



Board Meeting Packet

SUPPLEMENTAL MATERIALS TO BOARD MEETING AGENDA

BRN Board Meeting | June 24 - 25, 2020

TABLE OF CONTENTS

| | |
|---|------------|
| 2.0 GENERAL INSTRUCTIONS FOR TELECONFERENCE CALL | 3 |
| 5.0 REVIEW AND APPROVAL OF BOARD MEETING MINUTES | 5 |
| 5.1 APRIL 15-16, 2020 | 6 |
| 5.2 MAY 27-28, 2020 | 23 |
| 5.3 JUNE 9, 2020 | 29 |
| 7.0 PRESENTATION BY THE ATTORNEY GENERAL'S OFFICE | 31 |
| 8.0 REPORT OF ADMINISTRATIVE COMMITTEE | 33 |
| 9.0 REPORT OF THE EDUCATION/LICENSING COMMITTEE | 35 |
| 9.1 DISCUSSION AND POSSIBLE ACTION REGARDING EDUCATION/LICENSING COMMITTEE RECOMMENDATION TO RATIFY MINOR CURRICULUM REVISIONS AND ACKNOWLEDGE RECEIPT OF PROGRAM PROGRESS REPORTS | 36 |
| 9.2 DISCUSSION AND POSSIBLE ACTION REGARDING EDUCATION/LICENSING COMMITTEE RECOMMENDATIONS | 118 |
| 9.3 DISCUSSION AND POSSIBLE ACTION REGARDING WHETHER TO ACCEPT RECOMMENDATION TO ACCEPT PROGRAM PROGRESS REPORT, DISCUSSION AND POSSIBLE ACTION TO ADDRESS ANY PERFORMANCE GAPS INCLUDING ACTIONS DESCRIBED IN 16 CCR § 1423.2(A) | 121 |
| 9.4 LICENSING PROGRAM UPDATE | 133 |
| 10.0 REPORT OF THE LEGISLATIVE COMMITTEE | 135 |
| 10.1 DISCUSSION OF BILLS OF INTEREST TO THE BOARD OF REGISTERED NURSING (BOARD) AND POSSIBLE VOTE TO RECOMMEND THAT THE BOARD ADOPT OR MODIFY POSITIONS ON BILLS INTRODUCED DURING THE 2019-2020 LEGISLATIVE SESSION | 136 |
| 11.0 REPORT OF THE INTERVENTION/DISCIPLINE COMMITTEE | 249 |
| 11.1 COMPLAINT INTAKE AND INTERVENTION/CITE & FINE/LEGAL SUPPORT | 250 |
| 11.2 INVESTIGATIONS UPDATE | 255 |
| 11.3 DISCIPLINE AND PROBATION PROGRAM UPDATE | 257 |
| 11.4 ENFORCEMENT AND INVESTIGATIONS STATISTICS | 259 |



Agenda Item 2.0

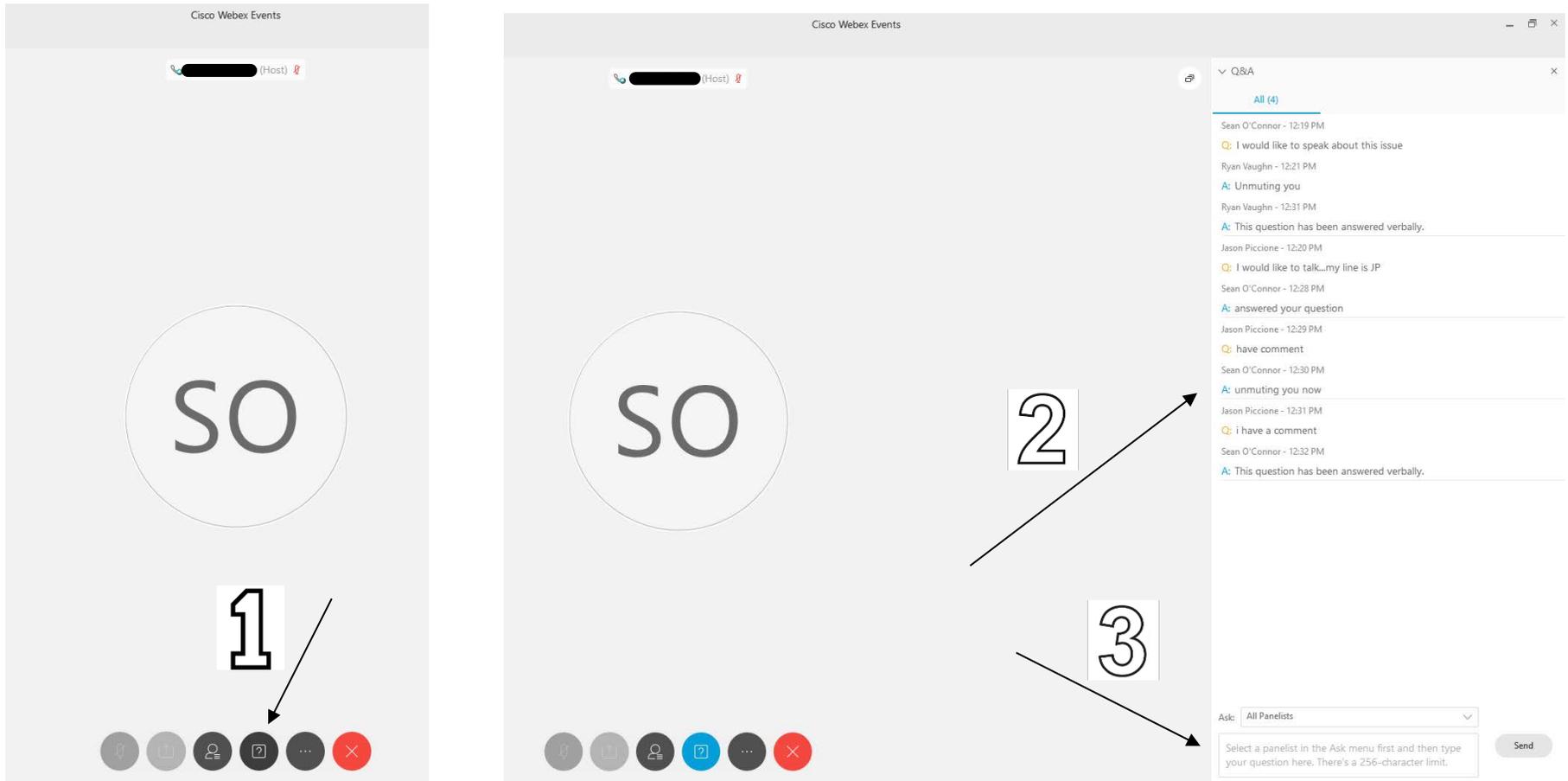
GENERAL INSTRUCTIONS FOR THE FORMAT OF A TELECONFERENCE CALL

BRN Board Meeting | June 24-25, 2020

Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q and A' button near the bottom, center of your WebEx session.



2. The 'Q and A' chat box will appear.

3. 'Send' a request to 'All Panelists' stating "Comment Time Requested". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened, and you will have 2 minutes to provide comment.

NOTE: Please submit a new request for each topic on which you would like to comment.



Agenda Item 5.0

REVIEW AND APPROVAL OF PREVIOUS BOARD MEETING MINUTES

April 15-16, 2020 | May 27-28, 2020 | June 9, 2020



**STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 BOARD OF REGISTERED NURSING
 BOARD MEETING MINUTES**

| | |
|--|---|
| DATE: | April 15-16, 2020 |
| START TIME: | 9:00 a.m. |
| TELECONFERENCE LOCATION: | NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, a physical meeting location was not provided. |
| BOARD MEMBERS: | Michael Jackson, RN, MSN, President Donna Gerber, Vice President Elizabeth A. Woods, MSN, FNP, RN Trande Phillips, RN Imelda Ceja-Butkiewicz, Public Member Kenneth Malbrough, Public Member Dolores Trujillo, RN Karen Skelton, Public Member |
| BRN REPRESENTATIVES: | Loretta Melby, MSN, RN, Acting Executive Officer Reza Pujesh, BRN Legal Council |
| <u>Wednesday, April 15, 2020 9:00 am-5:00pm Board Meeting</u> | |
| 1.0 | Call to Order/Roll Call/Establishment of a Quorum Michael D. Jackson, President called the meeting to order at 9:04 am. Quorum established. All members present. |
| 2.0 | General Instructions provided for the Teleconference format. |
| 3.0 | Closed Session Michael D. Jackson, President, called the meeting into closed session at 9:13 am_____ |
| 3.1 | Disciplinary Matters The Board convened in closed session pursuant to Government Code section 11126(c)(3) to deliberate on disciplinary matters, including stipulations and proposed decisions. |
| 3.2 | Pending Litigation 3.2a The Board convened in closed session pursuant to Government Code section 11126(e)(1), (2)(A) to confer with and receive advice from legal counsel regarding the following matters: <ul style="list-style-type: none"> • <i>American Career College v. The California Board of Registered Nursing</i>, Los Angeles Superior Court Case No. 19STCP01383; and |

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|--|--|-------|----|----|------|------|----|----|----|----|---|---|---|---|---|---|---|---|
| | <ul style="list-style-type: none"> <i>The People of the State of California v. Purdue Pharma, L.P., Orange County Superior Court Case No. 2014-00725287.</i> | | | | | | | | | | | | | | | | | |
| 3.2b | The Board convened in closed session pursuant to Government Code section 11126, subdivision (1), (2)(B), to confer with and receive advice from legal counsel. | | | | | | | | | | | | | | | | | |
| 4.0 | Reconvene in Open Session- Recess until April 16, 2020 at 9:00a.m. <ul style="list-style-type: none"> Meeting recessed at 11:26 am | | | | | | | | | | | | | | | | | |
| <u>Thursday, April 16, 2020-9:00 am</u> | | | | | | | | | | | | | | | | | | |
| 1.0 | Call to Order/Roll Call/Establishment of a Quorum Michael D. Jackson, President called the meeting to order at 9:12 am. Quorum established. All members present. | | | | | | | | | | | | | | | | | |
| BOARD MEMBERS: | Michael D. Jackson, MSN, RN, CEN, MICN-President Donna Gerber, Public Member-Vice President Elizabeth A. Woods, MSN, FNP, RN Trande Phillips, RN Imelda Ceja-Butkiewicz, Public Member Kenneth Malbrough, Public Member Dolores Trujillo, RN Karen Skelton, Public Member | | | | | | | | | | | | | | | | | |
| STAFF PRESENT: | Loretta Melby, RN, MSN Acting Executive Officer Reza Pejuhesh, BRN Legal Counsel | | | | | | | | | | | | | | | | | |
| 2.0 | General Instructions provided for the Teleconference format. | | | | | | | | | | | | | | | | | |
| 3.0 | Review and Vote on Approval of Minutes from Board meetings held on: | | | | | | | | | | | | | | | | | |
| 3.1 | October 17, 2019 | | | | | | | | | | | | | | | | | |
| 3.2 | November 13-14, 2019 | | | | | | | | | | | | | | | | | |
| 3.3 | December 5, 2019 | | | | | | | | | | | | | | | | | |
| 3.4 | December 20, 2019 | | | | | | | | | | | | | | | | | |
| 3.5 | January 9, 2020 | | | | | | | | | | | | | | | | | |
| 3.6 | January 17, 2020 | | | | | | | | | | | | | | | | | |
| 3.7 | February 19-20, 2020 | | | | | | | | | | | | | | | | | |
| MOTION: | Donna Gerber made the motion to approve previous meeting minutes with suggested corrections. | | | | | | | | | | | | | | | | | |
| SECOND: | Michael D. Jackson | | | | | | | | | | | | | | | | | |
| VOTE: | <table border="1"> <tr> <td rowspan="2">Votes</td> <td>MJ</td> <td>DG</td> <td>TP</td> <td>IC-B</td> <td>EW</td> <td>KM</td> <td>DT</td> <td>KS</td> </tr> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | Y | Y | Y | Y | Y | Y | Y | Y |
| Votes | MJ | | DG | TP | IC-B | EW | KM | DT | KS | | | | | | | | | |
| | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| PUBLIC COMMENT: | Lashonda Shannon, BRN Staff member – Requested the minutes reflect the correct spelling of their name. | | | | | | | | | | | | | | | | | |
| 4.0 | Executive Officer Report | | | | | | | | | | | | | | | | | |
| 5.0 | Discussion Regarding Executive Order N-39-20 and Waivers by the Director of the California Department of Consumer Affairs. | | | | | | | | | | | | | | | | | |
| PUBLIC COMMENT: | Ryan Pernezuits, West Coast University Student | | | | | | | | | | | | | | | | | |

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|------------------------|---|-------|----|----|------|------|----|-----|----|----|--|---|---|---|---|---|---|---|-----|--|
| | <p>Sandy Melton, Dean, Ventura College Doug Lin, Student, West Coast University Brianna Ortiz, Student, West Coast University Renee Schnster, Student Judy Coriless, Dean, West Coast Ultrasound Institute Robyn Nelson, Dean, West Coast University Wanda Morris, Dean, Compton College Linda Zorn, Health Core Ryan Mackey, Student Sharon Goldfarb, Dean, College of Marin Samantha Lacey, Dean, Mission College</p> | | | | | | | | | | | | | | | | | | | |
| 6.0 | Report of the Administrative Committee Michael Jackson, RN, MSN, President, Chairperson | | | | | | | | | | | | | | | | | | | |
| PUBLIC COMMENT: | None | | | | | | | | | | | | | | | | | | | |
| 6.1 | Discussion and possible action regarding regulatory modifications to California Code of Regulations, Title 16, Section 1426 to permit increased clinical practice hours not in direct patient care during a declared state of emergency. | | | | | | | | | | | | | | | | | | | |
| MOTION: | Donna Gerber: Authorize the BRN Administrative Committee to work with staff to further refine language | | | | | | | | | | | | | | | | | | | |
| SECOND: | Michael Jackson | | | | | | | | | | | | | | | | | | | |
| VOTE: | <table border="1"> <tr> <td rowspan="2">Votes</td> <td>MJ</td> <td>DG</td> <td>TP</td> <td>IC-B</td> <td>EW</td> <td>KM</td> <td>DT</td> <td>KS</td> <td></td> </tr> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>N/A</td> <td></td> </tr> </table> | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | | Y | Y | Y | Y | Y | Y | Y | N/A | |
| Votes | MJ | | DG | TP | IC-B | EW | KM | DT | KS | | | | | | | | | | | |
| | Y | Y | Y | Y | Y | Y | Y | N/A | | | | | | | | | | | | |
| PUBLIC COMMENT: | <p>Garrett Chan, President, HealthImpact Sandy Melton, Dean, Ventura College Sharon Goldfarb, Dean, College of Marin Judy Corliss, Dean, West Coast Ultrasound Institute Robyn Nelson, Dean, West Coast University Linda Zorn, Healthcore Scott Casanova Kerry Martin</p> | | | | | | | | | | | | | | | | | | | |
| 6.2 | Discussion and possible action regarding revisions to the May and June 2020 meetings as to dates and locations or cancellation during a declared state of emergency. | | | | | | | | | | | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to give discretion to the Administrative Committee to work with staff to cancel or reschedule May and June 2020 Board Meetings. | | | | | | | | | | | | | | | | | | | |
| SECOND: | Imelda Ceja-Butkiewicz | | | | | | | | | | | | | | | | | | | |
| VOTE: | <table border="1"> <tr> <td rowspan="2">Votes</td> <td>MJ</td> <td>DG</td> <td>TP</td> <td>IC-B</td> <td>EW</td> <td>KM</td> <td>DT</td> <td>KS</td> <td></td> </tr> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> </tr> </table> | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | | Y | Y | Y | Y | Y | Y | Y | Y | |
| Votes | MJ | | DG | TP | IC-B | EW | KM | DT | KS | | | | | | | | | | | |
| | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | | | |
| PUBLIC COMMENT: | <p>Lashonda Shannon, BRN Staff Employee Sharon Goldfarb, Dean, College of Marin Judy Corliss, Dean, West Coast Ultrasound Institute</p> | | | | | | | | | | | | | | | | | | | |

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|------------------------|---|----|----|----|------|----|----|----|----|--|
| | Garrett Chan, President, HealthImpact | | | | | | | | | |
| 7.0 | Report of the Education/Licensing Committee Michael D. Jackson, RN, MSN, President, Chairperson | | | | | | | | | |
| 7.1 | Discussion and Possible Action Regarding Education/Licensing Committee Recommendation and Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Reports (16 CCR 1426) (Consent) | | | | | | | | | |
| BACKGROUND: | <p>According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.</p> <p>Minor Curriculum revisions include the following categories:</p> <ul style="list-style-type: none"> • Curriculum changes • Work Study programs • Preceptor programs • Public Health Nurse (PHN) certificate programs • Progress reports that are not related to continuing approval <p>The following programs have submitted minor curriculum revisions that have been approved by the NECs:</p> <ul style="list-style-type: none"> • California State University San Bernardino Baccalaureate Degree Nursing Program • Carrington College Advanced Placement LVN-RN Associate Degree Nursing Program • Mendocino College Associate Degree Nursing Program • Monterey Peninsula College Associate Degree Nursing Program • Los Angeles Trade Tech College Associate Degree Nursing Program • The Marsha Fuerst School of Nursing at GCC and GCC-SD Associate Degree Nursing Program • University of California Davis, Betty Irene Moore School of Nursing Family Nurse Practitioner FNP-MS Nursing <p>Acknowledge Receipt of Program Progress Reports:</p> <ul style="list-style-type: none"> • Simpson University Baccalaureate Degree Nursing Program • American University of Health Sciences Baccalaureate Degree Nursing Program • Reedley College at Madera Community College Center Associate Degree Nursing Program • The Marsha Fuerst School of Nursing Associate Degree Nursing Program, (GCC-SD) | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to Recommend Acceptance | | | | | | | | | |
| SECOND: | Imelda Ceja-Butkiewicz | | | | | | | | | |
| | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | |
| | | Y | Y | Y | Y | Y | Y | Y | Y | |
| PUBLIC COMMENT: | None | | | | | | | | | |

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|------------------------|--|----|----|----|------|----|----|----|----|--|
| 7.2 | Discussion and Possible Action Regarding Education/Licensing Committee Recommendations | | | | | | | | | |
| 7.2.1 | Recommend Ratification of Applications for Prelicensure Program Continuing Approval (BPC 2788; 16 CCR 1421, 1423) (Consent) | | | | | | | | | |
| | <ul style="list-style-type: none"> • Mount San Jacinto Associate Degree Nursing Program • Weimar Institute Associate Degree Nursing Program | | | | | | | | | |
| | <p>The BRN staff have conducted a regularly scheduled continuing approval visit for the schools listed. This process begins with a self-study written by the nursing program and analyzed by the assigned Nursing Education Consultant. It is followed by a 2-3-day site visit including visits to clinical sites, verifying recourses (skills and simulation lab), and meetings with students, faculty, and administrators. The following programs have met all Board rules and regulations for Continuation of Approval of Prelicensure Nursing Program. These are consent agenda items.</p> <ul style="list-style-type: none"> • Mount San Jacinto Associate Degree Nursing Program • Weimar Institute Associate Degree Nursing Program | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to Recommend Acceptance | | | | | | | | | |
| SECOND: | Elizabeth Woods | | | | | | | | | |
| | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | |
| | | Y | Y | Y | Y | Y | Y | Y | Y | |
| PUBLIC COMMENT: | None | | | | | | | | | |
| 7.2.2 | Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR 1426, 1432) Major Curriculum-no enrollment increase) (Consent) | | | | | | | | | |
| | <ul style="list-style-type: none"> • The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program • Stanbridge University Associate Degree Nursing Program | | | | | | | | | |
| | <p>The BRN staff have evaluated the major curriculum revision requests. The following programs have met all Board rules and regulations for a major curriculum revision without enrollment increase for a Prelicensure Nursing Program. These are consent agenda items.</p> <ul style="list-style-type: none"> • The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program • Stanbridge University Associate Degree Nursing Program | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to Recommend Acceptance | | | | | | | | | |
| SECOND: | Elizabeth Woods | | | | | | | | | |
| | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | |
| | | Y | Y | Y | Y | Y | Y | Y | Y | |
| PUBLIC COMMENT: | <ul style="list-style-type: none"> • None | | | | | | | | | |
| 7.2.3 | Recommend Continuing Approval or Other Action for Approved Nursing Programs (Prelicensure), Mendocino College Associate | | | | | | | | | |

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| | Degree Nursing Program, with a Progress Report to NEC in One (1) year, March 2021. (BPC 2788; 16 CCR 1421, 1423) (Consent) | | | | | | | | | |
| BACKGROUND: | The BRN staff have conducted a regularly scheduled continuing approval visit for Mendocino College Associate Degree Nursing Program. This process begins with a self-study written by the nursing program and analyzed by the assigned Nursing Education Consultant. It is followed by a 2-3-day site visit including visits to clinical sites, verifying recourses (skills and simulation lab), and meetings with students, faculty, and administrators. Mendocino College Associate Degree Nursing Program has met all Board rules and regulations for Continuation of Approval of Prelicensure Nursing Program. This is a consent agenda item. | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to Recommend Acceptance | | | | | | | | | |
| SECOND: | Dolores Trujillo | | | | | | | | | |
| | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | |
| | | Y | Y | Y | Y | Y | Y | Y | Y | |
| PUBLIC COMMENT: | <ul style="list-style-type: none"> None | | | | | | | | | |
| 7.3 | Discussion and Possible Action Regarding Whether to Accept Recommendation to Approve or Take Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes, California State University San Bernardino Baccalaureate Degree Nursing Program (16 CCR 1426, 1432) (Major Curriculum Revision – WITH Enrollment Increase AND Change from Quarters to Semesters) (Present) | | | | | | | | | |
| | <p>Angie Gagalang, PhD(c), MSN, RN is currently the Program Director the nursing programs at California State University San Bernardino (CSUSB).</p> <p>Terese Burch, PhD, RN, is the Assistant Director and Department Chair.</p> <p>A proposal for a Major Curriculum Revision for the BSN program to change from the 10-week quarter to a 15-week semester with enrollment increase with implementation planned for Fall Semester, 2020 was submitted November 15, 2019.</p> <p>The proposed curriculum revision moves from 12 quarters to 8 semesters delivered over four years and complies with the CSU system-wide initiative to cap baccalaureate majors at 120 semester units (equivalent to 180 quarter units). The pre-licensure BSN curriculum is approved by the CSUSB faculty senate and the CSU Chancellor’s Office. To comply with CSU system wide initiative to cap baccalaureate majors at 120 units, changes were made to General Education unit requirements. Revisions were made to the conceptual framework in order to better meet the defined scholarship of nursing by the American Association of Colleges of Nursing (AACN). The framework includes the Essentials of Baccalaureate Education for Professional Nursing Practice (2008), The Essentials of Master’s Education in Nursing (2011). and Cultural</p> | | | | | | | | | |

Competencies Toolkit; CCR 1426 of the Nurse Practice Act; ANA's Code of Ethics with Interpretive Statements, QSEN (Quality, Safety in Education Nursing); the TIGER (Technology & Informatics Guiding Education Reform) Initiative, and the Code of Conduct of the National Student Nurses' Association (NSNA). As such, students and faculty alike subscribe to precepts of nationally-vetted sources of pedagogy, standardization, regulation, technological advances, service learning, and professional conduct.

The new curriculum includes:

A revision to units: Nursing Theory-41 units, Nursing Clinical-19 units, Communication-9 units, and Science-20 units for a total of 89 units required for licensure. Other degree requirements equal 31 units for a total of 120 units for graduation. Course numbers and course names were changed.

Three previously required GE courses were eliminated. Content in some nursing courses was determined to contain sufficient GE content.

The mission vision and values reflect editorial changes to better demonstrate alignment with the CSUSB strategic plans.

The revision will assist in the future development of a collaborative enrollment process with community college programs.

This proposal meets BRN rules and regulations and details of the curriculum changes are outlined in the attachment to this Agenda Item Summary.

The curriculum revision will support an enrollment increase at the satellite campus of CSUSB located in Palm Desert, California, 71 miles from the main campus. Palm Desert is located in the Coachella Valley, a largely agricultural area of Eastern Riverside County that is medically underserved. The program is seeking to increase enrollment at the Palm Desert campus to 18 students twice a year versus once a year for a total annual enrollment of 36 students. Total enrollments for CSUSB will increase from 114 per year to 132 per year but will not impact the San Bernardino Campus or clinical sites in that area. The Palm Desert campus has sufficient space and resources to support the enrollment increase. The enrollment increase will align with the enrollment pattern of the main campus. It will also allow teaching of nursing courses every semester allowing for increased retention of faculty

Advisory Committee Meetings were conducted with academic and industry partners. Industry representatives approved for the proposed increase stating that their nursing needs have not been met and a hiring preference for BSN prepared nurses. Letters of support for the enrollment increase have been received from the program directors at College of the Desert and Copper Mountain College. A sample clinical schedule incorporating the increased students has also been developed.

