

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 4.0

DATE: May 09, 2018

ACTION REQUESTED: Update on Rulemaking for Article 8 (CCR, title 16, Sections 1480 et seq.) Standards of Nurse Practitioners; Discussion and Possible Action to Approve Possible Proposed Responses to the Comments Received from the 15-day Comment Period.

REQUESTED BY: Trande Phillips, RN, President
Chairperson, Administrative Committee

BACKGROUND:

The regulatory proposal amending Title 16, CCR sections 1480, 1481, 1482, 1483, 1483.1, 1483.2 and 1486 was the subject of a 45-Day Notice comment period culminating on September 11, 2016 when a public hearing was held. There was no public testimony at the hearing, however, several comments were submitted from organizations. The comments were considered at the November 2016 board meeting. The Board went out for a 15-day comment period starting November 21, 2016 for modified text as a result of the comments. After the 15-day comment period, staff submitted the regulatory package to DCA for review and approval prior to sending package to the Office of Administrative Law to complete the regulatory process.

During the extensive review by DCA, it was determined that the Board needed to make additional modifications to the text. The Board conducted another 15-day comment period starting May 22, 2017 for modified text. On July 25, 2017, the Board requested and received an extension of the deadline for submission of the final rulemaking package to the Office of Administrative Law.

On October 20, 2017, the Board submitted the final rulemaking package to the Office of Administrative Law. On December 13, 2017, the Board received disapproval of the proposed regulations for CCR sections 1480, 1481, 1482, 1483, 1483.1, 1483.2, and 1486. The Board is being given an opportunity to resubmit a revised rulemaking after the decision of disapproval.

Board staff has been in communication with OAL legal staff and DCA legal to revise the regulatory language in concert with OAL's concerns. Since talking with OAL, it was determined that the Board needed to add new language regarding the application fees regarding nurse practitioners. The fees were previously approved by the Board at a public meeting. On March 29, 2018, the Board requested and received an extension of the deadline for submission of the final rulemaking package to the Office of Administrative Law.

The Board received two comments during the 15-day comment period that ended April 10, 2018. The comments and the revised language is submitted to the board for consideration and

discussion as to whether the modified rulemaking package will be resubmitted to OAL for completion of the rulemaking process.

Saskia Kim – California Nurses Association/National Nurses United

Comment #1: Significant Adverse Economic Impact on Business

It is unclear whether the change required in the Disapproval document “Failure to Follow Procedure 4.3 ISR-Significant Adverse Economic Impact on Business” was addressed appropriately in the Supplemental to the Initial Statement of Reasons. The Initial Statement of Reasons (ISR) states, “It is likely that educational programs may need additional courses to train registered nurses...” It would seem that the need to create additional courses would mean increasing the number of courses required for RNs and possible require NP programs to develop the courses and to hire additional instructors to provide the additional courses.

Proposed Response: Reject the Comment. Nursing programs must often evaluate and restructure their programs to conform to regulatory changes, supply and demand, and anticipated costs of routine business. Some nursing programs may need to update their curriculum to comply with the new regulations. These perceived or realized costs will be minor and absorbable by the programs. The proposed amendments will require APRN-Nurse Practitioner Education Programs to have initial and continuing Board approval. California based prelicensure programs are required to maintain and update their curriculums accordingly and the associated costs are minor and absorbable.

Comment #2: Third Modified Text

1483.1 Requirement for Nurse Practitioner Education Programs in California (a)(2) has been amended, in relevant part, to add “in Nursing” to the requirements that California Nurse Education Programs must be academic programs accredited by either the United States Department of Education or the Council of Higher Education offering a graduate degree and that the programs must offer a graduate degree in Nursing or a graduate level certificate in Nursing.

However, 1480 (l) “California based nurse practitioner program” and (s) “Non-California based nurse practitioner education programs” have not also been amended to clarify that both California based and Non-California based nurse practitioner programs must offer a graduate degree in Nursing or a graduate level certificate in Nursing. We suggest that both definitions be modified to conform with the clarification in 1483.1.

