

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: February 11, 2016

ACTION REQUESTED: Discuss Bills of Interest to the Board and Recommend that the Board Adopt or Modify Positions on the Bills, and any other Bills of Interest to the Board introduced during the 2015-2016 Legislative Session.

REQUESTED BY: Imelda Ceja-Butkiewicz, Public Member, Chairperson

BACKGROUND:

	<u>Assembly Bills</u>		<u>Senate Bills</u>		
	<u>Comm.</u>	<u>Board</u>		<u>Comm.</u>	<u>Board</u>
AB 12	Watch	Watch	SB 319		Watch
AB 26		No Action	SB 323	Watch	Support
AB 85	Watch	Oppose	SB 390		Watch
AB 172		Support	SB 408		Oppose
AB 611	Watch	Support	SB 464	Support	
AB 637		Watch	SB 466	Watch	Watch
AB 840		Support	SB 467	Watch	Watch
AB 1060	Support if amended	Support if amended	SB 482		Support
AB 1306		Support	SB 531		Watch
AB 1351	Oppose Unless Amended	Oppose Unless Amended	SB 800	Support	Support
AB 1352	Oppose Unless Amended	Oppose Unless Amended			
AB 1386		Support			

NEXT STEP: Follow direction of Committee/Board

FINANCIAL IMPLICATIONS, IF ANY: None

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**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2015-2016
February 11, 2016**

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
AB 12	Cooley	State government: administrative regulations: review	Watch (5/7/15)	Watch (6/4/15)	Senate Appropriations
AB 26	Jones-Sawyer	Medical Cannabis		No Action (1/8/15)	Senate B,P&ED
AB 85	Wilk	Open meetings	Watch (5/7/15)	Oppose (6/4/15)	Vetoed on 9/28/15
AB 172	Rodriguez	Emergency departments: assaults and batteries		Support (6/4/15)	Vetoed on 10/10/15
AB 611	Dahle	Controlled substances: prescriptions: reporting	Watch (5/7/15)	Support (6/4/15)	Assembly Business & Professions
AB 637	Campos	Physician Orders for Life Sustaining Treatment forms		Watch (4/2/15)	Chapter 217, Statutes of 2015
AB 840	Ridley-Thomas	Nurses and certified nurse assistants: overtime		Support (4/2/15)	Senate Public Employment and Retirement
AB 1060	Bonilla	Professions and vocations: licensure	Support if Amended (5/7/15)	Support if Amended (6/4/15)	No Longer Applicable to the Board
AB 1306	Burke	Healing arts: certified nurse-midwives: scope of practice		Support (6/4/15)	Senate Business, Professions and Economic Development
AB 1351	Eggman	Deferred entry of judgment: pretrial diversion.	Oppose Unless Amended (8/6/15)	Oppose Unless Amended (9/3/15)	Vetoed on 10/8/15
AB 1352	Eggman	Deferred entry of judgment: withdrawal of plea.	Oppose Unless Amended (8/6/15)	Oppose Unless Amended (9/3/15)	Chapter 646, Statutes of 2015
AB 1386	Low	Emergency medical care: epinephrine auto-injectors.		Support (6/4/15)	Senate Health, Judiciary

Bold denotes a bill that is a new bill for Board consideration or has been amended since last Board consideration.

**BOARD OF REGISTERED NURSING
SENATE BILLS 2015-2016
February 11, 2016**

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
SB 319	Beall	Child welfare services: public health nursing		Watch (4/2/15)	Chapter 535, Statutes of 2015
SB 323	Hernandez	Nurse practitioners: scope of practice	Watch (5/7/15)	Support (6/4/15)	Assembly Business & Professions
SB 390	Bates	Home health agencies: skilled nursing services		Watch (4/2/15)	Senate Health
SB 408	Morrell	Midwife assistants		Oppose (6/4/15)	Chapter 280, Statutes of 2015
SB 464	Hernandez	Healing arts: self-reporting tools	Support (8/6/15)		Chapter 387, Statutes of 2015
SB 466	Hill	Nursing: Board of Registered Nursing	Watch (8/6/15)	Watch (9/3/15)	Chapter 489, Statutes of 2015
SB 467	Hill	Professions and vocations	Watch (8/6/15)	Watch (9/3/15)	Chapter 656, Statutes of 2015
SB 482	Lara	Controlled substances: CURES database.		Support (6/4/15)	Assembly Pending Referral
SB 531	Bates	Board of Behavioral Sciences		Watch (4/2/15)	No Longer Applicable to the Board
SB 800	Committee on Business, Professions and Economic Development	Healing arts	Support (5/7/15)	Support (6/4/15)	Chapter 426, Statutes of 2015

Bold denotes a bill that is a new bill for Board consideration or has been amended since last Board consideration.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
February 11, 2016**

BILL ANALYSIS

AUTHOR:	Jones-Sawyer	BILL NUMBER:	AB 26
SPONSOR:	United Food and Commercial Workers Union, Western States Council (UFCW)	BILL STATUS:	Senate Business, Professions & Economic Development
SUBJECT:	Medical Cannabis	DATE LAST AMENDED:	January 25, 2016

SUMMARY:

Existing law, the Compassionate Use Act of 1996, an initiative measure enacted by the approval of Proposition 215 at the November 6, 1996, statewide general election, authorizes the use of marijuana for medical purposes. Existing law enacted by the Legislature, commonly referred to as the Medical Marijuana Program Act, requires the establishment of a program for the issuance of identification cards to qualified patients so that they may lawfully use marijuana for medical purposes, and requires the establishment of guidelines for the lawful cultivation of marijuana grown for medical use.

