

**BOARD OF REGISTERED NURSING**  
**Legislative Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 8.1**  
**DATE: November 5, 2015**

**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>		
	Comm.	Board		Comm.	Board
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:** Place on Board agenda

**FISCAL IMPACT, IF ANY:** None

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**BOARD OF REGISTERED NURSING  
ASSEMBLY BILLS 2015-2016  
November 5, 2015**

<b>BILL #</b>	<b>AUTHOR</b>	<b>SUBJECT</b>	<b>COMM POSITION (date)</b>	<b>BOARD POSITION (date)</b>	<b>BILL STATUS</b>
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)	Assembly Business & Professions
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AB 1060	Bonilla	Professions and vocations: licensure	Support if Amended (5/7/15)	Support if Amended (6/4/15)	No Longer Applicable to the Board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 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)	Assembly Business & Professions

**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  
November 5, 2015**

<b>BILL #</b>	<b>AUTHOR</b>	<b>SUBJECT</b>	<b>COMM POSITION (date)</b>	<b>BOARD POSITION (date)</b>	<b>BILL STATUS</b>
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.



OFFICE OF THE GOVERNOR

SEP 28 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 85 without my signature.

This bill expands the Bagley-Keene Open Meeting Act to include state advisory bodies, regardless of their size.

My thinking on this matter has not changed from last year when I vetoed a similar measure, AB 2058. I believe strongly in transparency and openness but the more informal deliberation of advisory bodies is best left to current law.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 172 without my signature.

This bill would increase from six months to one year in county jail the maximum punishment for assault or battery of a healthcare worker inside an emergency department.

Emergency rooms are overcrowded and often chaotic. I have great respect for the work done by emergency room staff and I recognize the daunting challenges they face every day. If there were evidence that an additional six months in county jail (three months, once good-time credits are applied) would enhance the safety of these workers or serve as a deterrent, I would sign this bill. I doubt that it would do either.

We need to find more creative ways to protect the safety of these critical workers. This bill isn't the answer.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 8 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 1351 without my signature.

AB 1351 would transform the existing deferred entry of judgment program available to low level drug offenders to one that does not require a guilty plea. Instead, the offender would plead not guilty and when the program is completed, the charges would be dropped. If the offender fails to complete the program, the prosecutor would proceed with the charges at that time.

While I support the goal of giving low-level offenders a second chance, I am concerned that the bill eliminates the most powerful incentive to stay in treatment – the knowledge that judgment will be entered for failure to do so. The bill goes too far.

Sincerely,

  
Edmund G. Brown Jr.

**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
November 5, 2015**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Eggman	<b>BILL NUMBER:</b>	AB 1352
<b>SPONSOR:</b>	Drug Policy Alliance	<b>BILL STATUS:</b>	Senate Appropriations
<b>SUBJECT:</b>	Deferred entry of judgment: withdrawal of plea.	<b>DATE LAST AMENDED:</b>	9/9/2015

**SUMMARY:**

Existing law allows judgment to be deferred with respect to a defendant who is charged with certain crimes involving possession of controlled substances and who meets certain criteria, including that he or she has no prior convictions for any offense involving controlled substances and has had no felony convictions within the 5 years prior, as specified. Existing law prohibits the record pertaining to an arrest resulting in successful completion of a deferred entry of judgment program from being used in any way that could result in the denial of employment, benefit, license, or certificate.

**Amended Analysis as of 9/9:**

The amendment adds that if court records showing the case resolution are no longer available, the bill would require that the defendant's declaration, under penalty of perjury, that the charges were dismissed after he or she completed the requirements, be presumed to be true if the defendant submits a copy of his or her state summary criminal history information that either shows that the defendant successfully completed the deferred entry of judgment program or that the record does not show a final disposition.

**Amended Analysis as of 9/3:**

This bill would require a court to allow a defendant who was granted deferred entry of judgment on or after-January 1, 1997, who has performed satisfactorily during the period in which deferred entry of judgment was granted, and for whom the criminal charge or charges were dismissed, as specified, to withdraw his or her plea and enter a plea of not guilty, and would require the court to dismiss the complaint or information against the defendant. If court records showing the case resolution are no longer available, the bill would require that the defendant's declaration, under penalty of perjury, that the charges were dismissed after he or she completed the requirements, be presumed to be true. By expanding the application of the crime of perjury, the bill would impose a state-mandated local program.

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.

**ANALYSIS:**

This bill would require a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, after pleading guilty or nolo contendere to the charged offense, to withdraw his or her plea and enter a plea of not guilty, and would require the court to dismiss the complaint or information against the defendant, if the defendant performed satisfactorily during the deferred entry of judgment period and the defendant attests that the plea may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, including, but not limited to, causing a noncitizen defendant to potentially be found inadmissible, deportable, or subject to any other kind of adverse immigration consequence. The bill would require the Judicial Council to develop a form to allow the defendant to make this attestation. Pursuant to the bill, the completion, signing, and submission of the form with specified documentation would be presumed to satisfy the requirement for the withdrawal of the plea and dismissal of the complaint.

**BOARD POSITION:** Oppose Unless Amended (9/3/15)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Oppose Unless Amended (8/6/15)

**SUPPORT:**

Drug Policy Alliance (Sponsor)  
Immigrant Legal Resource Center (Sponsor)  
American Civil Liberties Union of California (Co-Sponsor)  
Coalition for Humane Immigrant Rights of Los Angeles (Co-Sponsor)  
Mexican American Legal Defense and Education Fund (MALDEF) (Co-Sponsor)  
National Council of La Raza (Co-Sponsor)  
African Advocacy Network  
Asian Americans Advancing Justice – Asian Law Caucus  
Asian Americans Advancing Justice – L.A.  
Asian Law Alliance California Attorneys for Criminal Justice  
California Immigrant Policy Center  
California Partnership California Public Defenders Association  
California Rural Legal Assistance Foundation  
Californians for Safety and Justice  
Californians United for a Responsible Budget  
Central American Resource Center – Los Angeles  
Chinese for Affirmative Action  
Community United Against Violence  
Congregations Building Community  
Del Sol Group  
Dolores Street Community Services  
Faith in Action Kern County  
Harvey Milk LGBT Democratic Club  
Human Rights Watch  
Immigration Action Group  
Institute for Justice  
Lawyers' Committee for Civil Rights of the San Francisco Bay Area

Legal Services for Prisoners with Children  
Los Angeles Regional Reentry Partnership  
Justice Not Jails  
MAAC  
Mujeres Unidas y Activas  
National Association of Social Workers – California Chapter  
National Day Laborer Organizing Network National Immigration Law Center  
Pangea Legal Services  
PICO California  
Placer People of Faith  
Presente.org  
Progressive Christians Uniting  
Red Mexicana de Lideres y Organizaciones Migrantes  
Santa Clara County Public Defender's Office  
Silicon Valley De-Bug  
Solutions for Immigrants  
William C. Velasquez Institute  
Vital Immigrant Defense Advocacy and Services (VIDAS)  
One private individual

**OPPOSE:**

California District Attorneys Association  
California State Sheriff's Association

## Assembly Bill No. 1352

### CHAPTER 646

An act to add Section 1203.43 to the Penal Code, relating to deferred entry of judgment.

