

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1

DATE: April 2, 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, Chairperson

BACKGROUND:

<u>Assembly Bills</u>		<u>Senate Bills</u>	
AB 26	AB 840	SB 319	SB 390
AB 172	AB 1306	SB 323	SB 466
AB 637		SB 531	

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Rodriguez	BILL NUMBER:	AB 172
SPONSOR:		BILL STATUS:	Appropriations
SUBJECT:	Emergency departments: assaults and batteries	DATE LAST AMENDED:	

SUMMARY:

Existing law defines an assault as an unlawful attempt, coupled with present ability, to commit a violent injury on the person of another. Under existing law, an assault committed against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment.

Existing law defines a battery as any willful and unlawful use of force or violence upon the person of another. Under existing law a battery committed against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. Under existing law, if an injury is inflicted the battery is punishable by imprisonment in a county jail not exceeding one year, by a fine of \$2,000, or by both that fine and imprisonment, or by imprisonment in a county jail for 16 months, or 2 or 3 years.

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.

ANALYSIS:

This bill would also make an assault committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. By expanding the scope of a crime, this bill would impose a state-mandated local program.

This bill would also make a battery committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. The bill would, if the battery results in an injury, make the battery punishable by imprisonment in a county jail not exceeding one year, by a fine of \$2,000, or by both that fine and imprisonment, or by imprisonment in a county jail for 16 months, or 2 or 3 years. By expanding the scope of a crime, this bill would impose a state-mandated local program.

This bill would allow a health facility that maintains and operates an emergency department to post a notice in the emergency department stating that an assault or battery against staff is a crime, and may result in a felony conviction, as provided.

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

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

ASSEMBLY BILL

No. 172

Introduced by Assembly Member Rodriguez

January 22, 2015

An act to add Section 1317.5a to the Health and Safety Code, and to amend Sections 241 and 243 of the Penal Code, relating to hospital emergency departments.

LEGISLATIVE COUNSEL'S DIGEST

AB 172, as introduced, Rodriguez. Emergency departments: assaults and batteries.

(1) Existing law defines an assault as an unlawful attempt, coupled with present ability, to commit a violent injury on the person of another. Under existing law, an assault committed against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment.

This bill would also make an assault committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. By expanding the scope of a crime, this bill would impose a state-mandated local program.

(2) Existing law defines a battery as any willful and unlawful use of force or violence upon the person of another. Under existing law a battery committed against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility is punishable by imprisonment in a county jail not exceeding

one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. Under existing law, if an injury is inflicted the battery is punishable by imprisonment in a county jail not exceeding one year, by a fine of \$2,000, or by both that fine and imprisonment, or by imprisonment in a county jail for 16 months, or 2 or 3 years.

This bill would also make a battery committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. The bill would, if the battery results in an injury, make the battery punishable by imprisonment in a county jail not exceeding one year, by a fine of \$2,000, or by both that fine and imprisonment, or by imprisonment in a county jail for 16 months, or 2 or 3 years. By expanding the scope of a crime, this bill would impose a state-mandated local program.

(3) This bill would allow a health facility that maintains and operates an emergency department to post a notice in the emergency department stating that an assault or battery against staff is a crime, and may result in a felony conviction, as provided.

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

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

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

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

- 1 SECTION 1. Section 1317.5a is added to the Health and Safety
- 2 Code, to read:
- 3 1317.5a. A health facility licensed under this chapter that
- 4 maintains and operates an emergency department may post a notice
- 5 in a conspicuous place in the emergency department stating
- 6 substantially the following:
- 7
- 8 WE WILL NOT TOLERATE any form of threatening or
- 9 aggressive behavior toward our staff. Assaults and batteries against
- 10 our staff are crimes and may result in a felony conviction. All staff

1 have the right to carry out their work without fearing for their
2 safety.

3
4 SEC. 2. Section 241 of the Penal Code is amended to read:

5 241. (a) An assault is punishable by a fine not exceeding one
6 thousand dollars (\$1,000), or by imprisonment in the county jail
7 not exceeding six months, or by both the fine and imprisonment.

8 (b) When an assault is committed against the person of a parking
9 control officer engaged in the performance of his or her duties,
10 and the person committing the offense knows or reasonably should
11 know that the victim is a parking control officer, the assault is
12 punishable by a fine not exceeding two thousand dollars (\$2,000),
13 or by imprisonment in the county jail not exceeding six months,
14 or by both the fine and imprisonment.

15 (c) When an assault is committed against the person of a peace
16 officer, firefighter, emergency medical technician, mobile intensive
17 care paramedic, lifeguard, process server, traffic officer, code
18 enforcement officer, animal control officer, or search and rescue
19 member engaged in the performance of his or her duties, or a
20 physician or nurse engaged in rendering emergency medical care
21 outside a hospital, clinic, or other health care facility, *or a*
22 *physician, nurse, or other health care worker of a hospital engaged*
23 *in providing services within the emergency department*, and the
24 person committing the offense knows or reasonably should know
25 that the victim is a peace officer, firefighter, emergency medical
26 technician, mobile intensive care paramedic, lifeguard, process
27 server, traffic officer, code enforcement officer, animal control
28 officer, or search and rescue member engaged in the performance
29 of his or her duties, or a physician or nurse engaged in rendering
30 emergency medical care, *or a physician, nurse, or other health*
31 *care worker of a hospital engaged in providing services within the*
32 *emergency department*, the assault is punishable by a fine not
33 exceeding two thousand dollars (\$2,000), or by imprisonment in
34 a county jail not exceeding one year, or by both the fine and
35 imprisonment.

36 (d) As used in this section, the following definitions apply:

37 (1) Peace officer means any person defined in Chapter 4.5
38 (commencing with Section 830) of Title 3 of Part 2.

39 (2) “Emergency medical technician” means a person possessing
40 a valid course completion certificate from a program approved by

1 the State Department of Health Care Services for the medical
2 training and education of ambulance personnel, and who meets
3 the standards of Division 2.5 (commencing with Section 1797) of
4 the Health and Safety Code.

5 (3) “Mobile intensive care paramedic” refers to those persons
6 who meet the standards set forth in Division 2.5 (commencing
7 with Section 1797) of the Health and Safety Code.

8 (4) “Nurse” means a person who meets the standards of Division
9 2.5 (commencing with Section 1797) of the Health and Safety
10 Code *or a nurse of a hospital engaged in providing services within*
11 *the emergency department.*

12 (5) “Lifeguard” means a person who is:

13 (A) Employed as a lifeguard by the state, a county, or a city,
14 and is designated by local ordinance as a public officer who has a
15 duty and responsibility to enforce local ordinances and
16 misdemeanors through the issuance of citations.

17 (B) Wearing distinctive clothing which includes written
18 identification of the person’s status as a lifeguard and which clearly
19 identifies the employing organization.

20 (6) “Process server” means any person who meets the standards
21 or is expressly exempt from the standards set forth in Section 22350
22 of the Business and Professions Code.

23 (7) “Traffic officer” means any person employed by a county
24 or city to monitor and enforce state laws and local ordinances
25 relating to parking and the operation of vehicles.

26 (8) “Animal control officer” means any person employed by a
27 county or city for purposes of enforcing animal control laws or
28 regulations.

29 (9) (A) “Code enforcement officer” means any person who is
30 not described in Chapter 4.5 (commencing with Section 830) of
31 Title 3 of Part 2 and who is employed by any governmental
32 subdivision, public or quasi-public corporation, public agency,
33 public service corporation, any town, city, county, or municipal
34 corporation, whether incorporated or chartered, that has
35 enforcement authority for health, safety, and welfare requirements,
36 and whose duties include enforcement of any statute, rules,
37 regulations, or standards, and who is authorized to issue citations,
38 or file formal complaints.

39 (B) “Code enforcement officer” also includes any person who
40 is employed by the Department of Housing and Community

1 Development who has enforcement authority for health, safety,
2 and welfare requirements pursuant to the Employee Housing Act
3 (Part 1 (commencing with Section 17000) of Division 13 of the
4 Health and Safety Code); the State Housing Law (Part 1.5
5 (commencing with Section 17910) of Division 13 of the Health
6 and Safety Code); the Manufactured Housing Act of 1980 (Part 2
7 (commencing with Section 18000) of Division 13 of the Health
8 and Safety Code); the Mobilehome Parks Act (Part 2.1
9 (commencing with Section 18200) of Division 13 of the Health
10 and Safety Code); and the Special Occupancy Parks Act (Part 2.3
11 (commencing with Section 18860) of Division 13 of the Health
12 and Safety Code).

13 (10) “Parking control officer” means any person employed by
14 a city, county, or city and county, to monitor and enforce state
15 laws and local ordinances relating to parking.

16 (11) “Search and rescue member” means any person who is part
17 of an organized search and rescue team managed by a governmental
18 agency.

19 (12) *“Health care worker” means a person who, in the course*
20 *and scope of employment or as a volunteer, performs duties directly*
21 *associated with the care and treatment rendered by the hospital’s*
22 *emergency department or the security thereof.*

23 SEC. 3. Section 243 of the Penal Code is amended to read:

24 243. (a) A battery is punishable by a fine not exceeding two
25 thousand dollars (\$2,000), or by imprisonment in a county jail not
26 exceeding six months, or by both that fine and imprisonment.