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| | <p>The programs will continue to work collaboratively to accommodate the additional students.</p> <p>CSUSB continues to have NCLEX-RN pass rates above the BRN minimum of 75%:</p> <p style="padding-left: 40px;">2014-2015 – 77.05% - 127 took the exam 2015-2016 – 90.38% - 104 took the exam 2016-2017 – 91.53% - 118 took the exam 2017-2018 – 96.23% - 106 took the exam 2018-2019 – 90.00% - 100 took the exam</p> |
| 7.4 | <p>Discussion and Possible Action Regarding Whether to Accept Recommendation to Accept Program Progress Report, Discussion and Possible Action to Address Any Performance Gaps Including Actions Described in 16 CCR § 1423.2(a). East Los Angeles College Associate Degree Nursing Program (Present)</p> |
| BACKGROUND: | <p>At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.</p> <p><u>College Administration Report</u> <u>Specific Corrective Measures to be Taken in response to outside evaluation - April 2020</u></p> <ul style="list-style-type: none"> • Outside liaison is facilitating the new curriculum development and implementation process. Guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of Spring 2020 semester. • The ELAC Nursing Program will not accept students in the Summer 2020. The next cohort will be accepted beginning Fall 2020. This will allow for alignment with the proposed new curriculum. • The college will look to hire a part time remediation faculty that is an MSN with teaching experience to be a dedicated remediation faculty to assist with curriculum remediation, NCLEX preparation, Kaplan remediation and management of test anxiety workshops • The two Assistant Nursing Program Directors will lead the data collection for the program that includes an inclusive program |

evaluation that provides quantitative data assessment, analysis and recommendations with re- evaluations of all implementations.

- The faculty will only be assigned to instructional content areas that the BRN has approved for them to teach.
- Assistant Director #1 will take the lead with the integration of Kaplan resources and facilitate NCLEX pass rate improvements.
- Assistant Director #2 will take the lead with the program evaluation plan.
- The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
- The collect has identified a leadership succession plan. The current Program Director has submitted her retirement/resignation letter that will be effective in December 2020. In January 2020, the college put in place two assistant directors. In December 2020, the college will potentially have two eligible assistant directors that may be able to assume the role of the program director.

Nursing Program Report

The program was found to be in non-compliance in six (6) areas at the time of the visit:

1. CCR Section 1424(b)(1) – Administration and Organization – Program Evaluation
 - Continuing – One Assistant Director has taken the lead for this project to develop (in conjunction with program faculty) and maintain the program’s evaluation plan.
2. CCR Section 1424(d) Resources; CCR Section (e) and (f) Director and Assistant Director ‘s dedicated sufficient time for Administration of the program
 - Complete
3. CCR Section 1424(h) Faculty type and number continuing for MS faculty and PMH faculty
 - Delayed due to impact of COVID19 looking forward to creating the process for interviewing M/S candidates in April
4. CCR Section 1425 – Faculty Qualifications and Changes. Content Experts are identified
 - Complete
5. CCR Section 1426(b) Required Curriculum
 - Working on a Major Curriculum Revision – New curriculum planning
 1. Continuing - Outside faculty liaison for curriculum development and implementation
 2. Anticipate completion of this task within the next 3-4 weeks.
6. CCR Section 1431–Licensing and Examination Pass rate Standard
 - Continuing – NCLEX data - Case manager is working with current seniors and alumni

Five (5) recommendations were given for:

1. CCR Section 1424(b) –Policies and Procedures
 - Complete
2. CCR Section 1424(c) Organizational Chart
 - Complete

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| | <p>3. CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert</p> <ul style="list-style-type: none"> • <u>Complete</u> <p>4. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content</p> <ul style="list-style-type: none"> • <u>Continuing</u> – Second Assistant Director is collaborating closely with Kaplan educator to develop and maintain ELAC use of supplemental resources <p>5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.</p> <ul style="list-style-type: none"> • <u>Complete</u> <p><u>Workforce Development Report</u></p> <ul style="list-style-type: none"> • Identified 7 alumni who have confirmed passing NCLEX (NCLEX status previously unknown) • Identified 2 alumni who are interested in NCLEX test prep and testing/retesting (since last reporting period) | | | | | | | | | | | | | | | | | |
| MOTION: | Michael Jackson: Motion to Recommend Acceptance | | | | | | | | | | | | | | | | | |
| SECOND: | Elizabeth Woods | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td data-bbox="488 831 597 898" rowspan="2">Votes</td> <td data-bbox="597 831 678 898">MJ</td> <td data-bbox="678 831 776 898">DG</td> <td data-bbox="776 831 873 898">TP</td> <td data-bbox="873 831 971 898">IC-B</td> <td data-bbox="971 831 1068 898">EW</td> <td data-bbox="1068 831 1166 898">KM</td> <td data-bbox="1166 831 1263 898">DT</td> <td data-bbox="1263 831 1377 898">KS</td> </tr> <tr> <td data-bbox="597 898 678 936">Y</td> <td data-bbox="678 898 776 936">Y</td> <td data-bbox="776 898 873 936">Y</td> <td data-bbox="873 898 971 936">Y</td> <td data-bbox="971 898 1068 936">Y</td> <td data-bbox="1068 898 1166 936">Y</td> <td data-bbox="1166 898 1263 936">Y</td> <td data-bbox="1263 898 1377 936">Y</td> </tr> </table> | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | Y | Y | Y | Y | Y | Y | Y | Y |
| Votes | MJ | | DG | TP | IC-B | EW | KM | DT | KS | | | | | | | | | |
| | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| PUBLIC COMMENT: | None | | | | | | | | | | | | | | | | | |
| 7.5 | <p>Discussion and Possible Action Regarding Whether to Accept Recommendation to Change Warning Status with Intent to Close to Deferred Approval Status of Prelicensure Nursing Program, Career Care Institute Associate Degree Nursing Program with Quarterly Progress Report to NEC in One (1) Year and Return to ELC Meeting March 2021. (BPC 2788; 16 CCR 1421, 1423) (Present)</p> | | | | | | | | | | | | | | | | | |
| BACKGROUND: | <p>On October 1, 2019, Corrine Stevens, EdD, MSN/Ed, RN was named Interim Program Director at Career Care Institute (CCI) Associate Degree Nursing Program. Her Assistant Director is Kim Gore-Amador, EdD, MSN/Ed, RN, and she has been serving in that role since June 16, 2019. The CCI ADN program was approved by the BRN on September 7, 2017 with an enrollment of 32 students annually. All sixteen Cohort 1 students graduated from the program on December 6th. Currently, there are 30 Cohort 2 students and 32 Cohort 3 students for a total of 62 students enrolled.</p> <p>On November 14, 2019, the Board placed CCI ADN Program on Warning Status with Intent to Close after a School Visit was conducted on August 19th, 2019 by Badrieh Caraway, Supervising NEC, and Donna Schutte, NEC. This School Visit, to finalize initial approval processes, had been moved up from September 7, 2019 in response to the resignation of a fifth Program Director.</p> <p>The following 13 areas of non-compliance were identified: Administration and Organization of the Nursing Program, CCR 1424(e) and 1424(j) - <i>High Program Director and Assistant Director turnover; Lack of mentoring and succession plan</i></p> | | | | | | | | | | | | | | | | | |

Sufficiency of Resources, CCR 1424(d) and Curriculum, CCR 1425.1(b) - *High faculty turnover; Allegations of missed clinical hours*
 Total Program Evaluation, CCR 1424(b)(1) – *Incomplete; No evidence of implementation*
 Administration and Organization of the Nursing Program, CCR 1424(b)(2) – *Grievance Policy and Financial Aid complaints*
 Administration and Organization of the Nursing Program, CCR 1424 (c) – *Organizational Chart*
 Faculty Responsibility, CCR 1425.1 (b) and 1424(j) - *Orientation; Supervision*
 Faculty Responsibility, CCR 1424(g) - *Faculty participation in program*
 Student Participation, CCR 1428 -*Student participation in curriculum*
 Resources, CCR 1424(d) - *Equitable and available clinical experiences; Physical equipment*
 Required Curriculum, CCR 1426(d) - *ATI grading practices*
 Clinical Facilities, CCR 1427(a) and (c)(2) - *Prior BRN approval; Clinical orientation of faculty*
 LVN 30-Unit Option, CCR 1429(b) - *Objective counseling*
 Previous Education Credit, CCR 1430 – *LVN Advanced Placement Policy*

To resolve these areas of non-compliance, Dr. Corrine Stevens was hired by CCI with a one-year appointment. Dr. Gore-Amador has been oriented to the Assistant Director position. It is planned that she will assume the Director position in June 2020. An Administrative Hiring, Succession, and Retention Plan is in place. CCI recently hired Terri Jackson, MSN, RN and she has been approved as an Assistant Director. Ms. Jackson is currently participating in orientation and it is planned that she will assume Assistant Director duties in June 2020. To address high turnover in theory and clinical faculty, a Faculty Hiring Plan, A New Faculty Orientation, and a Faculty Retention Plan that incorporates Exit Interviews are in place. A policy addressing both theory and clinical instructor absences and tardiness has been developed. Attendance including start and end times of theory and clinical sessions is being monitored daily and is reviewed by the Assistant Director on an ongoing basis.

An updated Total Program Evaluation Plan is being implemented. Current NCLEX Pass Rate is 92.8% with 13 of 14 Cohort 1 graduates successfully completing the exam and 2 students waiting to test. The attrition rate for the program is 5.9%. The program’s Grievance Policy is available for review in Faculty and Student Handbooks. Grievance Policy signs are displayed in classrooms and serve as reminders of its importance. Issues regarding financial aid resolved.

All faculty and clinical facilities are BRN approved. CCI has 4 full-time faculty and 17 part-time faculty. Nine faculty are BRN approved as Instructors with four serving as course Lead Faculty and/or Content Experts. Twelve (12) faculty are BRN approved as Assistant Instructors. There are no plans to incorporate a preceptorship course in the curriculum at this time. The Program’s Organizational/Communication

| | <p>Chart has been updated. A plan for course faculty communication throughout the semester is developed along with structure, function, and schedules for all program committees. A policy regarding student participation in the program is available in the Student Handbook. Minutes of meetings document student participation.</p> <p>Newly contracted clinical facilities in pediatrics and med surg include Department of Health LA County, Caring Corner Day Care Center-Bakersfield, and Ellison John Transitional Care Center. Rotating clinical schedules ensure students with equitable learning opportunities. Air conditioning and drinking fountains are functional. ATI procedures are consistent with program policy with signed student acknowledgement forms on file. All clinical facilities are BRN approved. Faculty and students are receiving orientation at the identified clinical facility. Information regarding the LVN 30 Unit Option is available on the CCI nursing website and Student Handbook along with information regarding the limitations on licensure. Credit for Prior Education Policy was reviewed with Cohort 2 and 3 LVNs with signed acknowledgement forms filed.</p> <p>CCI was asked by the Board to return to the Education and Licensing Committee in a year or when all areas of non-compliance were rectified. All areas are now in compliance. CCI is requesting return to full continuing approval status. See Attachment #1- Program Response.</p> | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--------------------|-------------------|--------------------|------------|--------|-------|-------------------------------|---------|-------|--|---|---|---|---|---|---|---|---|
| MOTION: | Michael Jackson, Motion to Recommend Acceptance | | | | | | | | | | | | | | | | | | |
| SECOND: | Trande Phillips | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td data-bbox="488 1094 597 1157">Votes</td> <td data-bbox="597 1094 678 1157">MJ</td> <td data-bbox="678 1094 776 1157">DG</td> <td data-bbox="776 1094 873 1157">TP</td> <td data-bbox="873 1094 971 1157">IC-B</td> <td data-bbox="971 1094 1068 1157">EW</td> <td data-bbox="1068 1094 1166 1157">KM</td> <td data-bbox="1166 1094 1263 1157">DT</td> <td data-bbox="1263 1094 1377 1157">KS</td> </tr> <tr> <td></td> <td data-bbox="597 1157 678 1203">Y</td> <td data-bbox="678 1157 776 1203">Y</td> <td data-bbox="776 1157 873 1203">Y</td> <td data-bbox="873 1157 971 1203">Y</td> <td data-bbox="971 1157 1068 1203">Y</td> <td data-bbox="1068 1157 1166 1203">Y</td> <td data-bbox="1166 1157 1263 1203">Y</td> <td data-bbox="1263 1157 1377 1203">Y</td> </tr> </table> | Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | | Y | Y | Y | Y | Y | Y | Y | Y |
| Votes | MJ | DG | TP | IC-B | EW | KM | DT | KS | | | | | | | | | | | |
| | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | | |
| PUBLIC COMMENT: | None | | | | | | | | | | | | | | | | | | |
| 7.6 | NCLEX Updates | | | | | | | | | | | | | | | | | | |
| BACKGROUND: | <p>The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.</p> <p style="text-align: center;">NCLEX RESULTS–FIRST TIME CANDIDATES April 1, 2019-March 31, 2020**</p> <table border="1"> <thead> <tr> <th data-bbox="542 1551 834 1608">JURISDICTION</th> <th data-bbox="834 1551 1131 1608">TOTAL TAKING TEST</th> <th data-bbox="1131 1551 1395 1608">PERCENT PASSED (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="542 1608 834 1665">California</td> <td data-bbox="834 1608 1131 1665">12,112</td> <td data-bbox="1131 1608 1395 1665">91.54</td> </tr> <tr> <td data-bbox="542 1665 834 1722">United States and Territories</td> <td data-bbox="834 1665 1131 1722">170,750</td> <td data-bbox="1131 1665 1395 1722">88.06</td> </tr> </tbody> </table> | JURISDICTION | TOTAL TAKING TEST | PERCENT PASSED (%) | California | 12,112 | 91.54 | United States and Territories | 170,750 | 88.06 | | | | | | | | | |
| JURISDICTION | TOTAL TAKING TEST | PERCENT PASSED (%) | | | | | | | | | | | | | | | | | |
| California | 12,112 | 91.54 | | | | | | | | | | | | | | | | | |
| United States and Territories | 170,750 | 88.06 | | | | | | | | | | | | | | | | | |

CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES

| 4/01/19-6/30/19** | | 7/01/19-9/30/19** | | 10/01/19-12/31/19** | | 1/01/20-3/31/20** | | 4/01/19-3/31/20 | |
|-------------------|--------|-------------------|--------|---------------------|--------|-------------------|--------|-----------------|--------|
| # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass |
| 1,835 | 88.94 | 5,288 | 93.32 | 1,646 | 85.60 | 3,343 | 93.06 | 12,112 | 91.54 |

CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES

By Quarters and Year April 1, 2019-March 31, 2020**

***Includes (0),(1),(1) and (2) “re-entry” candidates. Reflects pass rate results based on the 2019 Test Plan and Passing Standard of 0.00 logits effective April 1, 2019-March 31, 2022.*

Data Source: NCSBN/Pearson VUE reports as of 4/1/20. Note, NCSBN Pearson VUE report numbers reflect the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the date the report is generated.

*****2019 NCLEX-RN Test Plan and Passing Standard:*** *The detailed version of the 2019 NCLEX-RN Test Plan is now available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties. The Next Generation NCLEX (NGN) Project/FAQs/Resources/Talks & Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm . The NEXT GENERATION NCLEX EXAM will be implemented no sooner than 2023 according to the NCSBN website information. The Spring 2020 NGN NEWS-NGN Case Study publication is now available on the NCSBN website.*

Current NCSBN information related to NCSBN/PearsonVUE NCLEX Testing and COVID-19 Impact to NCLEX Candidates to be effective March 25, 2020 until July 2020 can be accessed at www.ncsbn.org/14428.htm.

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. When a program’s annual first-time candidate pass rate is below 75% for the academic year (July 1-June 30), the NEC sends the program written notice of non-compliance (per CCR 1431). The program submits a detailed written assessment of the factors contributing to the annual substandard pass rate along with a corrective action plan to improve the annual rate. The NEC summarizes the program’s NCLEX assessment and improvement action plans in the ELC/Board meeting materials per the 3/16 revision of the Licensing Examination Passing Standard EDP-I-29 document. If a second consecutive year of annual substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC’s continuing approval visit

| | |
|-----|--|
| | findings reported to ELC with program representatives in attendance per EDP-I-29 as included in the Program Directors' Handbook Section 8. |
| 7.7 | Licensing Program Update |
| | <p><u>Telework:</u> As stated in the Executive Officer report the Licensing Division has implemented teleworking agreements for staff as of March 23, 2020. The transition has had some challenges, but staff have responded well and have been open to the change. I would like to thank our licensing staff for adapting to all the recent changes and working with the management and supervisory team to ensure we are successful. I would also like to take this opportunity to thank my manager and supervisory team for stepping up and ensuring we had everything in place to implement the telework option for all our staff. In addition to teleworking, they have had to adjust from in person interactions with their staff to communicating via email, instant messaging through skype and phone. They have been there for staff helping them troubleshoot the new environment we are all working in and send motivational emails to keep staff moral positive. Once again, thank you to all my Licensing Division staff, and to my management and supervisory team.</p> <p><u>Application Processing:</u> The Licensing Division evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late February and early March and out-going verifications and Inactive to Active requests received in March.</p> <p>Some California nursing programs have notified the Licensing program of their intent to have multiple graduation dates for their graduating classes and have started uploading small batches of student transcripts to the BRN CloudDrive. We will continue to monitor transcripts that are provided to the Board and will process applications accordingly.</p> <p>Since the re-organization of the Board and redirection of some services to the Licensing Division, our top priority upon the unit consolidation was improving the timeframe and processes for outgoing license verifications and inactive to active requests. We continue to make improvements to both processes and are currently processing requests within 4-6 weeks of receipt. As staff are working from home and systems are slower, we are working to maintain these processing timeframes and ensuring no backlogs emerge.</p> <p><u>Statistics:</u> The Board continues to use QBIRT and can create and run various reports upon request. The Board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing</p> |

processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date.

The average processing time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

| Licensing Average Processing Time Statistics | | | | |
|--|-----------------------|----------------------|-----------------------|-----------------------|
| Application Type | Fiscal Year 2016-2017 | Fiscal Year 2017-201 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 |
| Exam | 60.2 | 64.6 | 29.4 | 32.3 |
| Endorsement | 45.8 | 60.2 | 18.4 | 37.2 |

The average time from Exam to Licensure: Thus far in FY 19/20, on average 93% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

| Number of days from Exam Date to Licensure (Applicants Licensed by Exam) | | | | |
|--|--|--|--|--|
| Number of Days | Fiscal Year 2016/2017 Total: 11,080 | Fiscal Year 2017/2018 Total: 11,868 | Fiscal Year 2018/2019 Total: 12,878 | Fiscal Year 2019/2020 Total: 11,622 |
| 1 | 886 | 1,261 | 5,448 | 4,342 |
| 2 | 7,036 | 7,723 | 3,931 | 4,479 |
| 3 | 1,494 | 1,089 | 2,242 | 1,982 |
| 4 | 1,375 | 1,559 | 769 | 632 |
| 5 | 172 | 194 | 187 | 100 |
| 6 | 62 | 31 | 241 | 12 |
| 7 | 54 | 11 | 60 | 75 |

The Licensing Applications Received table provides the total number of applications the Board has received by fiscal year:

| Licensing Applications Received | | | | |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Application Type | Fiscal Year 2016-2017 | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 |
| Exams | 16,879 | 15,571 | 15,425 | 9,163 |
| Endorsement | 20,040 | 15,326 | 15,161 | 12,397 |
| Repeat/Reapply | 7,043 | 5,792 | 5,085 | 4,102 |
| Advanced Practice | 9,774 | 8,408 | 6,913 | 5,903 |
| Total | 53,736 | 45,097 | 42,584 | 31,565 |

The Additional Request Received table provides the total number of outgoing verifications and Inactive to Active requests the Board has received by fiscal year:

| Additional Requests Received | | | | |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Request Type | Fiscal Year 2016-2017 | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 |
| Out of State Verification | 37,209 | 48,305 | 55,018 | 45,826 |
| Inactive to Active | 1,012 | 1,572 | 2,667 | 2,161 |
| Total | 38,221 | 49,877 | 57,685 | 47,987 |

Staffing Updates:
 Currently the Licensing Division has six (6) vacancies due to newly established positions and staff movement. We are in various stages of the recruitment process for all six vacancies.

PUBLIC COMMENT: None

RECESS: Time: 12:55pm

During the Board of Registered Nursing’s board meeting on April 16, 2020, the Board successfully conducted its meeting in the morning and early afternoon, and recessed at 12:55 p.m. with plans of reconvening the meeting at 1:30 p.m. Unfortunately, due to technical difficulties with the WebEx platform beyond the control of the Board or the Department of Consumer Affairs, the meeting was not able to be reconvened. Prior to this Board meeting, Board staff worked extensively with Department of Consumer Affairs information technology staff to test the functionality and reliability of the WebEx system, and the system had been used utilized for other meetings without incident.

Around 1:19 p.m. on April 16th, Cisco WebEx advised “Engineering is working on addressing an issue affecting meeting joins for users connecting to the SJC and DFW US data centers. Affected users will see error messages or failures when joining using the desktop or Webex Teams client...” At around 1:42 p.m., Cisco WebEx advised that “Meeting services hosted within the US data centers are experiencing delays and failures joining or utilizing the Meetings services.”

Around 2:45 p.m., Board/DCA IT staff were still not able to reestablish a connection to the WebEx service, and it was determined that the meeting should be adjourned due to concern that, even if the platform came back online before the close of the scheduled Board meeting, members of the public might not know to log back into the system.

The Board apologizes for any inconvenience, and will be moving the items remaining on the agenda (8.0 report of the Legislative Committee, 8.1 Discussion of bills of Interest ..., 9.0 Report of the Intervention/Discipline

Committee, and 10.0 Public Comment for Items Not on the Agenda; Items for Future Agenda, 11.0 Adjournment) for the April 16th meeting to a subsequent Board meeting.

The Board is grateful that we were able to complete items 1.0 – 7.7 before recessing for lunch and the subsequent technical difficulties with the WebEx platform. During the two day Board meeting they were able to hear items on disciplinary matters, pending litigation, receive the Executive Officer report, discuss the current Waivers by the DCA, hear report of the Administrative Committee, voted on the items that affected nursing schools, they heard a report on NCLEX updates that showed that California Prelicensure Nursing Schools continue to have the highest first time candidate pass rate in the Nation, and we heard our Licensing Program Update where staff were commended for their teamwork and productivity.

Submitted by:

Accepted by:

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Michael Jackson, MSN, RN
President
California Board of Registered Nursing

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: May 27-28, 2020

LOCATION: The Board of Registered Nursing will hold a public meeting via a teleconference platform.

BOARD

MEMBERS: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member
Dolores Trujillo, RN
Karen Skelton, Public Member

BRN Staff: Loretta Melby, Acting Executive Officer, MSN, RN
Reza Pejuhesh, DCA Legal Counsel

Wednesday, May 27, 2020

1.0 8:00 am Call to Order, Roll Call, and Establishment of a Quorum

Michael D. Jackson, RN, President, called the meeting to order at 8:04 a.m. and established a quorum. All members present.

2.0 General Instructions for the Format of a Teleconference Call

3.0 Closed Session

3.1 Personnel

The Board convened in closed session pursuant to Government Code section 11126, subdivision (a)(1) to consider the appointment of a permanent Executive Officer.

3.2 Disciplinary Actions

The Board convened in closed session pursuant to Government Code section 11126, subdivision (c)(3) to deliberate on disciplinary matters, including stipulations and proposed decisions.

3.3 Pending Litigation

The Board convened in closed session pursuant to Government Code section 11126, subdivisions (e)(1) and (2)(A) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383;
- *The People of the State of California v. Purdue Pharma, L.P.*, Orange County Superior Court Case No. 2014-00725287; and
- *Heather Gautier v. California Department of Consumer Affairs, California Board of Registered Nursing*, San Francisco County Superior Court (case no. unavailable).

3.4 Bureau of State Audits

(This item was not discussed in closed session as the audit had not been submitted to BRN in time)

4.0 Reconvene in Open Session – Board President Michael D. Jackson called the meeting into open session at 4:45 pm

**per the Board’s discretion, and due to time constraints, the Board President reordered the agenda, moving agenda items 6.0 – Report of the Legislative Committee and 7.0 – Report of the Enforcement Intervention Committee to Thursday, May 28.*

5.0 Regulation – AB 2138

Consideration of adopting amendments to California Code of Regulations (CCR), title 16, sections 1444 and 1445 - Substantial Relationship Criteria and Criteria for Rehabilitation; and review, consideration, and approval of responses to comments received regarding rulemaking package to amend CCR, title 16, sections 1441, 1444, 1444.5, and 1445.

Motion: Donna Gerber made a motion to adopt the amendments and that the board approve the responses to comments.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

8.0 Public Comment for Items Not on the Agenda; Items for Future Agenda

Lashonda Shannon

9.0 Recess to May 28, 2020 at 8:00 am

Meeting recessed until May 28, 2020 at 5:05 pm

Thursday, May 28, 2020

1.0 8:00 am Call to Order, Roll Call, and Establishment of a Quorum

Michael D. Jackson, RN, President, called the meeting to order at 8:04 a.m. and established a quorum. All members were present. President Jackson started with Agenda item 6.0 Report of the Legislative Committee

Members: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member
Dolores Trujillo, RN
Karen Skelton, Public Member

BRN Representative: Loretta Melby, Acting Executive Officer, MSN, RN
Reza Pejuhesh, BRN Legal Counsel

2.0 General Instructions for the Format of a Teleconference Call

3.0 Closed Session, if necessary

*the Board did not need to go into closed session

4.0 Reconvene in Open Session

*unnecessary as the Board did not go into closed session

5.0 Continue with unfinished agenda items for May 27, 2020, if necessary

6.0 Report of the Legislative Committee

Donna Gerber, Chairperson
Thelma Harris, BRN Chief of Legislation

6.1 Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Action Regarding Adoption or Modification of Positions on Bills Introduced During the 2019-2020 Legislative Session:

Motion: Donna Gerber made a motion to add AB 2288 for discussion and vote.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

[AB 890](#) (Wood) Nurse practitioners

Action: Oppose Unless Amended

Motion: Donna Gerber made a motion to continue to oppose unless amended.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

[AB 2028](#) (Aguiar-Curry) State agencies: meetings

Action: Oppose unless amended

Motion: Donna Gerber made a motion to oppose AB 2028 unless amended.