[Approved by Governor October 8, 2015. Filed with  
Secretary of State October 8, 2015.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1352, Eggman. Deferred entry of judgment: withdrawal of plea.

Existing law allows judgment to be deferred with respect to a defendant who is charged with certain crimes involving possession of controlled substances and who meets certain criteria, including that he or she has no prior convictions for any offense involving controlled substances and has had no felony convictions within the 5 years prior, as specified. Existing law prohibits the record pertaining to an arrest resulting in successful completion of a deferred entry of judgment program from being used in any way that could result in the denial of any employment, benefit, license, or certificate.

This bill would require a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, who has performed satisfactorily during the period in which deferred entry of judgment was granted, and for whom the criminal charge or charges were dismissed, as specified, to withdraw his or her plea and enter a plea of not guilty, and would require the court to dismiss the complaint or information against the defendant. If court records showing the case resolution are no longer available, the bill would require that the defendant's declaration, under penalty of perjury, that the charges were dismissed after he or she completed the requirements, be presumed to be true if the defendant submits a copy of his or her state summary criminal history information that either shows that the defendant successfully completed the deferred entry of judgment program or that the record does not show a final disposition. By expanding the application of the crime of perjury, the bill would impose a state-mandated local program.

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.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1203.43 is added to the Penal Code, to read:

1203.43. (a) (1) The Legislature finds and declares that the statement in Section 1000.4, that “successful completion of a deferred entry of judgment program shall not, without the defendant’s consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate” constitutes misinformation about the actual consequences of making a plea in the case of some defendants, including all noncitizen defendants, because the disposition of the case may cause adverse consequences, including adverse immigration consequences.

(2) Accordingly, the Legislature finds and declares that based on this misinformation and the potential harm, the defendant’s prior plea is invalid.

(b) For the above-specified reason, in any case in which a defendant was granted deferred entry of judgment on or after January 1, 1997, has performed satisfactorily during the period in which deferred entry of judgment was granted, and for whom the criminal charge or charges were dismissed pursuant to Section 1000.3, the court shall, upon request of the defendant, permit the defendant to withdraw the plea of guilty or nolo contendere and enter a plea of not guilty, and the court shall dismiss the complaint or information against the defendant. If court records showing the case resolution are no longer available, the defendant’s declaration, under penalty of perjury, that the charges were dismissed after he or she completed the requirements for deferred entry of judgment, shall be presumed to be true if the defendant has submitted a copy of his or her state summary criminal history information maintained by the Department of Justice that either shows that the defendant successfully completed the deferred entry of judgment program or that the record is incomplete in that it does not show a final disposition. For purposes of this section, a final disposition means that the state summary criminal history information shows either a dismissal after completion of the program or a sentence after termination of the program.

SEC. 2. 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  
November 5, 2015**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Beall	<b>BILL NUMBER:</b>	SB 319
<b>SPONSOR:</b>	National Center for Youth Law	<b>BILL STATUS:</b>	Assembly Health
<b>SUBJECT:</b>	Child welfare services: public health nursing	<b>DATE LAST AMENDED:</b>	9/3/2015

**SUMMARY:**

Existing law requires the State Department of Social Services to establish a program of public health nursing in the child welfare services program, and requires counties to use the services of the foster care public health nurse under this program. Existing law requires the foster care public health nurse to perform specified duties, including participating in medical care planning and coordinating for a child in foster care. Existing law also requires a county to establish a community child health and disability prevention program to provide early and periodic assessments of the health status of children in the county.

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.

**Amended Analysis as of 9/3:**

This amendment incorporate changes to Section 16501.3 of the Welfare and Institutions Code proposed by both this bill and SB 238, which would become operative only if both bills are enacted and become effective on or before January 1, 2016, and this bill is chaptered last.

**Amended Analysis as of 8/28:**

The amendment would authorize a foster care public health nurse, as part of his or her requirement to participate in medical care planning and coordinating for a child, to monitor and oversee the child's use of psychotropic medications. The bill would also require a foster care public health nurse to assist a nonminor dependent to make informed decisions about his or her health care. By imposing this additional duty on foster care public health nurses, this bill would impose a state-mandated local program.

**Amended analysis as of 7/7:**

Makes changes in monitoring, in collaboration with the child's county social worker and mental health worker, each child in foster care who is administered one or more psychotropic medications. The amendment states that reviewing, monitoring, engaging with the caregiver, and confirming through submitted medical reports received from the prescribing physician that periodic followup visits, laboratory work, and other measurements are scheduled and completed. The bill was also

amended to state that reviewing and documenting the response of the child to the administration of psychotropic medication through review and interpretation of the laboratory tests, screenings, and reports-containing information from the child and received from the caregiver or social worker, and, if necessary, interpreting, for the child's social worker, health information to be included in court reports.

**Amended analysis as of 6/2:**

The amendment deletes the provision that requires a county to establish a community child health and disability prevention program to provide early and periodic assessments of the health status of children in the county.

**Amended analysis as of 4/1:**

The amendment deletes the provision that gives the foster care public health nurse access to the child's medical, dental, and mental health care information.

Existing law restricts the disclosure of medical and mental health information by providers of health care and mental health care services, but authorizes disclosure of this information to county social workers, probation officers, or any other person who is legally authorized to have custody and care of a minor who is in temporary custody or subject to the jurisdiction of the juvenile court, for the purpose of coordinating medical treatment and health care, mental health, and developmental disability services for the minor.

This bill would authorize the disclosure of this health care and mental health care information to a foster care public health nurse, as specified.

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.