27 (b) When a battery is committed against the person of a peace
28 officer, custodial officer, firefighter, emergency medical technician,
29 lifeguard, security officer, custody assistant, process server, traffic
30 officer, code enforcement officer, animal control officer, or search
31 and rescue member engaged in the performance of his or her duties,
32 whether on or off duty, including when the peace officer is in a
33 police uniform and is concurrently performing the duties required
34 of him or her as a peace officer while also employed in a private
35 capacity as a part-time or casual private security guard or
36 patrolman, or a nonsworn employee of a probation department
37 engaged in the performance of his or her duties, whether on or off
38 duty, or a physician or nurse engaged in rendering emergency
39 medical care outside a hospital, clinic, or other health care facility,
40 *or a physician, nurse, or other health care worker of a hospital*

1 *engaged in providing services within the emergency department,*
2 *and the person committing the offense knows or reasonably should*
3 *know that the victim is a peace officer, custodial officer, firefighter,*
4 *emergency medical technician, lifeguard, security officer, custody*
5 *assistant, process server, traffic officer, code enforcement officer,*
6 *animal control officer, or search and rescue member engaged in*
7 *the performance of his or her duties, nonsworn employee of a*
8 *probation department, or a physician or nurse engaged in rendering*
9 *emergency medical care, or a physician, nurse, or other health*
10 *care worker of a hospital engaged in providing services within the*
11 *emergency department, the battery is punishable by a fine not*
12 *exceeding two thousand dollars (\$2,000), or by imprisonment in*
13 *a county jail not exceeding one year, or by both that fine and*
14 *imprisonment.*

15 (c) (1) When a battery is committed against a custodial officer,
16 firefighter, emergency medical technician, lifeguard, process server,
17 traffic officer, or animal control officer engaged in the performance
18 of his or her duties, whether on or off duty, or a nonsworn
19 employee of a probation department engaged in the performance
20 of his or her duties, whether on or off duty, or a physician or nurse
21 engaged in rendering emergency medical care outside a hospital,
22 clinic, or other health care facility, *or a physician, nurse, or other*
23 *health care worker of a hospital engaged in providing services*
24 *within the emergency department, and the person committing the*
25 *offense knows or reasonably should know that the victim is a*
26 *nonsworn employee of a probation department, custodial officer,*
27 *firefighter, emergency medical technician, lifeguard, process server,*
28 *traffic officer, or animal control officer engaged in the performance*
29 *of his or her duties, or a physician or nurse engaged in rendering*
30 *emergency medical care, or a physician, nurse, or other health*
31 *care worker of a hospital engaged in providing services within the*
32 *emergency department, and an injury is inflicted on that victim,*
33 *the battery is punishable by a fine of not more than two thousand*
34 *dollars (\$2,000), by imprisonment in a county jail not exceeding*
35 *one year, or by both that fine and imprisonment, or by*
36 *imprisonment pursuant to subdivision (h) of Section 1170 for 16*
37 *months, or two or three years.*

38 (2) When the battery specified in paragraph (1) is committed
39 against a peace officer engaged in the performance of his or her
40 duties, whether on or off duty, including when the peace officer

1 is in a police uniform and is concurrently performing the duties
2 required of him or her as a peace officer while also employed in
3 a private capacity as a part-time or casual private security guard
4 or patrolman and the person committing the offense knows or
5 reasonably should know that the victim is a peace officer engaged
6 in the performance of his or her duties, the battery is punishable
7 by a fine of not more than ten thousand dollars (\$10,000), or by
8 imprisonment in a county jail not exceeding one year or pursuant
9 to subdivision (h) of Section 1170 for 16 months, or two or three
10 years, or by both that fine and imprisonment.

11 (d) When a battery is committed against any person and serious
12 bodily injury is inflicted on the person, the battery is punishable
13 by imprisonment in a county jail not exceeding one year or
14 imprisonment pursuant to subdivision (h) of Section 1170 for two,
15 three, or four years.

16 (e) (1) When a battery is committed against a spouse, a person
17 with whom the defendant is cohabiting, a person who is the parent
18 of the defendant's child, former spouse, fiancé, or fiancée, or a
19 person with whom the defendant currently has, or has previously
20 had, a dating or engagement relationship, the battery is punishable
21 by a fine not exceeding two thousand dollars (\$2,000), or by
22 imprisonment in a county jail for a period of not more than one
23 year, or by both that fine and imprisonment. If probation is granted,
24 or the execution or imposition of the sentence is suspended, it shall
25 be a condition thereof that the defendant participate in, for no less
26 than one year, and successfully complete, a batterer's treatment
27 program, as described in Section 1203.097, or if none is available,
28 another appropriate counseling program designated by the court.
29 However, this provision shall not be construed as requiring a city,
30 a county, or a city and county to provide a new program or higher
31 level of service as contemplated by Section 6 of Article XIII B of
32 the California Constitution.

33 (2) Upon conviction of a violation of this subdivision, if
34 probation is granted, the conditions of probation may include, in
35 lieu of a fine, one or both of the following requirements:

36 (A) That the defendant make payments to a battered women's
37 shelter, up to a maximum of five thousand dollars (\$5,000).

38 (B) That the defendant reimburse the victim for reasonable costs
39 of counseling and other reasonable expenses that the court finds
40 are the direct result of the defendant's offense.

1 For any order to pay a fine, make payments to a battered
2 women's shelter, or pay restitution as a condition of probation
3 under this subdivision, the court shall make a determination of the
4 defendant's ability to pay. In no event shall any order to make
5 payments to a battered women's shelter be made if it would impair
6 the ability of the defendant to pay direct restitution to the victim
7 or court-ordered child support. If the injury to a married person is
8 caused in whole or in part by the criminal acts of his or her spouse
9 in violation of this section, the community property shall not be
10 used to discharge the liability of the offending spouse for restitution
11 to the injured spouse, required by Section 1203.04, as operative
12 on or before August 2, 1995, or Section 1202.4, or to a shelter for
13 costs with regard to the injured spouse and dependents, required
14 by this section, until all separate property of the offending spouse
15 is exhausted.

16 (3) Upon conviction of a violation of this subdivision, if
17 probation is granted or the execution or imposition of the sentence
18 is suspended and the person has been previously convicted of a
19 violation of this subdivision and sentenced under paragraph (1),
20 the person shall be imprisoned for not less than 48 hours in addition
21 to the conditions in paragraph (1). However, the court, upon a
22 showing of good cause, may elect not to impose the mandatory
23 minimum imprisonment as required by this subdivision and may,
24 under these circumstances, grant probation or order the suspension
25 of the execution or imposition of the sentence.

26 (4) The Legislature finds and declares that these specified crimes
27 merit special consideration when imposing a sentence so as to
28 display society's condemnation for these crimes of violence upon
29 victims with whom a close relationship has been formed.

30 (5) If a peace officer makes an arrest for a violation of paragraph
31 ~~(1) of subdivision (e) of this section~~, the peace officer is not
32 required to inform the victim of his or her right to make a citizen's
33 arrest pursuant to subdivision (b) of Section 836.

34 (f) As used in this section:

35 (1) "Peace officer" means any person defined in Chapter 4.5
36 (commencing with Section 830) of Title 3 of Part 2.

37 (2) "Emergency medical technician" means a person who is
38 either an EMT-I, EMT-II, or EMT-P (paramedic), and possesses
39 a valid certificate or license in accordance with the standards of

1 Division 2.5 (commencing with Section 1797) of the Health and
2 Safety Code.

3 (3) “Nurse” means a person who meets the standards of Division
4 2.5 (commencing with Section 1797) of the Health and Safety
5 Code *or a nurse of a hospital engaged in providing services within*
6 *the emergency department.*

7 (4) “Serious bodily injury” means a serious impairment of
8 physical condition, including, but not limited to, the following:
9 loss of consciousness; concussion; bone fracture; protracted loss
10 or impairment of function of any bodily member or organ; a wound
11 requiring extensive suturing; and serious disfigurement.

12 (5) “Injury” means any physical injury which requires
13 professional medical treatment.

14 (6) “Custodial officer” means any person who has the
15 responsibilities and duties described in Section 831 and who is
16 employed by a law enforcement agency of any city or county or
17 who performs those duties as a volunteer.

18 (7) “Lifeguard” means a person defined in paragraph (5) of
19 subdivision (d) of Section 241.

20 (8) “Traffic officer” means any person employed by a city,
21 county, or city and county to monitor and enforce state laws and
22 local ordinances relating to parking and the operation of vehicles.

23 (9) “Animal control officer” means any person employed by a
24 city, county, or city and county for purposes of enforcing animal
25 control laws or regulations.

26 (10) “Dating relationship” means frequent, intimate associations
27 primarily characterized by the expectation of affectional or sexual
28 involvement independent of financial considerations.

29 (11) (A) “Code enforcement officer” means any person who
30 is not described in Chapter 4.5 (commencing with Section 830) of
31 Title 3 of Part 2 and who is employed by any governmental
32 subdivision, public or quasi-public corporation, public agency,
33 public service corporation, any town, city, county, or municipal
34 corporation, whether incorporated or chartered, who has
35 enforcement authority for health, safety, and welfare requirements,
36 and whose duties include enforcement of any statute, rules,
37 regulations, or standards, and who is authorized to issue citations,
38 or file formal complaints.

39 (B) “Code enforcement officer” also includes any person who
40 is employed by the Department of Housing and Community

1 Development who has enforcement authority for health, safety,
2 and welfare requirements pursuant to the Employee Housing Act
3 (Part 1 (commencing with Section 17000) of Division 13 of the
4 Health and Safety Code); the State Housing Law (Part 1.5
5 (commencing with Section 17910) of Division 13 of the Health
6 and Safety Code); the Manufactured Housing Act of 1980 (Part 2
7 (commencing with Section 18000) of Division 13 of the Health
8 and Safety Code); the Mobilehome Parks Act (Part 2.1
9 (commencing with Section 18200) of Division 13 of the Health
10 and Safety Code); and the Special Occupancy Parks Act (Part 2.3
11 (commencing with Section 18860) of Division 13 of the Health
12 and Safety Code).

13 (12) “Custody assistant” means any person who has the
14 responsibilities and duties described in Section 831.7 and who is
15 employed by a law enforcement agency of any city, county, or city
16 and county.

17 (13) “Search and rescue member” means any person who is part
18 of an organized search and rescue team managed by a government
19 agency.

20 (14) “Security officer” means any person who has the
21 responsibilities and duties described in Section 831.4 and who is
22 employed by a law enforcement agency of any city, county, or city
23 and county.

24 (15) *“Health care worker” means a person who, in the course*
25 *and scope of employment or as a volunteer, performs duties directly*
26 *associated with the care and treatment rendered by the hospital’s*
27 *emergency department or the security thereof.*

28 (g) It is the intent of the Legislature by amendments to this
29 section at the 1981–82 and 1983–84 Regular Sessions to abrogate
30 the holdings in cases such as *People v. Corey*, 21 ~~Cal. 3d~~ *Cal.3d*
31 738, and *Cervantez v. J.C. Penney Co.*, 24 ~~Cal. 3d~~ *Cal.3d* 579, and
32 to reinstate prior judicial interpretations of this section as they
33 relate to criminal sanctions for battery on peace officers who are
34 employed, on a part-time or casual basis, while wearing a police
35 uniform as private security guards or patrolmen and to allow the
36 exercise of peace officer powers concurrently with that
37 employment.

38 SEC. 4. No reimbursement is required by this act pursuant to
39 Section 6 of Article XIII B of the California Constitution because
40 the only costs that may be incurred by a local agency or school

1 district will be incurred because this act creates a new crime or
2 infraction, eliminates a crime or infraction, or changes the penalty
3 for a crime or infraction, within the meaning of Section 17556 of
4 the Government Code, or changes the definition of a crime within
5 the meaning of Section 6 of Article XIII B of the California
6 Constitution.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Campos	BILL NUMBER:	AB 637
SPONSOR:		BILL STATUS:	Judiciary
SUBJECT:	Physician Orders for Life Sustaining Treatment forms	DATE LAST AMENDED:	

SUMMARY:

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measures, and includes a Physician Orders for Life Sustaining Treatment form (POLST form). Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of a POLST form, including that the form be completed by a health care provider based on patient preferences and medical indications, and signed by a physician and the patient or his or her legally recognized health care decisionmaker.

