

**TITLE 16. CALIFORNIA BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS**

**INITIAL STATEMENT OF REASONS**

**Hearing Date:** No hearing has been scheduled.

**Subject Matter of Proposed Regulations:** Nurse Practitioner Education

**Section(s) Affected:** Section 1484 of Title 16, California Code of Regulations (CCR)<sup>1</sup>

**Background and Statement of the Problem:**

The Board of Registered Nursing's (Board) mission is to protect the health, safety, and wellbeing of the public through fair and consistent application of the statutes and regulations governing nursing practice and education in California. Pursuant to Business and Professions Code (BPC) section 2700 *et seq.*, the Board licenses registered nurses, and certifies advanced practice nurses. The Board is also charged with approving and overseeing all prelicensure and certain advanced practice nursing programs, including nurse practitioner programs.

BPC section 2715 authorizes the Board to amend or adopt regulations in accordance with the Administrative Procedure Act that may be reasonably necessary to enable it to carry into effect the Nursing Practice Act (Act). BPC sections 2835 and 2836 authorize the Board to establish standards for nurse practitioners (NPs), with BPC section 2836 stating that NP standards shall take into account "nurse practitioner curriculum core competencies." BPC section 2835.5 sets forth the requirements for an applicant to qualify or certify as a NP, including the requirement that an applicant satisfactorily complete a NP program approved by the Board.

Existing regulations at section 1484 of the CCR establish the criteria that NP education programs must meet to receive board approval. This includes sections 16 CCR 1484(a) and 1484 (h)(7) which incorporate by reference the "Nurse Practitioner Core Competencies Content" (2017) established by the National Organization of Nurse Practitioner Faculties (NONPF).

In 2022, NONPF updated the Nurse Practitioner Core Competencies. Consequently, Senate Bill (SB) 887 (Committee on Business, Professions and Economic Development, Chapter 510, Statutes of 2024) amended BPC section 2836 to reference the 2022 version rather than the 2017 version. A conforming regulatory change is needed for CCR 1484(a) and 1484 (h)(7).

Existing regulations at CCR section 1484 also set forth the Board's minimum requirements for nurse practitioner curriculum, including the number of clinical hours a

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<sup>1</sup> Unless otherwise noted, all references to the CCR hereafter are to Title 16.

student must complete. These clinical hours are performed under supervision of an experienced healthcare professional, commonly referred to as a clinical preceptor. Depending on where the student is located, the clinical preceptorship can occur in state or out of state. The regulations currently require both the clinical preceptor and NP student to have an active California RN license, even if they both live and perform the clinical preceptorship in another state. The Board has found that requiring a California license when neither the student nor the preceptor are conducting the clinical preceptorship in California has proven to be overly burdensome for NP programs and unnecessary from a public protection standpoint.

The Board drafted this regulatory proposal to remove the requirement for a clinical preceptor or NP student to hold an active RN license in California when the clinical preceptorship is occurring in another state.

The proposed text was approved by the Full Board at their August 2024 Board meeting.

**Anticipated benefits from this regulatory action:**

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents, worker safety, and the state’s environment:

This proposal will make it easier for NP programs to obtain and maintain Board approval thereby creating more educational opportunities for prospective NPs. The change will also make it easier to secure clinical preceptors, who play a critical role in ensuring the students receive a safe and quality education.

**Specific purpose of, and rationale for, each adoption, amendment, or repeal:**

**1. Amend Section 1484(a)**

Purpose

The Board proposes to delete reference to “Nurse Practitioner Core Competencies Content” (2017)” and replace it with “Nurse Practitioner Role Core Competencies Content” (2022).”

Rationale

The change is necessary to conform with amendments made by [SB 887](#) which updated BPC section 2836(a) to reference the 2022 version of the Nurse Practitioner Role Core Competences established by NONPF, rather than the 2017 version. It also adds of the word “role” to align with the updated title of the NONPF document being referenced.

**2. Amend Section 1484(f)(1)**

Purpose:

The Board proposes to amend 1484(f)(1)(A): If the clinical preceptorship is being provided in California, the preceptor shall hold an active valid, California license to practice their respective profession and demonstrate current clinical competence.

The Board proposes to insert a new 1484(f)(1)(B) with the following language: If the clinical preceptorship is being provided outside of California, the preceptor shall hold an active valid, license to practice their respective profession in the state where the clinical preceptorship is being performed in and demonstrate current clinical competence.

The Board proposes to rename the current 1484(f)(1)(B) to 1484(f)(1)(C).

#### Rationale:

The proposed changes are necessary to remove the requirement for all clinical preceptors to have an active RN license in California and instead only require clinical preceptors to hold an active license in the state where their clinical preceptorship is occurring.

CCR 1484 requires NP programs to offer a minimum of 500 clinical hours of supervised direct patient care experience. These clinical hours are completed under supervision of an experienced healthcare professional, commonly referred to as a clinical preceptor. In many cases the clinical preceptor will be an experienced NP. However, depending on the subject matter of the direct patient care being provided, another type of licensed healthcare professional, such as a psychiatrist, may also serve as a clinical preceptor for a NP student.