**ANALYSIS:**

This bill would require a county to provide the services of a foster care public health nurse to children in foster care by contracting with the community child health and disability prevention program established in that county. The bill would require a foster care public health nurse to monitor and oversee each child in foster care who is administered one or more psychotropic medications, as specified. The bill would give the foster care public health nurse access to the child's medical, dental, and mental health care information in order to fulfill these duties. By imposing these additional duties on foster care public health nurses, this bill would impose a state-mandated local program.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

**BOARD POSITION:** Watch (4/2/15)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

National Center for Youth Law (sponsor)  
Kamala Harris, California Attorney General  
Abode Services  
Accessing Health Services for California's Children in Foster Care Task Force  
Advokids  
Alameda County Board of Supervisors  
California Academy of Child and Adolescent Psychiatry  
California Alliance of Child and Family Services  
California Department of Justice  
California Youth Connection  
Children's Defense Fund California  
Children Now  
Children's Partnership  
Children's Law Center of California  
Consumer Watchdog  
County Welfare Directors Association of California  
Disability Rights California  
First Place for Youth  
Humboldt County Transition Age Youth Collaboration  
John Burton Foundation for Children without Homes  
Laborer's International Union of North America Local 777 and 792  
Mockingbird Society  
National Center for Youth Law  
Santa Clara County Board of Supervisors  
Eight individuals

**OPPOSE**

None received.

## Senate Bill No. 319

### CHAPTER 535

An act to amend Section 56.103 of the Civil Code, and to amend Sections 5328.04 and 16501.3 of the Welfare and Institutions Code, relating to child welfare services.

[Approved by Governor October 6, 2015. Filed with  
Secretary of State October 6, 2015.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 319, Beall. Child welfare services: public health nursing.

Existing law requires the State Department of Social Services to establish a program of public health nursing in the child welfare services program, and requires counties to use the services of the foster care public health nurse under this program. Existing law requires the foster care public health nurse to perform specified duties, including participating in medical care planning and coordinating for a child in foster care.

This bill would authorize a foster care public health nurse, as part of his or her requirement to participate in medical care planning and coordinating for a child, to monitor and oversee the child's use of psychotropic medications. The bill would also require a foster care public health nurse to assist a nonminor dependent to make informed decisions about his or her health care. By imposing this additional duty on foster care public health nurses, this bill would impose a state-mandated local program.

Existing law restricts the disclosure of medical and mental health information by providers of health care and mental health care services, but authorizes disclosure of this information to county social workers, probation officers, or any other person who is legally authorized to have custody and care of a minor who is in temporary custody or subject to the jurisdiction of the juvenile court, for the purpose of coordinating medical treatment and health care, mental health, and developmental disability services for the minor.

This bill would authorize the disclosure of this health care and mental health care information to a foster care public health nurse, as specified.

This bill would incorporate changes to Section 16501.3 of the Welfare and Institutions Code proposed by both this bill and SB 238, which would become operative only if both bills are enacted and become effective on or before January 1, 2016, and this bill is chaptered last.

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.

*The people of the State of California do enact as follows:*

SECTION 1. Section 56.103 of the Civil Code is amended to read:

56.103. (a) A provider of health care may disclose medical information to a county social worker, a probation officer, a foster care public health nurse acting pursuant to Section 16501.3 of the Welfare and Institutions Code, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating health care services and medical treatment provided to the minor, including, but not limited to, the sharing of information related to screenings, assessments, and laboratory tests necessary to monitor the administration of psychotropic medications.

(b) For purposes of this section, health care services and medical treatment includes one or more providers of health care providing, coordinating, or managing health care and related services, including, but not limited to, a provider of health care coordinating health care with a third party, consultation between providers of health care and medical treatment relating to a minor, or a provider of health care referring a minor for health care services to another provider of health care.

(c) For purposes of this section, a county social worker, a probation officer, foster care public health nurse, or any other person who is legally authorized to have custody or care of a minor shall be considered a third party who may receive any of the following:

(1) Medical information described in Sections 56.05 and 56.10.

(2) Protected health information described in Section 160.103 of Title 45 of the Code of Federal Regulations.

(d) Medical information disclosed to a county social worker, probation officer, foster care public health nurse, or any other person who is legally authorized to have custody or care of a minor shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating health care services and medical treatment of the minor and the disclosure is authorized by law. Medical information disclosed pursuant to this section may not be admitted into evidence in any criminal or delinquency proceeding against the minor. Nothing in this subdivision shall prohibit identical evidence from being admissible in a criminal proceeding if that evidence is derived solely from lawful means other than this section and is permitted by law.

(e) (1) Notwithstanding Section 56.104, if a provider of health care determines that the disclosure of medical information concerning the diagnosis and treatment of a mental health condition of a minor is reasonably necessary for the purpose of assisting in coordinating the treatment and care of the minor, that information may be disclosed to a county social worker, probation officer, foster care public health nurse, or any other person who is legally authorized to have custody or care of the minor. The information shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating mental health services and treatment of the minor and the disclosure is authorized by law.

(2) As used in this subdivision, “medical information” does not include psychotherapy notes as defined in Section 164.501 of Title 45 of the Code of Federal Regulations.

(f) The disclosure of information pursuant to this section is not intended to limit the disclosure of information when that disclosure is otherwise required by law.

(g) For purposes of this section, “minor” means a minor taken into temporary custody or as to whom a petition has been filed with the court, or who has been adjudged to be a dependent child or ward of the juvenile court pursuant to Section 300 or 601 of the Welfare and Institutions Code.

(h) (1) Except as described in paragraph (1) of subdivision (e), nothing in this section shall be construed to limit or otherwise affect existing privacy protections provided for in state or federal law.

(2) Nothing in this section shall be construed to expand the authority of a social worker, probation officer, foster care public health nurse, or custodial caregiver beyond the authority provided under existing law to a parent or a patient representative regarding access to medical information.

SEC. 2. Section 5328.04 of the Welfare and Institutions Code is amended to read:

5328.04. (a) Notwithstanding Section 5328, information and records made confidential under that section may be disclosed to a county social worker, a probation officer, a foster care public health nurse acting pursuant to Section 16501.3, or any other person who is legally authorized to have custody or care of a minor, for the purpose of coordinating health care services and medical treatment, as defined in subdivision (b) of Section 56.103 of the Civil Code, mental health services, or services for developmental disabilities, for the minor.

(b) Information disclosed under subdivision (a) shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating health care services and medical treatment, or mental health or developmental disability services, for the minor and only to a person who would otherwise be able to obtain the information under subdivision (a) or any other law.

(c) Information disclosed pursuant to this section shall not be admitted into evidence in any criminal or delinquency proceeding against the minor. Nothing in this subdivision shall prohibit identical evidence from being admissible in a criminal proceeding if that evidence is derived solely from lawful means other than this section and is permitted by law.

(d) Nothing in this section shall be construed to compel a physician and surgeon, licensed psychologist, social worker with a master’s degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information, including notes, that has been given to him or her in confidence by the minor or members of the minor’s family.

(e) The disclosure of information pursuant to this section is not intended to limit disclosure of information when that disclosure is otherwise required by law.

(f) Nothing in this section shall be construed to expand the authority of a social worker, probation officer, foster care public health nurse, or custodial caregiver beyond the authority provided under existing law to a parent or a patient representative regarding access to confidential information.

