NURSING PRACTICE
COMMITTEE MEETING

AGENDA

Hilton, Oakland Airport Hotel
1 Hegenberger Road
Oakland, CA 94621
510-635-5000

August 7, 2013

Wednesday, August 7, 2013  2:00 pm – 3:00 pm

10.0 REVIEW AND APPROVE MINUTES:
  ➢ May 8, 2013

10.1 Approve/not-Approve:  Update Conscious Sedation/Moderate Sedation

10.2 Approve/not approve:  Update to Nurse Practitioner Laws and Regulation, Furnishing 2836.1 Changes 2836.1 (g) (1) (2)

10.3 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

NOTICE: All times are approximate. Meetings may be canceled without notice. For verification of meeting, call (916) 574-7600 or access the Board’s Web site www.rn.ca.gov under “Meetings.” The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297. Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.

The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time allowed to each speaker.
Wednesday, May 8, 2013 at 2:00 p.m.

Trande Phillips, RN, Chair, Direct Practice Member, called the meeting to order at 9:15 a.m. The committee members introduced themselves and Jeanette Dong was introduced as a new member of the committee.

10.0 Review and Accept Minutes
Accept the Minutes of March 6, 2013 as presented.

MSC: Jackson/Phillips voted to accept meeting minutes of March 6, 2013.

10.1 Approve/not approve advisory statements for RN and Nurse Practitioner (NP) and Nurse-Midwives (CNM) regarding Medical Assistants
1. RN-Information about Medical Assistant

MSC: Jackson/Phillips/Dong voted to approve advisory statement for RN
2. Nurse Practitioner and Nurse-Midwives Supervision of Medical Assistants

MSC: Jackson/Phillips voted to accept advisory statement for NP and CNM

10.2 Tribal Health Programs: HealthCare Practitioner

MSC: Phillips/Jackson voted to accept.
10.3 Public Comment for Items not on the Agenda

1. Three documents distributed to committee members on Increasing the Role of Medical Assistants.
   - Innovative Workforce Models in Health Care: Utilizing medical Assistants in Expanded roles in Primary Care, December 7, 2012 Center for Health Professions, University of California San Francisco
   - Research Brief: The Increasing Role of Medical Assistants in Small Primary Care Physician Practice: Key Issues and Policy Implications; author Susan Chapman, Angela Marks and Melanie Chan, The Center for the Health Professions at UCSF
   - DACUM Competency Profile for Medical Assistant, Revised September 27, 2012; Produced by California Community College Economic Workforce Development Program Health Workforce Initiative 3536 Butte Campus Drive, Oroville CA 95965 (530) 879-9049

Members of the committee discussed training of MA leading to medial practices that today require a licensed nurse to perform, and may represent a training conflict or encroachment on licensed nursing practice. Committee asked to be kept updated.

Meeting adjourned at 3:00 p.m.

Submitted by: Janette Wackerly, MBA, RN, SNEC
(Supervising Nursing Education Consultant)
NP Liaison

Accepted by: Trande Phillips, RN, Chair, Direct Practice Member
AGENDA ITEM: 10.1
DATE: August 7, 2013

ACTION REQUESTED: Approve/Not Approve: Update Conscious Sedation/Moderate Sedation

REQUESTED BY: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant

BACKGROUND: The advisory statement “Conscious Sedation” is updated in terminology to include “Moderate Sedation”. Sedation and analgesia are administered to patients to relieve the pain, discomfort, and anxiety associated with diagnostic or therapeutic procedures.

The authority for RNs to administer medication is derived from the Nursing Practice Act Section 2525 (b)(2) Direct and indirect patient care services, including but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined in 1316.5 of the Health and Safety Code.

The Conscious Sedation/Moderate Sedation advisory content continues alignment to demonstrate that the RN is knowledgeable of the essential components of the process so that the patient experience is optimized while risks to patient safety are minimized.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

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CONSCIOUS SEDATION/MODERATE SEDATION

It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.

Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. [Business and Professions Code 2761(a)(1); California Code of Regulations 1442, 1443, 1443.5.]

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to: effects of medication; potential side effects of the medication; contraindications for the administration of the medication; the amount of the medication to be administered. The requisite skills include the ability to: competently and safely administer the medication by the specified route; anticipate and recognize potential complications of the medication; recognize emergency situations and institute emergency procedures. Thus the RN would be held accountable for knowledge of the medication, and for ensuring that the proper safety measures are followed. As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation. National guidelines for administering conscious sedation should be consulted in establishing agency policies and procedures.

The registered nurse administering agents to render conscious sedation would conduct a nursing assessment to determine that administration of the drug is in the patient's best interest. The RN would also ensure that all safety measures are in force, including back-up personnel skilled and trained in airway management, resuscitation, and emergency intubation, should complications occur. RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Registered nurse functions as described in this policy may not be assigned to unlicensed assistive personnel.

The RN is held accountable for any act of nursing provided to a client. The RN has the right and obligation to act as the client's advocate by refusing to administer or continue to administer any medication not in the client's best interest. The institution should have in place a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities for the management of clients receiving agents to render conscious sedation. Evaluation and documentation of competency should occur on a periodic basis.

Certified registered nurse anesthetists (CRNAs) by virtue of advanced education and practice in their area of specialty have met requirements to administer safely the class of drugs in question.
CONSCIOUS SEDATION

It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.

Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. [Business and Professions Code 2761(a)(1); California Code of Regulations 1442, 1443, 1443.5.]

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to: effects of medication; potential side effects of the medication; contraindications for the administration of the medication; the amount of the medication to be administered. The requisite skills include the ability to: competently and safely administer the medication by the specified route; anticipate and recognize potential complications of the medication; recognize emergency situations and institute emergency procedures. Thus the RN would be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. National guidelines for administering conscious sedation should be consulted in establishing agency policies and procedures.

The registered nurse administering agents to render conscious sedation would conduct a nursing assessment to determine that administration of the drug is in the patient's best interest. The RN would also ensure that all safety measures are in force, including back-up personnel skilled and trained in airway management, resuscitation, and emergency intubation, should complications occur. RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Registered nurse functions as described in this policy may not be assigned to unlicensed assistive personnel.

The RN is held accountable for any act of nursing provided to a client. The RN has the right and obligation to act as the client's advocate by refusing to administer or continue to administer any medication not in the client's best interest; this includes medications which would render the client's level of sedation to deep sedation and/or loss of consciousness. The institution should have in place a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities for the management of clients receiving agents to render conscious sedation. Evaluation and documentation of competency should occur on a periodic basis. Certified registered nurse anesthetists (CRNAs) by virtue of advanced education and practice in their area of specialty have met requirements to administer safely the class of drugs in question.
ADDENDUM
CONSCIOUS SEDATION

As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation.

RESOURCES:


AGENDA ITEM: 10.2  
DATE: August 7, 2013

ACTION REQUESTED: Approve/Not Approve: Update to Nurse Practitioner Laws and Regulation, Furnishing 2836.1 Changes 2836.1 (g)(1)(2)

REQUESTED BY: Janette Wackerly, MBA, RN  
Supervising Nursing Education Consultant

BACKGROUND: Effective January 1, 2013 (Stats 2012 Ch. 796 SB 1524) removed the 520 hour requirement for physician supervision to furnish drugs and devices by nurse practitioner applicants for a furnishing number.

2836.1 (g)(1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs and devices to be furnished or ordered under this section.

