse practitioner" and may place the letters APRN-CNP after their name or in combination with other letters or words that identify the category.

Credits

NOTE: Authority cited: Sections 2715, 2835.7 and 2836, Business and Professions Code. Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3, and 2837, Business and Professions Code.

.....

§ 1482. Requirements for Certification As a Nurse Practitioner.

(a) To obtain certification as a Nurse Practitioner, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:

- (1) Successful completion of a nurse practitioner education program approved by the Board;
- (2) National certification as a nurse practitioner in one or more categories listed in Section 1481(a) from a national certification organization accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.

~~(b) A nurse who has not completed an academically affiliated nurse practitioner education program shall provide evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.~~

~~(c) Graduates who have completed a nurse practitioner education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.~~

(c) A nurse practitioner must work under standardized procedures unless certified pursuant to Section 2837.103 or Section 2837.104 of the code.

Credits

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835, 2835.5, 2836, and 2837, Business and Professions Code.

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§ 1482.3. Requirements for a Nurse Practitioner Certification Pursuant to Business and Professions Code Section 2837.103.

(a) To obtain certification as a nurse practitioner pursuant to Section 2837.103 of the code, an applicant shall hold a valid and active certification as a nurse practitioner in California and submit a completed application that includes the following:

- (1) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),
- (2) Other name(s) applicant has used or has been known by,
- (3) Applicant's physical address,
- (4) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address,
- (5) Email address, if any,
- (6) Applicant's telephone number,
- (7) Applicant's Social Security Number or Individual Taxpayer Identification Number,
- (8) Applicant's birthdate (month, day, and year),
- (9) California registered nurse license number issued by the Board,

(10) California nurse practitioner certification number issued by the Board,

(11) Date of passage of the Board's national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the Board by the organization that administered the examination.

(12) Proof of holding a certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) ~~as a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.~~ Verification of this certification shall be provided directly to the Board by the issuing organization.

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

(A) For purposes of this subdivision, "transition to practice" means 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:

(i) Completed in California.

(ii) Completed within five years prior to the date the applicant applies for certification as a nurse practitioner pursuant to Section 2837.103 of the code.

(iii) Completed after certification by the Board of Registered Nursing as a nurse practitioner.

(iv) Completed in direct patient care in the role of a nurse practitioner ~~in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.~~

(B) For purposes of this subdivision "financial interest" shall have the same meaning as in Section 650.01(b)(2) of the code, and "familial" shall include the members of "immediate family" as used in Section 650.01(b)(3) of the code.

(14) A statement signed under penalty of perjury by the applicant that all statements made in the application are true and correct.

(b) Maintenance of an active national certification in a category listed in Section 1481(a) is required to work under the provisions of Section 2837.103. Verification of certification renewal must be maintained by the licensee and provided to the Board or an employer upon request.

(c) A nurse practitioner practicing pursuant to Section 2837.103 of the code may be referred to colloquially as a "103 NP".

Credits

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 29.5, 30, 494.5, 2837.101 and 2837.103, Business and Professions Code

§ 1482.4. Requirements for a Nurse Practitioner Certification Pursuant to Business and Professions Code Section 2837.104.

(a) To obtain certification as a nurse practitioner pursuant to Section 2837.104 of the code, an applicant must hold a valid and active certification as a nurse practitioner pursuant to Section 2837.103 of the code and submit a completed application with all of the following information:

- (1) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),
- (2) Other name(s) applicant has used or has been known by,
- (3) Applicant's physical address,
- (4) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address,
- (5) Email address, if any,
- (6) Applicant's telephone number,
- (7) Applicant's Social Security Number or Individual Taxpayer Identification Number,
- (8) Applicant's birthdate (month, day, and year),
- (9) California registered nurse license number issued by the Board,
- (10) California nurse practitioner certification number issued by the Board,
- (11) Date of passage of the Board's national nurse practitioner Board certification examination. Verification of this passage shall be provided directly to the Board by the organization that administered the examination.
- (12) ~~Proof of holding a certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) as a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code. Verification of this certification shall be provided directly to the Board by the issuing organization. Proof of certification by the Board as a nurse practitioner pursuant to Section 2837.103 of the code.~~
- (13) ~~Proof of completion of a transition to practice by submitting to the Board one or more attestations of a physician or surgeon or a nurse practitioner practicing pursuant to Section 2837.104 of the code. Any physician or surgeon or a nurse practitioner practicing pursuant to Section 2837.104 of the code submitting an attestation must specialize in the same specialty area or category listed in Section 1481(a) in which the applicant seeks certification as a nurse~~

practitioner pursuant to Section 2837.104 of the code and must not have a familial or financial relationship with the applicant.