Proposed Response: Accept the recommendation. The proposed language has been amended to reflect the suggested changes in 1480 (l) and 1480 (s) by adding “in Nursing” after graduate degree and graduate level certificate. In addition, 1483.1 (a) has been amended to reflect “California based” nurse practitioner education program...” and 1486, and 1486 (a) have been amended to reflect “Non-California based” Nurse Practitioner Education Programs. This aligns the definitions across the entire text.

NEXT STEPS:

Resubmit the regulatory package to OAL following board approval.

FISCAL IMPACT, IF ANY:

Increased revenue once the fee is approved.

PERSON TO CONTACT:

Dean Fairbanks
Regulatory Analyst
(916) 574-7600

Ronnie Whitaker
Licensee & Administrative Manager
(916) 574-7600

Stacie Berumen
Assistant Executive Officer
(916) 574-7600

BOARD OF REGISTERED NURSING

FOURTH MODIFIED TEXT

Changes shown in single underline for additions and ~~single strikeout~~ for deletions are a combination of changes proposed during (1) the 45-day public comment period from August 5, 2016, to September 19, 2016; (2) the first 15-day public comment period from November 21, 2016, to December 6, 2016; (3) the second 15-day comment period from May 22, 2017, to June 6, 2017 and the third 15-day comment period from March 26, 2018 to April 10, 2018.

New changes proposed during the fourth public comment period are shown in double underline for additions and ~~double strikeout~~ for deletions.

1417. Fees.

Pursuant to sections 2746.53, 2815, 2815.1, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.3 and 2838.2 of the code, the following fees are established:

....			
(10)	Temporary license fee	\$50	
<u>(10)(a)</u>	<u>Temporary Nurse Practitioner Certification Fee</u>		<u>\$150</u>
....			
(14)	Fee for evaluation of qualifications to use the title “nurse-practitioner”	\$150	<u>\$500</u>
....			
(22)	Application fee for drug/device furnishing number	\$50	<u>\$400</u>
....			

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 163.5, 208(a), 2746.53, 2815, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.1, 2836.2, 2836.3 and 2838.2, Business and Professions Code.

1480. Definitions.

- (a) “Nurse practitioner” means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and/or acute care. ~~who has been prepared in a program conforms to board standards as specified in Section 1484.~~
- (b) “Primary health care” ~~is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.~~ “Primary care” means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
- (c) “Clinically competent” means ~~that one~~ the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice-certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.

- (d) “Holding oneself out” means to use the title of nurse practitioner. “Acute care” means restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (e) “Category” means the population focused area of practice in which the certified nurse practitioner provides patient care.
- (f) “Advanced health assessment” means the knowledge of advanced processes of collecting and interpreting information regarding a patient’s health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
- (g) “Advanced pathophysiology” means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.
- (h) “Advanced pharmacology” means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
- (i) “Nurse practitioner curriculum” means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.
- (j) “Graduate core” means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.
- (k) “Advanced practice registered nursing core” means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.
- (l) “California based nurse practitioner education program” means a board approved academic program, physically located in California that offers a graduate degree **in nursing** or graduate level certificate **in nursing** to qualified students and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation.
- (m) “Clinical practice experience” means supervised direct patient care in the clinical setting that provides for the acquisition and application of advanced practice nursing knowledge, skills, and competencies.
- (n) “Direct supervision of students” means a clinical preceptor or a faculty member is physically present at the practice site. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.
- (o) “Lead nurse practitioner faculty educator ~~faculty~~” means the nurse practitioner faculty member of the nurse practitioner education program who has administrative responsibility for developing and implementing the curriculum in the nurse practitioner category.
- (p) “Major curriculum change” means a substantive change in a nurse practitioner education program curriculum, structure, content, method of delivery, or clinical hours.
- (q) “National Certification” means the certified nurse practitioner has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.
- (r) “Nurse practitioner education program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner education program and the achievement of the program outcomes in collaboration with program faculty.
- (s) “Non-California based nurse practitioner education programs” means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree **in nursing** or graduate level certificate **in nursing** to qualified students and does not have a physical location

in California. Preparation at the graduate level must be comprehensive and focus on the clinical practice of providing direct care to individuals.