Existing law makes it unprofessional conduct for a physician and surgeon to prescribe, dispense, or furnish dangerous drugs without an appropriate prior examination and medical indication.

Amended Analysis as of January 25, 2016:

This bill would require a state licensee to institute and maintain a training program for the licensee's agents and employees regarding compliance with MMRSA, as specified, and would require that an application for state licensure include a detailed description of the applicant's program, thereby modifying the crime of perjury and imposing a state-mandated local program.

The bill would make the licensing authority responsible for approving and regulating the programs and would prohibit the licensing authority from approving a program provided by or through certain apprenticeship programs. The bill would require a state licensing authority to deny the application of an applicant that does not have, or revoke the license of a state licensee that fails to institute or maintain, a program approved by the licensing authority.

This bill would require each state licensing authority to charge each training program a fee, as specified, to cover the costs for approving the training program.. This bill would require that the fees collected be deposited in the appropriate account within the Medical Marijuana Regulation and Safety Act Fund. This bill would authorize each licensing authority to adjust fees as needed once a year to cover the costs of training program approval.

Amended Analysis as of January 13, 2016:

This bill would require a state licensee to institute and maintain a training program for the licensee's agents and employees regarding compliance with MMRSA, as specified, and would require that an application for state licensure include a detailed description of the applicant's program, thereby modifying the crime of perjury and imposing a state-mandated local program. The bill would make the bureau the sole state agency responsible for approving and regulating the programs and would prohibit the bureau from approving a program provided by or through certain apprenticeship programs. The bill would require a state licensing authority to deny the application of an applicant that does not have, or revoke the license of a state licensee that fails to institute or maintain, a program approved by the bureau.

Amended Analysis as of January 4, 2016:

This bill would require a state licensee to institute and maintain a training program for the licensee's agents and employees regarding compliance with MMRSA, as specified, and would require that an application for state licensure include a detailed description of the applicant's program, thereby modifying the crime of perjury and imposing a state mandated local program. The bill would make the bureau the sole state agency responsible for approving and regulating the programs and would prohibit the bureau from approving a program provided by or through certain apprenticeship programs. The bill would require a state licensing authority to deny the application of an applicant that does not have, or revoke the license of a state licensee that fails to institute or maintain, a program approved by the bureau.

ANALYSIS:

This bill would enact the Medical Cannabis Regulation and Control Act and would create the Division of Medical Cannabis Regulation and Enforcement within the Department of Alcoholic Beverage Control, to be administered by a person exempt from civil service who is appointed by the Director of Alcoholic Beverage Control.

The bill would require the department, on or before January 1, 2017, to issue regulations as necessary for the implementation and enforcement of mandatory commercial medical cannabis registration, as specified, including requirements analogous to statutory environmental, agricultural, consumer protection, and food and product safety requirements. The bill would require the department to administer and enforce these requirements. The bill would provide that certain patient and caregiver information is excluded from disclosure to the public.

The bill would specify that prescribing, dispensing, or furnishing dangerous drugs, or recommending marijuana to a patient for a medical purpose, without an appropriate prior examination and a medical indication, including an in-person examination when recommending marijuana, or recommending marijuana for a nonmedical purpose, constitutes unprofessional conduct.

The bill would specify that no licensee shall be found to have committed unprofessional conduct if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

- (1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were

prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

- (2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:
 - (A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.
 - (B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

BOARD POSITION: No action taken (1/8/2015)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered

SUPPORT: United Food and Commercial Workers Union , Western States Council (UFCW)

OPPOSE: None listed



California
LEGISLATIVE INFORMATION

AB-26 Medical cannabis. (2015-2016)

AMENDED IN ASSEMBLY JANUARY 25, 2016

AMENDED IN ASSEMBLY JANUARY 13, 2016

AMENDED IN ASSEMBLY JANUARY 04, 2016

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL

No. 26

**Introduced by Assembly Member Jones-Sawyer
(Coauthor: Assembly Member Bonilla)**

December 01, 2014

An act to amend Sections 19322 and 19323 of, and to add Section 19326.5 to, the Business and Professions Code, relating to medical cannabis.

LEGISLATIVE COUNSEL'S DIGEST

AB 26, as amended, Jones-Sawyer. Medical cannabis.

(1) Existing law, the Compassionate Use Act of 1996, an initiative measure enacted by the approval of Proposition 215 at the November 5, 1996, statewide general election, authorizes the use of marijuana for medical purposes. Existing law, the Medical Marijuana Regulation and Safety Act (MMRSA), enacted by the Legislature, establishes within the Department of Consumer Affairs the Bureau of Medical

Marijuana Regulation, and provides for the state licensure and regulation of certain commercial medical marijuana activities by the Department of Consumer Affairs, the Department of Food and Agriculture, or the State Department of Public Health, as specified. MMRSA requires an applicant for state licensure to provide specified information and a statement, signed by the applicant under penalty of perjury, that the information is complete, true, and accurate. MMRSA authorizes a state licensing authority to deny an application if specified conditions are met, and requires a state licensee, among other things, to obtain applicable local licenses prior to commencing commercial cannabis activity and to keep accurate records of commercial cannabis activity.