Second: Imelda Ceja-Butkiewicz

Public Comment:

Saskia Kim, California Nurses Association

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

[AB 2185](#) (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity

Action: Support as Amended

Motion: Donna Gerber made a motion to support AB 2185 as amended.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

[AB 2549](#) (Salas) Department of Consumer Affairs: temporary licenses

Action: Watch

Motion: Donna Gerber made a motion to watch AB 2549.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

[AB 2635](#) (Gallagher) Nursing programs: clinical hours

Action: Oppose

Motion: Donna Gerber made a motion to oppose AB 2635.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

Public Comment:

Saskia Kim, California Nurses Association

Jody Corliss, Dean, West Coast Ultrasound University

Sharon Goldfarb, Dean, College of Marin

[AB 2288](#) (Low) Nursing Programs: State of Emergency

Action: Support with amendments

Motion: Donna Gerber made a motion to support AB 2288 with amendments.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|---------|----|----|----|---------|
| | Y | Y | N | ABSTAIN | Y | Y | Y | ABSTAIN |

Public Comment:

Judy Corliss, Dean, West Coast Ultrasound University

Saskia Kim, California Nurses Association

[AB 3016](#) (Dahle) Board of Registered Nursing: Online License Verification

Action: Oppose

Motion: Donna Gerber made a motion to oppose AB 3016.

Second: Michael Jackson

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

Public Comment:

Saskia Kim, California Nurses Association

[SB 1053](#) (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact

Thelma Harris gave a status update on SB 1053.

[SB 1237](#) (Dodd) Nurse-Midwives scope of practice

Action: Support if amended

Motion: Donna Gerber made a motion to support SB 1237, if amended.

Second: Karen Skelton

| Votes | MJ | DG | EW | IC-B | TP | KM | DT | KS |
|-------|----|----|----|------|----|----|----|----|
| | Y | Y | Y | Y | Y | Y | Y | Y |

No Public Comment

7.0 Report of the Enforcement Intervention Committee

Imelda Ceja-Butkiewicz

7.1 Information Only: Complaint Intake and Intervention/Cite & Fine/Legal Support Update

7.2 Information Only: Investigations Update

7.3 Information Only: Discipline and Probation Program Update

7.4 Information Only: Enforcement and Intervention Statistics

7.5 Public Comment for Enforcement Intervention Committee

Lashonda Shannon

8.0 Adjournment

Meeting adjourned at 11:24a by President Jackson. A Board meeting for Friday, May 29, 2020 is not necessary.

Submitted by:

Accepted by:

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Michael Jackson, MSN, RN
President
California Board of Registered Nursing

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
SPECIAL BOARD MEETING MINUTES**

DATE: June 9, 2020

START TIME: 9:00 a.m.

TELECONFERENCE LOCATION: **NOTE:** Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-29-20, dated March 17, 2020, a physical meeting location was not provided.

BOARD MEMBERS: Michael Jackson, MSN, RN President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member
Dolores Trujillo, RN
Karen Skelton, Public Member

BRN Representatives: Loretta Melby, RN, MSN, Executive Officer
Reza Pejujesh, DCA Legal Attorney

Tuesday, June 9, 2020-9:00 am-12:00pm Board Meeting

- 1.0 Call to Order/Roll Call/Establishment of a Quorum**
Michael D. Jackson, President called the meeting to order at 9:10 am.
Quorum established. All members are present.

- 2.0 General Instructions for the Format of a Teleconference Call**

- 3.0 Closed Session**
Michael Jackson, President adjourned to closed session at 9:14 am.

- 3.1 Bureau of State Audits**

The Board convened in closed session pursuant to Government Code section 11126.2, subdivision (a) to discuss its response to the confidential final draft audit report from the Bureau of State Audits in audit 2019-120 (Oversight of Pre-Licensure Nursing School Programs).

- 4.0 Reconvene in Open Session**
Michael Jackson, President reconvened to Open Session at 12:01 am.

- 5.0 Public Comment for Items Not on the Agenda; Items for Future Agendas**

Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125, 11125.7, subd. (a)).

PUBLIC COMMENT:

Public Comment: None

6.0

Adjournment

Adjournment of Meeting at 12:03 p.m.

Submitted by:

Accepted by:

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Michael Jackson, MSN, RN
President
California Board of Registered Nursing



Agenda Item 7.0

PRESENTATION BY THE ATTORNEY GENERAL'S OFFICE

Imelda Ceja-Butkiewicz | June 24 - 25, 2020

BOARD OF REGISTERED NURSING
Board Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: June 24-25, 2020

ACTION REQUESTED: Presentation by the Attorney General’s Office

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

BACKGROUND: Presentation by Carl Sonne, Senior Assistant Attorney General, Licensing Unit – Update of Attorney General’s annual report on accusations prosecuted for Department of Consumer Affairs client agencies in compliance with Business and Professions Code section 312.2.

NEXT STEP: Place on Board Agenda.

PERSON TO CONTACT: Imelda Ceja-Butkiewicz
Public Member
California Board of Registered Nursing
Imelda.Ceja-Butkiewicz@dca.ca.gov



Agenda Item 8.0

REPORT OF THE ADMINISTRATIVE COMMITTEE

Michael Jackson, MSN, RN / Donna Gerber | June 24 - 25, 2020

BOARD OF REGISTERED NURSING

Board Meeting

Agenda Item Summary

AGENDA ITEM: 8.0
DATE: June 24-25, 2020

ACTION REQUESTED: Discussion and possible action regarding revisions to the August through November 2020 meetings as to dates and locations or cancellation during a declared state of emergency

REQUESTED BY: Donna Gerber, Vice President

BACKGROUND: At the June 2019 Board Meeting, a Board Resolution was adopted setting the future meeting dates and whether the meeting would be held in Northern or Southern California. This resolution covered the scheduled meetings from August 2019 to June 2020. There are no scheduled meetings in July and December.

Due to the response to COVID-19 and the declared state of emergency, a subsequent Board Resolution allowing flexibility to revise or cancel the meeting dates and locations for August through November 2020 is requested.

NEXT STEP: Place on Board Agenda.

PERSON TO CONTACT: Donna Gerber
Vice President
California Board of Registered Nursing
Donna.Gerber@dca.ca.gov



Agenda Item 9.0

REPORT OF THE EDUCATION/LICENSING COMMITTEE

Michael Jackson, MSN, RN - Chairperson | June 24-25, 2020

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: June 24-25, 2020

ACTION REQUESTED: Recommend Ratification Of Minor Curriculum Revision And Acknowledge Receipt Of Program Progress Report (16 CCR § 1426) (Consent)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval

The following programs have submitted minor curriculum revisions and progress reports that have been approved by the NECs: Bold designates those schools who have regular minor curriculum revisions, others are temporary revisions due to COVID19.

- 9.1.1 Azusa Pacific Entry Level Master's Degree Nursing Programs
- 9.1.2 Charles Drew University Entry Levels Masters Nursing Program
- 9.1.3 Samuel Merritt University Entry Level Masters Nursing Program
- 9.1.4 San Francisco State University Entry Level Masters Nursing Program
- 9.1.5 University of California Davis Betty Irene Moore School of Nursing Entry Level Masters Nursing Program
- 9.1.6 University of California, Irvine Entry Level Masters Nursing Program (**temporary and permanent**)
- 9.1.7 University of California, San Francisco Entry Level Masters Nursing Program
- 9.1.8 University of San Diego Hahn School of Nursing Entry Level Masters Nursing Program
- 9.1.9 University of San Francisco Entry Level Masters Nursing Program
- 9.1.10 Western University of Health Sciences Entry Level Masters Nursing Program
- 9.1.11 American University of Health Sciences Baccalaureate Degree Nursing Program
- 9.1.12 Azusa Pacific Baccalaureate Degree Nursing Program
- 9.1.13 Biola University Baccalaureate Degree Nursing Program
- 9.1.14 California Baptist University College of Nursing Baccalaureate Degree Nursing Program
- 9.1.15 California State University Bakersfield Baccalaureate Degree Nursing Program
- 9.1.16 California State University Channel Islands Baccalaureate Degree Nursing Program
- 9.1.17 California State University Chico Baccalaureate Degree Nursing Program
- 9.1.18 California State University East Bay Baccalaureate Degree Nursing Program
- 9.1.19 California State University Fresno Baccalaureate Degree Nursing Program
- 9.1.20 California State University Fullerton Baccalaureate Degree Nursing Program
- 9.1.21 California State University Long Beach Baccalaureate Degree Nursing Program
- 9.1.22 California State University Los Angeles Baccalaureate Degree Nursing Program
- 9.1.23 California State University Northridge Baccalaureate Degree Nursing Program
- 9.1.24 California State University San Marcos Baccalaureate Degree Nursing Program
- 9.1.25 California State University Sacramento Baccalaureate Degree Nursing Program

- 9.1.26 California State University San Bernardino Baccalaureate Degree Nursing Program
- 9.1.27 California State University Stanislaus Baccalaureate Degree Nursing Program
- 9.1.28 Chamberlain College of Nursing Baccalaureate Program-Rancho Cordova
- 9.1.29 College of Nursing West Coast University Baccalaureate Degree Nursing Program
- 9.1.30 Concordia University Irvine Baccalaureate Degree Nursing Program
- 9.1.31 Dominican University of California Baccalaureate Nursing Program
- 9.1.32 Holy Names University Baccalaureate Degree Nursing Program Baccalaureate Degree Nursing Program
- 9.1.33 Loma Linda University Baccalaureate Degree Nursing Program
- 9.1.34 Mount Saint Mary's University Baccalaureate Degree Nursing Program
- 9.1.35 National University Baccalaureate Degree Nursing Program
- 9.1.36 Point Loma Nazarene University Baccalaureate Degree Nursing Program
- 9.1.37 San Diego State University Baccalaureate Degree Nursing Program
- 9.1.38 San Francisco State University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.39 Simpson University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.40 Sonoma State University Baccalaureate Degree Nursing Program
- 9.1.41 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- 9.1.42 Unitek College Baccalaureate Degree Nursing Program
- 9.1.43 University of California, Irvine Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.44 University of California Los Angeles Baccalaureate Degree Nursing Program
- 9.1.45 University of San Francisco Baccalaureate Degree Nursing Program
- 9.1.46 Vanguard University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.47 West Coast University Baccalaureate Degree Nursing Program
- 9.1.48 Western Governors University Baccalaureate Degree Nursing Program
- 9.1.49 Allan Hancock College Associate Degree Nursing Program
- 9.1.50 American Career College Associate Degree Nursing Program
- 9.1.51 American River College Associate Degree Nursing Program
- 9.1.52 Antelope Valley College Associate Degree Nursing Program
- 9.1.53 Bakersfield College Associate Degree Nursing Program
- 9.1.54 Butte College Associate Degree Nursing Program
- 9.1.55 Cabrillo College Associate Degree Nursing Program
- 9.1.56 California Career College Associate Degree Nursing Program
- 9.1.57 Career Care Institute Associate Degree Nursing Program
- 9.1.58 Carrington College LVN to RN Advanced Placement Associate Degree Nursing Program
- 9.1.59 Cerritos College Associate Degree Nursing Program
- 9.1.60 Chabot College Associate Degree Nursing Program **(temporary and permanent)**
- 9.1.61 Chaffey College Associate Degree Nursing Program
- 9.1.62 Citrus College Associate Degree Nursing Program
- 9.1.63 City College of San Francisco Associate Degree Nursing Program
- 9.1.64 CNI Associate Degree Nursing Program
- 9.1.65 College of the Canyons Associate Degree Nursing Program
- 9.1.66 College of the Desert Associate Degree Nursing Program
- 9.1.67 College of Marin Associate Degree Nursing Program
- 9.1.68 College of the Redwood Associate Degree Nursing Program
- 9.1.69 College of San Mateo Associate Degree Nursing Program
- 9.1.70 College of Sequoias Associate Degree Nursing Program
- 9.1.71 College of the Siskiyous LVN to RN Advanced Placement Associate Degree Nursing Program

- 9.1.72 Compton College Associate Degree Nursing Program
- 9.1.73 Contra Costa College Associate Degree Nursing Program
- 9.1.74 Copper Mountain College Associate Degree Nursing Program
- 9.1.75 Cypress College Associate Degree Nursing Program
- 9.1.76 De Anza College Associate Degree Nursing Program
- 9.1.77 East Los Angeles College Associate Degree Nursing Program
- 9.1.78 El Camino College Associate Degree Nursing Program
- 9.1.79 Evergreen Valley College Associate Degree Nursing College
- 9.1.80 Fresno City College Associate Degree Nursing Program
- 9.1.81 Glendale Career College Marsha Fuerst School of Nursing Associate Degree Nursing Program
- 9.1.82 Glendale Community College Associate Degree Nursing Program
- 9.1.83 Golden West College Associate Degree Nursing Program
- 9.1.84 Grossmont College Associate Degree Nursing Program
- 9.1.85 Gurnick Academy of Medical Arts Associate Degree Nursing Program
- 9.1.86 Imperial Valley College Associate Degree Nursing Program
- 9.1.87 Long Beach City College Associate Degree Nursing Program
- 9.1.88 Los Angeles City College Associate Degree Nursing Program
- 9.1.89 Los Angeles County College Associate Degree Nursing Program
- 9.1.90 Los Angeles Harbor Associate Degree Nursing Program
- 9.1.91 Los Angeles Pierce College Associate Degree Nursing Program
- 9.1.92 Los Angeles Southwest College Associate Degree Nursing Program
- 9.1.93 Los Angeles Trade Tech College Associate Degree Program
- 9.1.94 Los Angeles Valley College Associate Degree Nursing Program
- 9.1.95 Los Medanos College Associate Degree Nursing Program (**temporary and permanent**)
- 9.1.96 Mendocino College Associate Degree Nursing Program
- 9.1.97 Merced College Associate Degree Nursing Program
- 9.1.98 Merritt College Associate Degree Nursing Program
- 9.1.99 Mira Costa College Associate Degree Nursing Program (**temporary and permanent**)
- 9.1.100 Mission College Associate Degree Nursing Program
- 9.1.101 Modesto Junior College Associate Degree Nursing Program
- 9.1.102 Monterey Peninsula College Associate Degree Nursing Program
- 9.1.103 Moorpark College Associate Degree Nursing Program
- 9.1.104 Mount San Jacinto Associate Degree Nursing Program
- 9.1.105 Mount Saint Mary's University Associate Degree Nursing Program
- 9.1.106 Mount San Antonio Associate Degree Nursing Program
- 9.1.107 Napa Valley College Associate Degree Nursing Program
- 9.1.108 Ohlone College, Associate Degree Nursing College
- 9.1.109 Pacific College Associate Degree Nursing Program
- 9.1.110 Pacific Union College Associate Degree Nursing Program
- 9.1.111 Palomar College Associate Degree Nursing Program (**temporary and permanent**)
- 9.1.112 Pasadena City College Associate Degree Nursing Program
- 9.1.113 Porterville College Associate Degree Nursing Program
- 9.1.114 Reedley College at Madera Community College Center Associate Degree Nursing Program
- 9.1.115 Rio Hondo College Associate Degree Nursing Program
- 9.1.116 Riverside City College Associate Degree Nursing Program
- 9.1.117 Sacramento City College Associate Degree Nursing Program
- 9.1.118 Saddleback College Associate Degree Nursing Program
- 9.1.119 San Bernardino Valley College Associate Degree Nursing Program
- 9.1.120 San Diego City College Associate Degree Nursing Program
- 9.1.121 San Joaquin Delta Associate Degree Nursing Program
- 9.1.122 San Joaquin Valley College Associate Degree Nursing Program

- 9.1.123 Santa Ana College Associate Degree Nursing Program
- 9.1.124 Santa Barbara City College Associate Degree Nursing Program
- 9.1.125 Santa Monica College Associate Degree Nursing Program
- 9.1.126 Santa Rosa Junior College Associate Degree Nursing Program
- 9.1.127 Shasta College Associate Degree Nursing Program
- 9.1.128 Sierra College Associate Degree Nursing Program
- 9.1.129 Solano Community College Associate Degree Nursing Program
- 9.1.130 Stanbridge University Associate Degree Nursing Program
- 9.1.131 Southwestern College Associate Degree Nursing Program
- 9.1.132 Ventura College Associate Degree Nursing Program
- 9.1.133 Victor Valley College Associate Degree Nursing Program
- 9.1.134 Weimar Institute Associate Degree Nursing Program
- 9.1.135 West Hills College Lemoore Associate Degree Nursing Program
- 9.1.136 Xavier College Associate Degree Nursing Program
- 9.1.137 Yuba College Associate Degree Nursing Program (**temporary and permanent**)

Acknowledge Receipt of Program Progress Reports:

- 9.1.138 University of California Los Angeles Entry Level Masters Nursing Program
- 9.1.139 California State University San Bernardino Baccalaureate Degree Nursing Program
- 9.1.140 California State University San Marcos Baccalaureate Degree Nursing Program
- 9.1.141 Chamberlain College of Nursing Baccalaureate Degree Nursing Program-Rancho Cordova
- 9.1.142 Concordia University Irvine Baccalaureate Degree Nursing Program
- 9.1.143 Loma Linda University Baccalaureate Degree Nursing Program (**temporary and permanent**)
- 9.1.144 Simpson University Baccalaureate Degree Nursing Program
- 9.1.145 Unitek College Baccalaureate Degree Nursing Program
- 9.1.146 University of California Los Angeles Baccalaureate Degree Nursing Program
- 9.1.147 University of Phoenix Baccalaureate Degree Nursing Program
- 9.1.148 Vanguard University Baccalaureate Nursing Program
- 9.1.149 American Career College Associate Degree Nursing Program
- 9.1.150 Compton College Associate Degree Nursing Program
- 9.1.151 Merritt College Associate Degree Nursing Program
- 9.1.152 Moorpark College Associate Degree Nursing Program
- 9.1.153 Mount San Antonio Associate Degree Nursing Program
- 9.1.154 Santa Ana Associate Degree Nursing Program
- 9.1.155 Azusa Pacific University Nurse Practitioner Program
- 9.1.156 California State University San Marcos FNP and PMHNP Master's Degree Nursing Programs
- 9.1.157 Loma Linda University Nurse Practitioner Program
- 9.1.158 United States University Nurse Practitioner Program
- 9.1.159 Western University of Health Sciences Nurse Practitioner Program

NEXT STEP:

Notify Programs of Board Action.

PERSON TO CONTACT:

Mary Ann McCarthy, EdD, MSN, RN, PHN
 Nursing Education Consultant
 Education and Licensing Committee Liaison
MaryAnn.McCarthy@dca.ca.gov