2836.1 (g)(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing of ordering of drugs and devices.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, RN  
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BUSINESS AND PROFESSIONS CODE

NURSE PRACTITIONERS: LAWS & REGULATIONS

Division 2. Healing Arts; Chapter 6. Nursing; Article 8. Nurse Practitioners

2834. Legislative Findings

The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title "nurse practitioner" by registered nurses.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

2835. Necessity to Be Licensed and Meet Board Standards

No person shall advertise or hold himself out as a "nurse practitioner" who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

2835.5. Submission of Information and Credentials for Determination of Qualification for Use of Title; Certificate; Application of Section

(a) A registered nurse who is holding himself or herself out as a nurse practitioner or who desires to hold himself or herself out as a nurse practitioner shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit educational, experience, and other credentials and information as the board may require for it to determine that the person qualifies to use the title "nurse practitioner," pursuant to the standards and qualifications established by the board.

(b) Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title "nurse practitioner." The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title "nurse practitioner."

(c) A person who has been found to be qualified by the board to use the title "nurse practitioner" prior to the effective date of this section, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(d) On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.

(2) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(3) Satisfactorily complete a nurse practitioner program approved by the board.
2835.7. Authorized Standardized Procedures
(a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute of regulation for inclusion in standardized procedures developed through collaborating among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:
(1) Order durable medical equipment, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.
(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.
(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.
(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment.

2836. Establishment of Categories and Standards; Consultations
(a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. Such standards shall take into account the types of advanced levels of nursing practice which are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting such standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations utilizing nurse practitioners. Established standards shall apply to persons without regard to the date of meeting such standards. If the board sets standards for use of nurse practitioner titles which include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed such a program.
(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

2836.1. Furnishing Drugs or Devices
Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:
(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner’s educational preparation or for which clinical competency has been established and maintained.
(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.
(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.
(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.
(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered in this section.

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

(3) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

2836.2. Furnishing of Drugs or Devices Defined
Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2831.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

2725.1 Dispensing Drugs or Devices; Registered Nurses; Limitations
Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

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

2836.3. Issuance of Numbers to Nurse Applicants; Fees; Renewal
(a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the requirements of subdivision (g) of Section 2836.1. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section.
(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.
(c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.
(Added by Stats. 1986, c. 493, § 4.)

2837. Construction of Article
Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.
(Added by Stats. 1977, c. 439, p. 1475, § 2.)

BUSINESS AND PROFESSIONS CODE

PHARMACY LAW PERTAINING TO NURSE PRACTITIONERS

Division 2. Healing Arts; Chapter 9. Pharmacy

Amendments January 1, 2003

4040. Pharmacy Law Requirements
(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:
(1) Given individually for the person or persons for whom ordered that includes all of the following:
(A) The name or names and address of the patient or patients.
(B) The name and quantity of the drug or device prescribed and the directions for use.
(C) The date of issue.
(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.
(E) A legible, clear notice of the condition for which the drug is being prescribed, if requested by the patient or patients.
(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, or physician assistant who issues a drug order pursuant to Section 2746.51, 2836.1, or 3502.1.

(2) Issued by a physician, dentist, optometrist, podiatrist, or veterinarian or, if a drug order is issued pursuant to Section 2746.51, 2836.1, or 3502.1, by a certified nurse-midwife, nurse practitioner, or physician assistant licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (3) of subdivision (b) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

4060. Controlled Substances
No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer. Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices.

4061. Request and Receipt Complimentary Sample
(a) No manufacturer's sales representative shall distribute any dangerous drug or dangerous device as a complimentary sample without the written request of a physician, dentist, podiatrist, or veterinarian. However, a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, or a physician assistant who functions pursuant to a protocol described in Section 3502.1, may sign for the request and receipt of complimentary samples of a dangerous drug or dangerous device that has been identified in the standardized procedure, protocol, or practice agreement. Standardized procedures, protocols, and practice agreements shall include specific approval by a physician. A review process, consistent with the requirements of Section 2725 or 3502.1, of the complimentary samples requested and received by a nurse practitioner, certified nurse-midwife, or physician assistant shall be defined within the standardized procedure, protocol, or practice agreement.

(b) Each written request shall contain the names and addresses of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the certified nurse-midwife, nurse practitioner, or physician assistant, if applicable, receiving the samples pursuant to this section, the date of receipt, and the name and quantity of the dangerous drugs or
dangerous devices provided. These records shall be preserved by the supplier with the records required by Section 4059.