This bill would require a state licensee to institute and maintain a training program for the licensee's agents and employees regarding compliance with MMRSA, as specified, and would require that an application for state licensure include a detailed description of the applicant's program, thereby modifying the crime of perjury and imposing a state-mandated local program. The bill would make the ~~bureau~~ ~~the sole state agency~~ *licensing authority* responsible for approving and regulating the programs and would prohibit the ~~bureau~~ *licensing authority* from approving a program provided by or through certain apprenticeship programs. The bill would require a state licensing authority to deny the application of an applicant that does not have, or revoke the license of a state licensee that fails to institute or maintain, a program approved by the ~~bureau~~ *licensing authority*. *This bill would require each state licensing authority to charge each training program a fee, as specified, to cover the costs for approving the training program. This bill would require that the fees collected be deposited in the appropriate account within the Medical Marijuana Regulation and Safety Act Fund. This bill would authorize each licensing authority to adjust fees as needed once a year to cover the costs of training program approval.*

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

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

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 19322 of the Business and Professions Code is amended to read:

19322. (a) A person or entity shall not submit an application for a state license issued by the department pursuant to this chapter unless that person or entity has received a license, permit, or authorization by a local jurisdiction. An applicant for

any type of state license issued pursuant to this chapter shall do all of the following:

(1) Electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice for the purpose of obtaining information as to the existence and content of a record of state or federal convictions and arrests, and information as to the existence and content of a record of state or federal convictions and arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance, pending trial or appeal.

(A) The Department of Justice shall provide a response to the licensing authority pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(B) The licensing authority shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for applicants.

(C) The Department of Justice shall charge the applicant a fee sufficient to cover the reasonable cost of processing the requests described in this paragraph.

(2) Provide documentation issued by the local jurisdiction in which the proposed business is operating certifying that the applicant is or will be in compliance with all local ordinances and regulations.

(3) Provide evidence of the legal right to occupy and use the proposed location. For an applicant seeking a cultivator, distributor, manufacturing, or dispensary license, provide a statement from the owner of real property or their agent where the cultivation, distribution, manufacturing, or dispensing commercial medical cannabis activities will occur, as proof to demonstrate the landowner has acknowledged and consented to permit cultivation, distribution, manufacturing, or dispensary activities to be conducted on the property by the tenant applicant.

(4) If the application is for a cultivator or a dispensary, provide evidence that the proposed location is located beyond at least a 600-foot radius from a school, as required by Section 11362.768 of the Health and Safety Code.

(5) Provide a statement, signed by the applicant under penalty of perjury, that the information provided is complete, true, and accurate.

(6) (A) For an applicant with 20 or more employees, provide a statement that the applicant will enter into, or demonstrate that it has already entered into, and abide by the terms of a labor peace agreement.

(B) For the purposes of this paragraph, "employee" does not include a supervisor.

(C) For purposes of this paragraph, "supervisor" means an individual having authority, in the interest of the licensee, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, if, in connection with the foregoing, the exercise of that authority is not of a merely

routine or clerical nature, but requires the use of independent judgment.

(7) Provide the applicant's seller's permit number issued pursuant to Part 1 (commencing with Section 6001) of Division 2 of the Revenue and Taxation Code or indicate that the applicant is currently applying for a seller's permit.

(8) Provide any other information required by the licensing authority.

(9) For an applicant seeking a cultivation license, provide a statement declaring the applicant is an "agricultural employer," as defined in the Alatorre-Zenovich-Dunlap-Berman Agricultural Labor Relations Act of 1975 (Part 3.5 (commencing with Section 1140) of Division 2 of the Labor Code), to the extent not prohibited by law.

(10) For an applicant seeking licensure as a testing laboratory, register with the State Department of Public Health and provide any information required by the State Department of Public Health.

(11) Pay all applicable fees required for licensure by the licensing authority.

(b) For applicants seeking licensure to cultivate, distribute, or manufacture medical cannabis, the application shall also include a detailed description of the applicant's operating procedures for all of the following, as required by the licensing authority:

(1) Cultivation.

(2) Extraction and infusion methods.

(3) The transportation process.

(4) Inventory procedures.

(5) Quality control procedures.

(c) For all applicants, the application shall also include a detailed description of the agent and employee training program that the applicant has instituted, or will institute, pursuant to Section 19326.5. A licensing authority shall not approve an application unless the applicant's training program is approved by the ~~bureau~~ *licensing authority*. The ~~bureau~~ *licensing authority* shall not approve a training program provided, or proposed to be provided, by or through an apprenticeship program approved by the Chief of the Division of Apprenticeship Standards.

SEC. 2. Section 19323 of the Business and Professions Code is amended to read:

19323. (a) The licensing authority shall deny an application if either the applicant or the premises for which a state license is applied ~~to~~ *does* not qualify for licensure under this chapter.

(b) The licensing authority may deny the application for licensure or renewal of a state license if any of the following conditions apply:

(1) Failure to comply with the provisions of this chapter or any rule or regulation adopted pursuant to this chapter, ~~including~~ *including*, but not limited to, any requirement imposed to protect natural resources, instream flow, and water quality pursuant to subdivision (a) of Section 19332.

(2) Conduct that constitutes grounds for denial of licensure pursuant to Chapter 2 (commencing with Section 480) of Division 1.5.

(3) A local agency has notified the licensing authority that a licensee or applicant within its jurisdiction is in violation of state rules and regulation relating to commercial cannabis activities, and the licensing authority, through an investigation, has determined that the violation is grounds for termination or revocation of the license. The licensing authority shall have the authority to collect reasonable costs, as determined by the licensing authority, for investigation from the licensee or applicant.

(4) The applicant has failed to provide information required by the licensing authority.