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| ELM (alpha a-z) | | | |
| Azusa Pacific Entry Level Master's Degree Nursing Programs | B. Caraway | 3/19/2020 | As of March 16, 2020, due to impact of the COVID-19 pandemic, APU SON made changes in the Traditional BSN, 2+2, LVN to BSN, and Entry Level Masters (ELM) programs and transitioned all didactic coursework to an online modality. All students will continue to receive faculty didactic course content instruction via both synchronous and asynchronous classroom sessions using our learning management system Canvas. Communication modalities including Google Hangout, Zoom, and Canvas Conference, as well as secured testing via Exam Soft, are also being used for faculty-student engagement in order to meet all didactic course objectives. Training and on-going technical support is available for all faculty and students as needed through their Office of Innovative Teaching and Technology (ITT). Duration of this change is expected to continue through the Summer 2020 semester (ending August 31). |
| Azusa Pacific Entry Level Master's Degree Nursing Program | B. Caraway | 4/16/2020 | Due to COVID-19 pandemic period, Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020 the school submitted evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. A total of 490 (85%) of nursing students have been displaced from their clinical placements. The placement team has worked tirelessly to secure adequate clinical sites for the medical - surgical and geriatric courses without success. The team has continuously reached out to the following facilities/agencies that have been used by the program's main campus and their five extended campuses without success: Emanate, Huntington, Parkview, Huntington Memorial, and Rancho Los Amigo. But they were unable to on-board additional student rotations. Riverside Community Hospital took one additional rotation but was then at capacity and could not accommodate further students. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | Saint Mary's Medical Center was able to backfill some UNRS 212 student spots, but could not take additional new rotations, and Victor Valley Global Medical center was willing to backfill some UNRS 212 spots but could not onboard new students. In addition to consistent contact with current contracted facilities, program is exploring potential facilities, such as senior centers and convalescent homes. Faculty are developing a variety of other direct patient care learning opportunities that meet course objectives for students. As faculty identify and develop new direct care options for students, the opportunities are vetted by the department chairs, shared among the pre-licensure programs and offered to students who have been displaced and still need direct patient care hours. Program submitted data relevant to contracted and alternative clinical facilities. |
| Charles Drew University Entry Levels Masters Nursing Program | L. Melby | 3/16/2020 | CDU is conducting theory synchronous online during the same days and same hours as previously scheduled prior to COVID-19. Exams are proctored with ATI and Blackboard collaborative |
| Samuel Merritt University Entry Level Masters Nursing Program | J. Wackerly | 03/2/2020 | Entry level MSN Prelicensure (ELMSN clinical course N594L Clinical Leadership. Currently, this class is comprised of 3 units of clinical and 2 units of seminar and uses the preceptor clinical model. Request is to change the name of the course to N 594 L Advanced Clinical Placement and to have structured clinical rotations with a faculty member present. There will be no changes to the course description, course objectives or required units. SMU plan is to begin this class in fall 2020. EDP-P-05 and 06 submitted. |
| San Francisco State University Entry Level Masters Nursing Program | S. Ward | 03/10/2020 04/24/2020 | Due to COVID-19 nursing students have been displaced from their clinical placements. San Francisco State University has forced a partial shutdown and has temporarily required a change to an online instruction modality for the ELM and ELM-A nursing curriculum courses. Duration of this change can't be determined by the program at this time. Change N521 (cohort)/523 (preceptorship) Advanced Medical-Surgical & Critical Care Nursing Practicum from 3 to 2 units. Change N531- Community Health & Global Perspectives in Nursing Practicum from 3 to 2 units (PHN |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|---|---|---|--|
| | | | content). |
| University of California Davis Betty Irene Moore School of Nursing Entry Level Masters Nursing Program | K. Daugherty | 03/25/2020 04/10/2020 | Effective March 30, 2020 thru June 12, 2020 the Spring 2020 quarter, all nursing program theory course work will temporarily be delivered using online/distance education instructional and teaching learning modalities (Canvas, Panopto, Confer-Zoom). As of now, UCD expects to finish the Spring quarter on time but will use summer as needed. Thus far, UCHS is providing required clinical placements for all program cohorts including those cohorts previously doing clinicals in the Winter term at KP and VA Sacramento region facilities. UCDHS is providing the needed clinicals for the program without displacing other local nursing programs clinical slots. UCD school of nursing staff are working remotely per institutional instructions/directions and in accord with the Governor’s executive orders. No DCA Waiver 20-03 request/minor curriculum change needed. All Spring 2020 clinical course hours will be completed on time per CCR 1426 (g) (2). |
| University of California, Irvine Entry Level Masters Nursing Program | D. Schutte | 03/13/2020 | A Temporary Minor Curriculum Revision during the COVID-19 pandemic period. Theory instruction will be implemented remotely beginning March 16, 2020 and during the COVID-19 crisis period. Utilizing Canvas, faculty will be utilizing the School of Nursing Instructional Designer and IT staff member to record lectures via Zoom or Yuja to hold synchronous sessions using Zoom Pro. Discussion boards and remote office hours are planned to further support student learning. |
| University of California, Irvine Entry Level Masters Nursing Program | D. Schutte | 03/27/2020 | A Minor Curriculum Revision to update the program’s EDP-P-06 by moving NS 271 Community-Based Health Care (6 Units -3T, 3C) from Total Units for Licensure to Other Degree Requirements. Total Units for Licensure decreases from 72 to 66 Units with Total Units for Graduation remaining the same at 87. |
| University of California, Irvine Entry Level Masters Nursing Program | D. Schutte | 04/07/2020 | A Temporary Minor Curriculum Revision for UCI MEPN Program. NS263 Frameworks for Professional Nursing (4 U Theory) will move from Fall Quarter of year 1 to the Summer Quarter of year 1 with NS262 Foundations of Professional Nursing Practice (4 U (2T/2C)) moving to Fall Quarter of year 1. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | Due to the COVID-19 pandemic, all UCI courses will be online during Summer 2020. It is hoped that clinical placements will be resumed by Fall Quarter 2020 so that all NS262 direct patient care clinical hours will be held as planned. There are no prerequisite violations and no changes in Content Required for Licensure. Total Units for Graduation will remain the same at 87. |
| University of California, Irvine Entry Level Masters Nursing Program | D. Schutte | 04/16/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current MEPN med-surg and geriatric courses. A comprehensive listing of contracted clinical facilities and identified alternate experiences within a 50-mile radius of the University, are not taking students at this time for clinical placement. Non-direct patient care clinical experience will include such active learning opportunities such as i-Human and Ryerson virtual simulation, Unfolding Case Studies, ATI EHR Tutor, and other learning modules. These experiences can meet course clinical objectives and hours. All students have been encouraged to enroll in CA Health Corps and all volunteer hours during this period with a program policy in place for awarding of academic credit. |
| University of California, San Francisco Entry Level Masters Nursing Program | S. Ward | 04/08/2020 | The program request for a minor curriculum revision stated in part the following:” On behalf of the Masters Entry Program in Nursing (MEPN) at the University of CA San Francisco I am submitting a Request for a Minor Curriculum Change for Spring, 2020 due to the Covid 19 pandemic and the subsequent “Shelter in Place” orders issued by the City and County of San Francisco and Governor Newsom in March. At the end of March, the UCSF Graduate Division policy stated that all Schools (including our SON) are going to use remote access modalities rather than stating "online" primarily for the following reasons: 1. there are multiple modalities that are being employed; and 2. to make sure that students financial aid is not compromised due to the impression that all courses will be online The courses affected by this change are those scheduled for Spring 2020, from March 30 to June 14, 2020. Use of Zoom technology resources as well as other online learning tools are in use by students and faculty.” |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | and N636 Medical Surgical Nursing II: Clinical Lab (includes geriatrics) 3 units. The request is to permit for 50% of clinical hours in the courses to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes as may apply to each course individually. |
| Western University of Health Sciences Entry Level Masters Nursing Program | B. Caraway | 03/18/2020 | <p>Due to COVID-19 pandemic, effective March 16th. the university president has made the decision to stop all students' clinical throughout the nine colleges. Therefore, Western University of Health Science School of Nursing is requesting a temporary minor curriculum revision to offer their face-to-face on-ground program nursing theory courses online beginning March 16, 2020 through April 2020 to meet the current COVID-19 guidelines from the Centers of Disease Control.</p> <p>The program currently has a contract with ATI and all students have used ATI for learning and testing. There is minimal student/faculty orientation needed to use VR through ATI since they are familiar with their product. Additionally, the program is requesting approval of the ATI VR product for the remaining 16 clinical hours of the Medical Surgical course to meet the course objectives.</p> |
| BSN (alpha a-z) | | | |
| American University of Health Sciences Baccalaureate Degree Nursing Program | H. Sands | 04/15/2020 | In response to the COVID-19 pandemic, PD- Dr. Manuel Atienza, submitted a request to change their theory courses to an online format, using Zoom Education integrated into their platform (Moodle). They are using the full 25% of indirect through case studies and, prior to COVID-19- high fidelity simulation. This was approved 3-27-20. Clinical sites have been minimal but have opportunities with telehealth, Public Health, and outpatient clinics. This will continue until further notice. As of 4-15-20, this School is also using the 50% waiver for med-surg/geriatrics. The request was submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% per DCA order 4-3-20 to continue for no more than 60 days. . |
| Azusa Pacific Baccalaureate Degree Nursing Program | B. Caraway | 4/16/2020 | Due to COVID-19 pandemic period, Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020 the school submitted |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | <p>evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. A total of 490 (85%) of nursing students have been displaced from their clinical placements. The placement team has worked tirelessly to secure adequate clinical sites for the medical - surgical and geriatric courses without success. The team has continuously reached out to the following facilities/agencies that have been used by the program's main campus and their five extended campuses without success: Emanate, Huntington, Parkview, Huntington Memorial, and Rancho Los Amigo. But they were unable to on-board additional student rotations. Riverside Community Hospital took one additional rotation but was then at capacity and could not accommodate further students.</p> <p>Saint Mary's Medical Center was able to backfill some UNRS 212 student spots, but could not take additional new rotations, and Victor Valley Global Medical center was willing to backfill some UNRS 212 spots but could not on-board new students. In addition to consistent contact with current contracted facilities, program is exploring potential facilities, such as senior centers and convalescent homes. Faculty are developing a variety of other direct patient care learning opportunities that meet course objectives for students. As faculty identify and develop new direct care options for students, the opportunities are vetted by the department chairs, shared among the pre-licensure programs and offered to students who have been displaced and still need direct patient care hours. Program submitted data relevant to contracted and alternative clinical facilities.</p> |
| Biola University Baccalaureate Degree Nursing Program | A. Duke | 03/16/2020 | Effective March 23, 2020 all nursing didactic/theory and testing will be delivered online (via Canvas) through the duration of the Spring term (May 8, 2020) due to COVID-19. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| California Baptist University College of Nursing Baccalaureate Degree Nursing Program | A. Duke | 04/06/2020 | Effective March 30, 2020 all nursing didactic/theory and testing will be delivered online via synchronous instruction using WebEx or Zoom technology through the duration of the Summer term (August 14, 2020). Request submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% for medical surgical and gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| California State University Bakersfield Baccalaureate Degree Nursing Program | MA. McCarthy | 04/21/2020 | <p>As a result of the COVID-19 pandemic, clinical site availability, and the movement to Alternative Delivery of instruction by CSU Bakersfield, it has become necessary to make temporary adjustments in our BSN curriculum.</p> <p>This memo proposes the following Minor Changes to our pre-licensure BSN curriculum:</p> <ol style="list-style-type: none"> 1) Theory courses were moved to an online format on March 16, 2020 using Blackboard. Verified that students at each level had internet access and would be able to participate in online coursework. CSU Bakersfield made Chromebooks available to students in need. It is anticipated that all nursing theory courses will continue to be offered in an online format through the end of the summer semester on August 14, 2020. 2) Clinical experiences have been reduced from 21 to 20 semester units. This change will not impede graduation or affect funding for the program or our students; it will only affect one course taught during Spring 2020 (January 21-May 22): <ol style="list-style-type: none"> a. Reduce Nursing 4901 (Practicum) from 2 units to 1 unit 3) Use of Simulation has been increased to up to 50% of clinical practice hours under Waiver DCA-20-03 for CCR 1426(g)(2) during Spring 2020 (January 21-May 22) in the following courses: <ol style="list-style-type: none"> a. Nursing 2131 (Medical/Surgical) b. Nursing 3141 (Geriatrics) |
| California State University Channel Islands Baccalaureate Degree Nursing Program | A. Duke | 03/30/2020 | Effective April 6, 2020 all nursing theory courses will be delivered online (via Canvas) through the duration of the Spring term (May 1, 2020) due to COVID-19. Request submitted satisfactorily meeting requirements for temporary reduction of direct patient care hours to 50% for medical surgical and |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|---|---|---|--|
| | | | gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| California State University Chico Baccalaureate Degree Nursing Program | K. Daugherty | 03/25/2020 04/20/2020 | Effective 3/25/2020 all nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (blackboard, Confer-Zoom, Proctorio) for the duration of the Spring term scheduled to officially end May 15, 2020 due to COVID-19, institutional instructions/directions, and adherence to the Governor’s executive orders. As of now there are no plans to extend the Spring 2020 semester. DCA Waiver 20-03 request for medical-surgical and Gero courses N304 M/S I and N344 M/S II approved. N314 OB/PEDS and N404 Psych/MH will be completed using the 50% direct patient care and 50% simulation allowable per the April 3, 2020 DCA 20-03 waiver. CSUC expects all Spring 2020 nursing courses will be completed by May 15, 2020 unless now open direct care clinical placements unexpectedly become unavailable again. |
| California State University East Bay Baccalaureate Degree Nursing Program | J. Wackerly | 04/13/2020 | Cal State East Bay Pre-Licensure Nursing Program is requesting to apply a waiver so that portions of CCR 1426, subdivision (g)(2) waiver 50% clinical hours in such courses be in direct patient care for Psychiatric and Medical Surgical clinical courses (NURS315, NURS 323, and NURS 421) This waiver is to apply for Spring Semester 2020 only. The Covid-19 crisis and the Shelter in Place (SIP) had multiple clinical sites shut clinical nursing students out. The nursing program has plans to continue progressing nursing student constructed to facilitate completion of clinical learning objectives. The Semester 5 Preceptorship Syntheses and Practicum (NURS 452 and 453) nursing students have completed their course work and awaiting graduation and taking the RN-NCLEX. |
| California State University Fresno Baccalaureate Degree Nursing Program | S. Ward | 03/30/2020 | The program request for a minor curriculum revision stated in part the following: “California State University Fresno is requesting a temporary change in the educational process due to the COVID-19 disruption. The period is for the remaining spring semester, March 23, 2020 to May 20, 2020. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | 04/22/2020 | <p>This is a traditional program. Faculty teaching in the program are familiar with the Canvas educational platform and various online resources and instructional technologies such as Zoom and Google Hangout. Students have access to the educational platform that is supported by the University. Theory courses converted to online March 23, 2020.” Clinical courses after March 23, 2020 were no longer able to be implemented at clinical facilities. Faculty converted to virtual simulation using resources such as ATI, vSim and Davis Edge.</p> <p>The program submitted and the NEC approved a minor curriculum revision due to the impacts of the COVID-19 pandemic, per DCA Waiver DCA-20-03 for the following medical/surgical and geriatric courses in the BSN degree options. NURS 10L Practicum: Fundamental Concepts of Clinical Nursing - 2 units, NURS 110 L Practicum: Transitional Concepts in Clinical Nursing – 2 Units, and NURS 140 L Practicum: Complex Concepts in Clinical Nursing - 2 Units. The request is to permit for 50% of clinical hours in the courses to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes as may apply to each course individually.</p> |
| California State University Fullerton Baccalaureate Degree Nursing Program | D. Schutte | 03/12/2020 | A Temporary Minor Curriculum Revision during the COVID-19 pandemic period. The program has moved course delivery to remote learning for all face to face courses. Faculty will be teaching synchronously with students via Zoom which offers the sharing of screens and gives students the ability to ask real-time questions and have conversations with faculty and other students. Up to 25% of non-direct patient care experience will be provided when needed. |
| California State University Fullerton Baccalaureate Degree Nursing Program | D. Schutte | 04/21/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric courses. A comprehensive listing of contracted clinical facilities and identified alternate experiences within a 50-mile radius of the University, are not taking students at this time for clinical placement; however, all students in NURS 412L Nursing Capstone Clinical Course for graduating senior students were able to |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | meet direct patient care hours through the Orange County Health Care Agency. With the DCA Waiver, 37 students enrolled in NURS 403L Foundations of Nursing Practice Lab will be able to complete course clinical requirements this semester. Simulation utilizing i-Human Virtual Simulation and Shadow Health will be used to complete non-direct patient care hours. These experiences are deemed comparable to direct patient care experience to meet course clinical objectives and clinical course hours. However, with the DCA Waiver, the 40 students enrolled in NURS 405L Management of Medical-Surgical Adult & Older Adult will need to meet the 50% direct patient care experiences clinical care hours during Fall Semester 2020. |
| California State University, Long Beach Baccalaureate Degree Nursing Program | H. Sands | 04/15/2020 | Clinical sites have been minimal but have opportunities with telehealth, Public Health, and outpatient clinics. This will continue until further notice. As of 4-15-20, this School is also using the 50% waiver for med-surg/geriatrics. The request was submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% per DCA order 4-3-20 to continue for no more than 60 days. . |
| California State University Los Angeles Baccalaureate Degree Nursing Program | MA. McCarthy | 03/22/2020 | In response to COVID19, CSULA (PACSON) has moved all nursing theory courses to an online format beginning March 23 – May 15, 2020. The Canvas platform will be used along with Elsevier resources to augment online instruction with interactive engagement. |
| California State University, Northridge Baccalaureate Degree Nursing Program | H. Sands | 05/13/2020 | Due to COVID-19, CSUN has moved all theory courses online using their Canvass platform and Zoom. They are also integrating iHuman and Shadow Health Software as an adjunct as well as filling the needs of the 50% indirect for their Med/Surg/geri clinical course using the 50% waiver. The program director submitted the data outlining clinical displacement thereby supporting the use of the 50% waiver. |
| California State University San Marcos Baccalaureate Degree | L. Melby | 03/16/2020 | CSUSM pre-licensure students, request a temporary change from the Board of Registered Nursing to teach theory courses and exams remotely. This will be |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|---|---|---|--|
| Nursing Program | | 4/15/2020 | <p>an expansion of our current use of the Cougar Course (Moodle) platform, one with which all faculty and students are already familiar. Leadership in the School of Nursing will be meeting remotely with Clinical Course Coordinators and faculty, via Zoom, to ensure that any challenges are quickly addressed. We request this change through May 8, 2020. To comply with the requirement that theory and clinical must be taken concurrently, we expect to continue coursework into the summer, to run concurrently with clinical rotations. This will allow students to make up any missed theory and/or clinical time. Our status as a year-round program makes this accommodation possible, ensuring that students will meet all their clinical and theory requirements in a timely manner and in accord with our regular academic plan. Similar to other schools, we will be re-assessing the clinical situation on a weekly basis, and should the situation permit, we will seek to resume clinical education before the end of our semester. Should any changes to what is stated here occur, I will update you and make the necessary requests immediately.</p> <p>50% waiver request for medical-surgical and geriatric courses with the remainder of the student's clinical experiences in simulation request met waiver requirements and was approved.</p> |
| California State University Sacramento Baccalaureate Degree Nursing Program | K. Daugherty | 03/12/2020 4/22/2020 | <p>All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Confer-Zoom) for the duration of the Spring term (end of May 2020) due to COVID-19, institutional instructions/directions, and adherence to the Governor's executive orders.</p> <p>CSUS will be able to graduate the final fourth semester cohort of ~70-71 students by using available direct patient care experiences/clinical placement slots at UCDCMC by May 21, 2020. Originally, some of these available UCDCMC clinical slots were assigned to students in other levels of the program. Semester levels 1, 2, 3 in the nursing major will receive an "incomplete" as the number of direct care clinical hours completed has varied from none yet to one third or one half being completed depending on the</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | <p>different course clinical rotation schedules. Student options for completion of Spring 2020 coursework are under discussion with faculty and students with no decisions made yet. Fall 2020 enrollment (typically 80 students) is yet to be determined. The CSUS college president plans to make some determination about remote delivery of Fall 2020 didactic/theory instruction on or about June 1, 2020.</p> |
| California State University San Bernardino Baccalaureate Degree Nursing Program | W. Boyer | 03/29/2020 | <p>Since the suspension of in-seat, face to face instruction at the California State University, San Bernardino on March 17, 2020 due to COVID-19, the Department of Nursing faculty have met, discussed, and voted unanimously on March 19, 2020, to convert didactic instruction to distance learning with synchronous, lecture-based format using Zoom conferencing technology. The faculty will be incorporating into their lesson plans virtual resources from our current vendors, ATI, Evolve, Laerdal, and ShadowHealth. All examinations will be administered remotely and online using Blackboard testing with Respondus Lockdown Server and Respondus Monitor to maintain test security. This will occur for the Spring 2020 semester which starts on April 13, 2020 and ends on June 8, 2020.</p> |
| California State University San Bernardino Baccalaureate Degree Nursing Program | W. Boyer | 04/22/2020 | <p>CSUSB leadership made the decision to close the campus in alignment with the recommendations from the state and federal government agencies. Additionally, all hospital partners have suspended CSUSB students except for one which will allow the senior students to complete on time. No health care facilities within a 50 miles radius will allow for student placements at this time. Out of 325 enrolled students, 227 are affected by cancelled clinical rotations. CSUSB is seeking the temporary waiver for the clinical components of MS, Peds, PMH, Community Health and Leadership for Spring term which will end on June 8, 2020. CSUSB is planning to move courses to the summer for completion of direct patient care hours. The faculty are incorporating virtual resources from contracted vendors, such as ATI, Evolve, Laerdal, vSim, I-Human and ShadowHealth into their lesson plans to ensure students meet a portion of their course/clinical objectives.</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| California State University Stanislaus Baccalaureate Degree Nursing Program | J. Wackerly | 04/13/2020 | Temporary minor curriculum revision during the COVID-19 pandemic period. March 18,2020 hospitals state wide restricted nursing students in this schools traditional BSN and Accelerated BSN programs. April 1, 2020 hospitals (community partners) reached out requesting senior level pre license students return to the clinical setting. The students are either in Advanced Medical Surgical Nursing in the sixth and final semester preceptor experience. The community partners (hospitals) shared that they wanted students to graduate. The senior nursing students in both traditional and accelerated program returned to the hospital on April 9, 2020 for a total of 136 students. The clinical partners (hospitals) said they were not capable of taking other classes of nursing students at various levels due to limited availability of PPE. In addition, the increase of up to 50% of simulation will be used to supplement clinical hours in obstetrics, pediatric, and mental health which does not require approval of a waiver. |
| Chamberlain College of Nursing Baccalaureate Program-Rancho Cordova | D. Schutte | 03/13/2020 | A Temporary Minor Curriculum Revision during the Covid-19 pandemic period. Use of Canvas will be expanded to include the delivery of lectures and up to 25% of non-direct patient care experiences for clinical courses beginning March 16 th . Faculty development includes the following areas: online participation, faculty engagement, student advisory needs, and conduction of secure online testing. IT support is available to faculty and students. |
| Chamberlain College of Nursing Baccalaureate Program-Rancho Cordova | D. Schutte | 04/22/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for March and May Session med-surg and geriatric nursing courses. A comprehensive listing of contracted clinical facilities and alternate experiences within a 50-mile radius of the program, identified facilities not taking students at this time due to safety issues for patients, staff, and nursing students. With the DCA Waiver, the students enrolled in the following courses will be able to complete them this Session: NR226 Fundamentals-Patient Care (30 students) and NR330 Adult Health II (38 students). Non-direct patient care clinical experience will include virtual |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | simulations that support student development in their problem-solving skills and ATI Interactive Scenarios designed to enhance clinical decision-making skills. Student evaluation will continue as if the student was at a clinical site. Student evaluation will include non-direct patient care experiences. Students will be able to complete direct patient care clinical hours through new clinical affiliations with telehealth providers (currently being negotiated) and use of telehealth technology with patients. |
| College of Nursing West Coast University Baccalaureate Degree Nursing Program | W. Boyer | 03/17/2020 | West Coast University College of Nursing is requesting a temporary minor curriculum revision to offer all their on-ground pre-licensure core nursing theory courses online beginning March 17, 2020 through June 14, 2020 in response to the COVID-19 pandemic. Blackboard and Zoom will be used as the platforms for delivery. Students are proficient in the use of this technology and faculty have completed training in the use of this modality. |
| Concordia University Irvine Baccalaureate Degree Nursing Program | MA. McCarthy | 03/27/2020 | Concordia University Irvine is requesting a temporary minor curriculum revision. The decision was made to discontinue theory courses and the co-requisite clinical courses and move these courses to the summer for completion. The resumption in summer is subject to change as this is reliant on hospital partners' decisions to reinstate students. Concordia University leadership made the decision to close the campus in alignment with the recommendations from the state and federal government agencies. We have had to discontinue all classes in a face to face modality. The changes are as follows: 1. Delivery of non-clinical courses online or through alternative instructional methods until University reopens campus. The University uses Blackboard as the Learning Management System for online courses. The courses would include NUSA 205 Pathophysiology, NUSA 207 Pharmacotherapeutics, NUSA 405 Research in Nursing, NPHI 467 Bioethics, NUSA 413 Leadership/Management Theory. 2. Rearrangement of the curriculum sequence to allow students to progress toward graduation in a timely manner and to have adequate units to continue |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|---|---|--|--|
| | | | financial aid. Allow courses, NUSA 405 Research in Nursing, NPHI 467 Bioethics, NUSA 413 Leadership/Management Theory to be taught in second or third semester depending on cohort. May 2020. |
| Dominican University of California Baccalaureate Nursing Program | L. Melby | 03/12/2020 4/13/2020 | Temporary minor curricular revision for the Dominican University of California Baccalaureate Nursing Program. The revision to move from face to face to remote course and exam delivery is requested in response to the evolving coronavirus pandemic now impacting all California citizens. The anticipated minor curricular implementation date is March 18, 2020 and the proposed end date is June 30, 2020. Moodle (the Dominican University of California online platform for all nursing faculty and students) will be used. The Director of Accessibility & Disability Services is working closely with the nursing department to ensure that all course materials delivered remotely are accessible to all nursing students. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with meaningful learning opportunities |