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

4174.
Notwithstanding any other provision of law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1, or the order of a pharmacist acting under Section 4052.

HEALTH AND SAFETY CODE

AMENDED TO INCLUDE NURSE PRACTITIONERS

11026.
"Practitioner" means any of the following:
(a) A physician, dentist, veterinarian, podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, or a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code.
(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research in this state.
(c) A scientific investigator, or other person licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in this state.

11150.
No person other than a physician, dentist, podiatrist, or veterinarian, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions Code shall write or issue a prescription.

SEC. 9.
This act is intended solely to conform state law to the federal Controlled Substances Act, and nothing in this act is intended to increase the scope of practice of physician assistants or nurse practitioners.
1480. Definitions.
(a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.
(b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.
(c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
(d) "Holding oneself out" means to use the title of nurse-practitioner.


1481. Categories of Nurse Practitioners.
A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code.

1482. Requirements for Holding Out As a Nurse Practitioner.
The requirements for holding oneself out as a nurse practitioner are:
(a) Active licensure as a registered nurse in California; and
(b) One of the following:
   (1) Successful completion of a program of study which conforms to board standards; or
   (2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or
   (3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide:
      (A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and
(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.

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

History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

An application for evaluation of a registered nurse's qualifications to hold out as a nurse practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484.

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


History

1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).

1484. Standards of Education.
The program of study preparing a nurse practitioner shall meet the following criteria:
(a) Purpose, Philosophy and Objectives
   (1) have as its primary purpose the preparation of registered nurses who can provide primary health care;
   (2) have a clearly defined philosophy available in written form;
   (3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.

(b) Administration
   (1) Be conducted in conjunction with one of the following:
      (A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health.
      (B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.
   (2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.
   (3) Have written policies for clearly informing applicants of the academic status of the program.
   (4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.
(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.

(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.

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

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

(2) The director or co-director of the program shall:
   (A) be a registered nurse;
   (B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;
   (C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.

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

(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.

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

(d) Curriculum

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

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

(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.

(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.

(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.

(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.

(7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.

(8) The course of instruction shall be calculated according to the following formula:
   (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
   (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
   (C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

(9) Supervised clinical practice shall consist of two phases:
   (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.
   (B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.
   (C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.
(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.

(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

(12) The curriculum shall include, but is not limited to:
   (A) Normal growth and development
   (B) Pathophysiology
   (C) Interviewing and communication skills
   (D) Eliciting, recording and maintaining a developmental health history
   (E) Comprehensive physical examination
   (F) Psycho-social assessment
   (G) Interpretation of laboratory findings
   (H) Evaluation of assessment data to define health and developmental problems
   (I) Pharmacology
   (J) Nutrition
   (K) Disease management
   (L) Principles of health maintenance
   (M) Assessment of community resources
   (N) Initiating and providing emergency treatments
   (O) Nurse practitioner role development
   (P) Legal implications of advanced practice
   (Q) Health care delivery systems

(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.

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

1485. Scope of Practice.
Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.


History
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

TITLE 16. CALIFORNIA CODE OF REGULATIONS

Article 7. Standardized Procedure Guidelines

1470. Purpose.
The Board of Registered Nursing in conjunction with the Medical Board of California (see the regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:
   (a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.

Rev1-1-2013 (SB1524) Practice Committee 8-7-2013
(b) To provide uniformity in development of standardized procedures.


History

1. New Article 7 (Sections 1470-1474, inclusive) filed 9-8-76; effective thirtieth day thereafter (Register 76, No. 37).
2. Amendment filed 6-17-85; effective thirtieth day thereafter (Register 85, No. 25).
3. Amendment of first paragraph filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

1471. Definitions.
For purposes of this article:

(a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";
(b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;
(c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

1472. Standardized Procedure Functions.
An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
(b) Each standardized procedure shall:
(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.
(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
(10) Specify patient record keeping requirements.