(5) The applicant or licensee has been convicted of an offense that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, except that if the licensing authority determines that the applicant or licensee is otherwise suitable to be issued a license and granting the license would not compromise public safety, the licensing authority shall conduct a thorough review of the nature of the crime, conviction, circumstances, and evidence of rehabilitation of the applicant, and shall evaluate the suitability of the applicant or licensee to be issued a license based on the evidence found through the review. In determining which offenses are substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, the licensing authority shall include, but not be limited to, the following:

(A) A felony conviction for the illegal possession for sale, sale, manufacture, transportation, or cultivation of a controlled substance.

(B) A violent felony conviction, as specified in subdivision (c) of Section 667.5 of the Penal Code.

(C) A serious felony conviction, as specified in subdivision (c) of Section 1192.7 of the Penal Code.

(D) A felony conviction involving fraud, deceit, or embezzlement.

(6) The applicant, or any of its officers, directors, or owners, is a licensed physician making patient recommendations for medical cannabis pursuant to Section 11362.7 of the Health and Safety Code.

(7) The applicant or any of its officers, directors, or owners has been subject to fines or penalties for cultivation or production of a controlled substance on public or private lands pursuant to Section 12025 or 12025.1 of the Fish and Game Code.

(8) The applicant, or any of its officers, directors, or owners, has been sanctioned by

a licensing authority or a city, county, or city and county for unlicensed commercial medical cannabis activities or has had a license revoked under this chapter in the three years immediately preceding the date the application is filed with the licensing authority.

(9) Failure to obtain and maintain a valid seller's permit required pursuant to Part 1 (commencing with Section 6001) of Division 2 of the Revenue and Taxation Code.

(c) The licensing authority shall deny an application unless the applicant's agent and employee training program is approved by the ~~bureau~~ *licensing authority* pursuant to subdivision (c) of Section 19322.

SEC. 3. Section 19326.5 is added to the Business and Professions Code, to read:

19326.5. (a) A licensee shall institute and maintain a training program to educate, inform, and train the licensee's agents and employees on compliance with this chapter. The training program shall be approved by the ~~bureau~~ *state licensing authority* and shall include, but is not limited to, training on applicable substantive legal requirements, industry best practices, occupational health and safety standards, and individual organizational or company policies.

(b) (1) ~~The bureau~~ *Each state licensing authority* shall adopt standards for the approval of training programs and ~~shall be the sole state agency~~ *each state licensing authority shall be* responsible for approving and regulating ~~the training programs~~ *programs relevant to their licensees.*

(2) ~~The bureau~~ *A state licensing authority* shall not approve a training program provided, or proposed to be provided, by or through an apprenticeship program approved by the Chief of the Division of Apprenticeship Standards.

(c) A state licensing authority shall revoke the license of any licensee that fails to institute or maintain a training program approved by the ~~bureau~~ pursuant to this section.

(d) (1) *Each state licensing authority shall charge each training program a fee to cover costs incurred for approving the training program pursuant to this section. Revenues collected pursuant to this subdivision shall be deposited in the appropriate fee account within the Medical Marijuana Regulation and Safety Act Fund established pursuant to Section 19350 of the Business and Professions Code. Total fees assessed shall not exceed the reasonable regulatory costs for training program approval. Each licensing authority may adjust fees as needed, but no more than once per year, to generate sufficient revenue to cover the costs of training program approval.*

(2) *By July 1, 2018, revenue collected pursuant to this subdivision shall be projected to fairly and proportionately generate sufficient revenue to fully cover the costs of training program approval.*

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII

B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
February 11, 2016**

BILL ANALYSIS

AUTHOR:	Low	BILL NUMBER:	AB 1386
SPONSOR:	Mylan, Inc.	BILL STATUS:	Senate Health
SUBJECT:	Emergency medical care: epinephrine auto-injectors.	DATE LAST AMENDED:	1/13/2016

SUMMARY:

Existing law authorizes a prehospital emergency medical care person, first responder, or lay rescuer to use an epinephrine auto-injector to render emergency care to another person, as specified. Existing law also requires the California Emergency Medical Services (EMS) Authority to establish or approve authorized training providers and minimum standards for training and the use and administration of epinephrine auto-injectors, in consultation with the local emergency medical system agency, the county health department, the manufacturer, the State Department of Health Care Services, and other private organizations. The Pharmacy Law also authorizes a pharmacy to dispense epinephrine auto-injectors to a prehospital emergency medical care person, first responder, or lay rescuer for the purpose of rendering emergency care in accordance with these provisions. A violation of the Pharmacy Law is a crime.

Under existing law, everyone is generally responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon himself or herself. Existing law also provides that a prehospital emergency care person, first responder, or lay rescuer who administers an epinephrine auto-injector to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation, in good faith and not for compensation, is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified certification and training requirements and standards.

Amended analysis as of 1/13/16:

This bill would provide that an authorized entity is not liable for any civil damages resulting from any act or omission connected to the administration of an epinephrine auto-injector, as specified.

Amended analysis as of 1/5/16:

This bill would provide that any employee, agent, or other trained individual of an authorized entity who administers an epinephrine auto-injector to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation, in good faith and not for compensation, is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified certification and training

requirements and standards. The bill would also provide that an authorized entity is not liable for any civil damages resulting from any act or omission n connected to the administration of an epinephrine auto-injector, as specified.

Amended analysis as of 1/4/16:

This bill would permit an “authorized entity,” as defined, to use an epinephrine auto-injector to render emergency care to another person in accordance with these provisions. The bill would also authorize a pharmacy to furnish epinephrine auto-injectors to an authorized entity pursuant to those provisions. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The bill would require an authorized entity to create and maintain a specified operations plan relating to its use of epinephrine auto-injectors, and would require those entities to submit a report to the State Department of Public Health on incidents related to the administration of epinephrine auto-injectors. The bill would also require the department to issue an annual report summarizing and analyzing the reports submitted to the department pursuant to the bill’s provisions.