Note: Authority cited: Sections 2715, ~~2725(e)~~, and 2836, Business and Professions Code.
References: Sections 2725.5, 2834, 2835.5, and 2836.1, Business and Professions Code.

1481. Categories of Nurse Practitioners.

~~A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters “R.N., N.P.” after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical gynecological nurse practitioner, and family nurse practitioner.~~

- (a) Categories of nurse practitioners shall include, but are not limited to the following:
- (1) Family/individual across the lifespan;
 - (2) Adult-gerontology, primary care or acute care;
 - (3) Neonatal;
 - (4) Pediatrics, primary care or acute care;
 - (5) Women’s health/gender-related;
 - (6) Psychiatric-Mental Health across the lifespan.
- (b) A registered nurse who has been certified by the board as a nurse practitioner may use the title, “advanced practice registered nurse” and/or “certified nurse practitioner” and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

Note: Authority cited: Sections 2715 and 2836, Business and Professions Code. Reference: Sections 2834, 2835.5, and 2836, 2836.1, and 2837, Business and Professions Code.

1482. Requirements for ~~Holding Out As a~~ Certification as a Nurse Practitioner.

~~The requirements for holding oneself out as a nurse practitioner are:~~

- (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:
- ~~(a) Active licensure as a registered nurse in California; and~~
- ~~(b) One of the following:~~
- (1) Successful completion of a nurse practitioner education program approved by the Board; of study which conforms to board standards; or
 - (2) National Certification as a nurse practitioner by a national or state organization whose standards are equivalent to those set forth in Section 1484; or 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, as approved by the Board.
 - ~~(3) (b) A nurse who has not completed an academically affiliated nurse practitioner education program of study which meets board standards as specified in Section 1484, or shall be able to provide: evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.~~
- ~~(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and~~

~~(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(e), of clinical competence in the delivery of primary health care.~~
(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.

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

1483. Evaluation of Credentials.

~~(a) An application for evaluation of a registered nurse's qualifications to hold out to be certified as a nurse practitioner shall be filed with the board by submitting form the Application Requirements for Nurse Practitioner (NP) Certification (#Rev. 5/201403/2018), and which is hereby incorporated by reference. A temporary Nurse Practitioner (NP) certificate shall be obtained by submitting the Application for Temporary Nurse Practitioner (NP) Certificate (Rev. 03/2018), which is hereby incorporated by reference. In order to furnish drugs or devices in California as a Nurse Practitioner, the certified nurse practitioner must be issued a Nurse Practitioner Furnishing Number by submitting the Nurse Practitioner Furnishing Number Application (#Rev. 10/201203/2018), which is hereby incorporated by reference, for approval, which, on a form prescribed by the board and Submission of each application shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board, to conform with Sections 1482 and 1484.~~

~~(b) A~~The Application for Nurse Practitioner (NP) Certification application, the Application for Temporary Nurse Practitioner (NP) Certificate and the Nurse Practitioner Furnishing Number Application shall include submission of the following information:
name of the graduate nurse practitioner education program or post-graduate nurse practitioner education program.

~~(1) Name of the graduate nurse practitioner education program or post graduate nurse education practitioner program.~~

~~(2) Official sealed transcript with the date of graduation or post graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.~~

(c) The Application for Nurse Practitioner (NP) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.

~~(e)~~(d) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.

~~(d)~~(e) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

Note: Authority cited: Sections ~~2715₂~~ and ~~2718~~, Business and Professions Code. Reference: Sections 2815₂ and 2835.5, Business and Professions Code.

1483.1. Requirements for Nurse Practitioner Education Programs in California.

(a) The **California based** nurse practitioner education program shall:

- (1) Provide evidence to the board that the nurse practitioner program is in an accredited academic institution located in California.
- (2) Be an academic program ~~approved by the board and~~ accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in Nursing or graduate level certificate in Nursing to qualified students.
- (3) Provide the board with evidence of ongoing continuing nurse practitioner education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
- (4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.