History

1. Amendment of first paragraph and new Note filed 2-1-96; operative 3-2-96 (Register 96, No. 5).
BUSINESS AND PROFESSIONS CODE

NURSE PRACTITIONERS: LAWS & REGULATIONS

Division 2. Healing Arts; Chapter 6. Nursing; Article 8. Nurse Practitioners

2834. Legislative Findings
The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title "nurse practitioner" by registered nurses.
(Added by Stats. 1977, c. 439, p. 1475, § 2.)

2835. Necessity to Be Licensed and Meet Board Standards
No person shall advertise or hold himself out as a "nurse practitioner" who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.
(Added by Stats. 1977, c. 439, p. 1475, § 2.)

2835.5. Submission of Information and Credentials for Determination of Qualification for Use of Title; Certificate; Application of Section
(a) A registered nurse who is holding himself or herself out as a nurse practitioner or who desires to hold himself or herself out as a nurse practitioner shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit educational, experience, and other credentials and information as the board may require for it to determine that the person qualifies to use the title "nurse practitioner," pursuant to the standards and qualifications established by the board.

(b) Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title "nurse practitioner." The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title "nurse practitioner."

(c) A person who has been found to be qualified by the board to use the title "nurse practitioner" prior to the effective date of this section, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(d) On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.
(2) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.
(3) Satisfactorily complete a nurse practitioner program approved by the board.
2835.7. Authorized Standardized Procedures
(a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute of regulation for inclusion in standardized procedures developed through collaborating among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:
(1) Order durable medical equipment, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.
(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.
(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.
(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment.

2836. Establishment of Categories and Standards; Consultations
(a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. Such standards shall take into account the types of advanced levels of nursing practice which are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting such standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations utilizing nurse practitioners. Established standards shall apply to persons without regard to the date of meeting such standards. If the board sets standards for use of nurse practitioner titles which include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed such a program.
(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

2836.1. Furnishing Drugs or Devices
Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:
(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.
(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.
(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.
(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.
(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the
physical presence of the physician, but does include (1) collaboration on the development of the
standardized procedure, (2) approval of the standardized procedure, and (3) availability by
telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse
practitioners at one time.

(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through
Schedule V controlled substances under the California Uniform Controlled Substances Act
(Division 10 (commencing with Section 11000) of the Health and Safety
Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and
physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056,
respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the
controlled substances shall be furnished or ordered in accordance with a patient-specific protocol
approved by the treating or supervising physician. A copy of the section of the nurse practitioner's
standardized procedure relating to controlled substances shall be provided, upon request, to any
licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse
practitioner furnishing the order.

(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has
satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in
the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs
or devices to be furnished or ordered under this section.

(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who
are authorized through standardized procedures or protocols to furnish Schedule II controlled
substances, and who are registered with the United States Drug Enforcement Administration, shall
complete, as part of their continuing education requirements, a course including Schedule II
controlled substances based on the standards developed by the board. The board shall establish
the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health
and Safety Code, shall include (1) the ordering of a drug or device in accordance with the
standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is
dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner,
within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall
be treated in the same manner as a prescription of the supervising physician; (2) all references to
"prescription" in this code and the Health and Safety
Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse
practitioner on a drug order issued in accordance with this section shall be deemed to be the
signature of a prescriber for purposes of this code and the Health and Safety Code.

2836.2. Furnishing of Drugs or Devices Defined
Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of
making a pharmaceutical agent or agents available to the patient in strict accordance with a
standardized procedure. All nurse practitioners who are authorized pursuant to Section
2831.1 to furnish or issue drug orders for controlled substances shall register with the United
States Drug Enforcement Administration.

2725.1 Dispensing Drugs or Devices; Registered Nurses; Limitations
Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon
an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as
defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in
subdivision (b) or (c) of Section 1206, of the Health and Safety Code.
No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

2836.3. Issuance of Numbers to Nurse Applicants; Fees; Renewal
(a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the requirements of subdivision (g) of Section 2836.1. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section.
(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.
(c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.
(Added by Stats. 1986, c. 493, § 4.)