(g) As used in this section, “minor” means a minor taken into temporary custody or for whom a petition has been filed with the court, or who has been adjudged a dependent child or ward of juvenile court pursuant to Section 300 or 601.

(h) Information and records that may be disclosed pursuant to this section do not include psychotherapy notes, as defined in Section 164.501 of Title 45 of the Code of Federal Regulations.

SEC. 3. Section 16501.3 of the Welfare and Institutions Code is amended to read:

16501.3. (a) The State Department of Social Services shall establish and maintain a program of public health nursing in the child welfare services program that meets the federal requirements for the provision of health care to minor and nonminor dependents in foster care consistent with Section 30026.5 of the Government Code. The purpose of the public health nursing program shall be to promote and enhance the physical, mental, dental, and developmental well-being of children in the child welfare system.

(b) Under this program, counties shall use the services of a foster care public health nurse. The foster care public health nurse shall work with the appropriate child welfare services workers to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. This shall include coordination with county mental health plans and local health jurisdictions, as appropriate. In order to fulfill these duties, the foster care public health nurse shall have access to the child’s medical, dental, and mental health care information, in a manner that is consistent with all relevant privacy requirements.

(c) The duties of a foster care public health nurse shall include, but need not be limited to, the following:

(1) Documenting that each child in foster care receives initial and followup health screenings that meet reasonable standards of medical practice.

(2) Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referral and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services necessary for the child.

(3) Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting case workers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, monitoring and oversight of

psychotropic medications, advocating for the health care needs of the child, and ensuring the creation of linkage among various providers of care.

(4) Providing followup contact to assess the child's progress in meeting treatment goals.

(5) At the request of and under the direction of a nonminor dependent, as described in subdivision (v) of Section 11400, assisting the nonminor dependent in accessing physical health and mental health care, coordinating the delivery of health and mental health care services, advocating for the health and mental health care that meets the needs of the nonminor dependent, assisting the nonminor dependent to make informed decisions about his or her health care by, at a minimum, providing educational materials, and assisting the nonminor dependent to assume responsibility for his or her ongoing physical and mental health care management.

(d) The services provided by foster care public health nurses under this section shall be limited to those for which reimbursement may be claimed under Title XIX of the federal Social Security Act at an enhanced rate for services delivered by skilled professional medical personnel. Notwithstanding any other law, this section shall be implemented only if, and to the extent that, the department determines that federal financial participation, as provided under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.), is available.

(e) (1) The State Department of Health Care Services shall seek any necessary federal approvals for child welfare agencies to appropriately claim enhanced federal Title XIX funds for services provided pursuant to this section.

(2) Commencing in the fiscal year immediately following the fiscal year in which the necessary federal approval pursuant to paragraph (1) is secured, county child welfare agencies shall provide health care oversight and coordination services pursuant to this section, and may accomplish this through agreements with local public health agencies.

(f) (1) Notwithstanding Section 10101, prior to the 2011–12 fiscal year, there shall be no required county match of the nonfederal cost of this program.

(2) Commencing in the 2011–12 fiscal year, and each fiscal year thereafter, funding and expenditures for programs and activities under this section shall be in accordance with the requirements provided in Sections 30025 and 30026.5 of the Government Code.

SEC. 3.5. Section 16501.3 of the Welfare and Institutions Code is amended to read:

16501.3. (a) The State Department of Social Services shall establish and maintain a program of public health nursing in the child welfare services program that meets the federal requirements for the provision of health care to minor and nonminor dependents in foster care consistent with Section 30026.5 of the Government Code. The purpose of the public health nursing program shall be to promote and enhance the physical, mental, dental, and developmental well-being of children in the child welfare system.

(b) Under this program, counties shall use the services of a foster care public health nurse. The foster care public health nurse shall work with the appropriate child welfare services workers to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. This shall include coordination with county mental health plans and local health jurisdictions, as appropriate. In order to fulfill these duties, the foster care public health nurse shall have access to the child's medical, dental, and mental health care information, in a manner that is consistent with all relevant privacy requirements.

(c) The duties of a foster care public health nurse shall include, but need not be limited to, the following:

(1) Documenting that each child in foster care receives initial and followup health screenings that meet reasonable standards of medical practice.

(2) Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referral and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services necessary for the child.

(3) Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting case workers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, monitoring and oversight of psychotropic medications, advocating for the health care needs of the child, and ensuring the creation of linkage among various providers of care.

(4) Providing followup contact to assess the child's progress in meeting treatment goals.

(5) At the request of and under the direction of a nonminor dependent, as described in subdivision (v) of Section 11400, assisting the nonminor dependent in accessing physical health and mental health care, coordinating the delivery of health and mental health care services, advocating for the health and mental health care that meets the needs of the nonminor dependent, assisting the nonminor dependent to make informed decisions about his or her health care by, at a minimum, providing educational materials, and assisting the nonminor dependent to assume responsibility for his or her ongoing physical and mental health care management.

(d) The services provided by foster care public health nurses under this section shall be limited to those for which reimbursement may be claimed under Title XIX of the federal Social Security Act at an enhanced rate for services delivered by skilled professional medical personnel. Notwithstanding any other law, this section shall be implemented only if, and to the extent that, the department determines that federal financial participation, as provided under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.), is available.

(e) (1) The State Department of Health Care Services shall seek any necessary federal approvals for child welfare agencies to appropriately claim enhanced federal Title XIX funds for services provided pursuant to this section.

(2) Commencing in the fiscal year immediately following the fiscal year in which the necessary federal approval pursuant to paragraph (1) is secured, county child welfare agencies shall provide health care oversight and coordination services pursuant to this section, and may accomplish this through agreements with local public health agencies.

(f) (1) Notwithstanding Section 10101, prior to the 2011–12 fiscal year, there shall be no required county match of the nonfederal cost of this program.

(2) Commencing in the 2011–12 fiscal year, and each fiscal year thereafter, funding and expenditures for programs and activities under this section shall be in accordance with the requirements provided in Sections 30025 and 30026.5 of the Government Code.

(g) Public health nurses shall receive training developed pursuant to subdivision (d) of Section 16501.4.

SEC. 4. Section 3.5 of this bill incorporates amendments to Section 16501.3 of the Welfare and Institutions Code proposed by both this bill and Senate Bill 238. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2016, (2) each bill amends Section 16501.3 of the Welfare and Institutions Code, and (3) this bill is enacted after Senate Bill 238, in which case Section 3 of this bill shall not become operative.

SEC. 5. To the extent that this act has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state nor otherwise be subject to Section 6 of Article XIII B of the California Constitution.