| Holy Names University Baccalaureate Degree Nursing Program Baccalaureate Degree Nursing Program | K. Daugherty | 02/24/2020 04/20/2020 04/24/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities((Zoom, Skype) for the duration of the Spring term that is scheduled to end May 5, 2020 due to COVID-19, institutional instructions/directions, and adherence to the Governor’s executive orders. Required documentation for a minor curriculum change DCA-20-03 Waiver Medical Surgical and Geriatric courses waiver request to conduct Spring 2020 medical-surgical and geriatric nursing clinical course hours (N 110 L-Adult II and N140 Care of the Elderly) using 50% direct patient care and 50% non-direct/simulation/v.simulation to meet required clinical course hours approved. |
| Loma Linda University Baccalaureate Degree Nursing Program | B. Caraway | 03/27/2020 | Loma Linda University is requesting a temporary minor curriculum change to offer all the face-to-face pre-licensure nursing theory courses online effective March 20, 2020 Spring quarter, and to extend the length of the quarter through the end of Summer quarter 2020 in order to meet the current COVID-19 |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | guidelines from the Centers for Disease Control. There will be no additional fees for the student because the student will continue in the same course until completion. |
| Loma Linda University Baccalaureate Degree Nursing Program | B. Caraway | 4/13/2020 | <p>Pursuant to the Governor’s Executive Order N-39-20, Loma Linida University (LLU) nursing program is requesting a temporary minor curriculm change to allow up to 50% of clinical hours for medical/surgical/geriatric courses to be simulation/ non- direct patient care. Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020 the school submitted evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. This request is based on the fact that most facilities are not open to students for their clinical experiences. The LLU nursing program submitted spreadsheet with data information specific to the clinical sites denials of 275 students for their medical/surgical and geriatric clinical experiences. LLU hospital has a state of the art simulation center and has expanded the hours that are available to school of nursing. The center has implemented strict guidelines that must be adhered to in order to provide as safe an environment as possible during this epidemic. The school of nursing also has four (4) fully equipped simulation rooms. Nursing program is working closely with ATI to effectively implement simulation experiences that provide rich learning for all students. Additionally, LLU Hospital is working with nursing program to help them with clinical placement of the senior students to provide 75% direct patient care, and to graduate as soon as possible. Currently , there are 59 students in NRS 418 Capstone course. The VA hospital has accepted 2 of these students. LLU Hospital has accepted 43 students. Because the COVID-19 designated units are closed to all students including Capstone students, there are 12 students who do not have clinical placement. The program expects to have 47 students graduate on time. There may be a delay in graduation for the</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | remaining 12 students. The program is diligently seeking alternative clinical placement for the remaining 12 senior students. |
| Mount Saint Mary's University Baccalaureate Degree Nursing Program | L. Melby | 03/23/2020 4/7/2020 4/27/2020 | Mount Saint Mary's University is requesting a temporary minor curriculum change to offer all our face-to-face pre-licensure core nursing theory courses online effective March 16, 2020 through August 29, 2020 in order to meet the current COVID-19 guidelines from the Centers for Disease Control. August 29, 2020 is the end of summer term for ABSN students, and we hope to return to our face-to-face modality at that time. Canvas and Zoom will be used as the platforms to deliver our courses because our students currently use these platforms. We have confirmed that each of our students have a laptop and we have technical support to assist with any application questions. All faculty have completed instructional training on the use of Canvas and Zoom to ensure our students receive the best instructional experience. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with virtually enabled simulation iHuman with robust support from faculty Delay the entry of the Summer (May 2020) Accelerated BSN Cohort to Fall 2020. This start will merge with the Fall Accelerated BSN Cohort. Transition Summer 2020 Traditional and Accelerated BSN Theory Classes to an online format to allow for synchronous distant learning throughout the summer. |
| National University Baccalaureate Degree Nursing Program | L. Melby | 03/17/2020 | NU request for a temporary minor curriculum revision effective 3/13/2020 for all theory classes to be online. The university has the infrastructure in place to maintain rigor, resources for faculty and students, and test security to meet course objectives. Effective 3/17/2020, all clinical components went remotely providing simulated activities through various modalities and will not exceed 25% of total clinical hours. NU has a variety of technological tools to assist us in teaching remotely such as BlackBoard Collaborate and Zoom. NU also has other resources to assist with online clinical such as simulated activities, |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | faculty guided CoursePoint Plus Virtual Simulations, I-Human Virtual Simulations, case scenarios, faculty guided skills demonstration and students return demonstration via Zoom and BlackBoard Collaborate using cameras both faculty and students. |
| Point Loma Nazarene University Baccalaureate Degree Nursing Program | A. Duke | 04/10/2020 | In response to the COVID-19 pandemic, effective 03/09/2020 all didactic/theory instruction and testing will be delivered via virtual methods. The program has requested this temporary minor curriculum revision for the duration of the spring term which may be subject to change. |
| San Diego State University Baccalaureate Degree Nursing Program | L. Melby | 03/23/2020 4/14/2020 | SDSU request for a temporary minor curriculum revision to virtual teaching beginning 03/13/20, using Zoom for face-to-face teaching plus our usual Blackboard course management-based materials for the remainder of the Spring 2020 semester. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with case-based and simulation approaches to clinical teaching and iHuman |
| San Francisco State University Baccalaureate Degree Nursing Program | S. Ward | 03/10/2020 04/24/2020 | Due to COVID-19 nursing students have been displaced from their clinical placements. San Francisco State University has forced a partial shutdown and has temporarily required a change to an online instruction modality for the BSN and BSN-A nursing curriculum courses. Duration of this change can't be determined by the program at this time. Change N521 (cohort)/523 (preceptorship) Advanced Medical-Surgical & Critical Care Nursing Practicum from 3 to 2 units. Change N531- Community Health & Global Perspectives in Nursing Practicum from 3 to 2 units (PHN content). |
| San Francisco State University Baccalaureate Degree Nursing Program | S. Ward | 04/24/2020 | The program developed a course (N699) and executed an agreement to provide for (8) students currently enrolled in their third semester of the BSN program to participate in the Kaiser Permanente's Nursing Student Work-Study Summer Internship Program. The 10-week program is intended to begin June 1, 2020. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|--|---|
| Simpson University Baccalaureate Degree Nursing Program | K. Daugherty | 03/18/2020 03/23/2020 04/04/2020 04/20/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Moodle, Zoom) for the duration of the Spring term expected to end April 24, 2020 due to COVID-19, institutional instructions/directions, and adherence to the Governor's executive orders. As of 3/23/2020 SU anticipates transitioning back to the traditional on-ground face to face format in Fall 2020 (September 7-December 17, 2020) except for the already approved courses being conducted in a hybrid format. SU able to complete all Spring 2020 nursing clinical course hours without the need to request waiver approval for medical surgical and geriatrics, OB, PEDS or Psych nursing courses. All Spring 2020 nursing courses will be completed by April 23, 2020. SU intends to enroll up to 27 students for Fall 2020. |
| Simpson University Baccalaureate Degree Nursing Program | K. Daugherty | 4/20/2020 | A minor curriculum change request approved to reduce the total units for program completion/graduation from 126 units to 120 units by eliminating the requirements for two 3 units general education/other degree courses, BIBL 2220 Hermeneutics & Bible and THEO 3600 Christian Theology. All CRL requirements including nursing units unchanged. CRL/TCP updated accordingly to reflect this change. Quarter over quarter NCLEX results remain excellent with the last two quarters at 100% each quarter. |
| Sonoma State University Baccalaureate Degree Nursing Program | K. Daugherty | 03/09/2020 03/25/2020 04/20/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Zoom) for the duration of the Spring term (5/16/20). No decision made yet about extending the Spring term possibly into the summer and or fall terms due to COVID-19, institutional instructions/directions, and adherence to the Governor's executive orders. Decisions related to regular fall semester admission yet to be determined. Spring 2020 minor curriculum change medical-surgical and geriatrics DCA 20-03 waiver request approved for N302 Nursing Care Adult II and N414 Clinical Nursing Preceptorship using 50% direct care and 50% simulation clinical course hours. Also used this DCA waiver to complete N304 |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | Psych/Mental Health Nursing using the allowable 50% direct patient care and 50% simulation to complete clinical course hours requirements. Will finish the Spring semester on time in mid-May 2020. |
| The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program | S. Ward | 04/06/2020 04/24/2020 | <p>The program request for a minor curriculum revision stated in part the following: “In response to the COVID 19 pandemic suspension of students face to face instruction on the CSU campuses across the state of California, we have moved all in person courses across the nursing curriculum to an online format. The following courses will temporarily be moved to online format for delivery until the university allows students to return to campus for classes. TVFSON will be using Zoom technology for all courses utilizing Quality Matters online courses guidelines. In addition, some courses will use the student learning management system (Canvas) for discussion boards, and presentations. All exams will be taken online via Canvas remotely with testing lockdown browsers (Respondus).”</p> <p>The program submitted and the NEC approved a minor curriculum revision due to the impacts of the COVID-19 pandemic, per DCA Waiver DCA-20-03 for the following medical/surgical and geriatric courses. The waiver is to be applied to NURS 44 Adult Care Management I (3 units - 2nd semester), NURS 145 Adult Care Management II (4 units – 4th semester). The curriculum includes NURS 148 Preceptorship (4 units – 6th semester) which is BRN approved in all the (5) nursing areas on the Total Curriculum Plan Form. The request is to permit for 50% of clinical hours in the courses to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes as may apply to each course individually.</p> |
| Unitek College Baccalaureate Degree Nursing Program | MA. McCarthy | 03/21/2020 | <p>Due to COVID19 changes are as follows: These changes will occur from March 23, 2020 until December 23, 2020</p> <p>a. Offer online courses currently, the courses with clinical components are paused, and will be offered once clinical sites allows us back to their facilities. In order to offer online courses in different sequences to meet our</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | <p>student needs, we would need to remove all pre-requisites and co-requisites from the following online courses: PHIL 415 Critical Reasoning, POLI 413 Political Science, RN 402 Evidence Based Practice, RN 332 Nutrition Health & Wellness, ETH 225 Principles of Ethics (Humanities), RN 220 Information Technology in Patient Care and HIST 411 Cotemporary History.</p> <p>b. We would like to offer RN 332 Nutrition, Health and Wellness (2 units) and RN 402 Evidence-Based Practice (3 units) as online courses (Our faculty believes that these courses can be effectively taught online and will help to provide more remote education to the students).</p> <p>c. Offer RN 214 Health Assessment 2 as an online course (we are halfway through this course) and would like to finish the rest of course online (starting 3/23/2020). The course started on ground on 3/2/2020, is planned to be moved online on 3/23/2020 and will finish on 4/24/2020. The platform for teaching will be Canvas and the instructors will be performing video conferencing to make sure that students are participating well in the course</p> <p><u>To Prepare for courses once we start on ground again:</u></p> <p>d. Ability to offer theory portion of our nursing courses online (through Canvas) in the future due to the COVID-19 Crisis.</p> <p>e. Reduce RN 224 (Maternal and Newborn Nursing) course and RN 330 (Pediatric Nursing) clinical unit requirement to 1 unit. Our content experts suggested that the courses/specialty objectives can be met in 48 clinical hours. The total class units for theory will remain the same (3 units), making the courses equivalent to total of 4 units. The reduction of hours will help us to place our students effectively in specialty clinical sites (OB and Peds) which are harder to obtain specially during the current COVID-19 crisis.</p> <p>f. Remove some pre-requisites and co-requisites for the courses that are offered in year 2 semester 1. These courses include RN-200 Health</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | <p>Assessment 1, RN-204 Fundamentals-Skills, RN-206 Pathophysiology, RN-208 Fundamentals-Patient Care and RN 212 Pharmacology. The removal of these co-requisites and pre-requisites will help us to align our curriculum better (provide flexibility) so the students will have either a combination of theory and a clinical course or theory and a lab course. It will prevent repetitive theory and repetitive lab/clinical coursework during a week.</p> <ul style="list-style-type: none"> - Remove RN 204 Fundamentals Skills and RN 206 Pathophysiology as a co-requisite for RN 200 Health Assessment 1 - Remove RN 200 Health Assessment 1 and RN 206 Pathophysiology as a pre-requisite for RN 208 Fundamentals Patient Care (We will keep RN 204 fundamentals skills as pre-requisite for RN 208 Fundamentals Patient Care). - Remove RN 200 Health Assessment 1, RN 204 Fundamentals-Skills, RN 206 Pathophysiology as pre-requisite course for RN 212 Pharmacology and remove RN 208 Fundamentals-Patient care as co-requisite for RN 212 Pharmacology (This will allow students to obtain pharmacological knowledge prior to the start of their clinical courses) |
| University of California, Irvine Baccalaureate Degree Nursing Program | D. Schutte | 03/13/2020 | A Temporary Minor Curriculum Revision during the COVID-10 pandemic period. Theory instruction will be implemented remotely beginning March 16, 2020 and continuing through the COVID-19 crisis. Utilizing Canvas, faculty will be utilizing the School of Nursing Instructional Designer and IT staff member to record lectures via Zoom or Yuja to hold synchronous sessions using Zoom Pro. Discussion boards and remote office hours are planned to further support student learning. |
| University of California, Irvine Baccalaureate Degree Nursing Program | D. Schutte | 03/27/2020 | A Minor Curriculum Revision to update the program's EDP-P-06 by moving NS 170 Community-Based Health Care (6 Units -3T, 3C) from Total Units for Licensure to Other Degree Requirements. Total Units for Licensure decreases from 115 to 109 Units with Total Units for Graduation remaining the same at |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | 185. |
| University of California, Irvine Baccalaureate Degree Nursing Program | D. Schutte | 04/16/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current BSN med-surg and geriatric courses. A comprehensive listing of contacted clinical facilities and identified alternate experiences within a 50-mile radius of the University, are not taking students at this time for clinical placement. Non-direct patient care clinical experience will include such active learning opportunities such as i-Human and Ryerson virtual simulation, Unfolding Case Studies, ATI EHR Tutor, and other learning modules. These experiences can meet course clinical objectives and hours. All students have been encouraged to enroll in CA Health Corps and all volunteer hours during this period with a program policy in place for awarding of academic credit. |
| University of California Los Angeles Baccalaureate Degree Nursing Program | W. Boyer | 03/17/2020 | UCLA School of Nursing is seeking permission to teach Spring and Summer quarter theory classes for prelicensure students remotely. The request is in response to the current Covid-19 health crisis. The UCLA leadership team has suspended all in-person classes through the end of Summer Quarter September 11, 2020. Instruction will begin March 30, 2020. The Common Collaboration and Learning Environment (CCLE) is a campus-wide service that makes collaboration possible across schools, divisions, and departments and within the School of Nursing will be used. CCLE is based upon Moodle, an open-source learning management system (LMS). All School of Nursing faculty use CCLE routinely for theory courses will be utilized. All students already have access to the platform and have had experience using it. |
| University of California Los Angeles Baccalaureate Degree Nursing Program | W. Boyer | 04/13/2020 | UCLA School of Nursing requested a waiver to restrictions due to the COVID-19 pandemic to reduce the percentage of direct patient care hours from 75% to 50% in three MS courses and one Gero course. Sixteen healthcare facilities have denied the program entry for clinical experience. Four facilities are still allowing student placements, but issues with PPE may result in future displacement also. A vast array of virtual simulation products will be utilized for indirect patient care. The waiver is requested for 60 days. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|--|---|--|--|
| University of San Francisco Baccalaureate Degree Nursing Program | S. Ward | 03/25/2020 04/22/2020 | <p>The program request for a minor curriculum revision stated in part the following: “The University of San Francisco School of Nursing and Health Professions is requesting a temporary minor curriculum change to offer our face-to-face on-ground program nursing theory courses online beginning March 16, 2020 through May 14, 2020 to meet the current COVID-19 guidelines from the Centers of Disease Control. This is for our BSN program at Hilltop and Sacramento Campuses and our Masters-Entry MSN program at Hilltop and Orange County Campuses. Canvas and Zoom will be used as platforms to deliver our courses because we routinely use these platforms. As extra assurance faculty were fully prepared, faculty orientations on using Canvas and Zoom were held on March 16 and 17, 2020.”</p> <p>The program submitted and the NEC approved a minor curriculum revision due to the impacts of the COVID-19 pandemic, per DCA Waiver DCA-20-03 for the following medical/surgical and geriatric courses in the BSN degree options. N225 Clinical Lab I: Applied Assessment in Health and Wellness (includes geriatric nursing content) -2.0 units, Clinical Lab II- Alterations in Health and Illness- 3.0 Units, and N378 Medical Surgical One: Clinical Practicum - 4.0 Units. The request is to permit for 50% of clinical hours in the courses to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes as may apply to each course individually.</p> |
| Vanguard University Baccalaureate Degree Nursing Program | D. Schutte | 03/10/2020 | <p>A Minor Curriculum Revision for Vanguard University BSN Program to incorporate University changes and decrease in prerequisite science lab course units, reallocate lecture and clinical units within nursing courses, adjust the placement of courses in the curriculum to facilitate student learning, and update the EDP-P-06 Content Required for Licensure to more accurately reflect total units for licensure. Total Units for Licensure decrease by 18 units from 93-97 to 79 units through the move of the following courses to Other Degree Requirements: NRS 465 Nursing Research (3 units), Chemistry (8 units), Biology (4 units), and English 220 Research Writing (3units). The total</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | number of nursing units remains the same. Total Units for Graduation decrease from 126-130 to 124-128 units. EDP-P-06 and EDP-P-05a revised to reflect changes. |
| Vanguard University Baccalaureate Degree Nursing Program | D. Schutte | 03/18/2020 | A Temporary Minor Curriculum Revision to expand the use of Canvas by faculty to provide online delivery of lectures and up to 25% of non-direct patient care clinical experiences beginning March 30 th and extending to May 7 th or end of Spring Semester. Synchronous and asynchronous learning activities will be used. Testing will be online with security measures in place. Tech support is available to both faculty and students. |
| Vanguard University Baccalaureate Degree Nursing Program | D. Schutte | 04/21/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg clinical course NRS 475 Clinical Nursing Preceptorship. A very comprehensive listing of contracted clinical facilities and alternate experiences within a 50-mile radius of the University, identified only one alternate clinical facility able to take fourth semester students at this time for clinical placement. With the DCA Waiver, it is anticipated that the 5-7 currently enrolled nursing students will be able to complete clinical course objectives and direct patient care clinical hours. Non-direct patient care experiences include online simulation activities using ATI resources. They include skill module activities; completion of Active Learning Templates using evidence-based information, communication, and collaboration; health assessment; video case studies; and Real-Life Scenario videos for clinical decision making using critical thinking and clinical reasoning skills during the patient encounter. The remaining direct patient care clinical hours will include experiences with the American Red Cross that meet clinical course outcomes and objectives. |
| West Coast University Baccalaureate Degree Nursing Program | W. Boyer | 3/17/2020 | West Coast University College of Nursing is requesting a temporary minor curriculum revision to offer all their on-ground pre-licensure core nursing theory courses online beginning March 17, 2020 through June 14, 2020 in |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | response to the COVID-19 pandemic. Blackboard and Zoom will be used as the platforms for delivery. Students are proficient in the use of this technology and faculty have completed training in the use of this modality. |
| West Coast University Baccalaureate Degree Nursing Program | W. Boyer | 04/14/2020 | West Coast University (WCU) has requested that the 75% direct care clinical hours in the medical-surgical and geriatric courses be waived, and WCU be permitted to complete the Spring 2 term (April 6 – June 8) course requirements for NURS 121LA, NURS 211L, NURS 481L, and NURS 498L at 50% direct patient care as permitted in the April 3 Order Waiving Restriction document. WCU contacted 104 possible clinical sites and were not permitted to place students in the facilities. Clinical objectives met via indirect patient care align with the objectives offered via the Swift River Virtual Hospital program. |
| Western Governors University Baccalaureate Degree Nursing Program | W. Boyer | 04/20/2020 | Western Governors University Baccalaureate Nursing Program is requesting a waiver to the 75% direct patient care in Peds, OB, and PMH courses due to the COVID-19 Pandemic. Additional indirect patient care clinical experience will be provided via virtual programs already in use by the University. Students will meet the 50% direct patient care hours required for the courses when facilities allow them to return. |
| ADN (alpha a-z) | | | |
| Allan Hancock College Associate Degree Nursing Program | K. Daugherty | 03/12/2020 04/20/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities for the duration of the Spring term and possibly into the summer and fall terms if necessary due to COVID-19, institutional instructions/directions, and adherence to the Governor’s executive orders. Minor curriculum change DCA waiver 20-03 request approved for completion of N103 medical surgical/geriatric course clinical hours using 50% direct patient care and 50% in simulation. AH expects students(N=35) to complete Spring 2020 semester on time in mid-May as a result of hospital based direct care learning opportunities opening back up the week of 4/20/20. |
| American Career College | W. Boyer | 03/14/2020 | American Career College is requested a temporary minor curriculum change to |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| Associate Degree Nursing Program | | 04/24/2020 | <p>begin offering the current term courses remotely online using Blackboard, Blackboard Collaborative, and Zoom as their online platforms until May 7, 2020. This request is a result of the Covid-19 virus issue. Students have access to these platforms, faculty are trained to use Blackboard, and there is technical support to assist with any application questions.</p> <p>The program submitted and the NEC approved a temporary minor curriculum revision due to the impacts of the COVID-19 pandemic and CA Waiver DCA-20-03 asking for a reduction from 75% to 50% direct patient care clinical hours for courses in Peds, OB, and PMH. Students will meet clinical objectives via a telehealth experience with course faculty working with patients from two new and approved clinical practice settings and virtual simulation activities. The program submitted evidence of no current clinical settings available or within a 50-mile radius. A request was submitted to permit for 50% of clinical hours in the course to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes. One alternative hospital has approved a group of only 20 intermediate M/S students to be at their site for faculty/student clinical experience. Students working in healthcare facilities meet clinical objectives and receive credit working as student nurses with guidance from their clinical faculty.</p> |
| American River College Associate Degree Nursing Program | J. Wackerly | 03/24/2020 | A Temporary Minor Curriculum to change the delivery of courses from classroom to online format vis Canvas and Zoom beginning March 24, 2020 and continuing during the COVID-19 crisis period. Hospitals have discontinued nursing students' clinical rotations. |
| Antelope Valley College Associate Degree Nursing Program | W Boyer | 03/22/2020 | In response to the COVID-19 pandemic, Antelope Valley College will change their theory courses to an online format, using Canvas as the lms and CCConfer Zoom (housed within Canvas). The use of Proctorio lock-down browser will promote academic integrity. Faculty are using online textbook resources and case studies to supplement theory. The instructors have given the theory lectures online with recordings posted on Canvas. This will continue |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | until further notice. |
| Antelope Valley College Associate Degree Nursing Program | W. Boyer | 04/14/2020 | In response to the closure of Antelope Valley College (AVC) and the displacement of students from clinical sites during the coronavirus outbreak OB and Mental Health Nursing students are impacted, due to the absence of a clinical site within 50 miles that is taking students in these specialty areas. Antelope Valley Hospital is the only facility that has OB and PMH and is closed to students. AVC students will complete 50% of the clinic hours performing direct patient care, instead of the standard 75%. Clinical Objectives will be met using a combination of virtual simulation using i-Human scenarios from Kaplan, Davis Advantage Clinical Scenarios and NCLEX-RN ® style question activities. Faculty will be working with students virtually, using unfolding case studies and application of content. Students will receive 50% of the hours via volunteer opportunities locally, through Healthcorps and the American Red Cross. Students will be journaling about their experience and discussing how it relates to meeting their clinical objectives. |
| Bakersfield College Associate Degree Nursing Program | H. Sands | 03/27/2020 | In response to the COVID-19 pandemic, under the leadership of PD- Carla Gard, Bakersfield College will change their theory courses to an online format, using Canvas and Zoom (a feature of Canvas). Office hours are also being held via Zoom as Students are not allowed on campus. The use of Proctorio lock-down browser will promote academic integrity. Voice over powerpoints are also being included and will continue until further notice. 2) Senior students will be participating in a preceptorship program, 3) community experiences and telehealth will be used as direct care hours |
| Butte College Associate Degree Nursing Program | K. Daugherty | 03/23/2020 04/06/2020 | All nursing didactic/theory instruction/testing are temporarily being delivered using remote/distance learning instructional modalities (Canvas, Zoom) for the duration of the Spring term and possibly into the summer due to COVID-19, institutional instructions/directions and in accord with adherence to the Governor’s executive orders. Minor curriculum change waiver request to complete N56 M/S N66 M/S, N68 M/S & Gero using 50% direct patient care and 50% simulation clinical hours |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | <p>approved. Also using DCA waiver 20-03 to complete N66 OB/PEDS and N68 M/H required clinical course hours using the allowable 50% direct patient care and 50 % simulation clinical hours. With use of the waiver BC expects all levels of nursing program students to progress or graduate and finish the Spring 2020 semester by May 28, 2020 unless the now direct care facility availability changes.</p> |
| Cabrillo College Associate Degree Nursing Program | S. Ward | 03/30/2020 | <p>The program request for a minor curriculum revision stated in part the following: “All theory courses and examinations will be delivered remotely. Content will be delivered on the electronic learning platform Canvas; all examinations will be delivered on Canvas with the addition of Proctorio software, to enable the exams to be proctored remotely. Canvas is available to all students; this electronic platform has long been embedded in Cabrillo’s nursing curriculum. Faculty development activities to support distance learning are frequent and comprehensive and include accessibility requirements. All theory courses were converted to distance leaning on 3/16/2020.” The minor curriculum revision describes how the program would continue clinical instruction in response to student displacement due to the COVID-19 situation using virtual reality simulation (25%), and by tele-nursing.</p> |
| California Career College Associate Degree Nursing Program | W. Boyer | 04/03/2020 | <p>California Career College will transition instruction for its Associate Degree in Nursing Program from on-ground to distance modality during the COVID-19 pandemic. Once the college receives information from the state and local authorities that it is safe to resume daily activities, including on-ground classroom instruction, students in each cohort will be expected to return to the college campus for their regular instruction. On line instruction will occur utilizing Zoom and Kaplan resources.</p> |
| California Career College Associate Degree Nursing Program | W. Boyer | 04/22/2020 | <p>California Career College (CCC) is requesting the available temporary waiver to decrease direct care clinical hours from 75% to 50% in response to the COVID-19 pandemic for MS and Gero courses. Students have been displaced</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | <p>from clinical partner sites and proof has been submitted that other locations are not allowing for student placements either. Students can meet a portion of their clinical objectives through sim lab and virtual lab with faculty oversight. The program anticipates June 1st students will be allowed to go to contracted hospitals for completion of their direct patient care clinical objectives. In the event students are not allowed to return to clinical sites, the current plan is that program will extend the semester until students complete the remaining clinical hours.</p> |