CCR 1484(f) requires a clinical preceptor to hold an active, valid California license to practice their respective profession. While this is appropriate when the preceptorship occurs in California, it is possible for a preceptorship to take place in another state.

Requiring the healthcare provider to acquire and maintain a California license when they are not practicing or providing the clinical preceptorship in California has shown to be overly burdensome for NP programs as they try to secure clinical preceptors and ensure their program complies with California law.

The proposed amendments to CCR 1484 subsection (f) would instead require that if a clinical preceptorship is being provided in California, the clinical preceptor must hold an active and valid license to practice in California. Whereas, if the clinical preceptorship is being provided outside of California, the clinical preceptor only needs to be licensed to practice in the state where the clinical preceptorship is being performed.

### **3. Amend Section 1484(g)**

#### Purpose

The Board proposes to amend 1484(g): “Students shall hold either an active, valid

California registered nurse license, or an active, valid registered nurse license in the state they are receiving their preceptorship in, to participate in nurse practitioner education program clinical experiences.”

### Rationale

The proposed changes are necessary to apply the same licensing requirements to NP students as their clinical preceptors.

As was outlined in the proposed amendments of Section 1484(f)(1), students enrolled in California NP programs may live and complete their clinical hours in another state. Currently students who conduct their clinical preceptorships in another state must also hold an active, valid license in California as well as the state they are completing their clinical hours in. This has shown to be overly burdensome on NP students and unnecessary from a public protection standpoint.

The proposed amendments to CCR 1484 subsection (f) would instead require that if a clinical preceptorship is being provided in California, the NP student must hold an active and valid license to practice in California. Whereas, if the clinical preceptorship is being provided outside of California, the NP student only needs to be licensed to practice in the state where the clinical preceptorship is being performed.

## **4. Amend Section 1484(h)(7)**

### Purpose

The Board proposes to delete reference to “Nurse Practitioner Core Competencies Content” (2017)” and replace it with “Nurse Practitioner Role Core Competencies Content” (2022)” to reflect current statute.

### Rationale

The change is necessary to conform with amendments made by [SB 887](#) which updated BPC section 2836(a) to reference the 2022 version of the Nurse Practitioner Role Core Competences established by NONPF, rather than the 2017 version. It also adds the word “role” to align with the updated title of the NONPF document being referenced.

### Underlying Data

- [Senate Bill 887 \(Committee on Business, Professions and Economic Development, Chapter 510, Statutes of 2024\)](#)
- The National Organization of Nurse Practitioner Faculties, [Nurse Practitioner Role Core Competencies Content \(2022\)](#)
- Board Agenda, Meeting Materials, Meeting Minutes, August 21-22, 2024, Agenda Item 7.2.

### **Business Impact:**

The Board has made the initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the following facts:

The regulatory changes do not impose any additional requirements on California's licensees or businesses. Rather, the change would remove certain personnel licensing requirements for NP programs seeking Board approval. Removing the requirement for clinical preceptors and NP students that are practicing out of state to maintain an active California RN license will make preceptor recruitment easier and NP student compliance less burdensome.

The Board does not anticipate a significant increase in NPs in California educational programs because student enrollment is capped. However, the Board indicates in the event an out-of-state NP opts to enroll in a California-based institution, the same tuition fees for all who enroll range from approximately \$21,000 (public) to \$121,000 (private) per program.

### **Economic Impact Assessment:**

The Board has determined that this regulatory proposal will have the following effects:

- It will not create or eliminate jobs within the State of California because the changes only clinical preceptors and NP students located outside of California.
- It will not create new business or eliminate existing businesses within the State of California because the changes only impact personnel decisions of a business.
- It will not affect the expansion of businesses currently doing business within the State of California because the changes only impact personnel decisions of a business.
- This regulatory proposal will benefit the health and welfare of California residents by making it easier for NP programs to comply with California laws.
- This regulatory proposal does not affect worker safety because it does not involve worker safety.
- This regulatory proposal does not affect the state's environment because it does

not involve the environment.

**Specific Technologies or Equipment:**

This regulation does not mandate the use of specific technologies or equipment.

**Consideration of Alternatives:**

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected businesses and private persons, and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected or accepted:

- 1) Not pursuing a regulatory change. This alternative was rejected because the Board has received feedback from NP programs that its current licensing requirement are unnecessarily burdensome. Further the Board wants to address current inconsistencies between its statutory and regulatory guidance.
- 2) Adopt the proposed regulatory amendments. This alternative was determined to be the most appropriate because it is necessary to ensure that California's NP programs continue to operate and train students for the healthcare workforce.

**Description of reasonable alternatives to the regulation that would lessen any adverse impact on small business:**

No reasonable alternative to the regulatory proposal would lessen any adverse impact on small business.

No such alternatives have been proposed, however, the Board welcomes comments from the public.