**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
November 5, 2015**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Hernandez	<b>BILL NUMBER:</b>	SB 464
<b>SPONSOR:</b>	Planned Parenthood Affiliates of California	<b>BILL STATUS:</b>	Assembly Appropriations
<b>SUBJECT:</b>	Healing arts: self-reporting tools.	<b>DATE LAST AMENDED:</b>	5/22/2015

**SUMMARY:**

The Nursing Practice Act provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing within the Department of Consumer Affairs. The Nursing Practice Act authorizes a registered nurse to dispense self-administered hormonal contraceptives, as specified, in accordance with standardized procedures, including demonstration of competency in providing the appropriate prior examination comprised of checking blood pressure, weight, and patient and family health history, including medications taken by the patient. The Nursing Practice Act also authorizes certified nurse-midwives and nurse practitioners to furnish or order drugs or devices, as specified.

**ANALYSIS:**

This bill, notwithstanding any other law, would authorize 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, prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient. The bill would authorize blood pressure, weight, height, and patient health history to be self-reported using the self-screening tool.

**BOARD POSITION:**

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Support (8/6/15)

**SUPPORT:**

Planned Parenthood Affiliates of California (sponsor)  
California Primary Care Association  
California Women's Law Center  
Icebreaker Health  
Planned Parenthood Los Angeles

Planned Parenthood Mar Monte  
Planned Parenthood Northern California  
Planned Parenthood Orange and San Bernardino Counties  
Planned Parenthood Pasadena and San Gabriel Valley  
Planned Parenthood Santa Barbara, Ventura, & San Luis Obispo Counties  
Five MDs

**OPPOSE**

Union of American Physicians and Dentists

## Senate Bill No. 464

### CHAPTER 387

An act to add Section 2242.2 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 30, 2015. Filed with  
Secretary of State September 30, 2015.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 464, Hernandez. Healing arts: self-reporting tools.

The Medical Practice Act provides for licensure and regulation of physicians and surgeons by the Medical Board of California, and authorizes a physician and surgeon to, among other things, use drugs or devices in or upon human beings. The Medical Practice Act makes it unprofessional conduct for a physician and surgeon to prescribe, dispense, or furnish dangerous drugs without an appropriate prior examination and medical indication. The act prohibits, with specified exceptions, a person or entity from prescribing, dispensing, or furnishing, or causing to be prescribed, dispensed, or furnished, dangerous drugs or dangerous devices on the Internet for delivery to a person in California without an appropriate prior examination and medical indication.

The Nursing Practice Act provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing within the Department of Consumer Affairs. The Nursing Practice Act authorizes a registered nurse to dispense self-administered hormonal contraceptives, as specified, in accordance with standardized procedures, including demonstration of competency in providing the appropriate prior examination comprised of checking blood pressure, weight, and patient and family health history, including medications taken by the patient. The Nursing Practice Act also authorizes certified nurse-midwives and nurse practitioners to furnish or order drugs or devices, as specified.

The Physician Assistant Practice Act provides for the licensure and regulation of physician assistants by the Physician Assistant Board within the jurisdiction of the Medical Board of California, and authorizes a physician assistant to administer or provide medication to a patient or to transmit a drug order, as specified.

The Pharmacy Law provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy within the Department of Consumer Affairs, and authorizes a pharmacist to furnish self-administered hormonal contraceptives in accordance with standardized procedures and protocols. The Pharmacy Law requires the standardized procedures and protocols to require a patient to use a self-screening tool

that will identify patient risk factors for the use of self-administered hormonal contraceptives, as specified.

This bill, notwithstanding any other law, would authorize 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 would authorize blood pressure, weight, height, and patient health history to be self-reported using the self-screening tool.

*The people of the State of California do enact as follows:*

SECTION 1. Section 2242.2 is added to the Business and Professions Code, to read:

2242.2. Notwithstanding any other law, a physician and surgeon, a registered nurse acting in accordance with Section 2725.2, a certified nurse-midwife acting within the scope of Section 2746.51, a nurse practitioner acting within the scope of Section 2836.1, a physician assistant acting within the scope of Section 3502.1, and a pharmacist acting within the scope of Section 4052.3 may 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, prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient. Blood pressure, weight, height, and patient health history may be self-reported using the self-screening tool that identifies patient risk factors.

**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
November 5, 2015**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Hill	<b>BILL NUMBER:</b>	SB 466
<b>SPONSOR:</b>	Hill	<b>BILL STATUS:</b>	Assembly Business & Professions
<b>SUBJECT:</b>	Nursing: Board of Registered Nursing	<b>DATE LAST AMENDED:</b>	9/1/2015

**SUMMARY:**

The Nursing Practice Act provides for the licensure and regulation of registered nurses by the Board of Registered Nursing within the Department of Consumer Affairs, and requires the board to appoint an executive officer to perform duties delegated by the board. The act repeals the authority of the board and its executive officer on January 1, 2016.

**ANALYSIS:**

This bill would extend the repeal date to January 1, 2020.

**Amended analysis as of 9/1:**

Makes non-substantive changes to the bill.

**Amended analysis as of 8/18:**

The amendment would extend the repeal date of the Board of Registered Nursing to January 1, 2018.

The amendment deletes the requirement that the Director of the Department of Consumer Affairs appoint a board enforcement program monitor. The amendment requires the board, by February 1, 2016, to contract with the California State Auditor's Office to conduct a performance audit of the board's enforcement program, as specified. The bill would require the board to reimburse the office for the cost of the performance audit. The bill would require 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 would require the board's staff and management to cooperate with the office and provide the office with access to data, case files, employees, and information.

The amendment would require 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.

**Amended analysis as of 6/18:**

The amendments adds the requirement that the enforcement monitor to submit an initial written report 6 months after he or she begins the review process and every 6 months after the initial report to the board, the Director of Consumer Affairs, and the Legislature, as specified, and would require a final written report to be submitted by December 31, 2018.

**Amended analysis as of 4/30:**

It deletes the requirement for the Board to prepare a report to the Legislature. The bill would require 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 used. It changes the review of a school's policies and practices regarding granting credit for education from at least once every 4 years to at least once every 5 years.

The act authorizes any person who has served on active duty in the medical corps of the Armed Forces of the United States and who successfully completed the course of instruction to qualify him or her for rating as a medical service technician— independent duty, or other equivalent rating, and whose service in the Armed Forces was under honorable conditions to submit the record of that training to the board for evaluation. The act requires the board to grant a license to that person if he or she meets specified qualifications and the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this state. The act requires the board to maintain records of those applicants, including, but not limited to, applicants who are rejected from examination.

This bill would repeal these provisions.