ANALYSIS:

This bill would authorize the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid POLST form.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

ASSEMBLY BILL

No. 637

Introduced by Assembly Member Campos

February 24, 2015

An act to amend Section 4780 of the Probate Code, relating to resuscitative measures.

LEGISLATIVE COUNSEL'S DIGEST

AB 637, as introduced, Campos. Physician Orders for Life Sustaining Treatment forms.

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measures, and includes a Physician Orders for Life Sustaining Treatment form (POLST form). Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of a POLST form, including that the form be completed by a health care provider based on patient preferences and medical indications, and signed by a physician and the patient or his or her legally recognized health care decisionmaker.

This bill would authorize the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid POLST form.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

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

1 SECTION 1. Section 4780 of the Probate Code is amended to
2 read:

3 4780. (a) As used in this part:

4 (1) “Request regarding resuscitative measures” means a written
5 document, signed by (A) an individual with capacity, or a legally
6 recognized health care decisionmaker, and (B) the individual’s
7 physician, that directs a health care provider regarding resuscitative
8 measures. A request regarding resuscitative measures is not an
9 advance health care directive.

10 (2) “Request regarding resuscitative measures” includes one,
11 or both of, the following:

12 (A) A prehospital “do not resuscitate” form as developed by
13 the Emergency Medical Services Authority or other substantially
14 similar form.

15 (B) A Physician Orders for Life Sustaining Treatment form, as
16 approved by the Emergency Medical Services Authority.

17 (3) “Physician Orders for Life Sustaining Treatment form”
18 means a request regarding resuscitative measures that directs a
19 health care provider regarding resuscitative and life-sustaining
20 measures.

21 (b) A legally recognized health care decisionmaker may execute
22 the Physician Orders for Life Sustaining Treatment form only if
23 the individual lacks capacity, or the individual has designated that
24 the decisionmaker’s authority is effective pursuant to Section 4682.

25 (c) The Physician Orders for Life Sustaining Treatment form
26 and medical intervention and procedures offered by the form shall
27 be explained by a health care provider, as defined in Section 4621.
28 The form shall be completed by a health care provider based on
29 patient preferences and medical indications, and signed by a
30 physician, *or a nurse practitioner or a physician assistant acting*
31 *under the supervision of the physician and within the scope of*
32 *practice authorized by law*, and the patient or his or her legally
33 recognized health care decisionmaker. The health care provider,
34 during the process of completing the Physician Orders for Life
35 Sustaining Treatment form, should inform the patient about the
36 difference between an advance health care directive and the
37 Physician Orders for Life Sustaining Treatment form.

1 (d) An individual having capacity may revoke a Physician
2 Orders for Life Sustaining Treatment form at any time and in any
3 manner that communicates an intent to revoke, consistent with
4 Section 4695.

5 (e) A request regarding resuscitative measures may also be
6 evidenced by a medallion engraved with the words “do not
7 resuscitate” or the letters “DNR,” a patient identification number,
8 and a 24-hour toll-free telephone number, issued by a person
9 pursuant to an agreement with the Emergency Medical Services
10 Authority.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Ridley-Thomas	BILL NUMBER:	AB 840
SPONSOR:		BILL STATUS:	Public Employees, Retirement and Social Security
SUBJECT:	Nurses and certified nurse assistants: overtime	DATE LAST AMENDED:	

SUMMARY:

The State Civil Service Act generally requires the workweek of state employees to be 40 hours, and the workday of state employees to be 8 hours. Under the act, it is the policy of the state to avoid the necessity for overtime work whenever possible.

ANALYSIS:

This bill, commencing January 1, 2017, would prohibit a nurse or Certified Nursing Assistant (CNA), as defined, employed by the State of California in a specified type of facility from being compelled to work in excess of the regularly scheduled workweek or work shift, except under certain circumstances. The bill would authorize a nurse or CNA to volunteer or agree to work hours in addition to his or her regularly scheduled workweek or work shift, but the refusal to accept those additional hours would not constitute patient abandonment or neglect or be grounds for discrimination, dismissal, discharge, or any other penalty or employment decision adverse to the nurse or CNA.

This bill would make a related statement of legislative intent.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

ASSEMBLY BILL

No. 840

Introduced by Assembly Member Ridley-Thomas

February 26, 2015

An act to add Section 19851.2 to the Government Code, relating to state employees.

LEGISLATIVE COUNSEL'S DIGEST

AB 840, as introduced, Ridley-Thomas. Nurses and certified nurse assistants: overtime.

The State Civil Service Act generally requires the workweek of state employees to be 40 hours, and the workday of state employees to be 8 hours. Under the act, it is the policy of the state to avoid the necessity for overtime work whenever possible.

This bill, commencing January 1, 2017, would prohibit a nurse or Certified Nursing Assistant (CNA), as defined, employed by the State of California in a specified type of facility from being compelled to work in excess of the regularly scheduled workweek or work shift, except under certain circumstances. The bill would authorize a nurse or CNA to volunteer or agree to work hours in addition to his or her regularly scheduled workweek or work shift, but the refusal to accept those additional hours would not constitute patient abandonment or neglect or be grounds for discrimination, dismissal, discharge, or any other penalty or employment decision adverse to the nurse or CNA.

This bill would make a related statement of legislative intent.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

1 SECTION 1. It is the intent of the Legislature to ensure that
 2 there is a process that management and supervisors in a state health
 3 care facility are required to follow to avoid on-the-spot mandatory
 4 overtime of any nurse or certified nursing assistant (CNA) whose
 5 regularly scheduled work shift is complete, and to prevent
 6 circumstances where an employee is stopped at the gate of, for
 7 example, a Department of Corrections and Rehabilitation and
 8 California Correctional Health Care Services facility, and is
 9 instructed to return to work at the end of the employee’s regularly
 10 scheduled work shift. It is the intent of the Legislature to prohibit
 11 a state facility that employs nurses or CNAs from using mandatory
 12 overtime as a scheduling tool, or as an excuse for fulfilling an
 13 operational need that results from a management failure to properly
 14 staff those state facilities.

15 SEC. 2. Section 19851.2 is added to the Government Code, to
 16 read:

17 19851.2. (a) As used in this section:

18 (1) “Nurse” means all classifications of registered nurses
 19 represented by State Bargaining Unit 17, or the Licensed
 20 Vocational Nurse classifications represented by State Bargaining
 21 Unit 20.

22 (2) “CNA” means all Certified Nursing Assistant classifications
 23 represented by State Bargaining Unit 20.

24 (3) “Facility” means any facility that provides clinically related
 25 health services that is operated by the Division of Correctional
 26 Health Care Services of the Department of Corrections and
 27 Rehabilitation, the Department of Corrections and Rehabilitation,
 28 the State Department of State Hospitals, the Department of Veteran
 29 Affairs, or the State Department of Developmental Services in
 30 which a nurse or CNA works as an employee of the state.

31 (4) “Emergency situation” means any of the following:

32 (A) An unforeseeable declared national, state, or municipal
 33 emergency.

34 (B) A highly unusual or extraordinary event that is unpredictable
 35 or unavoidable and that substantially affects providing needed
 36 health care services or increases the need for health care services,
 37 which includes any of the following:

38 (i) An act of terrorism.

1 (ii) A natural disaster.

2 (iii) A widespread disease outbreak.

3 (iv) A warden, superintendent, or executive director-declared
4 emergency, or severe emergency that necessitates the assistance
5 of an outside agency.

6 (b) A facility shall not require a nurse or CNA to work in excess
7 of a regularly scheduled workweek or work shift. A nurse or CNA
8 may volunteer or agree to work hours in addition to his or her
9 regularly scheduled workweek or work shift but the refusal by a
10 nurse or CNA to accept those additional hours shall not constitute
11 either of the following:

12 (1) Grounds for discrimination, dismissal, discharge, or any
13 other penalty or employment decision adverse to the nurse or CNA.

14 (2) Patient abandonment or neglect, except under circumstances
15 provided for in the Nursing Practice Act (Chapter 6 (commencing
16 with Section 2700) of Division 2 of the Business and Professions
17 Code).

18 (c) This section shall not apply in any of the following situations:

19 (1) To a nurse or CNA participating in a surgical procedure in
20 which the nurse is actively engaged and whose continued presence
21 through the completion of the procedure is needed to ensure the
22 health and safety of the patient.

23 (2) If a catastrophic event occurs in a facility and both of the
24 following factors apply:

25 (A) The catastrophic event results in such a large number of
26 patients in need of immediate medical treatment that the facility
27 is incapable of providing sufficient nurses or CNAs to attend to
28 the patients without resorting to mandatory overtime.

29 (B) The catastrophic event is an unanticipated and nonrecurring
30 event.

31 (3) If an emergency situation occurs.

32 (d) Nothing in this section shall be construed to affect the
33 Nursing Practice Act (Chapter 6 (commencing with Section 2700)
34 of Division 2 of the Business and Professions Code), the Vocational
35 Nursing Practice Act (Chapter 6.5 (commencing with Section
36 2840) of Division 2 of the Business and Professions Code), or a
37 registered nurse's duty under the standards of competent
38 performance.

39 (e) Nothing in this section shall be construed to preclude a
40 facility from hiring part-time or intermittent employees.

- 1 (f) Nothing in this section shall prevent a facility from providing
- 2 employees with more protections against mandatory overtime than
- 3 the minimum protections established pursuant to this section.
- 4 (g) This section shall become operative on January 1, 2017.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Burke	BILL NUMBER:	AB 1306
SPONSOR:		BILL STATUS:	Business & Professions
SUBJECT:	Healing arts: certified nurse- midwives: scope of practice	DATE LAST AMENDED:	

SUMMARY:

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. The act makes the violation of any of its provisions a misdemeanor punishable upon conviction by imprisonment in the county jail for not less than 10 days nor more than one year, or by a fine of not less than \$20 nor more than \$1,000, or by both that fine and imprisonment.

ANALYSIS:

This bill would additionally require an applicant for a certificate to practice nurse-midwifery to provide evidence of current advanced level national certification by a certifying body that meets standards established and approved by the board. This bill would also require the board to create and appoint a Nurse-Midwifery Advisory Council consisting of certified nurse-midwives in good standing with experience in hospital and nonhospital practice settings, a nurse-midwife educator, as specified, and a consumer of midwifery care. This bill would require the council to make recommendations to the board on all matters related to nurse-midwifery practice, education, and other matters specified by the board, and would require the council to meet regularly, but at least twice a year.

