TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
Division 14
Article 4

DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF REGISTERED NURSING

Final Statement of Reasons

Subject Matter of Proposed Regulations: Independent Practice Supervision in Disciplinary Guidelines

Section(s) Affected: California Code of Regulations (CCR) Title 16, Division 14, Article 4, Section 1444.5 and document incorporated by reference, the Board's Recommended Guidelines for Disciplinary Orders and Conditions of Probation. This document, commonly referred to as the "DGs", outlines recommended penalties and probationary terms for violations of the Nurse Practice Act (NPA).

Updated Information
The Informative Digest and Initial Statement of Reasons (ISOR) are included in the rulemaking file and incorporated as though set forth herein.

This rulemaking package was noticed on January 23, 2026, and public comment was through March 17, 2026. No public hearing was requested. Five comments were received. The Board considered these comments and at the March 26-27, 2026, Board Meeting. As part of the response to public comments, the Board included as underlying data: California Attorney General Opinion No. 83-1007 (1984), and Senate Bill (SB) 1237 (Dodd, Chapter 88, Statutes of 2020) Senate Floor Analysis. The Board electronically noticed the documents added to the rulemaking record on April 7, 2026 pursuant to Government Code 11347.1 .

The Board voted to partially decline some of the actions requested in the comments, accepted in part a comment to amend the text by removing the prohibition of professional relationship with respondent (for further information please see summary and response to comments) and notice a 15-day comment period for Modified Text and Added Documents, which ran from April 7, 2026, through April 23, 2026. No comments were received on the modified text or documents.

The Board amends the effective date of the guidelines, adds missing punctuation, corrects page numbers, and adds paragraphs numbers as technical edits.
The Board updated the font for better disability access and the page numbers in the DGs document post-notice to revise cross-references, per the Board's motion to authorize the Executive Officer to make any technical or non-substantive changes to the

proposed regulations. These changes do not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any California Code of Regulations provision.

The Board amends Standard Probation Condition 8(e) to state:
If the Respondent is certified by the Board as an advanced practice registered nurse and has a scope of practice to provide patient care without standardized procedures in an independent practice setting, which shall be determined by the Board on a case-by-case basis,

This amendment describes the Board's already established processes and does not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any California Code of Regulations provision.

Objections or Recommendations/Responses

45-Day Public Comment Period

The following recommendations and/or objections were made regarding the proposed action:

Email received January 30, 2026, from Commenter 1

Comment #1

Summary of Comment
The commentor wanted to know if the Notice of Proposed Action email notification they received was information only or if further action was required.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The Board appreciates the commentor's request for clarification. The Board does not require any action to be taken in response to the Notice of Proposed Action. Any responses submitted are voluntary.

Email received January 31, 2026, from Commenter 2

Comment #2

Summary of Comment
The commentor expressed disagreement with the proposed text that precludes a potential supervisor from having a professional relationship with the respondent. The commenter states that doing so could create a barrier by excluding other employees of the same organization that the respondent works for and unintentionally lead to

the respondent having to cease practice.

Response to Comment
The Board has reviewed and considered the comment. The Board agrees with the commenter and will modify the proposed text to remove the word “professional” from the following provision “Does not have a current or prior financial, personal, or business, or ~~*professional*~~ relationship with Respondent.” While the Initial Statement of Reasons (ISOR) outlines that this criterion is necessary to ensure there is no potential conflict of interest between the respondent and the proposed supervisor that could impact the supervisor’s ability to provide fair and unbiased oversight, the Board recognizes that preventing a supervisor with any prior professional relationship may be too restrictive and the language still avoids conflicts of interest to protect consumers.

Email received February 19, 2026, from Commenter 3

Comment #3

Summary of Comment
The commentator expressed gratitude for being informed about the proposed changes. The commenter suggested that the supervisor be required to be vetted by the Board and that they meet rigorous and exceptional characteristics similar to those expected of the respondent.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The proposed text already requires a supervisor to have a license in good standing [i.e. no disciplinary action within the last five (5) years], not have certain preexisting relationships with the respondent, and be approved by the Board.