~~(A) For purposes of this subdivision, "transition to practice" means 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:~~

~~(i) Completed in California.~~

~~(ii) Completed within five years prior to the date the applicant applies for certification as a nurse practitioner pursuant to Section 2837.104 of the code.~~

~~(iii) Completed after certification by the Board of Registered Nursing as a nurse practitioner.~~

~~(iv) Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.104 of the code.~~

~~(B) For purposes of this subdivision "financial interest" shall have the same meaning as in Section 650.01(b)(2) of the code, and "familial" shall include the members of "immediate family" as used in Section 650.01(b)(3) of the code.~~

~~(14)~~ (13) Proof of practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing for at least three full-time equivalent years or 4600 hours in direct patient care.

(A) For purposes of this subdivision, "practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reproof.

(B) For an applicant who holds a Doctorate of Nursing Practice degree (DNP), "practice as a nurse practitioner pursuant Section 2837.103 of the code in good standing" also includes any hours of direct patient care that the applicant provided in the course of their doctoral education so long as the direct patient care is both (i) in the applicant's area of National Certification specified in subdivision (a)(12) and (ii) provided during the doctoral part of the applicant's doctoral education and not credited towards the applicant's master's degree. An applicant must provide verification on a form provided by the Board and signed by the Program Director of The Nurse Practitioner Program from the academic institution where the doctoral education was completed as to the number of eligible hours the applicant fulfilled. The form must be submitted to the Board through the Board's online portal accessible through the Board's website.

~~(15)~~ (14) A statement signed under penalty of perjury by the applicant that all statements made in the application are true and correct.

(b) Within 90 days of certification by the Board of Registered Nursing, a nurse practitioner practicing pursuant to Section 2837.104 of the code shall have a written protocol for consultation and a written plan for referrals, pursuant to Section 2837.104(c)(2) of the code and shall make that referral plan available to patients on request. If the written plan calls for referrals to a specific individual, the plan must include that individual's acknowledgment and consent to the referrals.

(c) Maintenance of an active national certification in the category listed in Section 1481(a) or a population focus category that was discontinued before January 1, 2017, in which the applicant seeks

certification as a nurse practitioner pursuant to Section 2837.104 of the code, is required to work under the provisions of Section 2837.104. Verification of certification renewal must be maintained by the licensee and provided to the Board or an employer upon request.

(d) A nurse practitioner practicing pursuant to Section 2837.104 of the code may be referred to colloquially as a “104 NP”.

Credits

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 29.5, 30, 494.5 and 2837.104, Business and Professions Code.

§ 1487. Notice to Consumers.

Except when working in facilities under the Department of Corrections and Rehabilitation, a nurse practitioner practicing pursuant to Section 2837.103 or 2837.104 of the code, engaged in providing healthcare services shall do all of the following:

(a) Prominently post a notice, in at least 48-point Arial font, in a conspicuous location accessible to public view on the premises where the nurse practitioner provides the healthcare services, containing the following information:

NOTICE
Nurse practitioners are licensed and regulated
by the Board of Registered Nursing
(916) 322-3350
www.rn.ca.gov

(b) ~~Verbally~~ 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 phrases “enfermera especializada” or “enfermero especializado.”~~

~~(c) Advise patients that they have the right to see a physician and surgeon on request and the circumstances under which they must be referred to see a physician and surgeon.~~

Credits

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2837.103 and 2837.104, Business and Professions Code.



Agenda Item 8.0

Information only: Overview of the updated Frequently Asked Questions regarding Nurse Practitioners resulting from the passage of SB 1451

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: March 18, 2025

ACTION REQUESTED: **Information only:** Overview of the updated Frequently Asked Questions regarding Nurse Practitioners resulting from the passage of SB 1451

REQUESTED BY: Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

BACKGROUND:

Loretta Melby, Executive Officer and Marissa Clark, Chief of Legislative Affairs, will provide an update on the AB 890 [Frequently Asked Questions \(FAQs\)](#) as a result of the passage of SB 1451.

RESOURCES:

AB 890 information, including the FAQs: <https://www.rn.ca.gov/practice/ab890.shtml>

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 9.0

Overview of California Code of Regulations, title 16, section 1484 (Nurse Practitioner Education) and proposed regulatory updates concerning nurse practitioner core competencies, and preceptorship requirements

Nurse Practitioner Advisory Committee (NPAC) Meeting | March 18, 2025

BOARD OF REGISTERED NURSING
Nurse Practitioner Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0
DATE: March 18, 2025

ACTION REQUESTED: **Information only:** Overview of California Code of Regulations, title 16, section 1484 (Nurse Practitioner Education) and proposed regulatory updates concerning nurse practitioner core competencies, and preceptorship requirements

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer and Marissa Clark, Chief of Legislative Affairs, will provide an overview of California Code of Regulations, title 16, section 1484 (Nurse Practitioner Education) and proposed regulatory updates concerning nurse practitioner core competencies, and preceptorship requirements

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
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