| Career Care Institute Associate Degree Nursing Program | D. Schutte | 03/18/2020 | <p>A Temporary Minor Curriculum to change the delivery of courses from classroom to online format via Canvas and Zoom beginning March 23, 2020 and continuing during the COVID-19 crisis period. Exams will be taken online with on-campus testing available for those students not having computer capability. Security measures will be in place. CDC recommendations along with COVID-19 screening will be followed when students are on campus. Up to 25% of non-direct patient care experiences will be delivered online for clinical courses.</p> |
| Career Care Institute Associate Degree Nursing Program | D. Schutte | 04/24/2020 | <p>A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric clinical courses. A comprehensive listing of contracted clinical facilities and identified alternate experiences within a 50-mile radius of the College and beyond, did not identify any facilities taking students at this time for clinical placement due to the COVID-19 crisis. With the DCA Waiver, students enrolled in clinical courses NS 120 Nursing Fundamentals, NS 252 Geriatric Nursing, and NS 250 Introduction to Community-Based Nursing, will participate in planned non-direct patient care experiences that include virtual skills lab and simulation, real life scenarios, video case studies, and other clinical reasoning scenarios. These activities can meet course clinical objectives, outcomes, and clinical course hours. The program will continue to assess biweekly student experience with the remote/online delivery of</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | instructions. Although students will be able to progress in these clinical courses with the DCA Waiver, not all direct patient care clinical hours will be able to be completed during the current session. The remaining direct patient clinical hours will be completed once clinical placements are able to be resumed. |
| Carrington College LVN to RN Advanced Placement Associate Degree Nursing Program | K. Daugherty | 03/16/2020 03/24/2020 04/20/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities beginning March 17, 2020 through mid-April and longer if the COVID-19 restrictions persists, institutional instructions and directions change and in accord with executive orders by the Governor's office. Minor curriculum change DCA Waiver 20-03 approval request for RN155, 225, 245, 305 integrated medical surgical/geriatrics courses; Also using this waiver to meet RN 215 Psych and RN 245 high risk OB/PEDS clinical course hour requirements for course completions for the December 2019-April 2020 cohort and students enrolled in the April-May 2020 course sequencing. CC plans on admitting a new cohort of 24 in mid-April 2020. CC understands current waiver applicable 60 days from April 3, 2020 unless extended. |
| Cerritos College Associate Degree Nursing Program | A. Duke | 05/01/2020 | Request submitted satisfactorily meeting the requirements for temporary reduction of patient care hours to 50% for medical surgical and gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. Nursing courses (didactic/theory) instruction and testing will be delivered online (via Canvas, Zoom, Proctorio, and other varied web-based tools) through the duration of the Spring, Summer, and Fall 2020 terms. The following cohorts will be on hold for the remainder of the Spring 2020 term and will resume their courses in Fall 2020: <ol style="list-style-type: none"> 1. First semester N212 Medical Surgical Nursing I 2. Second semester N222 Obstetrics/Pediatric Nursing 3. Third semester N232 Advanced Medical Surgical Nursing IV |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| Chabot College Associate Degree Nursing Program | J. Wackerly | 04/01/2020 04/07/2020 04/17/2020 | A temporary Minor Curriculum change the Delivery of courses from classroom to online format via Canvas and Zoom during this continuing COVID-19 crisis period. Displace from all clinical sites. For alternative clinical 50%Vsim and 50% direct volunteer for HealthCorp and American Red Cross Blood bank, Alameda Public Health, Meals on Wheels, Tele-Health, Senior Center, one student a Palo Alto VA. |
| Cabot College Associate Degree | J Wackerly | 5/1/2020 | Permanent - Chabot College plan to reduce total program unit effective date 8/1/2021 Total Curriculum Plan- EDP-P-05 NURS 73 Intravenous Therapy from 1 unit to 0.5 unit. Delete NURS 77 Health Assessment 0.5 unit. Remove Anthropology 5 as a Sociology course. These changes reduce 1 unit in required nursing courses and one GE class Anthropology. Change degree received from AA to AS removes American Institution and English 1 has increased from 3 to 4 units. EDP-P 06 |
| Chaffey College Associate Degree Nursing Program | A. Duke | 03/25/2020 | Effective March 30, 2020 didactic/theory instruction and testing will be delivered online (Zoom and Canvas) for courses NURAD 27/27L, 34/34L, 45/45L through the duration of the Spring term (May 21, 2020) due to COVID-19. |
| Citrus College Associate Degree Nursing Program | B. Caraway | 04/15/2020 | Pursuant to the Governor's Executive Order N-39-20, Citrus College nursing program is requesting a temporary minor curriculum change to allow up to 50% of clinical hours for medical/surgical/geriatric courses to be non- direct patient care. Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020, the school submitted evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. A total of 38 senior students who are enrolled in RNRS 251: Advance Medical Surgical Nursing IV course have been denied by clinical facilities for completion of their clinical rotations. The Program director is working very closely with a few of their contracted facilities to resume clinical rotations for these students. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | The nursing program faculty are exploring clinical opportunities for direct patient care within the healthcare workforce such as Healthcare Corp and other opportunities for direct care. On March 27, 2020 a minor curriculum change was requested for delivery of all nursing theory courses remotely via Canvas. The instructional modalities have been carefully selected to ensure that it assists with meeting the course objectives, as well as students learning outcomes. This transition is requested to be in effect until Jun 30, 2020. |
| City College of San Francisco Associate Degree Nursing Program | S. Ward | 03/27/2020 04/23/2020 | The program request for a minor curriculum revision stated in part the following: "Please accept this request for a temporary minor curriculum change for the Registered Nurse Program at City College of San Francisco (ccsf). As a result of the Coronavirus (COVID-19), the Board of Trustees of CCSF suspended all face-to-face classes on March 12, 2020 (see attached Board of Trustees memo dated March 9, 2020). This suspension will remain in effect throughout the spring 2020 semester. The temporary minor curriculum change will begin on March 13, 2020 and end on May 20, 2020 (the last class day of the spring 2020 semester). To comply with the Board of Trustees (BOT) mandate, all nursing theory classes will be taught online, using the Canvas distance learning platform." The program submitted and the NEC approved a minor curriculum revision due to the impacts of the COVID-19 pandemic, per DCA Waiver DCA-20-03 for the following medical/surgical and geriatric course: N 56 Advanced Medical surgical Nursing -3 units. The request is to permit for 50% of clinical hours in the course to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes. |
| CNI Associate Degree Nursing Program | H. Sands | 04/15/19 | In response to the COVID-19 pandemic, under the leadership of PD- Dr. Sasha Rarang, CNI College will change their theory courses to an online synchronous format, using Canvas and Zoom. Also requested is use of the 50% waiver for med-surg/Geriatrics clinical rotations per the DCA waiver lifting the restrictions in CCR 1426 (g) (2). |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | Instead of 75% direct patient care, CNI will have 50% indirect and plan to use high fidelity simulation and online synchronous simulation using Vclinical and ATI applications. The request was submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% per DCA order 4-3-20 to continue for no more than 60 days |
| College of the Canyons Associate Degree Nursing Program | MA. McCarthy | 03/19/2020 04/27/2020 05/12/2020 | Due to the COVID-19 pandemic, College of the Canyons will initiate remote teaching for nursing theory courses beginning March 23,2020. This will continue until June 4,2020. Instruction will be provided via Zoom and Canvas. Student access will be supported through a laptop lending program on campus. All remote educational offerings will be 508 compliant. College of the Canyons ADN program be granted the temporary reduction in direct patient care hours required to 50% of total required clinical hours in our medical surgical/geriatric courses, per the DCA waiver published April 3, 2020. All required stipulations have been met. Temporary minor curriculum revision. Due to the coVID-19 pandemic, college of the canyons will transition from remote teaching to distance education for all nursing courses beginning June 4, 2020. This will continue until December 7,2020. Alt BRN instructional requirements will be met, and all instructors will meet College of the Canyon’s requirements. |
| College of the Desert Associate Degree Nursing Program | MA. McCarthy | 03/30/2020 | COD requests a temporary minor curriculum revision due to the impact on our nursing program from COVID-19. As of March 16, 2020, COD has moved from face to face theory content to online synchronous, using zoom via canvas—Conferzoom. Also utilizing iHuman, an online complex virtual simulation for clinical experiences. At this point in the term, we are only utilizing this simulation for 25%. The College of the Desert is committed to ensuring our students are supported during this transition and have been given resources to ensure there are no barriers to learning. Resources have included providing chrome notebooks to those without computers at home. |
| College of Marin | K. Daugherty | 03/23/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| Associate Degree Nursing Program | | 04/15/2020 | <p>using remote/distance learning instructional modalities (Canvas, Zoom) for the duration of the Spring term due to COVID-19 events. COM PD reports there is a strong possibility that it will be able to complete the Spring term on time using the remote delivery of theory instruction and use of alternate clinical placements following institutional instructions/directions and adhering to the Governor's executive orders.</p> <p>Minor curriculum change waiver request approved to complete N284L Psych/Gero using the allowable 50% direct care and 50% simulation clinical hours. COM currently plans to complete N280L and N286L using 75% direct care including telehealth and 25% simulation. Only if needed due to unexpected changes in current direct care availability, will N280L M/S II and N286L be completed using the allowable 50% direct care /50% simulation. COM plans on using the April 3, 2020 DCA waiver to complete N283AL OB and N 283BL Pediatric clinical course hours using the 50% direct patient care including telehealth learning experiences and 50% simulation allowable. Telehealth direct care experiences for each clinical course have been developed to meet clinical course learning objectives and SLOs using a variety of community based clinical settings. COM understands this waiver in effect for 60 days unless extended.</p> |
| College of the Redwood Associate Degree Nursing Program | J Wackerly | 04/14/2020 | <p>A Temporary Minor Curriculum Revision during the COVID-19 pandemic. The program has course delivery by remote means for Eureka and Del Norte campus. Student displacement and limited clinical sites require a lowering of the number of students per clinical group on Med-Surg/Geri and will take longer time to complete and meet 50% guidelines for actual patient care hours. 50% in virtual clinical experiences, ATI, NLN and supplemental resources through Canvas and ConferZoom.</p> |
| College of San Mateo Associate Degree Nursing Program | J Wackerly | 04/04/2020 | <p>In response to the Covid 19 pandemic the school requests a temporary minor curriculum change in didactic/theory instruction including testing will temporarily be delivered using remote instructional modalities through April</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | and May 2020 if restrictions persist, instruction and directions change in accord with the executive orders by the Governor's office. The nursing program has amended current contracts with San Mateo County Health Services to include Covid-19 related sites; converted hotels, event centers etc. |
| College of the Sequoias Associate Degree Nursing Program | J Wackerly | 04/05/2020 | A Temporary Minor Curriculum Revision during the Covid-19 pandemic period Temporary instruction will be implemented remotely through spring semester. Faculty will be utilizing Canvas and Zoom for remote instruction. Clinical rotation on April 14, 2020 where paused due limited PPE at the hospital. The nursing school found N95 masks with students able to attend some clinicals. The hospital will open for clinicals on April 30, 2020 |
| College of the Siskiyous LVN to RN Advanced Placement Associate Degree Nursing Program | K. Daugherty | 03/17/2020 04/23/2020 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Zoom) for the duration of the Spring term and possibly into the summer and fall terms if necessary due to COVID-19 and adherence institutional instructions/directions and the Governor's executive orders. Approved the minor curriculum change request to use DCA Waiver 20-03 Waiver 50%/50% medical-surgical and gero courses for N1542 Advanced M/S course; completing the 50% sim by June 2, 2020 and direct care clinical course hours no later than 6/30/2020. Using the OB/PEDS 50%/50% to complete N1541 High risk/advanced OB/PEDS clinical course hours and a few of the OB/Peds clinical agencies in area beginning to be available for direct care clinical experiences along with some telehealth direct care experiences. COS understands the existing waiver is effective 60 days from April 3, 2020 unless extended. The minor curriculum request is being submitted now in anticipation that DCA will be extending the April 3, 2020 waiver order beyond the initial 60-day period if the Governor's Executive order and DCA waivers are extended and still in effect. N1021 LVN to RN Role Transition will be offered July/August 2020. |
| Compton College Associate Degree Nursing Program | D. Schutte | 03/16/2020 | All theory courses will be taught online via Canvas and Zoom technology from March 21 through June 11, 2020. Faculty instruction in the use of the delivery |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | methods is taking place during the week of 3/16 – 3/20. Exam testing will be through Exam Soft on campus with approved arrangements. College IT support for faculty and students will be available during this semester. |
| Compton College Associate Degree Nursing Program | D. Schutte | 04/16/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric courses. A comprehensive listing of contracted clinical facilities and identified alternate experiences with a 50-mile radius of the College, denotes all but one clinical facility as not taking students at this time for clinical placements. With the DCA Waiver, 38 enrolled third semester students in N253 Intermediate Nursing Process II will be able to complete clinical course outcomes, objectives, and clinical hours. However, 35 fourth semester (senior) students may not be able to complete their N254 & N255 Advanced Nursing Process I & II courses and 26 first semester students may not be able to complete N222 Medical-Surgical Nursing – Older Adult without direct patient care experiences associated with clinical placements. Faculty are working closely with the one clinical facility for medical-surgical and geriatric clinical experiences. Faculty continue to monitor for clinical placement availability. Non-direct patient care experiences include activities with faculty and students meeting remotely to incorporate v-Sims, case studies, Docu-Care, and other. These experiences are deemed comparable to direct patient care experience to meet course clinical objectives, outcomes, and clinical course hours. |
| Contra Costa College Associate Degree Nursing Program | L. Melby | 03/24/2020 5/12/2020 | Contra Costa College is requesting a minor curriculum change to the RN program due to COVID19 starting March 16 through the Spring 2020 semester. The platform for online instruction will be via zoom and prerecorded lectures. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. |
| Copper Mountain College | W. Boyer | 03/15/2020 | Copper Mountain College Registered Nursing program is requested approval |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| Associate Degree Nursing Program | | | for a temporary change to theory delivery to a pre-existing Canvas Learning Platform due to Covid-19 emergency. This change is to begin immediately and continue thru Friday April 3, 2020. All students are currently active participants in the Canvas Platform. There are no barriers identified at this time. The college has given library access, including computers and internet, for students in need. The college has arranged for training sessions and support for any faculty needing assistance. Nursing has two dedicated faculty members, versed in Canvas, available to assure that the courses are prepared for remote/online theory instruction. |
| Copper Mountain College Associate Degree Nursing Program | W. Boyer | 04/14/2020 | Copper Mountain College RN Program students have been excluded from clinical rotations at Hi-Desert Medical Center Behavioral Health since the middle of March. The program still has one other clinical partner, Telecare Riverside County Psychiatric Health Facility. With the loss of a clinical partner, students will only be able to complete 50% of their approved clinical hours in the clinical setting. The program has purchased iHuman for all the students so they will be able to meet the clinical requirements via simulation scenarios. A webinar with Kaplan has occurred and faculty have been trained in the use of this electronic technology. |
| Cypress College Associate Degree Nursing Program | W. Boyer | 03/20/2020 | Cypress College Nursing Program, Nursing Faculty and Administration have agreed upon the following changes to Spring 2020 (2nd 8 Weeks Session). The proposed temporary changes are for Spring 2020 Semester (2nd 8 Weeks Session). Canvas will be used for theory courses. Zoom will be utilized for videoconferencing for synchronous class meetings and recordings. Students are familiar with Canvas and faculty give students access who are in a nursing course. Cypress College providing online resources for students on how to access and Distance Learning Education is providing support to students and faculty. An online nurse consultant will be used to assist nursing faculty on transitioning from campus to online |
| Cypress College Associate Degree Nursing Program | W. Boyer | 04/20/2020 | Cypress College is requesting a minor curriculum change for 50% direct patient care and 50% simulation in NURS 294 Geriatric Nursing and NURS |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | 297 Medical/Surgical Nursing. Per the Department of Consumer Affairs waiver, issued April 3, 2020 in response to the COVID-19 pandemic. No alternative clinical sites are available to the program. Clinical objectives for nurse patient communication and patient teaching in these courses will be met via students and faculty participating in telehealth experiences per the protocols of the Public Health Department and Public Health Nursing in conjunction with the Cypress College Health Center. This will be completed by the end of June, the end of the extended semester. |
| De Anza College Associate Degree Nursing Program | J. Wackerly | 04/14/2020 | On the quarter system and all nursing students finished theory and clinical for winter quarter. The senior administration of the college canceled spring semester for students. |
| East Los Angeles College Associate Degree Nursing Program | MA. McCarthy | 03/26/2020 | East Los Angeles College is requesting your approval for a temporary minor curriculum revision related to COVID. All theory courses will be taught online from 30 March 2020 until summer 2020. The online platform will be Canvas, Zoom, Skype, and or other virtual means as available. ELAC/Department of Nursing has made sure that students have access to the necessary tools to achieve stated objectives. On 26 March 2020 ELAC will be distributing laptops to every student that has expressed need. Simulation has been far less than 25% and will not exceed the Board of Registered Nursing Regulation of 25% non-direct patient care. |
| East Los Angeles College Associate Degree Nursing Program | MA. McCarthy | 05/09/2020 | East Los Angeles College Nursing Program is requesting a temporary revision to 50% direct use for Medical/Surgical courses as a result of the impacts of COVID-19. |
| El Camino College Associate Degree Nursing Program | D. Schutte | 03/16/2020 | El Camino College ADN faculty will temporarily deliver lecture/theory and non-direct patient care instruction remotely using distance learning instructional modalities Canvas, ConferZoom and/or WebEx Conference beginning 3/16/20 and extending through the COVID-19 crisis period. Exams will be carried out via the online delivery program Proctorio. Faculty and students are participating in training in the use of the online delivery methods |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| El Camino College Associate Degree Nursing Program | D. Schutte | 04/21/2020 | <p>with ongoing IT support available for both faculty and students.</p> <p>A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric courses. A very comprehensive listing of contracted clinical facilities and alternate experiences within a 50-mile radius of the College, identified only one alternate clinical facility able to take fourth semester students at this time for clinical placement. With the DCA Waiver, it is anticipated that all Spring Semester enrolled nursing students will be able to complete clinical course objectives for the following medical surgical and geriatric clinical courses: N222 Medical Surgical Nursing-Older Adult, N253 Intermediate Nursing Process II, and N255 Advanced Medical Nursing II-Preceptorship. Non-direct patient care experiences include case studies, virtual simulation with DocuCare incorporated into vSim Experiences, and virtual conferencing. These activities are deemed comparable to direct patient care experience to meet course clinical objectives, outcomes, and clinical course hours. The remaining direct patient care experiences will include telehealth experiences. Student volunteer hours in LA Works (Drive-Thru COVID-19 Testing Sites and Volunteer from Home Programs - TeleSocial and Social Connection) will also be evaluated based on the student's ability to achieve one or more clinical course objectives.</p> |
| Evergreen Valley College Associate Degree Nursing College | J. Wackerly | 04/06/2020 | <p>Temporary Minor Curriculum Revision during the COVID-19 pandemic period, Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020 the school submits evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. March 23, 2020 minor curriculum change request delivery of all nursing theory courses remotely via campus and zoom remote /distance education instruction. The nursing program faculty are exploring</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|---|
| | | | current courses into the distance education format. Faculty teach courses and have prior experience teaching online. |
| Glendale Career College Marsha Fuerst School of Nursing Associate Degree Nursing Program | W. Boyer | 04/15/2020 | In response to clinical site limitations due to the COVID-19 pandemic, the Glendale Career College Marsha Fuerst School of Nursing at both Glendale and San Diego campuses is requesting enactment of the waiver for 50% of direct patient care in their Medical Surgical, Gero, Pediatrics, Mental Health, and Obstetrics courses. The program contacted 17 healthcare facilities within a 50-mile radius, 13 will not allow students, 4 will allow. Many students have already completed 50% of the direct patient care experience thus far and the remaining 50% will be met via an array of faculty reviewed on-line learning resources that meet clinical objectives. Students will return to clinical sites when available. |
| Glendale Community College Associate Degree Nursing Program | B. Caraway | 04/17/2020 | Pursuant to the Governor’s Executive Order N-39-20, Glendale Community College nursing program is requesting a temporary minor curriculum change to allow up to 50% of clinical hours for medical/surgical/geriatric courses to be non- direct patient care. Per the DCA Waiver Restrictions for CCR 1426, subdivision (g)(2) dated April 3, 2020, the school submitted evidence of the three required items noted of Med-Surg and Geriatric clinical under section 2: a) clinical practice in hospital not available, b) no alternative agency within 50 miles, c) substitute clinical experience is reasonably comparable to learning experience provided through direct patient care. On April 1, 2020, the program officially requested a temporary minor curriculum revision to conduct all nursing courses remotely online. The college required all instructors intense training in the week of March 16, 21, 2020, to be able to teach remotely by using Canvas and Zoom. Nursing Instructors have been trained in using specific web-based instruction, such as 1-Human and Shadow Health. Training for students to learn Canvas, Zoom, 1- Human and Shadow Health have been implemented. |
| Golden West College Associate Degree Nursing Program | L. Melby | 03/13/2020 | This letter is to officially request a temporary minor curriculum change. With the health issue of COVID 19, our campus, at this point, is highly |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | 4/24/2020 | <p>recommending changing courses to an online and/or hybrid format to limit student contact. The campus has provided adequate support for this change. Courses will be managed through our Canvas site. Respondus will be used for online testing purposes on Canvas. The campus has initiated additional training for our faculty. Students are currently utilizing Canvas for their courses. Next week, the faculty will be giving orientations to each course on the changes and to ensure each student is comfortable with the new format. This change is to start after our Spring break on Monday, March 30. Our President, at this point, states the change is to continue until the semester ends on Friday, May 22.</p> <p>50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with simulation</p> |
| Grossmont College Associate Degree Nursing Program | L. Melby | 03/17/2020 5/6/2020 | <p>Grossmont College requested a temporary minor curriculum revision to move nursing theory courses on-line until Fall 2020 including midterms and exams. Grossmont College requested a NON COVID minor curriculum revision to approve their new Nursing Program Mission Statement that is now congruent with the Grossmont College new Mission Statement. This did not change the Philosophy and Goals, Program Terminal Objectives, Conceptual Framework, Course Objectives and Descriptions or Course Structure to Integrate Content.</p> |
| Gurnick Academy of Medical Arts Associate Degree Nursing Program | J. Wackerly | 04/01/2020 | <p>A Temporary Minor Curriculum Revision during the COVID-90 pandemic period. March 15, 2020 theory instruction will be implemented remotely for the spring semester using Google Hangout The primary clinical hospitals continue to not have student nurses. Alternative clinical sites have been obtained and for students in OB, Peds, Med/Surg for spring semester</p> |
| Imperial Valley College Associate Degree Nursing Program | W. Boyer | 03/14/2020 | <p>In response to the current recommendations by the Center for Disease Control and public health safety, Imperial Valley College will be placed on partial closure beginning Monday March 16, 2020. All theory courses will be taught remotely. The program is requesting a temporary curriculum revision until</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | April 20, 2020 so that the nursing theory component of our courses maybe taught remotely. The platform to be used with Canvas with ConferZoom. Currently all courses have a Canvas shell and are published. Students have been polled and have the capability to access Canvas. All instructors have received education in support of providing remote education. The program will also be changing the 4 th semester preceptorship experience to a clinical experience to free up staff nurses. |
| Imperial Valley College Associate Degree Nursing Program | W. Boyer | 04/20/2020 | Imperial Valley College is requesting a waiver for OB and PEDS clinical hours. One 96 bed facility is only allowing fourth semester students to continue in the clinical area. A second 108 bed facility will accept MS students, but OB and Peds units are closed to students. The plan is to utilize 50% in in-direct patient care. The local pediatrician offices are just beginning to implement telehealth and there is a potential that students may be placed there. The goal is that by the end of May and early June, the program will be back on track and be able to provide the 50% direct patient care pediatric and OB experience |
| Long Beach City College Associate Degree Nursing Program | H. Sands | 03/18/2020 04/15/2020 | In response to the COVID-19 pandemic, PD- Sigrid Sexton requested changing delivery of theory content of current courses for the remainder of the term to ConferZoom (via Canvas). Clinical placement has been challenging. They are using the full 25% of indirect. Due to ongoing clinical displacement issues, School has opted to use the DCA waiver of 50% indirect. The request was submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% per DCA order 4-3-20 to continue for no more than 60 days. |
| Los Angeles City College Associate Degree Nursing Program | L. Melby | 03/25/2020 4/10/2020 | LACC requesting a temporary minor curriculum revision for theory courses via CANVAS ConferZoom due to COVID 19; this is considered a virtual live class and not online. All our students have access to CANVAS, as this is the platform used. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | patient care will be completed with virtual clinical using ATI Real-Life Scenarios, I-Human virtual simulation, and other resources. |
| Los Angeles County College Associate Degree Nursing Program | H. Sands | 03/14/2020 03/27/2020 | In response to the COVID-19 pandemic, PD- Dr. Mildred Gonzales will deliver the remaining theory content for the semester to an online format. Initially, the program was going to resume classes in the Fall as all clinical sites had been closed to students, however, as of 3/27/20, LAC Medical Center has reopened to students and will be placed on med-surg floors away from COVID-19 patients. |
| Los Angeles Harbor Associate Degree Nursing Program | A. Duke | 04/02/2020 05/01/2020 | In response to the COVID-19 pandemic, all courses and instruction from 03/16/20-03/30/20 are suspended. Effective 03/30/20 all didactic/theory instruction and testing will be delivered online (Zoom and Canvas). The program has requested this temporary minor curriculum revision for the duration of the Spring term (June 8, 2020) which may be subject to change. Request submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% for medical surgical and gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| Los Angeles Pierce College Associate Degree Nursing Program | B. Caraway | 03/30/2020 4/24/2020 | In response to the COVID-19 pandemic, the program is requesting a temporary minor curriculum revision to change method of instruction from face-to face to online. Effective 03/30/20 all didactic/theory instruction and testing will be delivered online (Zoom and Canvas) for the duration of the Spring term. All students will have access to CANVAS, as this is the platform used. The program submitted and the NEC approved a minor curriculum revision for use of the DC Waiver of 75% direct patient care to 50% for med-surg/geriatrics. Using the 50% indirect, they plan to front load the students with virtual platform using v Sim, Douc-Care (Lippincott) and other resources. Additionally, on April 24, 2020, the Los Angeles Community College District (LACCD) Chancellor's office allowed seven LA Nursing Programs to resume clinical rotations as facilities allow, and to give credit for volunteer experiences under the auspices of California Health Corps. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---------------------------------|--------------------------|--|