Email received February 21, 2026, from Commenter 4

Comment # 4

Summary of Comment
The commentor is a lead clinician nurse practitioner (NP) in a federally qualified health center (FQHC) and oversees and supervisors both NPs and physicians in a team based clinical practice, and supports the Board’s objective of ensuring public safety and meaningful remediation when an advanced practice registered nurse (APRN) is placed on probation.

The commentor states that the proposed requirement that an independently practicing NP obtain supervision exclusively from an individual with whom they have

no prior or current personal, financial, or professional relationship may be difficult to operationalize and, in some settings such as a FQHC, unnecessarily restrictive and potentially disruptive to continuity of care.

The commentor also states that California already has a statutory framework for graduated NP practice authority which allows temporary reversion to a lower authority level during probation. The commenter requests the Board consider whether temporary reversion to a lower statutory NP practice authority level, supplemented by independent auditing where appropriate, would achieve the Board's safety objectives with greater clarity and administrative efficiency than the proposed external supervision requirement.

Response to Comment
The Board has reviewed and considered the comment. The Board agrees that barring a supervisor from having a professional relationship with the respondent could be unnecessarily restrictive and will modify the text as addressed in Comment #2.

The Board does not agree with the commenter's suggestion to temporarily revert a NP to a lower practice authority level, supplemented by independent auditing, instead of requiring external supervision. As stated in the ISOR, this provision is for all APRNs, not
just NPs. APRNs practice in a wide variety of different settings and the proposed text must be written in a manner that is applicable to all of them. Additionally, requiring supervision of a licensee on probation is in alignment with the disciplinary guideline framework of the Board (and other healing arts boards) in its statutory mandate to protect the public in exercising its disciplinary functions.

Letter received March 16, 2026, from Commenter 5

Comment #5A

Summary of Comment
The commenter disagrees with a statement in the ISOR that says a physician, dentist, podiatrist, or clinical psychologist can supervise a registered nurse (RN). The commenter states that provision provides delegation authority, not supervision authority and that RNs practice pursuant to their license, not under the supervision of other clinicians. The commenter suggested correcting the rationale in the ISOR regarding BPC Section 2725(b)(2).

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon. The rationale within the ISOR is supported by the fact that BPC 2725 outlines the scope of practice of RNs. RN scope of practice can be divided into categories that allow for certain functions to be independent, dependent and interdependent. Nursing functions that are dependent

or interdependent require, at minimum, an order that is within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist. If this order is to be carried out through standardized procedure, then supervision and some level of oversite as described in the standardized procedure is required. Additionally, when a nurse is following or carrying out an order, they are performing those functions in alignment with their scope of practice but the regimen that was ordered and is being followed was directed by the provider who has that authority.

Furthermore, Cal. Attorney General, Opinion No. 83-1007 found the following,

"We perceive its specific mention that nurses may administer medications 'necessary to implement a regimen ordered by a physician' to be indicative of a legislative intent that
(1) a course of treatment involving medications be based on a physician's judgment in each individual case and (2) that that treatment be only as ordered by the physician. A physician must ascertain the relevant facts about a patient to enable him to make a diagnosis and provide a course of treatment, and this must be done on an individualized patient basis. A physician cannot delegate to a nurse his authority to diagnose and to direct a course of treatment that he deems appropriate although he may utilize the services of others to help him ascertain the facts and to carry out his ordered treatment.

In the performance of functions under 'standardized procedures' however, it is the registered nurse and not the physician who makes the assessment of the patient's condition, discerns abnormalities and then takes action according to a protocol established by a 'standardized procedure.' Although the establishment of a protocol takes place through collaboration with physicians, we do not consider that participation to be tantamount to their 'ordering' a course of treatment involving medication within the meaning of subdivision (b). There is certainly no express or implied indication that a protocol should serve as such and its general nature is at odds with the notion of an order for medication, i.e., a prescription, expressed elsewhere in the Codes, involving as it does direction for medication given on an individualized patient basis."

No text change is necessary.

Comment #5B

Summary of Comment
The commenter states that supervision for the purposes of 16 [California Code of Regulations (CCR) Section] 1444.5 must be clearly defined as a probationary, evaluative or monitoring function, not a task-based oversight (i.e. delegation) or employment supervision. Commenter states that regulation should be amended to include a definition of supervision specific to this context during probation.