(2) The act authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn, and provides that the practice of nurse-midwifery constitutes the furthering or undertaking by a certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal.

This bill would delete those provisions and would instead authorize a certified nurse-midwife to manage a full range of primary health care services for women from adolescence beyond menopause, including, but not limited to, gynecologic and family planning services. The bill would authorize a certified nurse-midwife to practice in all settings, including, but not limited to, a home.

This bill would declare that the practice of nurse-midwifery within a health care system provides for consultation, collaboration, or referral as indicated by the health status of the client and the resources of the medical personnel available in the setting of care, and would provide that the practice of nurse-midwifery emphasizes informed consent, preventive care and early detection and referral of complications to a physician and surgeon. This bill would authorize a certified nurse-midwife to provide peripartum care in an out-of-hospital setting to low-risk women with uncomplicated singleton-term pregnancies who are expected to have uncomplicated birth.

(3) The act authorizes a certified nurse-midwife to furnish and order drugs or devices incidentally to the provision of family planning services, routine health care or perinatal care, and care rendered consistently with the certified nurse-midwife's educational preparation in specified facilities and clinics, and only in accordance with standardized procedures and protocols, as specified.

This bill would delete the requirement that drugs or devices are furnished or ordered in accordance with standardized procedures and protocols. The bill would authorize a certified nurse-midwife to furnish and order drugs or devices in connection with care rendered in a home, and would authorize a certified nurse-midwife to directly procure supplies and devices, to order, obtain, and administer drugs and diagnostic tests, to order laboratory and diagnostic testing, and to receive reports that are necessary to his or her practice as a certified nurse-midwife and that are consistent with nurse-midwifery education preparation.

(4) The act also authorizes a certified nurse-midwife to perform and repair episiotomies and to repair first-degree and 2nd-degree lacerations of the perineum in a licensed acute care hospital and a licensed alternate birth center, if certain requirements are met, including, but not limited to, that episiotomies are performed pursuant to protocols developed and approved by the supervising physician and surgeon.

This bill would also authorize a certified nurse-midwife to perform and repair episiotomies and to repair first-degree and 2nd-degree lacerations of the perineum in a patient's home, and would delete all requirements that those procedures be performed pursuant to protocols developed and approved by the supervising physician and surgeon. The bill would require a certified nurse-midwife to provide emergency care to a patient during times when a physician and surgeon is unavailable.

This bill would provide that a consultative relationship between a certified nurse-midwife and a physician and surgeon by itself is not a basis for finding the physician and surgeon liable for any acts or omissions on the part of the certified nurse-midwife. The bill would also update cross-references as needed.

(5) Because the act makes a violation of any of its provisions a misdemeanor, this bill would expand the scope of an existing crime and therefore this 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.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

ASSEMBLY BILL

No. 1306

Introduced by Assembly Member Burke

February 27, 2015

An act to amend Sections 2725.1, 2746.2, 2746.5, 2746.51, 2746.52, 4061, 4076, and 4170 of, and to add Section 2746.6 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1306, as introduced, Burke. Healing arts: certified nurse-midwives: scope of practice.

(1) Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. The act makes the violation of any of its provisions a misdemeanor punishable upon conviction by imprisonment in the county jail for not less than 10 days nor more than one year, or by a fine of not less than \$20 nor more than \$1,000, or by both that fine and imprisonment.

This bill would additionally require an applicant for a certificate to practice nurse-midwifery to provide evidence of current advanced level national certification by a certifying body that meets standards established and approved by the board. This bill would also require the board to create and appoint a Nurse-Midwifery Advisory Council consisting of certified nurse-midwives in good standing with experience in hospital and nonhospital practice settings, a nurse-midwife educator, as specified, and a consumer of midwifery care. This bill would require the council to make recommendations to the board on all matters related

to nurse-midwifery practice, education, and other matters specified by the board, and would require the council to meet regularly, but at least twice a year.

(2) The act authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn, and provides that the practice of nurse-midwifery constitutes the furthering or undertaking by a certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal.

This bill would delete those provisions and would instead authorize a certified nurse-midwife to manage a full range of primary health care services for women from adolescence beyond menopause, including, but not limited to, gynecologic and family planning services. The bill would authorize a certified nurse-midwife to practice in all settings, including, but not limited to, a home. This bill would declare that the practice of nurse-midwifery within a health care system provides for consultation, collaboration, or referral as indicated by the health status of the client and the resources of the medical personnel available in the setting of care, and would provide that the practice of nurse-midwifery emphasizes informed consent, preventive care and early detection and referral of complications to a physician and surgeon. This bill would authorize a certified nurse-midwife to provide peripartum care in an out-of-hospital setting to low-risk women with uncomplicated singleton-term pregnancies who are expected to have uncomplicated birth.

(3) The act authorizes a certified nurse-midwife to furnish and order drugs or devices incidentally to the provision of family planning services, routine health care or perinatal care, and care rendered consistently with the certified nurse-midwife's educational preparation in specified facilities and clinics, and only in accordance with standardized procedures and protocols, as specified.

This bill would delete the requirement that drugs or devices are furnished or ordered in accordance with standardized procedures and protocols. The bill would authorize a certified nurse-midwife to furnish and order drugs or devices in connection with care rendered in a home, and would authorize a certified nurse-midwife to directly procure supplies and devices, to order, obtain, and administer drugs and

diagnostic tests, to order laboratory and diagnostic testing, and to receive reports that are necessary to his or her practice as a certified nurse-midwife and that are consistent with nurse-midwifery education preparation.

(4) The act also authorizes a certified nurse-midwife to perform and repair episiotomies and to repair first-degree and 2nd-degree lacerations of the perineum in a licensed acute care hospital and a licensed alternate birth center, if certain requirements are met, including, but not limited to, that episiotomies are performed pursuant to protocols developed and approved by the supervising physician and surgeon.

This bill would also authorize a certified nurse-midwife to perform and repair episiotomies and to repair first-degree and 2nd-degree lacerations of the perineum in a patient’s home, and would delete all requirements that those procedures be performed pursuant to protocols developed and approved by the supervising physician and surgeon. The bill would require a certified nurse-midwife to provide emergency care to a patient during times when a physician and surgeon is unavailable.

This bill would provide that a consultative relationship between a certified nurse-midwife and a physician and surgeon by it self is not a basis for finding the physician and surgeon liable for any acts or omissions on the part of the certified nurse-midwife. The bill would also update cross-references as needed.

(5) Because the act makes a violation of any of its provisions a misdemeanor, this bill would expand the scope of an existing crime and therefore this 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

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

- 1 SECTION 1. Section 2725.1 of the Business and Professions
- 2 Code is amended to read:
- 3 2725.1. (a) Notwithstanding any other ~~provision of~~ law, a
- 4 registered nurse may dispense drugs or devices upon an order by
- 5 a licensed physician and surgeon or an order by a certified

1 nurse-midwife, nurse practitioner, or physician assistant issued
 2 pursuant to Section 2746.51, 2836.1, or 3502.1, respectively, if
 3 the registered nurse is functioning within a licensed primary care
 4 clinic as defined in subdivision (a) of Section 1204 of, or within
 5 a clinic as defined in subdivision (b), (c), (h), or (j) of Section 1206
 6 of, the Health and Safety Code.

7 (b) No clinic shall employ a registered nurse to perform
 8 dispensing duties exclusively. No registered nurse shall dispense
 9 drugs in a pharmacy, keep a pharmacy, open shop, or drugstore
 10 for the retailing of drugs or poisons. No registered nurse shall
 11 compound drugs. Dispensing of drugs by a registered nurse, except
 12 a certified nurse-midwife who functions pursuant to a ~~standardized~~
 13 ~~procedure or protocol described in~~ Section 2746.51 or a nurse
 14 practitioner who functions pursuant to a standardized procedure
 15 described in Section 2836.1, or protocol, shall not include
 16 substances included in the California Uniform Controlled
 17 Substances Act (Division 10 (commencing with Section 11000)
 18 of the Health and Safety Code). Nothing in this section shall
 19 exempt a clinic from the provisions of Article 13 (commencing
 20 with Section 4180) of Chapter 9.

21 (c) ~~Nothing in this~~ This section shall *not* be construed to limit
 22 any other authority granted to a certified nurse-midwife pursuant
 23 to Article 2.5 (commencing with Section 2746), to a nurse
 24 practitioner pursuant to Article 8 (commencing with Section 2834),
 25 or to a physician assistant pursuant to Chapter 7.7 (commencing
 26 with Section 3500).

27 (d) ~~Nothing in this~~ This section shall *not* be construed to affect
 28 the sites or types of health care facilities at which drugs or devices
 29 are authorized to be dispensed pursuant to Chapter 9 (commencing
 30 with Section 4000).

31 SEC. 2. Section 2746.2 of the Business and Professions Code
 32 is amended to read:

33 2746.2. (a) Each applicant shall show by evidence satisfactory
 34 to the board that he *or she* has met the educational standards
 35 established by the board or has at least the equivalent thereof. ~~The~~
 36 ~~board is authorized to appoint a committee of qualified physicians~~
 37 ~~and nurses, including, but not limited to, obstetricians and~~
 38 ~~nurse-midwives, to develop the necessary standards relating to~~
 39 ~~educational requirements, ratios of nurse-midwives to supervising~~
 40 ~~physicians, and associated matters: thereof, including evidence of~~

1 *current advanced level national certification by a certifying body*
2 *that meets standards established and approved by the board.*

3 *(b) The board shall create and appoint a Nurse-Midwifery*
4 *Advisory Council consisting of certified nurse-midwives in good*
5 *standing with experience in hospital and nonhospital practice*
6 *settings, a nurse-midwife educator who has demonstrated*
7 *familiarity with consumer needs, collegial practice and*
8 *accompanied liability, and related educational standards in the*
9 *delivery of maternal-child health care, and a consumer of*
10 *midwifery care. The council shall make recommendations to the*
11 *board on all matters related to nurse-midwifery practice,*
12 *education, and other matters as specified by the board. The council*
13 *shall meet regularly, but at least twice a year.*

