

TITLE 16. BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS (DCA)

INITIAL STATEMENT OF REASONS

Hearing Date: No hearing scheduled

Subject Matter of Proposed Regulations: Nurse Practitioners- Amendments to Align with Statutory Updates

Section(s) Affected: Title 16 CCR 1481, 1482, 1482.3, 1482.4 and 1487

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 (RN), and certifies advanced practice nurses, which includes nurse practitioners (NP), nurse midwives, nurse anesthetists, and clinical nurse specialists. In addition to licensing and certification, the Board establishes approval requirements for California nursing programs and reviews nursing school criteria for both prelicensure programs and NP programs; receives and investigates complaints against its licensees; and takes disciplinary action as appropriate. As of October 2025, the Board has a licensee population of over 560,000 RNs and over 45,000 NPs.

BPC section 2715 authorizes the Board to amend or adopt regulations in accordance with the Administrative Procedure Act that may be reasonably necessary to carry out California's Nursing Practice Act. BPC section 2836 authorizes the Board to establish categories of NPs and standards for advanced levels of nursing practice.

A NP is a RN that has additionally earned a postgraduate nursing degree, such as a Master's or Doctorate degree and obtained a certificate from the Board. They are bound by an ethical code of conduct, a complex network of overlapping regulations tied to their specific practice facility, and licensure and professional certification standards requiring these professionals to achieve and maintain a minimum level of competency promoting quality of care and patient safety.

Previously, all NPs in California had to work under standardized procedures which are the legal mechanism for nurse practitioners to perform functions which would otherwise be considered the practice of medicine. They are developed collaboratively by the nurse, surprising physician, and administration in the organized health care system where they will be utilized.

In September 2020, Governor Newsom signed [Assembly Bill \(AB\) 890 \(Wood, Chapter 265, Statutes of 2020\)](#) into law which created two new categories of NPs who could work within a defined scope of practice without standardized procedures. In this document, the

Board refers to these new categories as 103 NPs (as outlined in BPC section 2837.103) and 104 NPs (as outlined in BPC section 2837.104).

The bill also defined the education, training, national certification and medical staff governance requirements for these two NP categories. These provisions were codified in Board regulations under Title 16 California Code of Regulations (CCR) Section 1481, 1482, 1482.3, 1482.4, and 1487.

In September 2024, Governor Newsom signed [Senate Bill \(SB\) 1451 \(Ashby, Chapter 481, Statutes of 2024\)](#) into law which was a policy omnibus bill that impacted a variety of different boards and bureaus under the Department of Consumer Affairs. This included updating key provisions of AB 890, such as 103 NP eligibility criteria and consumer notification requirements. Consequently, Board regulations need to also be updated to conform with statute.

The Board has drafted this regulatory proposal to update the 103 NP eligibility criteria, streamline the 104 NP application process, remove certain consumer notification requirements, and other clean up amendments related to nurse practitioners. The proposed text was reviewed and approved by the Board at its March 2025 meeting.

Anticipated benefits from this regulatory action:

The Board has determined that this regulatory proposal, which is intended to implement the provisions of SB 1451 and AB 890 will have the following benefits to the health and welfare of California residents,:

- Remove potential barriers to certification as a 103 NP and 104 NP, helping allow more certified NPs to provide more patient care and work to the full extent to their education and training.
- Increase access to health care and work to close the provider gap, especially in rural and underserved areas.

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

1. AMEND SECTION 1481(B)

Proposed Text

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, in a population focus category outlined in (a) or a population focus category whose exam was retired before January 1, 2017 by a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties 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.

Purpose

Change 1: Add language in Section 1481(b) that establishes the national certification for a 103 NP and 104 NP can be in a population focus category whose exam was retired before January 1, 2017, by a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties.

Change 2: Remove language in Section 1481(b)(1) that limited a 103 NP to only practicing without standardized procedures in the category of their 103 NP certification.