**Amended analysis as of 4/23:**

Deletes existing provisions of law that requires the BRN to evaluate for RN licensure the training record submitted by any person who has served on active duty in the medical corps of any of the Armed Forces, and completed the course of instruction required to qualify him or her for rating as a medical service technician-- independent duty, or other equivalent rating in his particular branch, and whose service in the armed forces has been under honorable conditions.

Requires the BRN to prepare a report to the Legislature by January 1, 2018 examining barriers to California licensure for practitioners who cannot meet California licensure requirements due to insufficient academic and/or clinical preparation, but who are licensed and practicing in other states.

The bill clarifies current law requiring the BRN to deny approval for an RN school if the school does not give student applicants credit for previous education and the opportunity to obtain credit for other clinical and theoretical knowledge acquired through prior experience.

The bill requires the BRN to promulgate regulations by January 1, 2017 requiring schools to have a process to evaluate and grant credit for previous education and clinical and theoretical knowledge acquired through prior experience, including that gained from military service.

It requires the BRN to review schools' policies and practice regarding granting credit for previous education and clinical and theoretical knowledge acquired through prior experience at least once every four years to ensure consistency in evaluation and application across schools.

It also requires the BRN to post on its Web site information related to the acceptance of military coursework and experience at each approved school.

**Amended analysis as of 4/20:**

The amendment deleted the repeal date of January, 1 2020.

The act authorizes any person who has served on active duty in the medical corps of the Armed Forces of the United States and who successfully completed the course of instruction to qualify him or her for rating as a medical service technician— independent duty, or other equivalent rating, and whose service in the Armed Forces was under honorable conditions to submit the record of that training to the board for evaluation. The act requires the board to grant a license to that person if he or she meets specified qualifications and the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this state. The act requires the board to maintain records of those applicants, including, but not limited to, applicants who are rejected from examination.

This bill would revise and recast this provision to authorize a person who has successfully completed the course of education, training, or experience to qualify him or her for rating as a medical service technician— independent duty, or other equivalent rating to submit that record for evaluation, and would require the board to provide that person with a list of coursework, if any, that the applicant must complete to be eligible for licensure. This bill would require the board to issue a license to that person if he or she meets specified qualifications and the board determines that his or her education, training, or experience would give reasonable assurance of competence to practice as a registered nurse in the state. The bill would delete the requirement on the board to maintain records of certain applicants. The bill, on or before January 1, 2017, would also require the board to issue regulations in conjunction with the Military Department that identify the Armed Forces education, training, or experience that is equivalent or transferable to the curriculum required for licensure by the board.

The act requires the board to maintain a list of approved schools or programs of nursing in this state, as specified, and provides that an approved school or program of nursing is one that has been approved by the board and meets certain academic requirements. The act requires the board to deny an application for approval of, and to revoke the approval given to, any school of nursing that does not give student applicants credit for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation.

This bill would instead require the board to deny or revoke approval of a school of nursing that does not give student applicants credit for previous education and the opportunity to obtain credit for other clinical and theoretical knowledge acquired through experience by the use of challenge examinations or other methods of evaluation. The bill would require the board, by January 1, 2017, to promulgate regulations detailing acceptable evaluation criteria for clinical and theoretical knowledge acquired through prior experience. The bill would also authorize the board to determine, upon review and recommendation, that an applicant for licensure as a registered nurse who acquires his or her education or a portion thereof at a school that is not approved or has been previously disapproved by the board is eligible for a registered nurse license if the applicant meets specified criteria, including, but not limited to, that he or she was previously licensed as a vocational nurse.

**BOARD POSITION:** Watch (9/3/15)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (8/6/15)

**SUPPORT:** None on file as of September 3, 2015

**OPPOSE:** None on file as of September 3, 2015

## Senate Bill No. 466

### CHAPTER 489

An act to amend Sections 2701, 2708, and 2786 of, to add Sections 2718 and 2786.1 to, and to repeal Section 2736.5 of, the Business and Professions Code, relating to nursing.

[Approved by Governor October 4, 2015. Filed with  
Secretary of State October 4, 2015.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 466, Hill. Registered nurses: Board of Registered Nursing.

The Nursing Practice Act provides for the licensure and regulation of registered nurses by the Board of Registered Nursing within the Department of Consumer Affairs. Existing law requires the board to appoint an executive officer to perform duties delegated by the board. Existing law repeals those provisions establishing the board and the executive officer position on January 1, 2016.

This bill would extend the repeal date to January 1, 2018.

The act authorizes the board to take disciplinary action against a certified or licensed nurse or to deny an application for a certificate or license for certain reasons, including unprofessional conduct. Existing law establishes the California State Auditor's Office, which is headed by the California State Auditor, to conduct financial and performance audits as directed by statute.

This bill would require the board, by February 1, 2016, to contract with the California State Auditor's Office to conduct a performance audit of the board's enforcement program, as specified. The bill would require the board to reimburse the office for the cost of the performance audit. The bill would require 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 would require the board's staff and management to cooperate with the office and provide the office with access to data, case files, employees, and information.

The act authorizes any person who has served on active duty in the medical corps of the Armed Forces of the United States and who successfully completed the course of instruction to qualify him or her for rating as a medical service technician—*independent duty*, or other equivalent rating, and whose service in the Armed Forces was under honorable conditions to submit the record of that training to the board for evaluation. The act requires the board to grant a license to that person if he or she meets specified qualifications and the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this

state. The act requires the board to maintain records of those applicants, including, but not limited to, applicants who are rejected from examination.

This bill would repeal those provisions.

The act requires the board to maintain a list of approved schools or programs of nursing in this state, as specified, and provides that an approved school or program of nursing is one that has been approved by the board and meets certain academic requirements. The act requires the board to deny an application for approval of, and to revoke the approval given to, any school of nursing that does not give student applicants credit for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation.

This bill would require 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 would require 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 would require the board to post on its Internet Web site information related to the acceptance of military coursework and experience at each approved school.

*The people of the State of California do enact as follows:*

SECTION 1. Section 2701 of the Business and Professions Code is amended to read:

2701. (a) There is in the Department of Consumer Affairs the Board of Registered Nursing consisting of nine members.

(b) For purposes of this chapter, "board," or "the board," refers to the Board of Registered Nursing. Any reference in state law to the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration shall be construed to refer to the Board of Registered Nursing.

(c) The board shall have all authority vested in the previous board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2018, and as of that date, is repealed, unless a later enacted statute that is enacted before January 1, 2018, deletes or extends that date. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 2. Section 2708 of the Business and Professions Code is amended to read:

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The executive officer shall be a nurse currently licensed under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 3. Section 2718 is added to the Business and Professions Code, to read:

2718. (a) (1) By February 1, 2016, the board shall contract with the office to conduct a performance audit of the board's enforcement program. The board shall reimburse the office for the cost of the performance audit. The office shall report the results of the audit, with any recommendations, to the Governor, the department, and the appropriate policy committees of the Legislature by January 1, 2017.