14 SEC. 3. Section 2746.5 of the Business and Professions Code
15 is amended to read:

16 2746.5. (a) ~~The certificate to practice nurse-midwifery~~
17 ~~authorizes the holder, under the supervision of a licensed physician~~
18 ~~and surgeon, to attend cases of normal childbirth and to provide~~
19 ~~prenatal, intrapartum, and postpartum care, including~~
20 ~~family-planning care, for the mother, and immediate care for the~~
21 ~~newborn. holder to manage a full range of primary health care~~
22 ~~services for women from adolescence to beyond menopause. These~~
23 ~~services include, but are not limited to, primary health care,~~
24 ~~gynecologic and family planning services, preconception care,~~
25 ~~care during pregnancy, childbirth, and the postpartum period,~~
26 ~~immediate care of the newborn, and treatment of male partners~~
27 ~~for sexually transmitted infections. A certified nurse-midwife is~~
28 ~~authorized to practice in all settings, including, but not limited to,~~
29 ~~private practice, clinics, hospitals, birth centers, and homes.~~

30 (b) ~~As used in this chapter, the practice of nurse-midwifery~~
31 ~~constitutes the furthering or undertaking by any certified person,~~
32 ~~under the supervision of a licensed physician and surgeon who has~~
33 ~~current practice or training in obstetrics, to assist a woman in~~
34 ~~childbirth so long as progress meets criteria accepted as normal.~~
35 ~~All complications shall be referred to a physician immediately.~~
36 ~~The practice of nurse-midwifery does not include the assisting of~~
37 ~~childbirth by any artificial, forcible, or mechanical means, nor the~~
38 ~~performance of any version. within a health care system provides~~
39 ~~for consultation, collaboration, or referral as indicated by the~~
40 ~~health status of the patient and the resources and medical~~

1 *personnel available in the setting of care. When providing*
2 *peripartum care in out-of-hospital settings, the certified*
3 *nurse-midwife shall only provide care to low-risk women with*
4 *uncomplicated singleton-term pregnancies who are expected to*
5 *have an uncomplicated birth. The practice of nurse-midwifery care*
6 *emphasizes informed consent, preventive care, and early detection*
7 *and referral of complications to physicians and surgeons. While*
8 *practicing in a hospital setting, the certified nurse-midwife shall*
9 *collaboratively care for women with more complex health needs.*

10 ~~(e) As used in this article, “supervision” shall not be construed~~
11 ~~to require the physical presence of the supervising physician.~~

12 ~~(d)~~

13 (c) A certified nurse-midwife is not authorized to practice
14 medicine and surgery by the provisions of this chapter.

15 ~~(e)~~

16 (d) Any regulations promulgated by a state department that
17 affect the scope of practice of a certified nurse-midwife shall be
18 developed in consultation with the board.

19 SEC. 4. Section 2746.51 of the Business and Professions Code
20 is amended to read:

21 2746.51. (a) Neither this chapter nor any other ~~provision of~~
22 law shall be construed to prohibit a certified nurse-midwife from
23 furnishing or ordering drugs or devices, including controlled
24 substances classified in Schedule II, III, IV, or V under the
25 California Uniform Controlled Substances Act (Division 10
26 (commencing with Section 11000) of the Health and Safety Code),
27 when all of the following apply:

28 ~~(1) The the~~ drugs or devices are furnished or ordered ~~incidentally~~
29 *related* to the provision of any of the following:

30 ~~(A)~~

31 (1) Family planning services, as defined in Section 14503 of
32 the Welfare and Institutions Code.

33 ~~(B)~~

34 (2) Routine health care or perinatal care, as defined in
35 subdivision (d) of Section 123485 of the Health and Safety Code.

36 ~~(C)~~

37 (3) Care rendered, consistent with the certified nurse-midwife’s
38 educational preparation or for which clinical competency has been
39 established and maintained, to persons within a facility specified
40 in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the

1 Health and Safety Code, a clinic as specified in Section 1204 of
2 the Health and Safety Code, a general acute care hospital as defined
3 in subdivision (a) of Section 1250 of the Health and Safety Code,
4 a licensed birth center as defined in Section 1204.3 of the Health
5 and Safety Code, or a special hospital specified as a maternity
6 hospital in subdivision (f) of Section 1250 of the Health and Safety
7 Code.

8 *(4) Care rendered in a home pursuant to subdivision (a) of*
9 *Section 2746.5.*

10 ~~(2) The drugs or devices are furnished or ordered by a certified~~
11 ~~nurse-midwife in accordance with standardized procedures or~~
12 ~~protocols. For purposes of this section, standardized procedure~~
13 ~~means a document, including protocols, developed and approved~~
14 ~~by the supervising physician and surgeon, the certified~~
15 ~~nurse-midwife, and the facility administrator or his or her designee.~~
16 ~~The standardized procedure covering the furnishing or ordering~~
17 ~~of drugs or devices shall specify all of the following:~~

18 ~~(A) Which certified nurse-midwife may furnish or order drugs~~
19 ~~or devices.~~

20 ~~(B) Which drugs or devices may be furnished or ordered and~~
21 ~~under what circumstances.~~

22 ~~(C) The extent of physician and surgeon supervision.~~

23 ~~(D) The method of periodic review of the certified~~
24 ~~nurse-midwife's competence, including peer review, and review~~
25 ~~of the provisions of the standardized procedure.~~

26 ~~(3) If Schedule II or III controlled substances, as defined in~~
27 ~~Sections 11055 and 11056 of the Health and Safety Code, are~~
28 ~~furnished or ordered by a certified nurse-midwife, the controlled~~
29 ~~substances shall be furnished or ordered in accordance with a~~
30 ~~patient-specific protocol approved by the treating or supervising~~
31 ~~physician and surgeon. For Schedule II controlled substance~~
32 ~~protocols, the provision for furnishing the Schedule II controlled~~
33 ~~substance shall address the diagnosis of the illness, injury, or~~
34 ~~condition for which the Schedule II controlled substance is to be~~
35 ~~furnished.~~

36 ~~(4) The furnishing or ordering of drugs or devices by a certified~~
37 ~~nurse-midwife occurs under physician and surgeon supervision.~~
38 ~~For purposes of this section, no physician and surgeon shall~~
39 ~~supervise more than four certified nurse-midwives at one time.~~
40 ~~Physician and surgeon supervision shall not be construed to require~~

1 the physical presence of the physician, but does include all of the
2 following:

3 (A) ~~Collaboration on the development of the standardized~~
4 ~~procedure or protocol.~~

5 (B) ~~Approval of the standardized procedure or protocol.~~

6 (C) ~~Availability by telephonic contact at the time of patient~~
7 ~~examination by the certified nurse-midwife.~~

8 (b) (1) The furnishing or ordering of drugs or devices by a
9 certified nurse-midwife is conditional on the issuance by the board
10 of a number to the applicant who has successfully completed the
11 requirements of paragraph (2). The number shall be included on
12 all transmittals of orders for drugs or devices by the certified
13 nurse-midwife. The board shall maintain a list of the certified
14 nurse-midwives that it has certified pursuant to this paragraph and
15 the number it has issued to each one. The board shall make the list
16 available to the California State Board of Pharmacy upon its
17 request. Every certified nurse-midwife who is authorized pursuant
18 to this section to furnish or issue a drug order for a controlled
19 substance shall register with the United States Drug Enforcement
20 Administration.

21 (2) The board has certified in accordance with paragraph (1)
22 that the certified nurse-midwife has satisfactorily completed a
23 course in pharmacology covering the drugs or devices to be
24 furnished or ordered under this section. The board shall establish
25 the requirements for satisfactory completion of this paragraph.

26 (3) ~~A physician and surgeon may determine the extent of~~
27 ~~supervision necessary pursuant to this section in the furnishing or~~
28 ~~ordering of drugs and devices.~~

29 (4) ~~A copy of the standardized procedure or protocol relating~~
30 ~~to the furnishing or ordering of controlled substances by a certified~~
31 ~~nurse-midwife shall be provided upon request to any licensed~~
32 ~~pharmacist who is uncertain of the authority of the certified~~
33 ~~nurse-midwife to perform these functions.~~

34 (5)

35 (3) Certified nurse-midwives who are certified by the board and
36 hold an active furnishing number, who are currently authorized
37 through standardized procedures or protocols to furnish Schedule
38 II controlled substances, and who are registered with the United
39 States Drug Enforcement Administration shall provide
40 documentation of continuing education specific to the use of

1 Schedule II controlled substances in settings other than a hospital
2 based on standards developed by the board.

3 (c) Drugs or devices furnished or ordered by a certified
4 nurse-midwife may include Schedule II controlled substances
5 under the California Uniform Controlled Substances Act (Division
6 10 (commencing with Section 11000) of the Health and Safety
7 Code) ~~under the following conditions:~~

8 ~~(1) The~~ *when the* drugs and devices are furnished or ordered in
9 accordance with requirements referenced in ~~paragraphs (2) to (4),~~
10 ~~inclusive, of subdivision (a) and in paragraphs (1) to (3), inclusive,~~
11 ~~of subdivision (b).~~

12 ~~(2) When Schedule II controlled substances, as defined in~~
13 ~~Section 11055 of the Health and Safety Code, are furnished or~~
14 ~~ordered by a certified nurse-midwife, the controlled substances~~
15 ~~shall be furnished or ordered in accordance with a patient-specific~~
16 ~~protocol approved by the treating or supervising physician and~~
17 ~~surgeon.~~

18 (d) Furnishing of drugs or devices by a certified nurse-midwife
19 means the act of making a pharmaceutical agent or agents available
20 to the patient in strict accordance with a standardized procedure
21 or protocol. Use of the term “furnishing” in this section shall
22 include the following: *patient.*

23 ~~(1) The ordering of a drug or device in accordance with the~~
24 ~~standardized procedure or protocol.~~

25 ~~(2) Transmitting an order of a supervising physician and~~
26 ~~surgeon.~~

27 (e) “Drug order” or “order” for purposes of this section means
28 an order for medication or for a drug or device that is dispensed
29 to or for an ultimate user, issued by a certified nurse-midwife as
30 an individual practitioner, within the meaning of Section 1306.03
31 of Title 21 of the Code of Federal Regulations. Notwithstanding
32 any other ~~provision of law,~~ (1) a drug order issued pursuant to this
33 section shall be treated in the same manner as a prescription of ~~the~~
34 ~~supervising a~~ physician; (2) all references to “prescription” in this
35 code and the Health and Safety Code shall include drug orders
36 issued by certified nurse-midwives; and (3) the signature of a
37 certified nurse-midwife on a drug order issued in accordance with
38 this section shall be deemed to be the signature of a prescriber for
39 purposes of this code and the Health and Safety Code.