Change 3: Add language in Section 1481(b)(2) that clarifies a 104 NP may perform the functions listed in BPC Section 2387.104(b) in addition to BPC Section 2387.104(c).

Rationale

Change 1: At the national level various categories of nurse practitioner have been established over the years (e.g., family, adult-gerontology, neonatal, psychiatric-mental health, etc.). Over time, several categories of NP have been “retired” with new categories being introduced. For the categories that have been retired (e.g., acute care, adult, etc.) NPs that have already obtained certifications in those categories can continue to renew and retain them, but other NPs cannot newly obtain those certifications. These are commonly referred to as legacy certifications.

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

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

- The Board shall request the DCA’s Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103.
- The Board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner

certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

Because the legacy certifications had been phased out, there were no longer national NP certification exams in those categories. Therefore, at the time that OPES did its occupational analysis, it was impossible to fulfill the requirement to compare the occupational analysis with the competencies tested in the certification exam for those legacy certifications/exams. This caused a significant number of NPs who possess legacy certifications and who have practiced as an NP for a significant amount of time to be ineligible to qualify as a 103 NP and consequently a 104 NP.

SB 1451 amended the certification exam requirements outlined in BPC Section 2837.105(a)(2), to clarify that a national nurse practitioner certification examination discontinued before January 1, 2017, is also eligible for 103 NP certification.

Change 2: Stakeholder feedback revealed that limiting the practice of a 103 NP to the area of their 103 NP certification could act as a barrier to care. Since the limitation was not explicitly mandated by statute, the Board has chosen to remove it and allow additional flexibility based on the needs of the licensees and their employers.

Change 3: When promulgating the regulations for AB 890, the Board inadvertently left out a reference to 2837.104(b), which states that a 104 NP can perform all the same functions as a 103 NP but outside of a group setting. This change corrects that oversight.

2. AMEND SECTION 1482.

Proposed Text

(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.

Purpose

Change 1: Remove language in Section 1482(b) that references the nurse practitioner certification equivalency option (also known as Method 3).

Change 2: Add language in Section 1482(c) that states a nurse practitioner must work under standardized procedures unless certified pursuant to Section 2837.103 or Section 2837.104 of the code.

Rationale

Change 1: Historically, a licensee could apply for APRN certification in California through one of the following methods:

- Method One: Utilized by applicants who have completed a California approved NP or a reviewed CNM or CNS program that conforms with the Board's rules and regulations.
- Method Two: Utilized for applicants who completed a non-California Board-approved or non-conforming program and an APRN National Certification is required.
- Method Three: An equivalency review process where an applicant who did not complete a Board approved or reviewed program and who does not have a National Certification submits documentation for the purpose of validating their eligibility for these certifications.

During their May 2023 meeting, Board members discussed Method Three and the fact that the equivalency process had not granted a certificate to any applicant in five years because of statutory, regulatory and organizational updates. Additionally, it does not align with national licensing standards. Consequently, the Board voted to remove Method 3 and update regulations accordingly.

Change 2: Though discussions with employers the Board learned there is still confusion about whether standardized procedures are ever required for NPs. This provision clarifies that NPs who are not certified as a 103 or 104 NP must still work under standardized procedures.

3. AMEND SECTION 1482.3

Proposed Text

(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:

(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 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”.

Purpose

Change 1: Remove language in Section 1482.3(a)(12) that requires a 103 NPs national certification to be in the same category as their 103 NP certification from the Board.

Change 2: Remove language in Section 1482.3(a)(13) that requires a healthcare provider to specialize in the same category as the 103 NP applicant they are attesting to completion of transition to practice hours for.

Change 3: Remove language in Section 1482.3(a)(13)(A)(iv) that requires transition to practice hours to be completed in the same category the applicant is seeking 103 NP certification.

Change 4: Add language in Section 1482.3(b) that requires a 103 NP to maintain an active national certification to work as a 103 NP and provide verification to the Board or an employer upon request.