| <i>Full name and what degree program</i> | <i>First initial. Last name</i> | <i>XX/YY/ZZZZ</i> | |
| Los Angeles Southwest College Associate Degree Nursing Program | A. Duke | 04/23/2020 | Effective March 30, 2020 didactic/theory instruction and testing will be delivered online (via ConferZoom and Canvas) through the duration of the Summer term (August 23, 2020) due to COVID-19. Request submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% for medical surgical and gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| Los Angeles Trade Tech College Associate Degree Program | H. Sands | 04/01/2020 04/20/2020 | In response to the COVID-19 pandemic, under the leadership of PD- Paula Johnson, LATTC will change their theory courses to an online synchronous format, using Canvas and Zoom. Due to COVID-19 and associated clinical displacement, Paula Johnson- Program Director, has requested use of the DCA Waiver of 75% direct patient care to 50% for med-surg/geriatrics. Using the 50% indirect, they plan to front load the students with virtual clinical nursing using ATI Real Life scenarios, I Human virtual simulation and other resources. The request was submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% per DCA order 4-3-20 to continue for no more than 60 days. |
| Los Angeles Valley College Associate Degree Nursing Program | MA. McCarthy | 03/30/2020 | Request a temporary minor curriculum revision for the ADN program at Los Angeles Valley College. Due to the recent COVID 19pandemic, the LAVC nursing program is offering nursing courses theory and skills lab hours virtually. This will be done via Canvas with Confer zoom as of today, March 30, 2020, in place of face to face instruction. The anticipated end date would be July 31, 2020. LACCD administration and student services are assisting in training and resources to both faculty and students to run the program successfully. |
| Los Angeles Valley College Associate Degree Nursing Program | MA. McCarthy | 04/23/2020 | Request a temporary minor curriculum revision for the ADN program at Los Angeles Valley College. The affiliated clinical facilities are denying the clinical placement due to the recent COVID 19 pandemic. Request to reduce the direct patient care hours for medical surgical nursing and gerontologic |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
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| | | | nursing to 50% in accordance with the DCA waiver published on April 3, 2020_ The program will use simulation and skills lab procedures utilizing iHuman simulation and Health Scholars. |
| Los Medanos College Associate Degree Nursing Program | K. Daugherty | 03/11/2020 03/20/2020 | Effective March 16/17, 2020 all nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas ConferZoom) for the duration of the Spring term (May 22, 2020 for now but may be subject to change) due to COVID-19, institutional instructions/directions and adherence to the Governor’s executive orders. As of now, no clinical sites available and each of the four semesters having completed about one third of clinical hours. Other direct care sites being explored, and purchase of virtual simulation software being considered to complete the 25% non-direct patient care sim/skills lab hours allowable in each clinical course per CCR 1426(g) (2). Existing approved CRL/TCP forms to be updated to address identified calculation, course listing or omission errors and the move from the 18-week semester to 18 weeks of instruction compressed into a 16 weeks semester; GE other degree graduation course requirements revised to be consistent with 2019-2020 course listing and college catalog; identified Chem prerequisite to microbiology when taken at LMC included in updated forms. Nursing units and content unchanged, CRL/TCP form edits made for achieving improved form accuracy for Chem 6 and Math options and other degree unit range including adding Math 110 to acceptable math courses to meet graduation requirements. |
| Los Medanos College Associate Degree Nursing Program | K. Daugherty | 05/08/2020 | Approved DCA Waiver 20-03 request for RNURS 026 and 036 Medical/Surgical& Geriatric clinical courses based on submitted evidence. Using this waiver to complete the few shifts of required direct care OB clinical hours. PEDS and Psych clinical course hours completed. Spring term has been extended to June 30, 2020 based on CCCO 3/27/2020 memorandum provisions; anticipating an extension of this waiver in order to complete Spring 2020 clinical course hours for RNURS 026 & 036 by June 30, 2020 at |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | Concord and Walnut Creek clinical agencies. Determination regarding admission of a new cohort of students in Fall 2020 still being determined. |
| Mendocino College Associate Degree Nursing Program | S. Ward | 04/01/2020 | The program request for a minor curriculum revision stated in part the following: “Due to the Covid 19 Pandemic Shelter in place Pandemic, Mendocino College is requesting a Minor Curriculum Revision effective immediately for all theory portions of our courses listed below. These courses will be offered online via canvas platform and zoom. I am including the fall courses for now not knowing how long we will be in this mode of instruction.” The request also noted that tests will be offered securely via canvas using the secure “Protorio” to maintain the integrity of the exam. |
| Merced College Associate Degree Nursing Program | K. Daugherty | 03/23/2020 04/23/20 | Effective 3/23/20 nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Zoom) for the duration of the Spring term and possibly into the summer and fall terms if necessary due to COVID-19, institutional instructions/directions, and in accord with the Governor’s executive orders. MC first second and third semester schedules will be modified to use all available medical surgical clinical sites if available. Fourth semester preceptorship clinical rotation schedules adjusted to facilitate on time completion and fourth semester graduation by May 22, 2020. As of 4/23/20 reports will be able to complete REGN 15, 24, 34, 44 M/S Gero, Psych and OB clinical hours without need for waiver use. Only using the 50%/50% DCA Waiver 20-03 for REGN 34 PEDS clinical hours completion by June 2, 2020. |
| Merritt College Associate Degree Nursing Program | S. Ward | 05/06/2020 | The program request for a minor curriculum revision stated in part the following: “On behalf of the faculty of Merritt College, ADN Program, I am requesting permission to transition to remote instruction for the course, Nursing 5, Advanced Medical-Surgical Nursing (9- units: theory 4/clinical 5) for the remainder of the spring semester 2020. This change will allow for remote instruction for the remainder of the semester beginning April 6 and ending May 22nd. Alternative platforms used for instruction will be Canvas, |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | increase is the clinical hours of 1.5 additional hours per week. Nursing 283 (Medical Surgical Nursing IV) will increase by 2 units in the fall 2020 semester only to make up the hours missed in the previous two courses that were increased. So, in the fall 2020 semester the students will receive 8 units instead of 6. The increase is for clinical time only for the one cohort of students. Spring 2021 the Nursing 283 course will drop to 7 units so the correct amount will be 3 units of theory and 4 units of clinical. |
| Mission College Associate Degree Nursing Program | S. Ward | 04/08/2020 | The program requested a minor curriculum revision in response to the Santa Clara County shelter in place order and additionally due and the Mission College West Valley School District's subsequent order to close the Mission College Campus on March 11th,2020 The program was able to continue instruction as of March 16, 2020, using distance education formats including use of TechConnect Zoom (ConferZoom) as described integrates with Canvas, a course management system widely used in the California community college system. Use of distance education format planned to be in place until the end of the current Spring 2020 semester which ends on May 22, 2020. |
| Modesto Junior College Associate Degree Nursing Program | H. Sands | 03/18/2020 | In response to the COVID-19 pandemic, PD- Kelly Butler will be using community partners to set up students in preceptorships through the end of the semester. Theory content will be delivered via confer/Zoom. |
| Monterey Peninsula College Associate Degree Nursing Program | S. Ward | 04/06/2020 | The program request for a minor curriculum revision stated in part the following: "In response to the COVID 19 Emergency and the closure of our campus to students and to the public, all theory instruction for the nursing program has transitioned to an online format as of March 9th, 2020. Most of the content is delivered asynchronously through recorded lectures, videos, readings, or open sources. The faculty also hold virtual office hours (synchronously) online for the purpose of study groups, individual Q&A, advisement, reflection or remediation. The campus platform (Learning Management System) is Canvas. You will see attached to this email the DRAFT MPC Instructional Continuity Plan that allows faculty to postpone course completions until no later than June 19 th . That is the anticipated end |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | 04/20/2020 | <p>date for the temporary curriculum change submitted in this letter.”</p> <p>The program submitted and the NEC approved a minor curriculum revision due to the impacts of the COVID-19 pandemic, per DCA Waiver DCA-20-03 for the following medical/surgical courses. The waiver is to be applied to (2) courses, NURS 52 B -Nursing II: Medical Surgical and Pediatrics (8.5 units - 2nd semester), and for NURS 52 D – Nursing IV: Advanced Medical/Surgical/Leadership/ Psych/Mental Health (9.5 units, 4th semester). The request is to permit for 50% of clinical hours in the courses to be implemented in direct patient care, and for the remainder using alternative instructional methodologies to meet course objectives/outcomes as may apply to each course individually. The 96-hour preceptorship component of NURS 52 D will temporarily transition to a traditional faculty led clinical experience.</p> |
| Moorpark College Associate Degree Nursing Program | MA. McCarthy | 03/17/2020 | <p>In response to the COVID-19 pandemic, Moorpark College emergently transitioned on March 16, 2020 to delivering lectures in an online format. Exams may also be administered remotely. The platform for delivery of the lecture is ConferZoom. Exams can be administered remotely using Canvas enhanced with Proctorio.</p> <p>Canvas is the standard web-enhancement Learning Management System for all courses at Moorpark College. The Proctorio exam security service is paid for by the college district, and ConferZoom is paid for by the California Community College Chancellor's Office. Students nor faculty need to pay for either service. The nursing program has 24 laptops available should a student need to borrow one. The current Spring 2020 semester is scheduled to end on May 14, 2020.</p> |
| Moorpark College Associate Degree Nursing Program | MA. McCarthy | 04/08/2020 | <p>Requests a temporary minor curriculum change. In response to the COVID-19 pandemic, Moorpark College desires to modify the final semester preceptorship experience to be organized more as a medical-surgical clinical rotation for the Spring 2020 semester. Instead of a student being assigned to a preceptor, there will always be an instructor on-site with the group of students. The students will be assigned to a floor and then select a patient assignment</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | from the nurses that are there that day. Ideally a student's patient assignment will be all with the same nurse. The instructor will be rounding on the students to supervise, coach, evaluate, etc. The course objectives have been determined to not need to be altered. |
| Moorpark College Associate Degree Nursing Program | MA. McCarthy | 04/07/2020 | Request submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% for Moorpark College's medical surgical clinical rotations and gerontology clinical rotation for the duration of the Director of the Department of Consumer Affairs April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| Mount San Jacinto Associate Degree Nursing Program | A. Duke | 04/16/2020 | Request submitted satisfactorily meeting the requirements for temporary reduction of direct patient care hours to 50% for medical surgical and gerontology clinical rotations for the duration of the DCA April 3, 2020 Order Waiving Nursing Student Clinical Hours. |
| Mount Saint Mary's University Associate Degree Nursing Program | L. Melby | 03/23/2020 4/29/2020 | Mount Saint Mary's University is requesting a temporary minor curriculum change to offer all our face-to-face pre-licensure core nursing theory courses online effective March 16, 2020 through August 29, 2020 in order to meet the current COVID-19 guidelines from the Centers for Disease Control. August 29, 2020 is the end of summer term, and we hope to return to our face-to-face modality at that time. Canvas and Zoom will be used as the platforms to deliver our courses because our students currently use these platforms. We have confirmed that each of our students have a laptop and we have technical support to assist with any application questions. All faculty have completed instructional training on the use of Canvas and Zoom to ensure our students receive the best instructional experience. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with iHuman, |
| Mount San Antonio Associate Degree Nursing Program | D. Schutte | 03/20/2020 | Mt SAC has requested a temporary minor curriculum revision for theory (NURS 2 Pharmacology NURS 9 Leadership) and non-direct patient care clinical hours (Fourth semester clinical courses) beginning March 23, 2020 |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | and extending through the COVID-19 pandemic. These hours will be taught online via Canvas and ConferZoom technology. Faculty instruction in the use of the delivery method has been provided. Exam testing-initiated Fall 2019 will continue online through Canvas. College IT support is available for faculty and students on an ongoing basis. |
| Mount San Antonio Associate Degree Nursing Program | D. Schutte | 4/22/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for fourth semester med-surg nursing courses. A comprehensive listing of contracted clinical facilities and identified alternate experiences within a 50-mile radius of the College, identified facilities as not taking students at this time for clinical placement due to lack of PPE, low census, and nurse burnout. Mt SAC has “suspended” all other nursing courses for Spring Semester with students dropping their courses and plans to restart Fall Semester 2020. Non-direct patient care clinical experience will include such active learning opportunities such as virtual simulation, case studies, clinical projects, and other learning modules. These experiences are deemed comparable to direct patient care experience to meet course clinical objectives and hours. |
| Mount San Antonio Associate Degree Nursing Program | D. Schutte | 5/12/2020 | A Minor Curriculum Revision for Mt SAC faculty to offer NURS 11 Preceptorship as a regular course (non-preceptored) due to the unavailability of preceptorship opportunities in clinical facilities during the COVID-19 crisis. |
| Napa Valley College Associate Degree Nursing Program | J Wackerly | 4/13/2020 | A Temporary Minor Curriculum Revision during the Covid-19 pandemic period. The revision is moving from face to face classroom to remote courses and examinations in response to the evolving coronavirus pandemic during the spring term which now is impacting enrolled nursing student at Napa Valley Collage. Adherence to the Governor’s executive order. |
| Ohlone College, Associate Degree Nursing College | J Wackerly | 03/16/2020 04/09/2020 | All nursing didactic/theory instruction and testing will temporarily be using remote/distant learning instructional modalities for the duration of the spring semester with Zoom, Canvas enhanced lectures. Utilize Waiver for section |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | 1426, subdivision (g)(2) for 50% of clinical hours; using telehealth and volunteering for the remaining 50% of clinical hours as described in the Nursing Services due to Epidemic and Nursing Student Volunteer documents released by the BRN. Extension of Spring semester into Summer semester. School reporting that student will not be able to acquire or obtain clinical hours and competencies by May 22, 2020 |
| Pacific College Associate Degree Nursing Program | D. Schutte | 03/17/2020 | A temporary minor curriculum revision for Pacific College’s new ADN Program. Instruction will move to a remote/distant learning platform using Zoom during the COVID 19 Crisis for both theory and clinical in the first nursing course N101. Faculty instruction and training will be held during the week of March 23 with start date of 03/30. Exam Soft will be used for online testing. Ongoing IT support is available for faculty and students. |
| Pacific Union College Associate Degree Nursing Program | S. Ward | 03/27/2020 04/17/2020 | The program request for a minor curriculum revision stated in part the following: “Effective March 30, 2020 (first day of spring term), the College has directed all faculty to use a hybrid/distance format for courses using the LMS Canvas. All faculty and students already have access to and are familiar with this online product. The hybrid/distance format is expected to be used until April 27, 2020 when PUC hopes students can return to brick and mortar classes, but faculty are advised to be prepared to use this delivery method through the end of the term, June 14, 2020.” Change units for NURS 325 Nursing VI from (6) quarter units to (4) quarter units to promote successful completion of course given the current clinical placement environment. |
| Palomar College Associate Degree Nursing Program | L. Melby | 03/22/2020 4/13/2020 | Palomar College requested a temporary minor curriculum revision to move nursing theory courses on-line until Fall 2020 including midterms and exams. Palomar College is requesting a NON-COVID related minor curriculum change to teach Nursing 103 Foundations, that is taught in conjunction with the first semester fundamentals course Nursing 117, to be moved from a face to face course to an online course. No changes to objectives, content, or units. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|--|
| | | | This request is supported by their student evaluations. |
| Pasadena City College Associate Degree Nursing Program | B. Caraway | 4/23/2020 | <p>The program is requesting a Minor Curriculum change in response to the California State of Emergency declared 3/4/2020 as a result of the impact of COVID-19. Pasadena City College (PCC) changed all courses to a different teaching modality on 3/9/2020. All courses are being taught by remote instruction, using Zoom through Canvas. All faculty and students were trained in remote instruction. Pasadena City College will be teaching all courses using remote instruction until the end of the Spring term on June 12, 2020, and possibly longer. The nursing program is <u>not seeking a waiver to use the 50% direct-care requirement for medical-surgical and geriatric courses.</u></p> <p>Although PCC nursing students were displaced from a few of the contracted clinical sites, the students have been accepted at an alternative contracted clinical facility. Thirty-seven fourth-semester students are enrolled in Spring 2020. Thirty-two out of the Thirty-seven fourth semester senior students who were misplaced have been accepted by an alternative site, Huntington Hospital, and they will graduate on time on June 12, 2020. The remaining five senior students chose to take an incomplete and want to wait to return after the COVID-19 restriction has lifted. Of 43 currently enrolled students, 28 students will complete their nursing courses on time. Ten students chose to take an incomplete and return to the PCC RN program after the COVID-19 restriction has lifted. Five students have withdrawn from the RN program and may re-enter later.</p> |
| Porterville College Associate Degree Nursing Program | J. Wackerly | 04/16/2020 | A Temporary Minor Curriculum Revision during the Covid-19 pandemic. Theory instruction will be implemented remotely during the current semester. April 16, 2020 M/S, OB, Ped clinical suspended until further notice. April 23, 2020 clinical in M/S, Peds and OB resumed with limited clinical class size with faculty working 12-hour shifts. All students have returned to clinical |
| Reedley College at Madera Community College Center Associate Degree Nursing Program | S. Ward | 03/24/2020 | The program director request for a minor curriculum revision stated in part the following: “I am requesting a minor curriculum revision due to the Madera Community College campus closure relating to the Coronavirus pandemic. Starting the week of March 24, 2020, we will be transitioning theory |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | instruction from face-to-face to an online format using Zoom videoconferencing. This is a temporary change and may be in effect until May 22, 2020.” |
| Rio Hondo College Associate Degree Nursing Program | W. Boyer | 03/14/2020 | Rio Hondo College has decided to have all lecture/didactic courses now be delivered via an on-line format, including the ADN program courses. This change is to take effect March 16, through April 19, 2020. The program uses the CANVAS format for on-line or hybrid course delivery. Our faculty are very familiar with this delivery system. The school has been very proactive in providing faculty with training so that all questions can be answered and have an opportunity to learn and practice with additional CANVAS features. The students are also very comfortable using the CANVAS format for submitting assignments, receiving power-point presentations, and for some course testing. |
| Rio Hondo College Associate Degree Nursing Program | W. Boyer | 04/18/2020 | In response to the COVID-19 pandemic Rio Hondo College (RHC) students have been displaced from clinical sites. OB and Pediatric Nursing students are impacted, due to the absence of a clinical site within 50 miles that is taking students in these specialty areas. RHC students will complete 50% of the remaining clinical hours performing direct patient care, instead of the standard 75% as per the waiver of 4/3/2020. Clinical Objectives will be met using a combination of group telehealth experiences with faculty present, case reviews, and virtual simulation using Canvass and Zoom formats. |
| Riverside City College Associate Degree Nursing Program | L. Melby | 5/12/2020 4/15/2020 | RCC is requesting permission to conduct all didactic content in an online format during the COVID pandemic. This instruction will occur primarily through live Zoom lectures, but may also involve use of discussion boards, recorded lectures, online learning activities and other distance education teaching modalities. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with several simulation, case study, and virtual reality products. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|---|---|---|--|
| Sacramento City College Associate Degree Nursing Program (all full and part time degree options) | K. Daugherty | 03/24/2020 04/20/20 | All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Confer-Canvas, Zoom, Proctorio) for the duration of the Spring term even if extended into the summer June 18, 2020. SCC exploring options for delivery of the clinical component of the N307 LVN to RN Advanced Placement Transition course scheduled for summer term due to COVID-19 clinical restrictions. Minor curriculum change request to use the DCA Waiver 20-03 to complete medical/surgical and geriatrics clinical course hours for N407, 417, 427 and N437 all integrated medical-surgical/gero courses approved. Fourth semester students are expected to graduate on May 20, 2020. In July 2020 N307 summer LVN to RN advanced placement LVN to RN Transition course will have a delayed July 1, 2020 start date using remote theory delivery (Conferzoom). |
| Saddleback College Associate Degree Nursing Program | L. Melby | 03/22/2020 4/28/2020 | Saddleback College requested a temporary minor curriculum revision to move nursing theory courses on-line for Spring 2020. The nursing faculty are well-versed in the Canvas and Zoom platforms and the college has made professional development available to those faculty who need support. The students have been using Canvas as their instructional platform and are familiar with the workings of Canvas. The course exams will be offered via Canvas with instructors zooming in to provide proctoring or some of the faculty will be using Proctorio. To facilitate the use of the online platform, the college will distribute laptops to students as prioritized by need starting March 23, 2020 when school resumes after spring break. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed that include, but are not limited to, unfolding case studies, virtual simulation, journaling, reflective papers, care planning and concept mapping and research |
| San Bernardino Valley College | D. Schutte | 03/27/2020 | SBVC has temporarily moved 0.25 clinical unit in their N211 Med Surg |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| Associate Degree Nursing Program | | | IV/Preceptorship Course from Total Units for Licensure to Total Units for Graduation during the COVID 19 Crisis period. Total Nursing Theory and Clinical Units and Content Required for Licensure continue to be met with this 0.25 reduction in clinical units. Total Units for Licensure changes from 68.5 to 68.25 with Total Units for Graduation remaining the same at 78.5. The EDP-P-06 has been revised. |
| San Bernardino Valley College Associate Degree Nursing Program | D. Schutte | 03/28/20 | SBVC will temporarily deliver lecture/theory and non-direct patient care instruction remotely using distance learning instructional modalities Canvas and ConferZoom beginning 3/30/20 and extending through the COVID-19 crisis period. Exams will be carried out via the online delivery program. Proctorio. Faculty have received training in the use of the online delivery methods with ongoing IT support available for both faculty and students. |
| San Bernardino Valley College Associate Degree Nursing Program | D. Schutte | 04/23/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric clinical courses. A comprehensive listing of contracted clinical facilities and alternate experiences within the 50-mile radius of the College, identified only one alternate clinical facility able to take fourth semester students at this time for clinical placement. These fourth semester students enrolled in NURS 211 Medical Surgical Nursing IV, will be able to complete course clinical objectives, program outcomes, and graduate from the program Spring Semester. With the DCA Waiver, students enrolled in NURS 161 Beginning Medical Surgical Nursing and Nursing 200 Medical Surgical Nursing III will participate in non-direct patient care experiences that include virtual simulations, case studies, virtual simulation charts (Sim Charts), Simulation Learning System (SLS), Adaptive Quizzing (AQ), and clinical skills video. These activities are deemed comparable to direct patient care experience to meet course clinical objectives, outcomes, and clinical course hours. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| San Diego City College Associate Degree Nursing Program | L. Melby | 03/20/2020 4/28/2020 | San Diego City College requested a temporary minor curriculum revision to move nursing theory courses on-line until Fall 2020 including midterms and exams. 50% waiver request for medical-surgical and geriatric courses met waiver requirements and was approved. Remaining clinical hours in non-direct patient care will be completed with virtual simulation |
| San Joaquin Delta Associate Degree Nursing Program | K. Daugherty | 03/24/2020 03/27/2020 04/22/2020 | SJDC nursing didactic/theory instruction/testing all program tracks will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Zoom, Proctorio) possibly until August 21, 2020 due to COVID-19, institutional instructions/directions and adherence to the Governor's executive orders. The allowable 25% of non-direct care learning experiences (skills/sim labs) being used in each clinical nursing course. All needed resources (faculty, technology etc. in place). Required direct patient care learning experiences using existing community- based hospital systems (St. Joseph etc.). Minor curriculum changes per DCA Waiver 20-03 request approved. Using the waiver to complete N2,Into to M/S, N6 Intermediate M/S, N9 Transit.to Practice. Able to secure limited number of direct care experiences at SJMC starting 4/2 and SJGH starting 4/7. |
| San Joaquin Valley College Associate Degree Nursing Program | J. Wackerly | 03/30/2020 | A Temporary Minor Curriculum Revision during the COVID-19 pandemic period. Theory instruction will be implemented remotely utilizing a virtual platform. |
| Santa Ana College Associate Degree Nursing Program. | D. Schutte | 03/16/2020 | All theory courses will be taught online through Canvas, effective March 16 through April 24, 2020. Canvas access and availability have been in place since moving to the Concept-Based Curriculum in 2018. Faculty are being updated on online teaching principles and have IT support. Students have access to Canvas support, Library support, and faculty through email. Exams will be through Exam Soft on campus with approved arrangements. |
| Santa Ana College Associate Degree Nursing Program | D. Schutte | 04/16/2020 | A Minor Curriculum Revision for the DCA Waiver allowing 50% non-direct patient care experience for current med-surg and geriatric courses. A listing of |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | contracted clinical facilities and identified alternate experiences within the 50-mile radius of the College are not taking students at this time for clinical placement. With the DCA Waiver, all Spring Semester enrolled nursing students will be able to complete clinical courses including medical surgical and geriatric clinical courses: NRN171L Principles of Nursing and Simple Concepts (40 students), NRN262L Acute Concepts Lab (39 students), NRN263L Complex Concepts Lab (60 students), and NRN264L Preceptorship Lab (60 students). Non-direct patient care experiences include activities such as unfolding case studies, virtual simulation, journaling about the simulations, and care planning for simulated patient. These experiences can meet course clinical objectives, outcomes, and clinical course hours. |
| Santa Ana College Associate Degree Nursing Program | D. Schutte | 04/27/20 | A Minor Curriculum Revision for SAC NRN264L Preceptorship scheduled to begin May 8, 2020 will be offered as a non-preceptorship course due to unavailability of preceptorship opportunities in clinical facilities during the COVID-19 crisis. |
| Santa Barbara City College Associate Degree Nursing Program | A. Duke | 03/16/2020 | Effective March 16, 2020 nursing theory instruction and testing will be delivered online (via Canvas) for courses through at least the duration of the Spring term (May 9, 2020). |
| Santa Monica College Associate Degree Nursing Program | M.A. McCarthy | 03/10/2020 | Due to COVID19 state of emergency, SMC will transition to remote learning for nursing theory courses using the Canvas online platform effective Wednesday March 18, 2020 through June 14, 2020. All exams will be on ground. |
| Santa Rosa Junior College Associate Degree Nursing Program | J Wackerly | 04/01/2020 04/14/2020 | A temporary Minor Curriculum Revision during the COVID-19 pandemic period. All nursing didactic/theory instruction and testing will temporarily be using remote/distance learning instruction modalities for the duration of the Spring semester. The nursing program has submitted a minor curriculum |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | revision for NR75D Preceptor course where 50% medical-surgical will be in direct patient care activities and 50% will be in simulation. As of 4/10/2020 students have completed all theory, exams, and clinical hours; students have completed 171 required direct patient care hours to date, or 54%. The remaining 144 preceptorship hours (46%) will be accomplish by virtual clinical care simulation iHuman a Kaplan product. |