1 (f) A certified nurse-midwife is authorized to directly procure
 2 supplies and devices, to order, obtain, and administer drugs and
 3 diagnostic tests, to order laboratory and diagnostic testing, and
 4 to receive reports that are necessary to his or her practice as a
 5 certified nurse-midwife and consistent with nurse-midwifery
 6 education preparation.

7 SEC. 5. Section 2746.52 of the Business and Professions Code
 8 is amended to read:

9 2746.52. (a) Notwithstanding Section 2746.5, the certificate
 10 to practice nurse-midwifery authorizes the holder to perform and
 11 repair episiotomies, and to repair first-degree and second-degree
 12 lacerations of the perineum, in a licensed acute care hospital, as
 13 defined in subdivision (a) of Section 1250 of the Health and Safety
 14 Code, ~~and in a licensed alternate birth center, as defined in~~
 15 ~~paragraph (4) of subdivision (b) of Section 1204 of the Health and~~
 16 ~~Safety Code, but only if all of the following conditions are met:~~
 17 ~~and in a home pursuant to subdivision (a) of Section 2746.5.~~

18 ~~(a) The supervising physician and surgeon and any backup~~
 19 ~~physician and surgeon is credentialed to perform obstetrical care~~
 20 ~~in the facility.~~

21 ~~(b) The episiotomies are performed pursuant to protocols~~
 22 ~~developed and approved by all of the following:~~

- 23 ~~(1) The supervising physician and surgeon.~~
- 24 ~~(2) The certified nurse-midwife.~~
- 25 ~~(3) The director of the obstetrics department or the director of~~
 26 ~~the family practice department, or both, if a physician and surgeon~~
 27 ~~in the obstetrics department or the family practice department is~~
 28 ~~a supervising physician and surgeon, or an equivalent person if~~
 29 ~~there is no specifically identified obstetrics department or family~~
 30 ~~practice department.~~
- 31 ~~(4) The interdisciplinary practices committee, if applicable.~~
- 32 ~~(5) The facility administrator or his or her designee.~~

33 ~~(e)~~
 34 ~~(b) The protocols, and the procedures which shall be developed~~
 35 ~~pursuant to the protocols, shall relate to the performance and repair~~
 36 ~~of episiotomies and the repair of certified nurse-midwife performing~~
 37 ~~and repairing first-degree and second-degree lacerations of the~~
 38 ~~perineum, and perineum shall do all both of the following:~~

- 39 (1) Ensure that all complications are referred to a physician and
 40 surgeon immediately.

1 (2) Ensure immediate care of patients who are in need of care
2 beyond the scope of practice of the certified nurse midwife, or
3 *provide* emergency care for times when ~~the supervising a~~ physician
4 and surgeon is not ~~on the premises~~. *available*.

5 ~~(3) Establish the number of certified nurse-midwives that a~~
6 ~~supervising physician and surgeon may supervise.~~

7 SEC. 6. Section 2746.6 is added to the Business and Professions
8 Code, to read:

9 2746.6. A consultative relationship between a certified
10 nurse-midwife and a physician and surgeon shall not, by it self,
11 provide the basis for finding a physician and surgeon liable for
12 any act or omission of the certified nurse-midwife.

13 SEC. 7. Section 4061 of the Business and Professions Code is
14 amended to read:

15 4061. (a) ~~No~~A manufacturer's sales representative shall *not*
16 distribute any dangerous drug or dangerous device as a
17 complimentary sample without the written request of a physician,
18 dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor
19 pursuant to Section 3640.7. However, a certified nurse-midwife
20 who functions pursuant to ~~a standardized procedure or protocol~~
21 ~~described in~~ Section 2746.51, a nurse practitioner who functions
22 pursuant to a standardized procedure described in Section 2836.1,
23 or protocol, a physician assistant who functions pursuant to a
24 protocol described in Section 3502.1, or a naturopathic doctor who
25 functions pursuant to a standardized procedure or protocol
26 described in Section 3640.5, may sign for the request and receipt
27 of complimentary samples of a dangerous drug or dangerous device
28 that has been identified in the standardized procedure, protocol,
29 or practice agreement. Standardized procedures, protocols, and
30 practice agreements shall include specific approval by a physician.
31 A review process, consistent with the requirements of Section
32 2725, 3502.1, or 3640.5, of the complimentary samples requested
33 and received by a nurse practitioner, certified nurse-midwife,
34 physician assistant, or naturopathic doctor, shall be defined within
35 the standardized procedure, protocol, or practice agreement.

36 (b) Each written request shall contain the names and addresses
37 of the supplier and the requester, the name and quantity of the
38 specific dangerous drug desired, the name of the certified
39 nurse-midwife, nurse practitioner, physician assistant, or
40 naturopathic doctor, if applicable, receiving the samples pursuant

1 to this section, the date of receipt, and the name and quantity of
2 the dangerous drugs or dangerous devices provided. These records
3 shall be preserved by the supplier with the records required by
4 Section 4059.

5 (c) Nothing in this section is intended to expand the scope of
6 practice of a certified nurse-midwife, nurse practitioner, physician
7 assistant, or naturopathic doctor.

8 SEC. 8. Section 4076 of the Business and Professions Code is
9 amended to read:

10 4076. (a) A pharmacist shall not dispense any prescription
11 except in a container that meets the requirements of state and
12 federal law and is correctly labeled with all of the following:

13 (1) Except when the prescriber or the certified nurse-midwife
14 who functions pursuant to ~~a standardized procedure or protocol~~
15 ~~described in Section 2746.51~~, the nurse practitioner who functions
16 pursuant to a standardized procedure described in Section 2836.1
17 or protocol, the physician assistant who functions pursuant to
18 Section 3502.1, the naturopathic doctor who functions pursuant
19 to a standardized procedure or protocol described in Section
20 3640.5, or the pharmacist who functions pursuant to a policy,
21 procedure, or protocol pursuant to Section 4052.1, 4052.2, or
22 4052.6 orders otherwise, either the manufacturer's trade name of
23 the drug or the generic name and the name of the manufacturer.
24 Commonly used abbreviations may be used. Preparations
25 containing two or more active ingredients may be identified by
26 the manufacturer's trade name or the commonly used name or the
27 principal active ingredients.

28 (2) The directions for the use of the drug.

29 (3) The name of the patient or patients.

30 (4) The name of the prescriber or, if applicable, the name of the
31 certified nurse-midwife who functions pursuant to ~~a standardized~~
32 ~~procedure or protocol described in Section 2746.51~~, the nurse
33 practitioner who functions pursuant to a standardized procedure
34 described in Section 2836.1 or protocol, the physician assistant
35 who functions pursuant to Section 3502.1, the naturopathic doctor
36 who functions pursuant to a standardized procedure or protocol
37 described in Section 3640.5, or the pharmacist who functions
38 pursuant to a policy, procedure, or protocol pursuant to Section
39 4052.1, 4052.2, or 4052.6.

40 (5) The date of issue.

1 (6) The name and address of the pharmacy, and prescription
2 number or other means of identifying the prescription.

3 (7) The strength of the drug or drugs dispensed.

4 (8) The quantity of the drug or drugs dispensed.

5 (9) The expiration date of the effectiveness of the drug
6 dispensed.

7 (10) The condition or purpose for which the drug was prescribed
8 if the condition or purpose is indicated on the prescription.

9 (11) (A) Commencing January 1, 2006, the physical description
10 of the dispensed medication, including its color, shape, and any
11 identification code that appears on the tablets or capsules, except
12 as follows:

13 (i) Prescriptions dispensed by a veterinarian.

14 (ii) An exemption from the requirements of this paragraph shall
15 be granted to a new drug for the first 120 days that the drug is on
16 the market and for the 90 days during which the national reference
17 file has no description on file.

18 (iii) Dispensed medications for which no physical description
19 exists in any commercially available database.

20 (B) This paragraph applies to outpatient pharmacies only.

21 (C) The information required by this paragraph may be printed
22 on an auxiliary label that is affixed to the prescription container.

23 (D) This paragraph shall not become operative if the board,
24 prior to January 1, 2006, adopts regulations that mandate the same
25 labeling requirements set forth in this paragraph.

26 (b) If a pharmacist dispenses a prescribed drug by means of a
27 unit dose medication system, as defined by administrative
28 regulation, for a patient in a skilled nursing, intermediate care, or
29 other health care facility, the requirements of this section will be
30 satisfied if the unit dose medication system contains the
31 aforementioned information or the information is otherwise readily
32 available at the time of drug administration.

33 (c) If a pharmacist dispenses a dangerous drug or device in a
34 facility licensed pursuant to Section 1250 of the Health and Safety
35 Code, it is not necessary to include on individual unit dose
36 containers for a specific patient, the name of the certified
37 nurse-midwife who functions pursuant to a ~~standardized procedure~~
38 ~~or protocol described in~~ Section 2746.51, the nurse practitioner
39 who functions pursuant to a standardized procedure described in
40 Section 2836.1 or protocol, the physician assistant who functions

1 pursuant to Section 3502.1, the naturopathic doctor who functions
2 pursuant to a standardized procedure or protocol described in
3 Section 3640.5, or the pharmacist who functions pursuant to a
4 policy, procedure, or protocol pursuant to Section 4052.1, 4052.2,
5 or 4052.6.

6 (d) If a pharmacist dispenses a prescription drug for use in a
7 facility licensed pursuant to Section 1250 of the Health and Safety
8 Code, it is not necessary to include the information required in
9 paragraph (11) of subdivision (a) when the prescription drug is
10 administered to a patient by a person licensed under the Medical
11 Practice Act (Chapter 5 (commencing with Section 2000)), the
12 Nursing Practice Act (Chapter 6 (commencing with Section 2700)),
13 or the Vocational Nursing Practice Act (Chapter 6.5 (commencing
14 with Section 2840)), who is acting within his or her scope of
15 practice.

16 SEC. 9. Section 4170 of the Business and Professions Code is
17 amended to read:

18 4170. (a) ~~No~~A prescriber shall *not* dispense drugs or dangerous
19 devices to patients in his or her office or place of practice unless
20 all of the following conditions are met:

21 (1) The dangerous drugs or dangerous devices are dispensed to
22 the prescriber’s own patient, and the drugs or dangerous devices
23 are not furnished by a nurse or physician attendant.

24 (2) The dangerous drugs or dangerous devices are necessary in
25 the treatment of the condition for which the prescriber is attending
26 the patient.

27 (3) The prescriber does not keep a pharmacy, open shop, or
28 drugstore, advertised or otherwise, for the retailing of dangerous
29 drugs, dangerous devices, or poisons.

30 (4) The prescriber fulfills all of the labeling requirements
31 imposed upon pharmacists by Section 4076, all of the
32 recordkeeping requirements of this chapter, and all of the packaging
33 requirements of good pharmaceutical practice, including the use
34 of childproof containers.