(b) The board ~~may~~ shall grant the nurse practitioner education program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board may change the approval status for a board-approved nurse practitioner education program at any time, if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815₇ and 2835.5, ~~and~~ Business and Professions Code.

1483.2. Requirements for Reporting Nurse Practitioner Education Program Changes.

(a) A board-approved nurse practitioner education program shall notify the board within thirty (30) days of any of the following changes:

- (1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.
- (2) A fiscal condition that adversely affects students enrolled in the nursing program.
- (3) Substantive changes in the organizational structure affecting the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to the following:

- (1) Change in location;
- (2) Change in ownership;

- (3) Addition of a new campus or location;
- (4) Major curriculum change.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2715; and 2835.5, Business and Professions Code.

1484. Standards of Nurse Practitioner Education.

(a) The program of study preparing a nurse practitioner shall ~~meet the following criteria:~~ be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties in “Nurse Practitioner Core Competencies Content” (2017), which is hereby incorporated by reference.

(a) ~~(b)~~ Purpose, Philosophy and Objectives

(1) ~~have as its primary purpose the preparation of registered nurses who can provide primary health care; The purpose of the nurse practitioner education program shall be to prepare a graduate nurse practitioner to provide competent primary care and/or acute care services in one or more of the categories.~~

(2) ~~have a clearly defined philosophy available in written form; Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students.~~

(3) ~~have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate. Learning outcomes for the nurse practitioner education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.~~

~~(b)~~ (c) Administration and organization of the nurse practitioner education program shall:

(1) ~~Be conducted in conjunction with one of the following:~~

(A) (1) ~~An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health. Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.~~

(B) (2) ~~A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. Prepare graduates for national certification as a certified nurse practitioner in one or more nurse practitioner category by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.~~

(2) (3) ~~Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student in written form.~~

(3) (4) ~~Have written policies for clearly informing applicants of the academic accreditation and board approval status of the program.~~

(4) (5) ~~Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program. Document the nurse practitioner role and the category of educational preparation on the program’s official transcript.~~

(5) (6) ~~Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval. Maintain a method for retrieval of records in the event of program closure.~~

~~(6)~~ (7) Provide for program evaluation by faculty and students during and following the program and make results available for public review. Have and implement a written total program evaluation plan.

(8) Have sufficient resources to achieve the program outcomes.

~~(e)~~ (d) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.

~~(1)~~ (2) Each faculty person member shall demonstrate current competence in the area in which he/ or she teaches.

(3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications.

(4) Faculty who teach in the nurse practitioner education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught. Faculty shall meet the following requirements:

(A) Hold an active, valid California registered nurse license;

(B) Have a Master's degree or higher degree in nursing;

(C) Have at least two years of clinical experience as a nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse anesthetist within the last five (5) years of practice and consistent with the teaching responsibilities.

(5) Faculty teaching in clinical courses shall be current in clinical practice.

(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.

(7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as but not limited to, pharmacology, pathophysiology, and physical assessment, shall have a valid and active California license issued by the appropriate licensing agency and an advanced graduate degree in the appropriate content areas.

(e) Director.

(1) The nurse practitioner education program director shall be responsible and accountable for the nurse practitioner education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:

~~(2) The director or co-director of the program shall:~~

~~(A) be a~~ Hold an active, valid California registered nurse license;

~~(B) Have hold a Master's or a higher degree in nursing or a related health field from an accredited college or university;~~

~~(C) H~~have had one academic year of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners; and

(D) Be certified by the board as a nurse practitioner.

(2) The director, if he or she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.

(f) Clinical Preceptor.

(1) A clinical preceptor in the nurse practitioner education program shall:

~~(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.~~

~~(4)~~ (A) A clinical instructor shall Hhold an active licensure valid, California license to practice his/ or her respective profession and demonstrate current clinical competence.

~~(5) (B) A clinical instructor shall participate in teaching, supervising, and evaluating students, and shall be appropriately matched competent with in the content and skills being taught to the students.~~

(2) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(3) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(4) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.

~~(d) (g) Curriculum—~~Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(h) Nurse Practitioner Education Program Curriculum.