2837. Construction of Article
Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.
(Added by Stats. 1977, c. 439, p. 1475, § 2.)

BUSINESS AND PROFESSIONS CODE

PHARMACY LAW PERTAINING TO NURSE PRACTITIONERS

Division 2. Healing Arts; Chapter 9. Pharmacy

Amendments January 1, 2003

4040. Pharmacy Law Requirements
(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:
(1) Given individually for the person or persons for whom ordered that includes all of the following:
(A) The name or names and address of the patient or patients.
(B) The name and quantity of the drug or device prescribed and the directions for use.
(C) The date of issue.
(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.
(E) A legible, clear notice of the condition for which the drug is being prescribed, if requested by the patient or patients.
(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, or physician assistant who issues a drug order pursuant to Section 2746.51, 2836.1, or 3502.1.
(2) Issued by a physician, dentist, optometrist, podiatrist, or veterinarian or, if a drug order is issued pursuant to Section 2746.51, 2836.1, or 3502.1, by a certified nurse-midwife, nurse practitioner, or physician assistant licensed in this state.
(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for
any Schedule II controlled substance, that contains at least the name and signature of the
prescriber, the name and address of the patient in a manner consistent with paragraph (3) of
subdivision (b) of Section 11164 of the Health and Safety Code, the name and quantity of the
drug prescribed, directions for use, and the date of issue may be treated as a prescription by the
dispensing pharmacist as long as any additional information required by subdivision (a) is readily
retrievable in the pharmacy. In the event of a conflict between this subdivision and Section
11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall
prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic
image transmission prescription" means any prescription order for which a facsimile of the order
is received by a pharmacy from a licensed prescriber. "Electronic data transmission
prescription" means any prescription order, other than an electronic image transmission
prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular
Session of the Legislature shall be construed as expanding or limiting the right that a
chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

4060. Controlled Substances
No person shall possess any controlled substance, except that furnished to a person upon the
prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order
issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to
Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to
the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician,
podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant,
when in stock in containers correctly labeled with the name and address of the supplier or producer.
Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician
assistant to order his or her own stock of dangerous drugs and devices.

4061. Request and Receipt Complimentary Sample
(a) No manufacturer's sales representative shall distribute any dangerous drug or dangerous device
as a complimentary sample without the written request of a physician, dentist, podiatrist, or
veterinarian. However, a certified nurse-midwife who functions pursuant to a standardized
procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant
to a standardized procedure described in Section 2836.1, or protocol, or a physician assistant
who functions pursuant to a protocol described in Section 3502.1, may sign for the request and
receipt of complimentary samples of a dangerous drug or dangerous device that has been
identified in the standardized procedure, protocol, or practice agreement. Standardized
procedures, protocols, and practice agreements shall include specific approval by a physician.
A review process, consistent with the requirements of Section 2725 or 3502.1, of the
complimentary samples requested and received by a nurse practitioner, certified nurse-midwife,
or physician assistant shall be defined within the standardized procedure, protocol, or practice
agreement.

(b) Each written request shall contain the names and addresses of the supplier and the requester,
the name and quantity of the specific dangerous drug desired, the name of the certified nurse-
midwife, nurse practitioner, or physician assistant, if applicable, receiving the samples pursuant
to this section, the date of receipt, and the name and quantity of the dangerous drugs or
dangerous devices provided. These records shall be preserved by the supplier with the records
required by Section 4059.

(c) Nothing in this section is intended to expand the scope of practice of a certified nurse-midwife,
nurse practitioner, or physician assistant.
Notwithstanding any other provision of law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1, or the order of a pharmacist acting under Section 4052.

HEALTH AND SAFETY CODE

AMENDED TO INCLUDE NURSE PRACTITIONERS

11026. "Practitioner" means any of the following:

(a) A physician, dentist, veterinarian, podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, or a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code.