35 (5) The prescriber does not use a dispensing device unless he
36 or she personally owns the device and the contents of the device,
37 and personally dispenses the dangerous drugs or dangerous devices
38 to the patient packaged, labeled, and recorded in accordance with
39 paragraph (4).

1 (6) The prescriber, prior to dispensing, offers to give a written
2 prescription to the patient that the patient may elect to have filled
3 by the prescriber or by any pharmacy.

4 (7) The prescriber provides the patient with written disclosure
5 that the patient has a choice between obtaining the prescription
6 from the dispensing prescriber or obtaining the prescription at a
7 pharmacy of the patient's choice.

8 (8) A certified nurse-midwife who functions pursuant to a
9 ~~standardized procedure or protocol described in Section 2746.51,~~
10 a nurse practitioner who functions pursuant to a standardized
11 procedure described in Section 2836.1, or protocol, a physician
12 assistant who functions pursuant to Section 3502.1, or a
13 naturopathic doctor who functions pursuant to Section 3640.5,
14 may hand to a patient of the supervising physician and surgeon a
15 properly labeled prescription drug prepackaged by a physician and
16 surgeon, a manufacturer as defined in this chapter, or a pharmacist.

17 (b) The Medical Board of California, the State Board of
18 Optometry, the Bureau of Naturopathic Medicine, the Dental Board
19 of California, the Osteopathic Medical Board of California, the
20 Board of Registered Nursing, the Veterinary Medical Board, and
21 the Physician Assistant Committee shall have authority with the
22 California State Board of Pharmacy to ensure compliance with
23 this section, and those boards are specifically charged with the
24 enforcement of this chapter with respect to their respective
25 licensees.

26 (c) "Prescriber," as used in this section, means a person, who
27 holds a physician's and surgeon's certificate, a license to practice
28 optometry, a license to practice naturopathic medicine, a license
29 to practice dentistry, a license to practice veterinary medicine, or
30 a certificate to practice podiatry, and who is duly registered by the
31 Medical Board of California, the State Board of Optometry, the
32 Bureau of Naturopathic Medicine, the Dental Board of California,
33 the Veterinary Medical Board, or the Board of Osteopathic
34 Examiners of this state.

35 SEC. 10. No reimbursement is required by this act pursuant to
36 Section 6 of Article XIII B of the California Constitution because
37 the only costs that may be incurred by a local agency or school
38 district will be incurred because this act creates a new crime or
39 infraction, eliminates a crime or infraction, or changes the penalty
40 for a crime or infraction, within the meaning of Section 17556 of

- 1 the Government Code, or changes the definition of a crime within
- 2 the meaning of Section 6 of Article XIII B of the California
- 3 Constitution.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Beall	BILL NUMBER:	SB 319
SPONSOR:		BILL STATUS:	Human Services
SUBJECT:	Child welfare services: public health nursing	DATE LAST AMENDED:	

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.

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:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

**Introduced by Senator Beall
(Coauthor: Senator Monning)**

February 23, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

SB 319, as introduced, 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. 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.

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.

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, 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

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

1 SECTION 1. Section 16501.3 of the Welfare and Institutions
 2 Code is amended to read:
 3 16501.3. (a) The State Department of Social Services shall
 4 establish and maintain a program of public health nursing in the
 5 child welfare services program that meets the federal requirements
 6 for the provision of healthcare to minor and nonminor dependents
 7 in foster care consistent with Section 30026.5 of the Government
 8 Code. The purpose of the public health nursing program shall be
 9 to ~~identify, respond to, and enhance~~ *promote and protect* the
 10 physical, mental, dental, and developmental well-being of children
 11 in the child welfare system.
 12 (b) Under this program, counties shall ~~use~~ *provide* the services
 13 of a foster care public health nurse *to children in foster care by*
 14 *contracting with the community child health and disability*
 15 *prevention program established in that county pursuant to Section*
 16 *124040 of the Health and Safety Code.* The foster care public health
 17 nurse ~~shall work with the appropriate child welfare services~~
 18 ~~workers to coordinate health care services~~ *and the child's social*
 19 *worker shall consult and collaborate to ensure that the child's*
 20 *physical, mental, dental, and developmental needs are met. The*
 21 *foster care public health nurse shall serve as a liaison with health*
 22 *care professionals and other providers of health-related services.*
 23 ~~This shall include coordination with county mental health plans~~
 24 ~~and local health jurisdictions, as appropriate.~~ *In order to fulfill*
 25 *these duties, the foster care public health nurse shall have access*
 26 *to the child's medical, dental, and mental health care information.*
 27 (c) The duties of a foster care public health nurse shall include,
 28 but need not be limited to, the following:

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

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

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

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

21 (5) At the request of and under the direction of a nonminor
22 dependent, as described in subdivision (v) of Section 11400, ~~assist~~
23 *assisting* the nonminor dependent in accessing physical health and
24 mental health care, coordinating the delivery of health and mental
25 health care services, advocating for the health and mental health
26 care that meets the needs of the nonminor dependent, ~~and to assist~~
27 *assisting the nonminor dependent to make an informed decision*
28 *to begin or continue taking psychotropic medications, and assisting*
29 the nonminor dependent to assume responsibility for his or her
30 ongoing physical and mental health care management.

31 (6) *Monitoring and oversight of each child in foster care who*
32 *is administered one or more psychotropic medications. This*
33 *oversight shall include the review of each request for psychotropic*
34 *medication filed pursuant to Section 369.5 to ensure that lab tests,*
35 *other screenings and measurements, evaluations, and assessments*
36 *required to meet reasonable standards of medical practice have*
37 *been completed. The foster care public health nurse shall also*
38 *ensure that all of the following occur:*

39 (A) *The juvenile court has authorized the psychotropic*
40 *medication to be administered to the child.*

1 (B) *Periodic followup visits with the prescribing physician, lab*
 2 *work, and other measurements are completed.*

3 (C) *The child’s health and education passport, as described in*
 4 *Section 16010, includes accurate documentation concerning the*
 5 *psychotropic medications authorized for and administered to the*
 6 *child.*

7 (D) *The medication’s efficacy in addressing the illness or*
 8 *symptoms for which it was prescribed are documented.*

9 (E) *Any adverse effects of the medication reported by the child’s*
 10 *caregiver are promptly addressed, and, if necessary, brought to*
 11 *the attention of the court.*

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

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

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

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

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

39 SEC. 2. If the Commission on State Mandates determines that
 40 this act contains costs mandated by the state, reimbursement to

1 local agencies and school districts for those costs shall be made
2 pursuant to Part 7 (commencing with Section 17500) of Division
3 4 of Title 2 of the Government Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Hernandez	BILL NUMBER:	SB 323
SPONSOR:		BILL STATUS:	Rules
SUBJECT:	Nurse practitioners	DATE LAST AMENDED:	

SUMMARY:

The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing.

ANALYSIS:

This bill would make legislative findings and declarations with respect to the importance of care provided by nurse practitioners.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

Introduced by Senator Hernandez
(Principal coauthor: Assembly Member Eggman)

February 23, 2015

An act relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 323, as introduced, Hernandez. Nurse practitioners.

The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing.

This bill would make legislative findings and declarations with respect to the importance of care provided by nurse practitioners.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

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

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) Nurse practitioners are a longstanding, vital, safe, effective,
4 and important part of the state's health care delivery system. They
5 are especially important given California's shortage of physicians,
6 with just 16 of 58 counties having the federally recommended ratio
7 of physicians to residents.
8 (b) Nurse practitioners will play an especially important part in
9 the implementation of the federal Patient Protection and Affordable
10 Care Act (Public Law 111-148), which will bring an estimated
11 five million more Californians into the health care delivery system,
12 because they will provide for greater access to primary care

1 services in all areas of the state. This is particularly true for patients
2 in medically underserved urban and rural communities.

3 (c) Due to the excellent safety and efficacy record that nurse
4 practitioners have earned, the Institute of Medicine of the National
5 Academies has recommended full practice authority for nurse
6 practitioners. Currently, 20 states allow nurse practitioners to
7 practice to the full extent of their training and education.

8 (d) Furthermore, nurse practitioners will assist in addressing
9 the primary care provider shortage by removing delays in the
10 provision of care that are created when dated regulations require
11 a physician's signature or protocol before a patient can initiate
12 treatment or obtain diagnostic tests that are ordered by a nurse
13 practitioner.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Bates	BILL NUMBER:	SB 390
SPONSOR:		BILL STATUS:	Health
SUBJECT:	Home health agencies: skilled nursing services	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation by the State Department of Public Health of home health agencies, which are private or public organizations that provide or arrange for the provision of skilled nursing services to persons in their temporary or permanent place of residence. "Skilled nursing services," for purposes of a home health agency, means services provided by a registered nurse or a licensed vocational nurse.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing.

Existing law, the Vocational Nursing Practice Act, provides for the licensure and regulation of the practice of licensed vocational nursing by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

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.

ANALYSIS:

This bill would require registered nurses and licensed vocational nurses who provide skilled nursing services for a home health agency to perform their duties consistent with the Nursing Practice Act and the Vocational Nursing Practice Act, respectively. The bill would prohibit registered nurses or licensed vocational nurses who otherwise meet the qualifications of the provisions relating to home health agencies from being required to have a minimum period of professional nursing experience prior to providing skilled nursing services for a home health agency, provided that the nurse has successfully completed specified training. Because a violation of the provisions relating to home health agencies is a misdemeanor, the bill would impose a state-mandated local program.

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

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

Introduced by Senator BatesFebruary 25, 2015

An act to add Section 1727.8 to the Health and Safety Code, relating to home health agencies.

LEGISLATIVE COUNSEL'S DIGEST

SB 390, as introduced, Bates. Home health agencies: skilled nursing services.

Existing law provides for the licensure and regulation by the State Department of Public Health of home health agencies, which are private or public organizations that provide or arrange for the provision of skilled nursing services to persons in their temporary or permanent place of residence. "Skilled nursing services," for purposes of a home health agency, means services provided by a registered nurse or a licensed vocational nurse.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing.