ANALYSIS:

This bill would authorize an “authorized entity,” as defined, to use an epinephrine auto-injector to render emergency care to another person in accordance with these provisions. The bill would also authorize a pharmacy to furnish epinephrine auto-injectors to an authorized entity pursuant to those provisions. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The bill would also require an authorized entity to submit a report to the State Department of Public Health on incidents related to the administration of epinephrine auto-injectors, and for the department to issue an annual report summarizing and analyzing the reports submitted to it.

This bill would provide that employees, agents, or other trained individuals of an authorized entity who administers an epinephrine auto-injector to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation, in good faith and not for compensation, is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified certification and training requirements and standards. The bill would also provide that an authorized entity located in this state shall not be liable, in this state, for any injuries or related damages that result from the provision or administration of an epinephrine auto-injector by its employees or agents outside of this state if the entity or its employee or agent would not have been liable for those injuries or related damages had the provision or administration occurred within this state.

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

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

BOARD POSITION: Support 6/4/2015

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered

SUPPORT:

Mylan, Inc. (sponsor)

Allergy & Asthma Network

Allergy Station

American Latex Allergy Association

American Red Cross

California ACEP

San Francisco Bay Area Food Allergy Network

Two individuals

OPPOSE: None on file



California
LEGISLATIVE INFORMATION

AB-1386 Emergency medical care: epinephrine auto-injectors. (2015-2016)

AMENDED IN ASSEMBLY JANUARY 13, 2016

AMENDED IN ASSEMBLY JANUARY 05, 2016

AMENDED IN ASSEMBLY JANUARY 04, 2016

AMENDED IN ASSEMBLY APRIL 16, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL

No. 1386

Introduced by Assembly Member Low

February 27, 2015

An act to add Section 4119.4 to the Business and Professions Code, to amend Section 1714.23 of the Civil Code, and to amend Section 1797.197a of the Health and Safety Code, relating to emergency medical care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1386, as amended, Low. Emergency medical care: epinephrine auto-injectors.

(1) Existing law authorizes a prehospital emergency medical care person, first responder, or lay rescuer to use an epinephrine auto-injector to render emergency

care to another person, as specified. Existing law requires the Emergency Medical Services Authority to approve authorized training providers and the minimum standards for training and the use and administration of epinephrine auto-injectors. The existing Pharmacy Law, Law also authorizes a pharmacy to dispense epinephrine auto-injectors to a prehospital emergency medical care person, first responder, or lay rescuer for the purpose of rendering emergency care in accordance with these provisions. A violation of the Pharmacy Law is a crime.

This bill would permit an "authorized entity," as defined, to use an epinephrine auto-injector to render emergency care to another person in accordance with these provisions. The bill would also authorize a pharmacy to furnish epinephrine auto-injectors to an authorized ~~entity pursuant to those provisions.~~ *entity, as provided.* Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The bill would require an authorized entity to create and maintain a specified operations plan relating to its use of epinephrine auto-injectors, and would require those entities to submit a report to the State Department of Public Health on incidents related to the administration of epinephrine auto-injectors. The bill would also require the department to issue an annual report summarizing and analyzing the reports submitted to the department pursuant to the bill's provisions.

(2) Under existing law, everyone is generally responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon himself or herself. Existing law also provides that a prehospital emergency care person, first responder, or lay rescuer who administers an epinephrine auto-injector to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation, in good faith and not for compensation, is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified certification and training requirements and standards.

This bill would provide that ~~any employee, agent, or other trained individual of an authorized entity who administers an epinephrine auto-injector to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation, in good faith and not for compensation, is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified certification and training requirements and standards.~~ The bill would also provide that an authorized entity is not liable for any civil damages resulting from any act or omission connected to the administration of an epinephrine auto-injector, as specified.

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

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

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS
FOLLOWS:

SECTION 1. Section 4119.4 is added to the Business and Professions Code, to read:

4119.4. (a) Notwithstanding any other law, a pharmacy may furnish epinephrine auto-injectors to an authorized entity, as defined by Section 1797.197a of the Health and Safety Code, if both of the following requirements are met:

(1) ~~The epinephrine auto-injectors are furnished exclusively for the possession of an authorized entity and for use by its employees, volunteers, and agents, first responder, or by a family member or caregiver of the person who appears to be experiencing anaphylaxis, as defined by paragraph (1) of subdivision (a) of Section 1714.23 of the Civil Code, or by the person who appears to be experiencing anaphylaxis, as defined by paragraph (1) of subdivision (a) of Section 1714.23 of the Civil Code.~~ *use by, or in connection with, an authorized entity.*

(2) An authorized health care provider provides a prescription that specifies the quantity of epinephrine auto-injectors to be furnished.

(b) The pharmacy shall label each epinephrine auto-injector dispensed with all of the following:

(1) The name of the person or entity to whom the prescription was issued.

(2) The designations "Section 1797.197a Responder" and "First Aid Purposes Only."

(3) The dosage, use, and expiration date.

(c) Each dispensed prescription shall include the manufacturer's product information sheet for the epinephrine auto-injector.

(d) Records regarding the acquisition and disposition of epinephrine auto-injectors furnished pursuant to subdivision (a) shall be maintained by the authorized entity for a period of three years from the date the records were created. The authorized entity shall be responsible for monitoring the supply of epinephrine auto-injectors and ensuring the destruction of expired epinephrine auto-injectors.

(e) The epinephrine auto-injector dispensed pursuant to this section may be used only for the purpose, and under the circumstances, described in Section 1797.197a of the Health and Safety Code.