Change 5: Add language in Section 1482.3(c) that clarifies the term 103 NP refers to a nurse practitioner practicing pursuant to Business and Professions Code Section 2837.103.

Rationale

Change 1: Stakeholder feedback revealed that limiting the practice of a 103 NP to the area of their national certification could act as a barrier to care. Since the limitation was not explicitly mandated by statute, the Board has chosen to remove it and allow additional flexibility based on the needs of the licensees and their employers.

Change 2: SB 1451 amended BPC Section 2837.103(a)(1)(D)(ii) to state that a licensed physician and surgeon or a certified nurse practitioner who attests to the completion of a transition to practice is not required to specialize in the same category as the applicant, thus removing language from CCR 1482.3(a)(13) better aligns regulation with statute.

Change 3: SB 1451 amended BPC Section 2837.101(c)(1) to specify that the transition to practice hours cannot be limited to experience in any single practice category.

Change 4: BPC Section 2837.103(a)(1)(2) requires a 103 NP to hold a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties. To remain active, NP national certifications typically need to be renewed every five years with the certifying body. Renewal requirements can vary but generally include a combination of continuing education and clinical practice hours.

This provision clarifies that a 103 NP’s national certification must remain active for them to practice without standardized procedures. It also specifies a 103 NP must maintain

documentation that their national certification was renewed and provide that documentation to the Board or their employer if requested. This helps to ensure that 103 NPs are current and competent in their practice.

Change 5: After passage of AB 890, Board members, Board staff, and stakeholders started using informal shorthand titles to identify and discern between the two new categories of NPs. While common, they may not be universally understood so this provision attempts to clarify what the term 103 NP is referring to when used in everyday conversation.

4. AMEND SECTION 1482.4

Proposed Text

(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:

~~(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.

(c) Maintenance of an active national certification in a category listed in Section 1481 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”.

Purpose

Change 1: Remove language in Section 1482.4(a)(12) that requires a 104 NP applicant to submit proof of national certification. Replace with language that requires a 104 NP applicant to submit proof of certification as a 103 NP.

Change 2: Remove language in Section 1482.4(a)(13) that requires a 104 NP applicant to submit proof of completion of transition to practice.

Change 3: Add language in Section 1482.4(a)(14)(B) that specifies what information a 104 NP with a Doctorate of Nursing Practice must submit to apply the direct patient care hours they obtained towards the 4600-hour requirement.

Change 4: Add language in Section 1482.4(b) that requires a 104 NP to maintain an active national certification in the same category as their 104 NP certification and provide verification to the Board or an employer upon request.

Change 5: Add language in Section 1482.4(c) that clarifies the term 104 NP refers to a nurse practitioner practicing pursuant to Business and Professions Code Section 2837.104.

Rationale

Change 1: To become a 104 NP an applicant must first be certified by the Board as a 103 NP. To become a 103 NP, an applicant must have already submitted documentation showing they met the national certification and transition to practice requirements. This provision is removing the redundant reporting requirements for 104 NPs and instead asking them to just provide proof of their 103 NP certification.

Change 2: To become a 104 NP an applicant must first be certified by the Board as a 103 NP. To become a 103 NP, an applicant must have already submitted documentation showing they met the national certification and transition to practice requirements. This provision is removing the redundant reporting requirements for 104 NPs and instead asking them to just provide proof of their 103 NP certification.

Change 3: A 104 NP applicant must first work as a 103 NP for 4600 hours or three years. AB 890 allowed 104 NP applicants with a Doctor of Nursing Practice (DNP) to apply some of the direct patient care hours that were obtained as a part of their DNP program towards that 4600-hour requirement. This provision is clarifying what information is needed from the applicant to verify their DNP hours and how to submit that information to the Board.

Change 4: This provision clarifies that a 104 NP's national certification must remain active for them to practice without physician supervision in an independent setting. It also states that their national certification must be in the same category as their 104 NP certification with the Board. Although this alignment is not required by statute for 103

NPs, BPC Section 2837.104(c) states that a 104 NP shall only practice within the limits of their knowledge and experience and national certification.