Existing law, the Vocational Nursing Practice Act, provides for the licensure and regulation of the practice of licensed vocational nursing by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

This bill would require registered nurses and licensed vocational nurses who provide skilled nursing services for a home health agency to perform their duties consistent with the Nursing Practice Act and the Vocational Nursing Practice Act, respectively. The bill would prohibit registered nurses or licensed vocational nurses who otherwise meet the qualifications of the provisions relating to home health agencies from being required to have a minimum period of professional nursing experience prior to providing skilled nursing services for a home health

agency, provided that the nurse has successfully completed specified training. Because a violation of the provisions relating to home health agencies is a misdemeanor, 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.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. Section 1727.8 is added to the Health and Safety
2 Code, to read:

3 1727.8. (a) (1) A registered nurse shall perform duties
4 consistent with the Nursing Practice Act (Chapter 6 (commencing
5 with Section 2700) of Division 2 of the Business and Professions
6 Code). A registered nurse shall meet all qualifications established
7 by the home health agency for the services provided and any
8 additional qualifications required by home health agency licensure
9 regulations.

10 (2) Notwithstanding paragraph (1), a registered nurse who
11 otherwise meets the qualifications of this chapter shall not be
12 required to have a minimum period of professional nursing
13 experience prior to providing skilled nursing services for a home
14 health agency, provided that the registered nurse has successfully
15 completed a skills and competency training program, administered
16 by a licensed home health agency. The skills and competency
17 training program shall include at least 80 hours of clinical
18 orientation, didactic, simulation, and hands-on training in the
19 patient’s home.

20 (b) (1) A licensed vocational nurse shall perform duties
21 consistent with the Vocational Nursing Practice Act (Chapter 6.5
22 (commencing with Section 2840) Division 2 of the Business and
23 Professions Code). A licensed vocational nurse shall meet the
24 qualifications established by the home health agency for the
25 services provided and any additional qualifications required by
26 home health agency licensure regulations.

1 (2) Notwithstanding paragraph (1), a licensed vocational nurse
2 who otherwise meets the qualifications of this chapter shall not be
3 required to have a minimum period of professional nursing
4 experience prior to providing skilled nursing services for a home
5 health agency, provided that the licensed vocational nurse has
6 successfully completed a skills and competency training program,
7 administered by a licensed home health agency. The skills and
8 competency training program shall include at least 80 hours of
9 clinical orientation, didactic, simulation, and hands-on training in
10 the patient's home.

11 SEC. 2. No reimbursement is required by this act pursuant to
12 Section 6 of Article XIII B of the California Constitution because
13 the only costs that may be incurred by a local agency or school
14 district will be incurred because this act creates a new crime or
15 infraction, eliminates a crime or infraction, or changes the penalty
16 for a crime or infraction, within the meaning of Section 17556 of
17 the Government Code, or changes the definition of a crime within
18 the meaning of Section 6 of Article XIII B of the California
19 Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Hill	BILL NUMBER:	SB 466
SPONSOR:		BILL STATUS:	Business, Professions and Economic Development
SUBJECT:	Board of Registered Nursing	DATE LAST AMENDED:	

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.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

Introduced by Senator Hill

February 25, 2015

An act to amend Sections 2701 and 2708 of the Business and Professions Code, relating to nursing.

LEGISLATIVE COUNSEL'S DIGEST

SB 466, as introduced, Hill. 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, 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.

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

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

- 1 SECTION 1. Section 2701 of the Business and Professions
- 2 Code is amended to read:
- 3 2701. (a) There is in the Department of Consumer Affairs the
- 4 Board of Registered Nursing consisting of nine members.
- 5 (b) For purposes of this chapter, "board," or "the board," refers
- 6 to the Board of Registered Nursing. Any reference in state law to
- 7 the Board of Nurse Examiners of the State of California or the
- 8 California Board of Nursing Education and Nurse Registration
- 9 shall be construed to refer to the Board of Registered Nursing.

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

4 (d) This section shall remain in effect only until January 1, ~~2016,~~
5 2020, and as of that date, is repealed, unless a later enacted statute
6 that is enacted before January 1, ~~2016,~~ 2020, deletes or extends
7 that date. Notwithstanding any other provision of law, the repeal
8 of this section renders the board subject to review by the
9 appropriate policy committees of the Legislature.

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

12 2708. (a) The board shall appoint an executive officer who
13 shall perform the duties delegated by the board and who shall be
14 responsible to it for the accomplishment of those duties.

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

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

19 (d) Notwithstanding any other ~~provision of~~ law, the person
20 serving on December 31, 2011, as executive officer of the board
21 shall serve as an interim executive officer until the board appoints
22 a permanent executive officer. The board may appoint this interim
23 executive officer as the permanent executive officer.

24 (e) This section shall remain in effect only until January 1, ~~2016,~~
25 2020, and as of that date is repealed, unless a later enacted statute,
26 that is enacted before January 1, ~~2016,~~ 2020, deletes or extends
27 that date.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 2, 2015**

BILL ANALYSIS

AUTHOR:	Bates	BILL NUMBER:	SB 531
SPONSOR:		BILL STATUS:	Business, Professions and Economic Development
SUBJECT:	Board of Behavioral Sciences	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences within the Department of Consumer Affairs.

Existing law authorizes these licensees whose license or registration has been revoked, suspended, or placed on probation, to petition the board for reinstatement or modification of the penalty, including modification or termination of probation.

Under existing law, the suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, does not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

ANALYSIS:

This bill would authorize the board to deny without a hearing a request to petition for termination of probation or modification of penalty for specified reasons including, but not limited to, when the petitioner has failed to comply with the terms and conditions of the disciplinary order.

This bill would provide that, the expiration, cancellation, forfeiture, or suspension of a license, or other authority to practice by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, of any license within the board's authority, does not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE

Introduced by Senator BatesFebruary 26, 2015

An act to add Sections 4990.31 and 4990.33 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 531, as introduced, Bates. Board of Behavioral Sciences.

Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences within the Department of Consumer Affairs.

Existing law authorizes these licensees whose license or registration has been revoked, suspended, or placed on probation, to petition the board for reinstatement or modification of the penalty, including modification or termination of probation.

This bill would authorize the board to deny without a hearing a request to petition for termination of probation or modification of penalty for specified reasons including, but not limited to, when the petitioner has failed to comply with the terms and conditions of the disciplinary order.

Under existing law, the suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, does not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license

or otherwise taking disciplinary action against the licensee on any such ground.

This bill would provide that, the expiration, cancellation, forfeiture, or suspension of a license, or other authority to practice by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, of any license within the board’s authority, does not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

1 SECTION 1. Section 4990.31 is added to the Business and
2 Professions Code, to read:
3 4990.31. The board may deny without a hearing a request to
4 petition for termination of probation or modification of penalty
5 for any of the following reasons:
6 (a) The petitioner has failed to comply with the terms and
7 conditions of the disciplinary order.
8 (b) The board is conducting an investigation of the petitioner
9 while he or she is on probation.
10 (c) The petitioner has a subsequent arrest that is substantially
11 related to the qualifications, functions, or duties of the licensee or
12 registrant and this arrest occurred while on probation.
13 (d) The petitioner’s probation with the board is currently tolled.
14 SEC. 2. Section 4990.33 is added to the Business and
15 Professions Code, to read:
16 4990.33. Notwithstanding any other law, the expiration,
17 cancellation, forfeiture, or suspension of a license, registration, or
18 other authority to practice by operation of law or by order or
19 decision of the board or a court of law, the placement of a license
20 on a retired status, or the voluntary surrender of a license or
21 registration by a licensee or registrant, of any license or registration
22 within the board’s authority, shall not deprive the board of
23 jurisdiction to commence or proceed with any investigation of, or
24 action or disciplinary proceeding against, the licensee or registrant

- 1 or to render a decision suspending or revoking the license or
- 2 registration.

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BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.2

DATE: April 2, 2015

ACTION REQUESTED: Vote on Whether to Approve Regulatory Proposal to Increase Fees in California Code of Regulations, Article 1, Section 1417, Fees and Whether to Proceed as an Emergency Regulation

REQUESTED BY: Louise Bailey, M.Ed., RN,
Executive Officer

BACKGROUND:

Information will be provided under separate cover.

NEXT STEP: Follow directions given by board.

PERSON TO CONTACT: Ronnie Whitaker
Legislative and Regulatory Analyst
Phone: (916) 574-7600

BOARD OF REGISTERED NURSING

ORDER OF ADOPTION

The Board of Registered Nursing hereby amends the following regulation in Division 14 of Title 16 of the California Code of Regulations.

1417. Fees.

Pursuant to sections 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:

(1)	Application fee for licensure by examination	\$150	
(2)	Application fee for licensure by endorsement	\$100	
(3)	Biennial license renewal fee	\$140	<u>\$160</u>
	(a) <i>Renewal fee - BRN</i>	\$130	<u>\$150</u>
	(b) <i>RN Education Fund administered by Office of Statewide Health Planning and Development</i>	\$10	
(4)	Penalty fee for failure to timely renew a license	\$65	<u>\$75</u>
(5)	Application fee for continuing education provider approval	\$200	<u>\$300</u>
(6)	Biennial continuing education provider approval renewal fee	\$200	<u>\$300</u>
(7)	Penalty fee for failure to renew a continuing education provider	\$100	<u>\$150</u>
(8)	Penalty fee for check returned unpaid	\$30	
(9)	Interim permit fee	\$50	
(10)	Temporary license fee	\$50	
(11)	Fee for processing endorsement papers to other states	\$60	<u>\$100</u>
(12)	Certified copy of a school transcript	\$30	<u>\$50</u>
(13)	Duplicate license fee	\$30	<u>\$50</u>
(14)	Fee for evaluation of qualifications to use the title "nurse-practitioner"	\$75	<u>\$150</u>
(15)	Application fee for certificate as a nurse-midwife	\$75	<u>\$150</u>
(16)	Biennial nurse-midwife certificate renewal fee	\$75	<u>\$100</u>
(17)	Penalty fee for failure to timely renew a nurse-midwife certificate	\$37	<u>\$50</u>
(18)	Fee for application for nurse-midwife equivalency examination	\$100	<u>\$150</u>
(19)	Application fee for nurse-anesthetist certificate	\$75	<u>\$150</u>
(20)	Biennial nurse-anesthetist certificate renewal fee	\$75	<u>\$100</u>
(21)	Penalty fee for failure to timely renew a nurse-anesthetist certificate	\$37	<u>\$50</u>
(22)	Application fee for drug/device furnishing number	\$50	
(23)	Biennial drug/device furnishing number renewal fee	\$30	
(24)	Penalty fee for failure to timely renew a drug/device furnishing number	\$15	
(25)	Application fee for public health nurse certificate	\$75	<u>\$150</u>
(26)	Application fee for clinical nurse specialist certificate	\$75	<u>\$150</u>
(27)	Biennial clinical nurse specialist certificate renewal fee	\$75	<u>\$100</u>
(28)	Penalty fee for failure to timely renew a clinical nurse specialist certificate	\$37	<u>\$50</u>

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