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research in this state.

(c) A scientific investigator, or other person licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in this state.

11150. No person other than a physician, dentist, podiatrist, or veterinarian, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions Code shall write or issue a prescription.

SEC. 9. This act is intended solely to conform state law to the federal Controlled Substances Act, and nothing in this act is intended to increase the scope of practice of physician assistants or nurse practitioners.

TITLE 16. CALIFORNIA CODE OF REGULATIONS

Article 8. Standards for Nurse Practitioners

1480. Definitions.
(a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.
(b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.
(c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
(d) "Holding oneself out" means to use the title of nurse-practitioner.


1481. Categories of Nurse Practitioners.
A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code.

1482. Requirements for Holding Out As a Nurse Practitioner.
The requirements for holding oneself out as a nurse practitioner are:
(a) Active licensure as a registered nurse in California; and
(b) One of the following:
   (1) Successful completion of a program of study which conforms to board standards; or
   (2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or
   (3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide:
      (A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and
      (B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835 and 2836, Business and Professions Code.
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

An application for evaluation of a registered nurse's qualifications to hold out as a nurse practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484.

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


History
1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).

1484. Standards of Education.
The program of study preparing a nurse practitioner shall meet the following criteria:

(a) Purpose, Philosophy and Objectives
   (1) have as its primary purpose the preparation of registered nurses who can provide primary health care;
   (2) have a clearly defined philosophy available in written form;
   (3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.

(b) Administration
   (1) Be conducted in conjunction with one of the following:
      (A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health.
      (B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.
   (2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.
   (3) Have written policies for clearly informing applicants of the academic status of the program.
   (4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.
   (5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.
   (6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.

(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.
   (1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.
   (2) The director or co-director of the program shall:
(A) be a registered nurse;
(B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;
(C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.

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

(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.

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

(d) Curriculum

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

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

(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.

(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.

(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.

(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.

(7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.

(8) The course of instruction shall be calculated according to the following formula:
   (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
   (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
   (C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

(9) Supervised clinical practice shall consist of two phases:
   (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.
   (B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.
   (C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.

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

(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

(12) The curriculum shall include, but is not limited to:
   (A) Normal growth and development
   (B) Pathophysiology
   (C) Interviewing and communication skills
   (D) Eliciting, recording and maintaining a developmental health history
   (E) Comprehensive physical examination
1485. Scope of Practice.
Nothing in this article shall be construed to limit the current scope of practice of the
registered nurse authorized pursuant to the Business and Professions Code, Division 2,
Chapter 6. The nurse practitioner shall function within the scope of practice as specified in
the Nursing Practice Act and as it applies to all registered nurses.


History
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

TITLE 16. CALIFORNIA CODE OF REGULATIONS

Article 7. Standardized Procedure Guidelines

1470. Purpose.
The Board of Registered Nursing in conjunction with the Medical Board of California (see the
regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code
of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate
guidelines for the development of standardized procedures to be used in organized health care
systems which are subject to this rule. The purpose of these guidelines is:

(a) To protect consumers by providing evidence that the nurse meets all requirements to practice
safely.

(b) To provide uniformity in development of standardized procedures.


History
1. New Article 7 (Sections 1470-1474, inclusive) filed 9-8-76; effective thirtieth day thereafter (Register 76, No. 37).
2. Amendment filed 6-17-85; effective thirtieth day thereafter (Register 85, No. 25).
3. Amendment of first paragraph filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

1471. Definitions.
For purposes of this article:

(a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";

(b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;

(c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

1472. Standardized Procedure Functions.
An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

1. Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

2. Specify which standardized procedure functions registered nurses may perform and under what circumstances.

3. State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

4. Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

6. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

7. Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

8. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

9. State the limitations on settings, if any, in which standardized procedure functions may be performed.

10. Specify patient record keeping requirements.


History

1. Amendment of first paragraph and new Note filed 2-1-96; operative 3-2-96 (Register 96, No. 5).