The nurse practitioner education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and category competencies and be approved by the board.

~~(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.~~

~~(2) The program shall provide evaluation evaluate of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.~~

(3) (2) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression. The curriculum shall provide broad educational preparation and include a graduate core, advance practice registered nursing core, the nurse practitioner core role competencies, and the competencies specific to the category.

~~(4) (3) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. The program shall prepare the graduate to be eligible to sit for a specific national nurse practitioner category certification examination consistent with educational preparation.~~

~~(5) (4) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to the following:~~

(A) The advanced practice registered nursing core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with commencing clinical course work.

(B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.

(C) Concurrent theory and clinical practice courses in the category shall emphasize the management of health-illness needs in primary and/or acute care.

(D) The supervised direct patient care precepted clinical experiences shall be under the supervision of a certified nurse practitioner.

~~(6) (5) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. The program shall meet the minimum of 500 clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.~~

(6) The nurse practitioner education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners",

and California Code of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners,” including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, Authorized standardized procedures “Additional authorized acts; implementation of standardized procedures”;

(B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices by nurse practitioners, and other appropriate codes, Pharmacy, Welfare and Institution.”

(7) The program may be full-time or part-time, and shall be comprised of not less than thirty (30) semester units, (forty five (45) quarter units), and shall be consistent with standards as established by The National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016), which is hereby incorporated by reference. national standards for graduate and nurse practitioner education, which shall that The program must also include theory and supervised clinical practice.

(8) The course of instruction shall be calculated according to the following formula: The course of instruction program units and contact hours shall be calculated using the following formulas:

(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, where each semester is 15-18 weeks; or three quarters, where each quarter is 10-12 weeks.

(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

(9) Supervised clinical practice shall consist of two phases: at least 12 semester units or 18 quarter units.

(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.

(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.

(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.

(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared shall be sufficient for the student to demonstrate clinical competencies in the nurse practitioner category.

(11) The nurse practitioner education program shall have the responsibility arrange for arranging for clinical instruction and supervision for of the student.

(12) The curriculum shall include, but is not limited to:

(A) Normal growth and development

(B) Pathophysiology

(C) Interviewing and communication skills

(D) Eliciting, recording and maintaining a developmental health history

(E) Comprehensive physical examination

(F) Psycho-social assessment

(G) Interpretation of laboratory findings

(H) Evaluation of assessment data to define health and developmental problems

(I) Pharmacology

(J) Nutrition

(K) Disease management

- (L) Principles of health maintenance
- (M) Assessment of community resources
- (N) Initiating and providing emergency treatments
- (O) Nurse practitioner role development
- (P) Legal implications of advanced practice
- (Q) Health care delivery systems
- (13) ~~The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.~~

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

1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out-of-State Non-California based Nurse Practitioner Education Programs.

- (a) ~~The out-of-state~~ **Non-California based** Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:
 - (1) Obtain prior board approval;
 - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
 - (3) Secure clinical preceptors who meet board requirements;
 - (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);
 - (5) A clinical preceptor in the nurse practitioner education program shall:
 - (a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.
 - (b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
 - (c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.
 - (d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
 - (e) Be evaluated by the program faculty at least every two (2) years.
- Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.
- (b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.
- (c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.
 - (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners” and California

Code of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners”, including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, ~~Authorized standardized procedures~~—“Additional authorized acts; implementation of standardized procedures”;

(B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices.” ~~by nurse practitioners, and other appropriate codes, Pharmacy, Welfare and Institution.~~

(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.

(e) The board may withdraw authorization for program clinical placements in California, at any time.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5, and 2836, Business and Professions Code.

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: May 09, 2018

ACTION REQUESTED: Update on Rulemaking for Article 2 (CCR, title 16, Section 1417) Fees; Discussion and Possible Action to Approve Possible Proposed Responses to the Comments Received from the Hearing and 45-day Comment Period.