Lastly, it specifies a 104 NP must maintain documentation that their national certification was renewed and provide that documentation to the Board or their employer if requested. This helps to ensure that 104 NPs are current and competent in their practice.

Change 5: After passage of AB 890, Board members, Board staff, and stakeholders started using informal shorthand titles to identify and discern between the two new categories of NPs. While common, they may not be universally understood so this provision attempts to clarify what the term 104 NP is referring to when used in everyday conversation.

5. AMEND SECTION 1487

Proposed Text

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.~~

Purpose

Change 1: Add language in Section 1487 that clarifies that the consumer notification requirements only apply to 103 and 104 NPs.

Change 2: Remove language in Section 1487(b) that requires a patient be notified verbally that an NP is not a physician and surgeon. Remove requirement to use specific terminology when identifying oneself as a nurse practitioner to Spanish language

speakers.

Change 3: Remove language in Section 1487(c) that requires 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.

Rationale

Change 1: SB 1451 amended BPC Section 2837.103(d-f) and BPC Section 2837.104(d-f) to specify that the consumer notification requirements only apply to 103 and 104 NPs that are not working under standardized procedures.

Change 2: SB 1451 amended BPC Section 2837.103(d) and BPC Section 2837.104(d) to remove the requirement a patient be notified verbally that an NP is not a physician and surgeon. It also removed the requirement to use the phrase “enfermera especializada” when addressing Spanish language speakers.

Change 3: SB 1451 amended BPC Section 2837.103(e) and BPC Section 2837.104(e) to prohibit the Board from requiring a 103 and 104 NP to tell a patient that they have a right to see a physician and surgeon.

Underlying Data/Material Relied Upon

- [AB 890 \(Wood, Chapter 265, Statutes of 2020\)](#)
- Board Meeting Agenda, Meeting Materials, Meeting Minutes May 17-18, 2023, Agenda Item 7.2
- [SB 1451 Professions and vocations \(Ashby, Chapter 481, Statutes of 2024\)](#)
- Board Meeting Agenda, Meeting Materials, Meeting Minutes February 26-27, 2025, Agenda Item 6.1
- Nurse Practitioner Advisory Committee Meeting. Agenda, Meeting Materials, Meeting Minutes March 18, 2025, Agenda Item 7.0
- Board Meeting Agenda, Meeting Materials, Meeting Minutes March 20, 2025, Agenda Item 5.0

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 proposed changes do not impose additional requirements or fees on California’s licensees or businesses. Rather, the proposed text simplifies the application requirements for NPs that want to pursue certification as a 103 and 104 NP.

The Board notes, any economic impacts to business are a result of SB 1451 and AB 890, and not the regulations.

Economic Impact Assessment Results:

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

- It will not create or eliminate jobs within the State of California.
- It will not create new business or eliminate existing businesses within the State of California.
- It will not affect the expansion of businesses currently doing business within the State of California.

The regulatory proposal will not do any of the items listed above because it is updating licensing requirements for nurse practitioners. The proposal is not imposing new or removing existing requirements for employers or business owners.

The Board notes, any economic impacts are a result of SB 1451 and AB 890, and not the regulations.

The Board has determined that this regulatory proposal, which implements the provisions of SB 1451 and AB 890 will have the following benefits to the health and welfare of California residents, worker safety, and the state's environment:

- Remove potential barriers to certification as a 103 and 104 NP.
- Allow more NPs to work to the full extent to their education and training.
- Increase access to health care and work to close the provider gap, especially in rural and underserved areas

Specific Technologies or Equipment:

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

The regulatory proposal does not make any changes to the way licensees apply to the Board for certification under current regulations.

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 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 it would result in the Board's regulations not conforming with state statute.

2) Adopt the proposed regulatory amendments. This alternative was determined to be

the most appropriate because it ensures the Board's regulations are in alignment with statute and 103 and 104 NPs are being certified in accordance with most current guidance.

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

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