Response to Comment

The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The proposed text requires the level of supervision to be addressed in the respondent's individual plan of supervision as it will vary greatly based on the type and severity of the respondents' violations and reasons for being placed on probation. In some instances, the level of supervision may also be dictated by the administrative law judge who presided over the disciplinary hearing. Thus, defining supervision as a probationary, evaluative or monitoring function is not necessary, as each case requires flexibility considering various factors. The Board believes in its prior experience that reviewing each individual on the basis of multiple criteria is the better indicator whether individuals are rehabilitated and not a danger to the public's health, safety, and welfare.

Comment #5C

Summary of Comment
The commenter states that only a supervisor functioning within a probationary, evaluative, or monitoring role who has expertise in the same field as the respondent *c*an accurately assess safe practice, compliance with the Nursing Practice Act, and remediation of disciplinary conduct.

The commenter states that physicians, dentists, podiatrists, and clinical psychologists do not have the nursing-specific competencies or statutory knowledge to comprehensively evaluate probationary compliance. The commenter states that naming physicians, dentists, podiatrists, and/or psychologists as potential "supervisors" should also require that they have the knowledge to satisfactorily assess the elements for which the respondent is on probation, in addition to having expertise in the same field.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The disciplinary guidelines already refer to physicians and, in some instances, physician assistants as supervisors. As stated in the ISOR, the Board expanded this language to be consistent with BPC 2725(b)(2) to include dentists, podiatrists and clinical psychologists. This will increase the options for supervisors and is more inclusive of with the various practice settings that APRNs may practice in independently (e.g. a Certified Registered Nurse Anesthetist providing anesthesia services in a dental office or a Psychiatric-Mental Health Nurse Practitioner working in a setting alongside a clinical psychologist).

The qualifications of the supervisor and the details of the plan of supervision must be individualized, based on the type/severity of the respondent's violation, and approved by the Board. Consequently, the Board believes the language should be left broad.

Comment #5D

Summary of Comment
The commenter states that the regulation should explicitly clarify whether supervisors assume any responsibility for the respondent's actions. The commenter states that if they do not assume responsibility, it should be stated within the regulation to avoid ambiguity.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The scope of practice of a nurse can be divided into categories that allow for certain functions to be independent, dependent and interdependent. Nursing functions that are dependent or interdependent require, at minimum, an order that is within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist. If this order is to be carried out through standardized procedures, then supervision and some level of oversite, as described in the standardized procedures, is required.

There are various types of supervision, such as direct supervision or general supervision, that are defined in federal regulations under 42 CFR 410.32(b)(3). These are specific to the oversite of a physician and cannot be altered or changed by our Board. As established in the federal regulation, supervisory responsibility is more than the capacity to respond to an emergency and includes the ability to take over performance of a procedure or provide additional order.

The term supervision in the context of the proposed text and elsewhere in the Board's Disciplinary Guidelines is that of a supportive model where the worksite monitor provides an agreed upon level of supervision to ensure that the person on probation behaves in an exemplary fashion. This aligns with the supervisory requirements that are undertaken in disciplinary proceedings such as in prison or while on probation or parole. As stated in the ISOR and existing rationale for Probation Condition #8, supervision allows for a person on probation to continue to practice nursing while being monitored thus protecting consumer safety. Consequently, the question of liability is not applicable.

Comment #5E

Summary of Comment
The commenter states that the independent practice of a nurse-midwife is not setting-specific, nor is it model-specific so the term "independent practice setting" is confusing. The commenter questions whether this term refers to any setting where nurse-midwives practice or if it only refers to solo practice. The commenter states that an additional definition and rationale should be provided to clarify when the proposed text is relevant.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

BPC Section 2837.103(a)(2) outlines the list of group settings in which a NP may practice with one or more physicians and surgeons without standardized procedures. Within the proposed text, the term "independent practice setting" is used to describe any setting outside of those specified group settings. However, because this text is aimed at all APRNs and not just NPs the term is deliberately broad and allows the Board to review the practice setting and develop a plan for supervision that can be tailored to the individual based on their violation and practice setting to mitigate risk to the public.
Consequently, the Board believes the language should be left broad as to not narrow the regulations' applicability to all APRNs.