(2) The performance audit shall include, but not be limited to, an evaluation of all the following:

(A) The quality and consistency of, and compliance with, complaint processing and investigation.

(B) The consistency and adequacy of the application of board sanctions or discipline imposed on licensees.

(C) The accuracy and consistency in implementing the laws and rules affecting discipline, including adherence to the Division of Investigation Case Acceptance Guidelines (Consumer Protection Enforcement Initiative Model), as revised July 1, 2014.

(D) The timeframes for completing complaint processing, investigation, and resolution.

(E) Staff concerns regarding licensee disciplinary matters or procedures.

(F) The appropriate utilization of licensed professionals to investigate complaints.

(G) The adequacy of the board's cooperation with other state agencies charged with enforcing related laws and regulations regarding nurses.

(H) Any existing backlog, the reason for the backlog, and the timeframe for eliminating the backlog.

(I) The adequacy of board staffing, training, and fiscal resources to perform its enforcement functions.

(b) Board staff and management shall cooperate with the office and shall provide the office with access to data, case files, employees, and information as the office may, in its discretion, require for the purposes of this section.

(c) For the purposes of this section, "office" means the California State Auditor's Office.

SEC. 4. Section 2736.5 of the Business and Professions Code is repealed.

SEC. 5. Section 2786 of the Business and Professions Code is amended to read:

2786. (a) An approved school of nursing, or an approved nursing program, is one that has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education. For purposes of this section, “institution of higher education” includes, but is not limited to, community colleges offering an associate of arts or associate of science degree and private postsecondary institutions offering an associate of arts, associate of science, or baccalaureate degree or an entry-level master’s degree, and is an institution that is not subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code).

(b) A school of nursing that is affiliated with an institution that is subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code), may be approved by the board to grant an associate of arts or associate of science degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.

(c) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board’s regulations shall be designed to require all schools to provide clinical instruction in all phases of the educational process, except as necessary to accommodate military education and experience as specified in Section 2786.1.

(d) The board shall perform or cause to be performed an analysis of the practice of the registered nurse no less than every five years. Results of the analysis shall be utilized to assist in the determination of the required subjects of instruction, validation of the licensing examination, and assessment of the current practice of nursing.

SEC. 6. Section 2786.1 is added to the Business and Professions Code, to read:

2786.1. (a) The board shall deny the application for approval made by, and shall revoke the approval given to, any 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.

(b) The board shall adopt regulations by January 1, 2017, requiring schools to have a process to evaluate and grant credit for military education and experience. The regulations shall be adopted pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The word “credit,” as used in this subdivision, is limited to credit for licensure

only. The board is not authorized to prescribe the credit that an approved school of nursing shall give toward an academic certificate or degree.

(c) The board shall review a school's policies and practices regarding granting credit for military education and experience at least once every five years to ensure consistency in evaluation and application across schools. The board shall post on its Internet Web site information related to the acceptance of military coursework and experience at each approved school.

**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
November 5, 2015**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Hill	<b>BILL NUMBER:</b>	SB 467
<b>SPONSOR:</b>	Hill	<b>BILL STATUS:</b>	Assembly Appropriations
<b>SUBJECT:</b>	Professions and vocations	<b>DATE LAST AMENDED:</b>	9/3/2015

**SUMMARY:**

Existing law provides for the licensure and regulation of various professions and vocations by boards, bureaus, commissions, divisions, and other agencies within the Department of Consumer Affairs. Existing law authorizes the department to levy a pro rata share of the department's administrative expenses against any of these constituent agencies at the discretion of the Director of Consumer Affairs and with the approval of the Department of Finance.

**Amended Analysis as of 9/3:**

Makes non-substantive changes to the bill.

**Amended Analysis as of 8/31:**

Amendment deletes the provision that would eliminate the requirement that the levy of a pro rata share be at the discretion of the Director of Consumer Affairs and with the approval of the Department of Finance, and would instead require the levy to be approved by the Legislature.

As amended, this bill would require the Attorney General to implement performance measures regarding case referrals. In addition, this bill would direct the Division of Investigation (Division) to work cooperatively with healing arts boards regarding standard case referral to the Division.

**ANALYSIS:**

This bill would require the Legislature to approve the Department's pro rata distributions. This bill would also require the Attorney General to annually report data regarding Department accusation case referrals beginning January 1, 2018. In addition, this bill would require the Department and programs to implement complaint prioritization guidelines per the Consumer Protection Enforcement Initiative of 2010. Finally, this bill would extend the sunset for the Board of Accountancy to January 1, 2020.

**BOARD POSITION: Watch (9/3/15)**

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (8/6/15)**

**SUPPORT:**

California Society of Certified Public Accountants

**OPPOSE**

None on file.

## Senate Bill No. 467

### CHAPTER 656

An act to amend Sections 5000, 5015.6, 7000.5, 7011, and 7071.6 of, to add Sections 312.2, 328, and 5100.5 to, and to repeal Section 7067.5 of, the Business and Professions Code, relating to professions and vocations.

[Approved by Governor October 8, 2015. Filed with  
Secretary of State October 8, 2015.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 467, Hill. Professions and vocations.

Existing law provides for the licensure and regulation of various professions and vocations by boards, bureaus, commissions, divisions, and other agencies within the Department of Consumer Affairs. Existing law requires an agency within the department to investigate a consumer accusation or complaint against a licensee and, where appropriate, the agency is authorized to impose disciplinary action against a licensee. Under existing law, an agency within the department may refer a complaint to the Attorney General or Office of Administrative Hearings for further action.

This bill would require 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.

Existing law creates the Division of Investigation within the department and requires investigators who have the authority of peace officers to be in the division to investigate the laws administered by the various boards comprising the department or commence directly or indirectly any criminal prosecution arising from any investigation conducted under these laws.

This bill would, in order to implement the Consumer Protection Enforcement Initiative of 2010, require 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 would exempt the Medical Board of California from required utilization of these guidelines.

Under existing law, the California Board of Accountancy within the department is responsible for the licensure and regulation of accountants and is required to designate an executive officer. Existing law repeals these provisions on January 1, 2016.

This bill would extend the repeal date to January 1, 2020.

Existing law authorizes the California Board of Accountancy, after notice and hearing, to revoke, suspend, or refuse to renew any permit or certificate, as specified, or to censure the holder of that permit or certificate for unprofessional conduct.