SEC. 2. Section 1714.23 of the Civil Code is amended to read:

1714.23. (a) For purposes of this section, the following definitions shall apply:

(1) "Anaphylaxis" means a potentially life-threatening hypersensitivity or allergic reaction to a substance.

(A) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.

(B) Causes of anaphylaxis may include, but are not limited to, insect stings or bites, foods, drugs, and other allergens, as well as idiopathic or exercise-induced anaphylaxis.

(2) "Epinephrine auto-injector" means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering from anaphylaxis.

(b) (1) Any person described in subdivision (b) of Section 1797.197a of the Health and Safety Code who administers an epinephrine auto-injector, in good faith and not for compensation, to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with the requirements and standards of Section 1797.197a of the Health and Safety Code.

~~(2) An authorized health care provider that prescribes or dispenses an epinephrine auto-injector to a person described in subdivision (b) of Section 1797.197a of the Health and Safety Code or an authorized entity is not liable for any civil damages resulting from any act or omission related to the provision of an epinephrine auto-injector.~~

~~(3) A person that conducts the training described in subdivision (c) of Section 1797.197a of the Health and Safety Code is not liable for any civil damages resulting from any act or omission of the lay rescuer, as defined by paragraph (4) of subdivision (a) of Section 1797.197a of the Health and Safety Code, who renders emergency care by administering the epinephrine auto-injector.~~

(4)

(2) (A) An authorized entity shall not be liable, *liable* for any civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct connected to the administration of an epinephrine auto-injector by any one of its employees, volunteers, or agents who is a lay rescuer, as defined by paragraph (4) of subdivision (a) of Section 1797.197a of the Health and Safety Code, or who, in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency. *Code.*

(B) The failure of an authorized entity to possess or administer an epinephrine auto-injector shall not result in civil liability.

(5)

(3) This subdivision does not affect any other immunity or defense that is available under law, including, but not limited to, the immunity from liability for any civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct of a person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency as provided by section 1799.102 of the Health and Safety Code. *law.*

(c) The protection specified in subdivision (b) shall not apply in a case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care treatment by the use of an epinephrine auto-injector.

(d) Nothing in this section relieves a manufacturer, designer, developer, distributor, or supplier of an epinephrine auto-injector of liability under any other applicable law.

SEC. 3. Section 1797.197a of the Health and Safety Code is amended to read:

1797.197a. (a) For purposes of this section, the following definitions shall apply:

(1) "Anaphylaxis" means a potentially life-threatening hypersensitivity or allergic reaction to a substance.

(A) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.

(B) Causes of anaphylaxis may include, but are not limited to, insect stings or bites, foods, drugs, and other allergens, as well as idiopathic or exercise-induced anaphylaxis.

(2) "Authorized entity" means any for-profit, nonprofit, or government entity or organization that employs at least one person or utilizes at least one volunteer or agent that has voluntarily completed a training course as described in subdivision (c).

(3) "Epinephrine auto-injector" means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering from anaphylaxis.

(4) "Lay rescuer" means any person who has met the training standards and other requirements of this section but who is not otherwise licensed or certified to use an epinephrine auto-injector on another person.

(5) "Prehospital emergency medical care person" has the same meaning as defined in paragraph (2) of subdivision (a) of Section 1797.189.

(b) A prehospital emergency medical care person or lay rescuer may use an

epinephrine auto-injector to render emergency care to another person if all of the following requirements are met:

(1) The epinephrine auto-injector is legally obtained by prescription from an authorized health care provider or from an authorized entity that acquired the epinephrine auto-injector pursuant to subdivision (e). ~~An authorized health care provider may issue a prescription for an epinephrine auto-injector to a person described in this subdivision for the purpose of rendering emergency care to another person, upon presentation of current certification demonstrating that person is trained and qualified to administer an epinephrine auto-injector as a prehospital emergency medical care person or lay rescuer, pursuant to this section or any other statute or regulation.~~

(2) The epinephrine auto-injector is used on another, with the expressed or implied consent of that person, to treat anaphylaxis.

(3) The epinephrine auto-injector is stored and maintained as directed by the manufacturer's instructions for that product.

(4) The person using the epinephrine auto-injector has successfully completed a course of training with an authorized training provider, as described in subdivision (c), and has current certification of training issued by the provider.

(5) The epinephrine auto-injectors obtained by prehospital emergency medical care personnel pursuant to Section 4119.3 of the Business and Professions Code shall be used only when functioning outside the course of the person's occupational duties, or as a volunteer, pursuant to this section.

(6) The Emergency Medical Services System is activated as soon as practicable when an epinephrine auto-injector is used.

(c) (1) The authorized training providers shall be approved, and the minimum standards for training and the use and administration of epinephrine auto-injectors pursuant to this section shall be established and approved, by the authority. The authority may designate existing training standards for the use and administration of epinephrine auto-injectors by prehospital emergency medical care personnel to satisfy the requirements of this section.

(2) The minimum training and requirements shall include all of the following components:

(A) Techniques for recognizing circumstances, signs, and symptoms of anaphylaxis.

(B) Standards and procedures for proper storage and emergency use of epinephrine auto-injectors.

(C) Emergency followup procedures, including activation of the Emergency Medical Services System, by calling the emergency 9-1-1 telephone number or otherwise alerting and summoning more advanced medical personnel and services.

(D) Compliance with all regulations governing the training, indications, use, and precautions concerning epinephrine auto-injectors.

(E) Written material covering the information required under this provision, including the manufacturer product information sheets on commonly available models of epinephrine auto-injectors.