Comment #5F

Summary of Comment
The commenter states that the text precluding the supervisor from having a current or prior financial, personal, business, or professional relationship with respondent should be revised to add the phrase "that could pose a conflict of interest" to the end to avoid overly broad restrictions and clarify of intent. The commenter gives the example that nurse-midwives working in a "maternity care desert" could feasibly have a pre-existing professional relationship with all other eligible supervising clinicians in the same field. The commenter also states that it should be explicitly stated in the supervision section that APRNs who are in a group practice may be supervised by an individual within their group practice who does not present a conflict-of-interest.

Response to Comment
The Board has reviewed and considered the comment. The Board agrees that barring a supervisor from having a professional relationship with the respondent could be unnecessarily restrictive and will modify the text as addressed in Comment #2.

The Board believes this modification could allow for an APRN that works in a group practice to be supervised by another individual in their group practice, and that additional explicatory text is unnecessary.

Comment #5G

Summary of Comment
The commenter states that the draft rulemaking package documents incorrectly characterize [Senate Bill] (SB) 1237 as removing the requirement for nurse-midwives to practice according to standardized procedures with a physician. The commenter states that prior to SB 1237, nurse-midwives were provided a distinct statutory scope requiring physician supervision but not solely limited to standardized procedures and the

legislative intent of SB 1237 was to remove that supervision requirement. The commenter states that the practice of midwifery was never characterized by law as a delegated medical function requiring standardized procedures, with the exception of furnishing, episiotomy repairs and procedural abortion. The commenter requests this distinction to be accurately reflected.

Response to Comment
The commenter suggested correcting the rationale in the ISOR regarding SB 1237 (Dodd, Chapter 88, Statutes of 2020). The rationale within the ISOR is supported by Senate Floor Analysis of SB 1237 which makes multiple references to the fact that the bill, removes the requirement for a certified nurse midwife to practice midwifery according to standardized procedures or protocols with a physician.

Thus, the Board will not implement the suggested change, as it would not alter the fundamental purpose or legal necessity of the proposed action. No text change is necessary.

Comment #5H

Summary of Comment
The commenter requests that probationary supervisors be limited to qualified RNs (or APRNs, where appropriate) with expertise in nursing standards and nursing scope of practice.

Response to Comment
The Board has reviewed and considered the comment and declines to make any amendments to the proposed text based thereon.

The proposed text already allows for an APRN to serve in the supervisory role. However, as stated in the ISOR, the supervisor must have a scope of practice that is equal to or larger than the respondent on probation. Therefore, an APRN cannot be supervised by an RN while on probation as an APRN has a larger scope of practice than an RN.

15-Day Modified Text Public Comment Period

There were no objections or recommendations regarding the proposed action during the 15-Day public comment period.

Local Mandate

A mandate is not imposed on local agencies or school districts.

Small Business Impact

The Board has determined that the proposed regulations may affect small businesses.

Although small businesses owned by licensees of the Board may be impacted the Board does not maintain data relating to the number of licensees who own a small business; therefore, the number or percentage of small businesses that may be impacted cannot be predicted.

The proposed regulations will have a positive effect on small businesses by allowing respondents to continue practicing in an independent setting (e.g. maintain their private practice) while they are on probation

Anticipated Benefits

This regulatory proposal will benefit the health and welfare of California residents by ensuring that licensees practicing in an independent setting that are placed on probation receive an appropriate level of supervision and oversight when providing care to patients.

Consideration of Alternatives

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Board would be more effective in carrying out the purpose for which it was proposed or would be as effective and less burdensome to affected private persons than the adopted regulations or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. All recommendations provided during this rulemaking were considered by the Board and rejected or accepted as discussed herein.

Incorporation by Reference

The incorporation by reference method was used because it would be impractical and cumbersome to publish the disciplinary guidelines in the California Code of Regulations (CCR), and also because it has particular formatting. The guidelines are intended to assist administrative law judges, attorneys, licensees, and others involved in the disciplinary process, are extensive and have been printed booklet-style. If the guidelines were incorporated into the CCR, it would increase the size of Division 4 and may cause confusion to the user. The guidelines were made available to the public and were posted on the Board's website.