This bill would additionally authorize the board, after notice and hearing, to permanently restrict or limit the practice of a licensee or impose a probationary term or condition on a license for unprofessional conduct. This bill would authorize a licensee to petition the board for reduction of a penalty or reinstatement of the privilege, as specified, and would provide that failure to comply with any restriction or limitation imposed by the board is grounds for revocation of the license.

Under existing law, the Contractors' State License Law, the Contractors' State License Board is responsible for the licensure and regulation of contractors and is required to appoint a registrar of contractors. Existing law repeals these provisions establishing the board and requiring it to appoint a registrar on January 1, 2016.

This bill would extend these repeal dates to January 1, 2020.

Existing law requires every applicant for an original contractor's license, the reactivation of an inactive license, or the reissuance or reinstatement of a revoked license to evidence financial solvency, as specified, and requires the registrar to deny the application of any applicant who fails to comply with that requirement. Existing law, as a condition precedent to the issuance, reinstatement, reactivation, renewal, or continued maintenance of a license, requires the applicant or licensee to file or have on file a contractor's bond in the sum of \$12,500.

This bill would repeal that evidence of financial solvency requirement and would instead require that bond to be in the sum of \$15,000.

*The people of the State of California do enact as follows:*

SECTION 1. Section 312.2 is added to the Business and Professions Code, to read:

312.2. (a) The Attorney General shall 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, at a minimum, all of the following for the previous fiscal year for each constituent entity within the department represented by the Licensing Section and Health Quality Enforcement Section of the Office of the Attorney General:

- (1) The number of accusation matters referred to the Attorney General.
- (2) The number of accusation matters rejected for filing by the Attorney General.
- (3) The number of accusation matters for which further investigation was requested by the Attorney General.

(4) The number of accusation matters for which further investigation was received by the Attorney General.

(5) The number of accusations filed by each constituent entity.

(6) The number of accusations a constituent entity withdraws.

(7) The number of accusation matters adjudicated by the Attorney General.

(b) The Attorney General shall also report all of the following for accusation matters adjudicated within the previous fiscal year for each constituent entity of the department represented by the Licensing Section and Health Quality Enforcement Section:

(1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

(2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

(3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

(4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

(5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

(6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

(c) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 2. Section 328 is added to the Business and Professions Code, to read:

328. (a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement "Complaint Prioritization Guidelines" for boards to utilize in prioritizing their respective complaint and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) The Medical Board of California shall not be required to utilize the guidelines implemented pursuant to subdivision (a).

SEC. 3. Section 5000 of the Business and Professions Code is amended to read:

5000. (a) There is in the Department of Consumer Affairs the California Board of Accountancy, which consists of 15 members, 7 of whom shall be licensees, and 8 of whom shall be public members who shall not be licentiates of the board or registered by the board. The board has the powers and duties conferred by this chapter.

(b) The Governor shall appoint four of the public members, and the seven licensee members as provided in this section. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint two public members. In appointing the seven licensee members, the Governor shall appoint individuals representing a cross section of the accounting profession.

(c) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

(d) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature. However, the review of the board shall be limited to reports or studies specified in this chapter and those issues identified by the appropriate policy committees of the Legislature and the board regarding the implementation of new licensing requirements.

SEC. 4. Section 5015.6 of the Business and Professions Code is amended to read:

5015.6. The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

SEC. 5. Section 5100.5 is added to the Business and Professions Code, to read:

5100.5. (a) After notice and hearing the board may, for unprofessional conduct, permanently restrict or limit the practice of a licensee or impose a probationary term or condition on a license, which prohibits the licensee from performing or engaging in any of the acts or services described in Section 5051.

(b) A licensee may petition the board pursuant to Section 5115 for reduction of penalty or reinstatement of the privilege to engage in the service or act restricted or limited by the board.

(c) The authority or sanctions provided by this section are in addition to any other civil, criminal, or administrative penalties or sanctions provided by law, and do not supplant, but are cumulative to, other disciplinary authority, penalties, or sanctions.

(d) Failure to comply with any restriction or limitation imposed by the board pursuant to this section is grounds for revocation of the license.

(e) For purposes of this section, both of the following shall apply:

(1) "Unprofessional conduct" includes, but is not limited to, those grounds for discipline or denial listed in Section 5100.

(2) "Permanently restrict or limit the practice of" includes, but is not limited to, the prohibition on engaging in or performing any attestation engagement, audits, or compilations.

SEC. 6. Section 7000.5 of the Business and Professions Code is amended to read:

7000.5. (a) There is in the Department of Consumer Affairs a Contractors' State License Board, which consists of 15 members.

(b) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

(c) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

SEC. 7. Section 7011 of the Business and Professions Code is amended to read:

7011. (a) The board, by and with the approval of the director, shall appoint a registrar of contractors and fix his or her compensation.

(b) The registrar shall be the executive officer and secretary of the board and shall carry out all of the administrative duties as provided in this chapter and as delegated to him or her by the board.

(c) For the purpose of administration of this chapter, there may be appointed a deputy registrar, a chief reviewing and hearing officer, and, subject to Section 159.5, other assistants and subordinates as may be necessary.

(d) Appointments shall be made in accordance with the provisions of civil service laws.

(e) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

SEC. 8. Section 7067.5 of the Business and Professions Code is repealed.

SEC. 9. Section 7071.6 of the Business and Professions Code is amended to read:

7071.6. (a) The board shall require as a condition precedent to the issuance, reinstatement, reactivation, renewal, or continued maintenance of a license, that the applicant or licensee file or have on file a contractor's bond in the sum of fifteen thousand dollars (\$15,000).

(b) Excluding the claims brought by the beneficiaries specified in subdivision (a) of Section 7071.5, the aggregate liability of a surety on claims brought against a bond required by this section shall not exceed the sum of seven thousand five hundred dollars (\$7,500). The bond proceeds in excess of seven thousand five hundred dollars (\$7,500) shall be reserved exclusively for the claims of the beneficiaries specified in subdivision (a) of Section 7071.5. However, nothing in this section shall be construed so as to prevent any beneficiary specified in subdivision (a) of Section 7071.5 from claiming or recovering the full measure of the bond required by this section.

(c) No bond shall be required of a holder of a license that has been inactivated on the official records of the board during the period the license is inactive.

(d) Notwithstanding any other law, as a condition precedent to licensure, the board may require an applicant to post a contractor's bond in twice the

amount required pursuant to subdivision (a) until the time that the license is renewed, under the following conditions:

(1) The applicant has either been convicted of a violation of Section 7028 or has been cited pursuant to Section 7028.7.

(2) If the applicant has been cited pursuant to Section 7028.7, the citation has been reduced to a final order of the registrar.

(3) The violation of Section 7028, or the basis for the citation issued pursuant to Section 7028.7, constituted a substantial injury to the public.

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