(F) Completion of a training course in cardiopulmonary resuscitation and the use of an automatic external defibrillator (AED) for infants, children, and adults that complies with regulations adopted by the authority and the standards of the American Heart Association or the American Red Cross, and a current certification for that training.

(3) Training certification shall be valid for no more than two years, after which recertification with an authorized training provider is required.

(4) The director may, in accordance with regulations adopted by the authority, deny, suspend, or revoke any approval issued under this subdivision or may place any approved training provider on probation upon a finding by the director of an imminent threat to public health and safety, as evidenced by any of the following:

(A) Fraud.

(B) Incompetence.

(C) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of training program directors or instructors.

(D) Conviction of any crime that is substantially related to the qualifications, functions, or duties of training program directors or instructors. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.

(E) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this section or the regulations promulgated by the authority pertaining to the review and approval of training programs in anaphylaxis and the use and administration of epinephrine auto-injectors, as described in this subdivision.

(d) (1) The authority shall assess a fee pursuant to regulation sufficient to cover the reasonable costs incurred by the authority for the ongoing review and approval of training and certification under subdivision (c).

(2) The fees shall be deposited in the Specialized First Aid Training Program Approval Fund, which is hereby created in the State Treasury. All moneys deposited in the fund shall be made available, upon appropriation, to the authority for purposes described in paragraph (1).

(3) The authority may transfer unused portions of the Specialized First Aid Training Program Approval Fund to the Surplus Money Investment Fund. Funds transferred to the Surplus Money Investment Fund shall be placed in a separate trust account, and shall be available for transfer to the Specialized First Aid Training Program Approval Fund, together with the interest earned, when requested by the authority.

(4) The authority shall maintain a reserve balance in the Specialized First Aid Training Program Approval Fund of 5 percent of annual revenues. Any increase in the fees deposited in the Specialized First Aid Training Program Approval Fund shall be effective upon determination by the authority that additional moneys are required to fund expenditures pursuant to subdivision (c).

~~(e) An authorized health care provider may prescribe epinephrine auto-injectors to an authorized entity. Epinephrine auto-injectors acquired by an authorized entity shall be stored in a location readily accessible in an emergency and in accordance with the epinephrine auto-injectors instructions for use and any additional requirements that may be established by the authority.~~

(e) (1) An authorized health care provider may issue a prescription for an epinephrine auto-injector to a prehospital emergency medical care person or a lay rescuer for the purpose of rendering emergency care to another person upon presentation of a current certification demonstrating that the person is trained and qualified to administer an epinephrine auto-injector pursuant to this section or any other law.

(2) An authorized health care provider may issue a prescription for an epinephrine auto-injector to an authorized entity if the authorized entity submits evidence it employs at least one person, or utilizes at least one volunteer or agent, who is trained and qualified to administer an epinephrine auto-injector pursuant to this section.

(f) An authorized entity that possesses and makes available epinephrine auto-injectors shall do both of the following:

(1) Create and maintain on its premises an operations plan that includes all of the following:

(A) The name and contact number for the authorized health care provider who prescribed the epinephrine auto-injector.

(B) Where and how the epinephrine auto-injector will be stored.

(C) The names of the designated employees or agents who have completed the training program required by this section and who are authorized to administer the epinephrine auto-injector.

(D) How and when the epinephrine auto-injector will be inspected for an expiration date.

(E) The process to replace the expired epinephrine auto-injector, including the proper

disposal of the expired epinephrine ~~auto-injector~~. *auto-injector or used epinephrine auto-injector in a sharps container.*

(2) Submit to the State Department of Public Health, on a form developed by the State Department of Public Health, a report of each incident on the authorized entity's premises that involves the administration of an epinephrine auto-injector. The State Department of Public Health shall annually publish a report that summarizes and analyzes all reports submitted to it under this subdivision.

(g) This section shall not apply to a school district or county office of education, or its personnel, that provides and utilizes epinephrine auto-injectors to provide emergency medical aid pursuant to Section 49414 of the Education Code.

(h) This section shall not be construed to limit or restrict the ability of prehospital emergency medical care personnel, under any other statute or regulation, to administer epinephrine, including the use of epinephrine auto-injectors, or to require additional training or certification beyond what is already required under the other statute or regulation.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.2
DATE: February 11, 2016

ACTION REQUESTED: Summary of Legislation Chaptered in 2015

REQUESTED BY: Imelda Ceja-Butkiewicz, Public Member, Chairperson

BACKGROUND:

A summary of the bills chaptered in 2015 has been compiled for review.

NEXT STEPS: Place on Board agenda

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Stacie Berumen
Assistant Executive Officer
(916) 574-7600

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE**

2015 Legislative Summary

During the two-year 2015-2016 Legislative Session, many bills of general interest to the Board, or those having potential impact on the administration of the Board, were followed. Although these bills address many subjects, each affects registered nursing in some way. In 2015, the Board followed 22 bills of which eight were signed into law by the Governor. Three bills were vetoed, and two bills no longer apply. Because 2015 is the first year of a two-year session, the respective legislative bodies may act in 2016 on the nine bills that remain. The following is a brief description of some of the bills followed by the Board that were chaptered. Please refer to the bills themselves for more details. Unless otherwise stated, the statutes of 2015 became effective January 1, 2016.

**AB 637 (Campos)
Chapter 217, Statutes of 2015
Physician Orders for Life Sustaining Treatment Forms (POLST)**

AB 637 authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid Physician Orders for Life Sustaining Treatment form (POLST).