REQUESTED BY: Trande Phillips, RN, President
Chairperson, Administrative Committee

BACKGROUND:

Pursuant to Business and Professions (B&P) Code, Sections 163.5, 2746.53, 2786.5, 2815, 2815.1, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.3 and 2838.2, the Board has statutory authority to assess fees. The revenue generated from the fees is placed in the Board of Registered Nursing Fund, and is utilized by the Board to perform the duties and functions authorized by the Nursing Practice Act (NPA). In 1991, the Board set fees at the minimum level of the statutory range. In 2010, the Board raised its fees for the first time in nearly 20 years to support the Board and enhance its enforcement functions.

In 2015, the Board commissioned an independent fee audit conducted by Capital Accounting to identify which fees needed to be adjusted to recover actual costs for processing the different workload functions of the Board including enforcement and licensing. The Board adopted emergency regulations to raise most fees to the statutory maximum. In 2016, the Board completed the certificate of compliance to make the Board's emergency regulations permanent.

After SB 1039 was passed into law the Board assessed appropriate fee amounts to be set with most fees set to the bottom of the new statutory ranges. The proposed regulations include six new types of fees which the Board never collected fees for but still processed applications at no cost to the registered nurse. Pursuant to SB 1039, the Legislature required the Board to impose a fee for these six types of activities, within a prescribed statutory range.

The proposed regulations are necessary to preserve the public's health and safety because without the necessary revenue generated by the fees, the Board is unable to fully fund its licensing and enforcement programs and meet its mandate to protect the public by ensuring those licensed to practice registered nursing are safe and competent. The increased revenues will be used to support the different programs throughout the Board.

The regulatory proposal amending Article 2 of Title 16, CCR sections 1417 Fees was the subject of a 45-Day Notice comment period culminating on April 23, 2018 when a public

hearing was held. There was no public testimony at the hearing, however, comments were submitted for consideration by the board.

Comment #1: Sarah L. Flores, MSN, RN, NE-C, Biola University

The question is specific to the renewal application fee for the PHN License. Historically, as a BSN, PHN, there has not been the need to apply for renewal nor pay a fee for maintaining the PHN certification. Will the renewal application/fee be instituted for new licenses forward only, or will it also be instituted for those with existing PHN certificates? Will the Board “grandfather in” current PHNs?

Proposed Response: Reject the comment. The Board did not previously collect a fee for the renewal of a public health nurse certification. But pursuant to B&P Code section 2816, the Board must establish the fee to be paid upon the application for renewal of the public health nurse certification at between \$125 and \$500. The proposed regulation sets the fee to the statutory minimum of \$125. The PHN renewal fee will be required for all nurses holding PHN certification.

Comment #2: Public Health Nurses, Community Health Nurses, and Allies

This community of nurses in practice, education and research as well as nursing students oppose the recent fee increase for the Public Health Nurse (PHN) from \$150 to \$500 effective April 5, 2018. This action will likely shift new nurse graduates’ career trajectories away from Public Health, further exacerbating PHN recruitment challenges across local health departments.

We see the minimum amount of \$500 selected for both PHNs and NPs, which should not be subject to the same evaluation fees because the evaluation criteria and scope of practice are so different including their salary ranges. The PHN renewal fee does not make sense as there are no additional recertification requirements once a nurse has proven that they completed the initial coursework and clinical experience.

Proposed Response: Reject the comment. Pursuant to B&P Code section 2816, the proposed regulation sets the fee for a Public Health Nurse Certification Application to the statutory minimum of \$500. While the PHN and NP application fees are set the same, the evaluation process is different for each certification and is not set according to scope of practice or salary ranges. The proposed regulation sets the PHN renewal fee to the statutory minimum of \$125. The PHN renewal fee will be required for all nurses holding PHN certification.

NEXT STEPS:

Submit the regulatory package to DCA to initiate the preliminary review process and then to OAL to complete the regulatory process.

FISCAL IMPACT, IF ANY:

Increased revenue once the fees are approved.

PERSON TO CONTACT:

Dean Fairbanks
Regulatory Analyst
(916) 574-7600

Ronnie Whitaker
Licensee & Administrative Manager
(916) 574-7600

Stacie Berumen
Assistant Executive Officer
(916) 574-7600