**AB 1352 (Eggman)
Chapter 646, Statutes of 2015
Deferred Entry of Judgment: Withdrawal of Plea**

AB 1352 authorizes a defendant who has successfully completed a deferred entry of judgment treatment program on or after January 1, 1997, to obtain a dismissal of the plea upon which the deferred entry of judgment was granted under specified procedures. This dismissal is available to the former defendant if he or she performed satisfactorily during the deferred entry of judgment period, and the charges were dismissed pursuant to the program. If court records are not available, a defendant's declaration under penalty of perjury that the charges were dismissed after completion of the deferred entry of judgment program shall be presumed true if the defendant submits a copy of his or her state summary criminal history information.

**SB 319 (Beall)
Chapter 535, Statutes of 2015
Child Welfare Services: Public Health Nursing**

SB 319 authorizes a provider of health care to disclose medical information to a foster care public health nurse, as defined, for the purpose of coordinating health care services and medical treatment for a minor who has either been taken into temporary custody, had a petition filed with the court, or been adjudged a dependent child or ward of the juvenile court, as specified. Medical information regarding a minor, as defined, disclosed by a provider of health care to authorized entities includes, but is not limited to, information related to screenings, assessments, and

laboratory tests necessary to monitor the administration of psychotropic medications. Requires a foster care health nurse have access to a child's medical, dental, and mental health care information in order to allow that nurse to fulfill his or her duties, as specified, and in a manner that is consistent with all relevant privacy requirements. Includes among the duties of public health nurses the monitoring and oversight of psychotropic medications. Requires a foster care public health nurse to, among other things at the request of and under the direction of a non-minor dependent, assist the non-minor dependent in making informed decisions about his or her health care by, at a minimum, providing educational materials. Requires public health nurses to receive training related to psychotropic medications, as specified.

SB 408 (Morrell)
Chapter 280, Statutes of 2015
Midwife Assistants

SB 408 authorizes a midwife assistant to perform certain assistive activities under the supervision of a licensed midwife or certified nurse-midwife, including the administration of medicine, the withdrawing of blood, and midwife technical support services. The bill defines terms for these purposes. The bill prohibits a midwife assistant from being employed for inpatient care in a licensed general acute care hospital.

SB 464 (Hernandez)
Chapter 387, Statutes of 2015
Healing Arts: Self-Reporting Tools

SB 464, notwithstanding any other law, authorizes a physician and surgeon, a registered nurse acting in accordance with the authority of the Nursing Practice Act, a certified nurse-midwife acting within the scope of specified existing law relating to nurse-midwives, a nurse practitioner acting within the scope of specified existing law relating to nurse practitioners, a physician assistant acting within the scope of specified existing law relating to physician assistants, or a pharmacist acting within the scope of a specified existing law relating to pharmacists to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after an appropriate prior examination, to prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient. The bill authorizes blood pressure, weight, height, and patient health history to be self-reported using the self-screening tool.

SB 466 (Hill)
Chapter 489, Statutes of 2015
Nursing: Board of Registered Nursing

SB 466 extends the repeal date of the BRN's operation to January 1, 2018. This bill requires the board to contract with the California State Auditor's Office to conduct a performance audit of the board's enforcement program, as specified, by February 1, 2016. The bill requires the board to reimburse the office for the cost of the performance audit. The bill requires the office to report the results of the audit to the Governor, the department, and the appropriate policy committees of

the Legislature by January 1, 2017. The bill requires the board's staff and management to cooperate with the office and provide the office with access to data, case files, employees, and information. This bill requires the board to deny or revoke approval of a school of nursing that does not give student applicants credit in the field of nursing for military education and experience by the use of challenge examinations or other methods of evaluation. The bill requires the board, by January 1, 2017, to adopt regulations requiring schools seeking approval to have a process to evaluate and grant credit, as defined, for military education and experience. The bill would require the board to review a school's policies and practices regarding granting credit for military education and experience at least once every 5 years to ensure consistency in evaluation and application across schools. The bill requires the board to post on its Internet Web site information related to the acceptance of military coursework and experience at each approved school.

SB 467 (Hill)
Chapter 656, Statutes of 2015
Professions and Vocations

SB 467 requires the Attorney General to submit a report to the department, the Governor, and the appropriate policy committees of the Legislature, on or before January 1, 2018, and on or before January 1 of each subsequent year, that includes specified information regarding the actions taken by the Attorney General pertaining to accusation matters relating to consumer complaints against a person whose profession or vocation is licensed by an agency within the department. This bill, in order to implement the Consumer Protection Enforcement Initiative of 2010, requires the Director of Consumer Affairs, through the Division of Investigation, to implement "Complaint Prioritization Guidelines" for boards to utilize in prioritizing their complaint and investigative workloads and to determine the referral of complaints to the division and those that are retained by the health care boards for investigation. The bill exempts the Medical Board of California from required utilization of these guidelines. This bill also extends the sunset dates of the California Accountancy Board and the Contractors State License Board to January 1, 2020.

SB 800 (Committee on Business Professions and Economic Development)
Chapter 426, Statutes of 2015
Healing Arts

SB 800 is the omnibus bill for the healing arts board of the Department of Consumer Affairs. The Nursing Practice Act provides for the licensure and regulation of registered nurses and nurse practitioners by the Board of Registered Nursing. The act, on and after January 1, 2008, requires an applicant for initial qualification or certification as a nurse practitioner who has not been qualified or certified as a nurse practitioner to meet specified requirements. Certain provisions allow the board to find registered nurses qualified to use the title of "nurse practitioner." This bill deletes those title provisions. The act also provides for a diversion program to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness. This bill refers to the program as an intervention program.