| Shasta College Associate Degree Nursing Program | K. Daugherty | 03/24/2020 | <p>All nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Confer-Zoom, Proctorio) beginning 3/20/20 for the duration of the Spring term and possibly through 8/31/20 due to COVID-19, institutional instructions/directions and adherence to the Governor’s executive orders.</p> <p>4/24-27/20 PD is working to have fourth semester students finish all required coursework if additional direct care slots open now or by the extended end of the Spring 2020 term (until 8/31/20 if needed by SC). Current first, second, and third semester students are expected to complete Spring 2020 nursing course work before the start of the Fall term if not sooner provided community and hospital clinical hours become available for direct patient care clinical by 8/31/20. Program intends to admit a new cohort of first semester students in Fall 2020 according to the regular start of the Fall semester. No waiver needed for REGN 15 per CCR 1426 (g) (2); SC requested use of the DCA Waiver 20-03 50/50 waiver for REGN25P, N35P and N48P M/S & Gero courses as approved; 9 of 26 graduating students in REGN 48P still working on completing the required direct care clinical hours and hospitals. SC is using the 50/50 for REGN 36P OB & PEDS. REGN 48 Psych will be completed by 5/1/20; SC understands the waiver in effect until June 2, 2020 unless extended.</p> |
| Sierra College Associate Degree Nursing Program | K. Daugherty | 03/10/2020, 03/16/2020 03/24/2020 | Effective March 18, 2020 all nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (Canvas, Confer-Zoom, Proctorio) for the duration of the Spring term, if not by 5/22/20 then no later than the extended Spring term date of June 18, 2020 due to COVID-19, institutional instructions/directions, and adherence |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | 04/20/2020 | <p>to the Governor’s executive orders. SC plans to admit a cohort into first semester this Fall.</p> <p>Minor curriculum changes per DCA Waiver 20-03 request to complete M/S and Geriatric clinical course hours using the 50% direct patient care and 50% simulation in second semester N22 and fourth semester N24 approved. SC plans to use the 50/50 waiver allowances to meet N22 PEDS and N24 OB clinical course hours requirements and anticipates it will be able to complete the Spring 2020 term on time.</p> |
| Solano Community College Associate Degree Nursing Program | J Wackerly | 04/07/2020 | <p>A temporary Minor Curriculum Revision during the COVID-19 pandemic period. All nursing didactic/theory instruction and testing will temporarily be using remote/distance learning instructional modalities for the duration of the Spring semester ending May 20, 2020. The nursing program has submitted minor curriculum changes to the following courses: NURS 072A Med/Surg II, NURS 072B (OB),NURS 074A (Advanced Med/Surg), NURS 074B (Pediatric), and NURS 065 (Preceptorship/Cohort Mentorship). These curriculum revisions with changes will allow the nursing students to complete the five courses and to finish their semester and graduate. Student sign up with HealthCorp, supervised on site by RN. SCC faculty will be available by telephone to students while they are at HealthCorp locations.</p> |
| Stanbridge University Associate Degree Nursing Program | B. Caraway | 03/19/2020 | <p>Due to the COVID-19 pandemic, the Stanbridge University will be teaching Spring quarter theory classes for prelicensure students remotely. The institution has a signature learning management system, Edverum, that provides user friendly 24/7 access to course materials and assignments. During this period, faculty are assigned up to three online courses which provides a workload that allows for online presence and active student engagement. Faculty are utilizing instructional technology resources such as recorded narratives on PowerPoints, Google Hangout for synchronous meetings and faculty-based student tutoring, and virtual office hours. The Program will initiate remote teaching for nursing theory courses beginning March 16,2020. This will continue until May 3, 2020. Additionally, the</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | SUMMARY OF CHANGES |
|--|---|---|--|
| Stanbridge University Associate Degree Nursing Program | B. Caraway | 04/23/2020 | <p>Program is integrating simulation up to 25% in all courses using ATI Live, Shadow Heath and Laerdal simulation.</p> <p>On April 23, 2020, Minor curriculum change, DCA Waiver 20-03 request to complete M/S and Geriatric clinical course hours using the 50% direct patient care and 50% simulation in the following courses: Medical- Surgical (M-S)11-NUR 1400 and Advanced M-S NURS1700 course for 28 senior students who can complete their clinical hours without displacement. The cohort will not meet all graduation requirements until August 2020.</p> <p>Program plans to use the 50/50 waiver allowances to meet Pediatric and Mental Health clinical course hours requirements.</p> |
| Southwestern College Associate Degree Nursing Program | W. Boyer | 03/22/2020 | <p>In response to the COVID-19 pandemic Southwestern College Nursing Program will deliver all theory courses and exams remotely. Southwestern College is closing the Campus from March 16 to May 22, 2020 (the remainder of the semester). If the School remains closed through the summer months, program administration will request an extension of the Minor Curriculum Revision. All students have access to CANVAS, On-line teaching and Zoom Conference and this remote teaching should not have any impact on both the students and faculty. IT support is always available to both the faculty and students.</p> |
| Ventura College Associate Degree Nursing Program | H. Sands | 03/26/2020 | <p>In response to the COVID-19 pandemic, Dr. Sandra Melton requested change of face to face theory courses to an online format, using conferZoom (via Canvas). Faculty are also using online resources including iHuman and case studies to supplement theory. The students have been denied clinical access from the various acute care facilities. As of 3/26/20, Dr. Melton has secured telehealth opportunities with existing community.</p> |
| Victor Valley College Associate Degree Nursing Program | W. Boyer | 03/26/2020 | <p>Due to the COVID-19 pandemic, Victor Valley College will be completing the theory portion of their 4th semester course via an online format utilizing Blackboard. This will be in place from April 6, 2020 until May 15, 2020 or until changes in the situation warrant. Clinical will be completed as soon as clinical partners approve students to return. Other semesters will return in Fall</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|--|---|---|--|
| | | | 2020 and resume coursework. |
| Weimar Institute Associate Degree Nursing Program | K. Daugherty | 03/23/2020 04/21/2020 | Effective now, as of this date, all nursing didactic/theory instruction/testing will temporarily be delivered using both face to face instruction and remote/distance learning instructional modalities (Populi, Zoom) for the duration of the Spring term for enrolled second and fourth semester cohorts. The Spring term course completion may possibly extend into the summer term due to COVID-19, institutional instructions/directions, and adherence to the Governor’s executive orders. Minor curriculum changes approved to use the DCA Waiver 20-03 to complete N223 Intermediate M/S Nursing. N 303Advanced M/S completed w/o use of the waiver. This waiver also used to complete N225 Psych/Mental Health and N304 OB clinical course hours. WI plans to use the waiver to complete summer term, N224 Geriatrics Nursing by June 2, 2020, and if extended, N301 PEDS Nursing in the summer 2020 term. |
| West Hills College Lemoore Associate Degree Nursing Program | S. Ward | 03/27/2020 04/09/2020 | The program director request for a minor curriculum revision stated in part the following: “This letter is to request a minor curriculum change for West Hills College Associate Degree Nursing Program due to the COVID19 crisis and the mandate from our college/district/state chancellor’s office to move all coursework online. Our campus has completed and submitted a blanket DE addendum to the state chancellor’s office for all courses running this spring 2020 semester for online learning modalities. Theory courses and exams are being taught/taken remotely for now with a tentative end date of April 24, 2020. I expect this could continue through the remainder of this spring semester through May 24th, 2020 which would be the final week of the semester when commencement would take place. Our campus has Canvas as our online learning platform, and our campus and district has ensured that all faculty and students have support and instructional support to conduct the courses online.” Reduce NURS 010L (medical-surgical course) by one unit clinical, NURS 005L by 0.5 units clinical (obstetrics course), and NURS 009L by 0.5 units |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | clinical (pediatrics course). The change is intended to continue successful student course progression and program completion, as the program transitions to a new curriculum in Fall 2020 and due to the current clinical placement environment |
| Xavier College Associate Degree Nursing Program | J Wackerly | 04/13/2020 | A Temporary Minor Curriculum Revision during the COVID-19 pandemic period. All nursing didactic/theory instruction and testing will temporarily be using remote/distance learning instruction. Instructor will be utilizing Elsevier/Evolve/HESI products for faculty and student learning resources and Canvas Learning Platform for videoconferencing and remote testing. Program states they have the technology, infrastructure, equipment and staff to implement this temporary change. |
| Yuba College Associate Degree Nursing Program | K. Daugherty | 03/25/2020 | Effective 3/25/20 all nursing didactic/theory instruction/testing will temporarily be delivered using remote/distance learning instructional modalities (ITV, Canvas, Confer- Zoom) for the duration of the Spring term (May 22, 2020) and possibly into the summer term (no definitive dates available) due to COVID-19, institutional instructions/directions and adherence to the Governor’s executive orders. PD reports the program is in compliance with Board regulations. As of now, likely fourth semester students will successfully complete required program clinical course hours and be eligible for on time graduation in May as a result of one large community hospital availability to fourth semesters. Plan is to have first, second and third semester students complete all required course hours in May provided clinical placement availability is unchanged. |
| Yuba College Associate Degree Nursing Program | K. Daugherty | 04/01/2020 | Effective Fall 2020 change the following science and GE requirements: any 3 units Humanities acceptable; replace Math 52 Intermediate Algebra with Stat 1 Intro to Statistical Methods, retain Speech 1 but remove Speech 6; retain HLTH 10 Principles of Nutrition but remove FC&S 10 to meet the nutrition requirement. Rename N1 Fundamentals of M/S Nursing; N2 Intro to M/S Nursing; N3 Intermediate M/S Nursing; Combine the fourth semester nursing |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
June 24-25, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | SUMMARY OF CHANGES |
|--|---|---|---|
| | | | courses N4A and 4B into one course, N4, and rename N4, Advanced Medical Surgical Nursing; total nursing units and content in each of the four semesters is unchanged. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | PROGRESS REPORT |
|---|---------------------------------|----------------------|--|
| <i>Full name and what degree program</i> | <i>First initial. Last name</i> | <i>XX/YY/ZZZZ</i> | |
| ELM (alpha a-z) | | | |
| University of California Los Angeles Entry Level Masters Nursing Program | W. Boyer | 04/12/2020 | UCLA is requesting to continue to teach on-line versus in-seat during the upcoming terms. Given the ongoing COVID-19 pandemic, the program plans to use remote instruction for theory classes at least through Summer Session. Because the status of Fall quarter is uncertain, the program is requesting for that term also. |
| BSN (alpha a-z) | | | |
| California State University San Bernardino Baccalaureate Degree Nursing Program | W. Boyer | 05/07/2020 | The CSU San Bernardino Department of Nursing (DON) will be continuing virtual distance learning this Summer 2020 term (June 20 – July 28, 2020) since the suspension of in-seat, face to face instruction at the California State University, San Bernardino on March 17, 2020 by President, Dr. Tomas Morales due to COVID-19. The following courses will be taught via the on-line format: NURS 334 Maternal and Child Health Theory, NURS 335 Maternal and Child Health Clinical, NURS 404 Leadership/Nursing Management Theory, NURS 408 Leadership/Nursing Management Seminar, NURS 409 Leadership/Nursing Management Clinical. |
| California State University San Marcos Baccalaureate Degree Nursing Program | L. Melby | 03/16/2020 | CSUSM School of Nursing has suspended all clinical rotations for our students, effective today (3/16/20). We anticipate that this suspension will continue until the end of Spring Semester (5/8/20 is the last day of instruction). We have taken this step to help ensure the safety of our students, faculty, and staff during the COVID-19 outbreak. This will affect 551 students pursuing a nursing degree in our school, according to the following breakdown: 443 pre-licensure students (traditional BSN and accelerated BSN) and 108 graduate students (FNP and PMHNP). We anticipate that the 283 students enrolled in our fully online RN to BSN program will be able to continue their studies uninterrupted. |
| Chamberlain College of Nursing Baccalaureate Degree | D. Schutte | 04/10/2020 | Fozia Ferozali, EdD, MSN, RN has been approved as Program Director and Lisa Radesi, DNP, MSN, CNS, RN, PHN as Assistant Program Director. |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | PROGRESS REPORT |
|--|---|---|---|
| Nursing Program-Rancho Cordova | | | |
| Concordia University Irvine Baccalaureate Degree Nursing Program | MA. McCarthy | 04/20/2020 | <p>Due to the changing environment of healthcare with the current crisis of COVID-19, almost all hospital partners have suspended students. This is greatly impacting the achievement of our students obtaining an adequate amount of clinical hours CUI has discontinued theory courses and the co-requisite clinical courses. We have moved courses to the summer for completion, placed courses online, and realigned some of our courses. Concordia University leadership made the decision to close the campus in alignment with the recommendations from the state and federal government agencies.</p> <p>As students await the reopening of campus, courses, and hospitals, many are actively volunteering in their communities to assist with the COVID-19 crisis. Upon recommendations from the Governor and the BRN to allow students to volunteer under current regulations, the CUI department of nursing has pursued approval through Concordia leadership and Registrar to consider some volunteer activity to be credited toward the clinical requirements in NUSA 494 Community Health Nursing Clinical.</p> |
| Loma Linda University Baccalaureate Degree Nursing Program | B. Caraway | 05/07/2020 | <p>The April 30, 2020 Loma Linda University Quarterly Progress Report demonstrates progress in areas needing improvement which were identified during the November 2019, Continuing Approval Visit. The areas requiring improvements are: Total Program Evaluation Plan, Inconsistency among faculty in teaching courses and evaluation of students, and lack of students' participation. The program reports revisions of the Total Program Evaluation Plan. The program has developed a process to maintain and review electronic documentation of evaluation compliance and assessment outcomes; information will be available to all faculty through the school's electronic 'shared drive'. Standardized agenda and minutes/documents have been developed , and the were implemented in January 2020 and contain</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | PROGRESS REPORT |
|--|---|---|---|
| | | | <p>areas for discussion and for follow up regarding past decisions to close the loop and document outcomes. ATI has been implemented into the nursing courses and is currently a source of information for simulation activities for clinical courses in addition to supporting the curriculum as students are taught all-online. Quarterly reports will be kept in electronic format regarding ATI integration and will be reviewed when each faculty member has his/her annual review with the Deans (currently delayed related to Covid-19 regulations). Student participation in the University Committee meetings has been encouraged. All student officers/representatives from the Association of Student Nurses (ASN) and the Class Officers within the school have been contacted by the Program Director regarding their role in participation in faculty meetings. A 'meeting minutes' template was drafted and is currently in use to include student comments/concerns to ensure consistency with addressing student comments/concerns, and it is tracked to identify trends, positive and negative, for further action. The Program Director has been facilitating a monthly forum with students to address comments and concerns in a neutral environment while following the proper chain of command.</p> |
| Simpson University Baccalaureate Degree Nursing Program | K. Daugherty | 03/27/2020 | <p>PD reports financial sustainability of the institution and program remains stable. All Spring 2020 nursing courses completed using the existing CCR 1426(g) (2) allotted 75% direct patient care and 25% skills/sim lab learning. SU expects all program students will finish the Spring 2020 term on time around April 23, 2020. Program enrollment is currently 112 students and SU plans to admit 27 students in Fall 2020 and Spring 2021. Institutional enrollment for next year has met projected targets. Two of the existing nursing faculty will move from part time to full time faculty (one in a teaching capacity and one as clinical coordinator to facilitate clinical placements) for Fall 2020. SU college president provided a letter as part of the progress report indicating SU is finishing the academic year with the strongest finish in the last 29 years by closing in the black, covering depreciation, and improving the</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/YYYY</i> | PROGRESS REPORT |
|---|---|---|---|
| | | | cash flow position. SU has submitted the necessary paperwork to receive approximately \$2 million from the Federal stimulus forgivable loan program aimed at keeping institutions such as SU up and running. SU Spring 2020 undergraduate enrollment is 526. The SU admissions team is expecting fall 2020 enrollment of 571 students. According to the SU president, Nursing School Hub recently ranked SU's nursing program No.7 in CA for 2020. Quarter over quarter NCLEX pass rates remain in the range of 96-100%. The PD continues to administer/manage the traditional BSN and RN to BSN degree options but enrollment into the RN to BSN degree option is on hold for now. |
| Unitek College Baccalaureate Degree Nursing Program | MA. McCarthy | 03/23/2020 | Please accept this letter as official notification of the change ownership of the parent company of Unitek College Fremont and Bakersfield (the "Schools"), which was previously communicated to the Board on December 30, 2019. The change of ownership was completed on March 6, 2020. As we described in our prior notice, the Schools' owner completed a transaction that resulted in a change of ownership of the Schools' parent company. As a result of the transaction, the Schools' parent company will be owned by a subsidiary of the Vistria Group, LP, a private equity fund. |
| University of California Los Angeles Baccalaureate Degree Nursing Program | W. Boyer | 04/12/2020 | UCLA is requesting to continue to teach on-line versus in-seat during the upcoming terms. Given the ongoing COVID-19 pandemic, the program plans to use remote instruction for theory classes at least through Summer Session. Because the status of Fall quarter is uncertain, the program is requesting for that term also. |
| University of Phoenix Baccalaureate Degree Nursing Program | J. Wackerly | 03/16/2020 | A Temporary Minor Curriculum Revision during the COVID-19 pandemic Closing the campus, students were moved to virtual platform using Blackboard called Collaborate delivering online distance education instruction and teaching learning modalities.3 clinical facilities utilized by the program had closure dates from March 17-2020 to late April 2020 and one clinical closed indefinitely. Clinical rotations for Med/Surg, Obstetrics moved to summer |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | PROGRESS REPORT |
|--|---|---|--|
| | | | with accepting hospital agencies; Psych/Mental Health changed to Telehealth resources to complete the remainder of clinical hours. Pediatric moved to 50% Virtual Simulation and 50% Telehealth resources (direct care) for Child development assessment and education. |
| Vanguard University Baccalaureate Nursing Program | D. Schutte | 05/06/2020 | A virtual Interim Visit, Pre-Graduation Visit, was held via Zoom on May 6 th , 2020 with the first cohort of 24 BSN students admitted to Vanguard University (VU) Fall Semester 2018. Twenty-three of the 24 students will be graduating from the program on May 7 th . With one student currently completing last clinical course hours due to personal reasons, there is no attrition in this first cohort of students. There are 55 students currently enrolled in the program. Thirty-two students are admitted once a year to the third year of the BSN Program. Students complete general education and nursing pre-requisites in years 1 and 2 and nursing courses in years 3 and 4. All 24 graduating students participated in the Zoom conference. They were enthusiastic about their nursing program. They chose this program because of program value alignment with personal values. The students voiced preparedness and readiness to move forward, become Registered Nurses, and serve others. Many of the graduates are focusing on positions in acute care nursing. They are currently preparing for NCLEX via ATI and UWorld resources. Students voiced satisfaction with the nursing program. Faculty and program support (Learning Support Plans) for student success was described as strong. There is student participation via class representatives in faculty meetings. Student feedback is requested routinely especially via course evaluations and is acted upon when needed by the program director and faculty. Equipment, supplies, and varied learning resources are available and up to date. Classroom instruction incorporates active learning principles. Students participate in organized laboratory and simulation experiences of up to 25% clinical course hours. Direct patient care experiences were described as excellent with strong clinical placements. Course clinical hours were able to be met; however, these students voiced that although simulation experiences were very good, |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | PROGRESS REPORT |
|--|---|---|--|
| | | | <p>simulation did not replace all that can be learned when providing direct patient care experience. The program currently has 5 full time faculty and 11 part time faculty. Based on faculty and student feedback, a minor curriculum revision was approved in March 2020 that incorporates VU changes and decreases in prerequisite science lab course units, reallocates lecture and clinical units within nursing courses, and adjusts the placement of courses in the curriculum to facilitate student learning. Strong VU administrative support for the program continues. Provost Pete Menjares reported the purchase of an adjacent church with parking area that will be refurbished for use by the Nursing Department including additional faculty office space. As VU will continue to provide online instruction during the COVID-19 crisis period, the nursing program will continue to offer nursing courses, theory and non-direct patient care clinical hours, remotely through Fall Semester 2020.</p> |
| ADN (alpha a-z) | | | |
| American Career College Associate Degree Nursing Program | W. Boyer | 05/08/2020 | <p>The program operates year-round and will have summer classes. The plan is to continue to have theory courses and general education courses taught remotely through the summer and possibly the fall depending on the developments of the pandemic. Once there is a return to normal circumstances, the program will be planning on bringing students back to campus for their theory courses.</p> |
| Compton College Associate Degree Nursing Program | D. Schutte | 04/22/2020 | <p>The April 22, 2020 Compton Quarterly Progress Report demonstrates continued progress in the four areas for development: Implementation of Concept-Based Curriculum, Mentoring for Program Director and Assistant Director, Program Structure and Staffing, and NCLEX Pass Rates. The Concept-Based Curriculum is progressing in first and second semester courses. With the impact of COVID-19 and move to remote instruction, faculty are using additional teaching tools to address learning and teaching styles, modifying teaching methods in the classroom and skills lab, and developing new techniques for test-taking and assessment. The College provided laptops to students in need and provided library computer lab access in the interim.</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/ZZZZ</small> | PROGRESS REPORT |
|--|---|---|---|
| | | | <p>The College will continue to provide instruction remotely through Fall Semester 2020.</p> <p>Dr. Shirley Thomas has assumed full Program Director role responsibilities. She continues to meet bi-weekly with College Administrators to keep them updated on program progress and any areas in need of assistance for prompt resolution to insure the success of all faculty and students. Administrative program support remains strong. She is mentoring the new Assistant Program Director, Dr. Linda Thierry. Dr. Thomas is working diligently to identify alternate direct patient care experiences for nursing students. She has received BRN approval for the DCA Waiver for 50% Non-Direct Patient Care Experiences for medical-surgical and geriatric courses. Dr. Thomas has needed to recently place the writing of the BRN Self Study for the November 2020 School Visit on hold due to the impact of the COVID-19 Crisis on the entire program; however, she and faculty have set a date for the Draft Report for July 2020</p> <p>Full time and four part time nursing faculty continue in their 20% release time primarily for completion of their professional development goals and outcomes. The Hiring Committee for the Associate Dean of Nursing Position is in the screening and interview process. Hiring for the three full time positions for Fall 2020, is anticipated during Spring Semester 2020. There is faculty interest for the student success coordinator and several student success facilitator positions, but full-time faculty have not yet been assigned. Part-time faculty are currently in those positions. Full time faculty, Dr. Jameelah Powell, was assigned as Simulation Lab Coordinator on February 24, 2020.</p> <p>When both the El Camino-Compton Education Center and Compton College Pass Rates are combined, the overall pass rate is 94.3%. Twelve out of 13 Compton graduates passed the exam and one out of two from the El Camino-Compton Education Center passed. Faculty are using NCSBN Program</p> |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | PROGRESS REPORT |
|--|---|---|---|
| | | | Reports/Mountain Measures for curriculum development. Students are continuing with ATI resources including personal coaching for NCLEX success and 20 of the Fall 2019 graduates attended a Kaplan Review on January 29-30, offered at one-third of regular cost. Faculty continue to advocate that graduates take their NCLEX Exam within three months of graduation. |
| Los Angeles City College | L. Melby | 04/22/2020 | Clinical placement Coordinator – secretary just returned from extended Medical Leave, may add CastleBranch for clinical clearance. Skills/Sim Lab - We are still in the process of hiring our simulation technician. Overload – no change. Success Coordinator – no change. Hiring Mental Health faculty – will be interviewing candidates shortly. DON and ADON – DON has 100% release time. DON and ADON still teaching on overload |
| Merritt College Associate Degree Nursing Program | S. Ward | 03/25/2020 | The program director reported via email on 3/23/2020 the following: that due to the COVID-19 crisis, that the district mandated that the college community remain home (without any instruction) until April 6th. |
| Moorpark College Associate Degree Nursing Program | MA. McCarthy | 05/07/2020 | Request to extend temporary minor curriculum change. The original request is dated March 17, 2020. Moorpark College emergently transitioned to delivering lectures in an online format on March 16, 2020 due to the COVID-19 pandemic. The original projected end-date for this temporary change was given as May 14, 2020. However, the Spring semester is being extended to mid- to late-July in order to allow the students to complete their lecture and clinical courses after the disruptions of COVID-19. Moorpark College is also temporarily planning to have as many didactic courses as possible held online during the Fall 2020 semester in case of further waves of COVID-19. |
| Mount San Antonio Associate Degree Nursing Program | D. Schutte | 03/20/2020 | Mt San Antonio College is continuing with theory courses (NURS Pharmacology (first semester) and NURS 9 Leadership. Fourth semester clinical courses are continuing; however, clinical courses in first, second, and third semesters were stopped, and students have withdrawn from these courses. Enrollments into first semester for Fall 2020 have been cancelled. Those accepted applicants for Fall 2020 will enter Spring 2021. The application |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | PROGRESS REPORT |
|---|---------------------------------|----------------------|--|
| <i>Full name and what degree program</i> | <i>First initial. Last name</i> | <i>XX/YY/ZZZZ</i> | |
| | | | period will reopen January 2021 for Fall 2021. |
| Santa Ana Associate Degree Nursing Program | D. Schutte | 05/05/2020 | As Santa Ana College will be offering all courses remotely/online through Fall Semester 2020 due to COVID-19 issues, the ADN Program will continue to provide theory and identified clinical hours remotely to enrolled nursing students. |
| APRN (alpha a-z) | | | |
| Azusa Pacific University Nurse Practitioner Program | B. Caraway | 3/19/2020 | APU School of Nursing is requesting a temporary Minor Curriculum Revision during the COVID-19 pandemic period for MSN APRN Program. As of March 16, 2020, the University transitioned all didactic coursework to an online modality. All students will continue to receive faculty didactic course content instruction via both synchronous and asynchronous classroom sessions using our learning management system, Canvas. Communication modalities including Google Hangout, Zoom, and Canvas Conference are used for faculty-student engagement in order to meet all didactic course objectives. Training and on-going technical support are available for all faculty and students as needed through Office of Innovative Teaching and Technology (ITT). Program expects this to continue through Summer 2020 (August 31). |
| California State University San Marcos FNP and PMHNP Master's Degree Nursing Programs | L. Melby | 03/16/2020 | CSUSM School of Nursing has suspended all clinical rotations for our students, effective today (3/16/20). We anticipate that this suspension will continue until the end of Spring Semester (5/8/20 is the last day of instruction). We have taken this step to help ensure the safety of our students, faculty, and staff during the COVID-19 outbreak. This will affect 551 students pursuing a nursing degree in our school, according to the following breakdown: 443 pre-licensure students (traditional BSN and accelerated BSN) and 108 graduate students (FNP and PMHNP). We anticipate that the 283 students enrolled in our fully online RN to BSN program will be able to continue their studies uninterrupted. |
| Loma Linda University Nurse Practitioner Program | B. Caraway | 4/20/2020 | After reviewing and discussing the Governor's Executive Order N-39-20, the graduate NP programs have determined there will be no change in regard to the curriculum. There is no plan to add more simulation, as the certification |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <i>Full name and what degree program</i> | APPROVED BY NEC <i>First initial. Last name</i> | DATE APPROVED <i>XX/YY/ZZZZ</i> | PROGRESS REPORT |
|--|---|---|--|
| | | | <p>bodies have determined there will be no change in the required 500 direct patient contact hours. Simulation cannot be a substitute for the required 500 hours. The only change is in the Seminar week, and only affects core DNP courses, not NP specific courses. All core DNP courses are and have been hybrid, with face-to-face components in seminar week. Those core DNP courses have incorporated Zoom sessions to replace the seminar face-to-face component. From a clinical perspective, facilities are not open to our students for their clinical experiences. As a result, students in clinical courses may be required to take an incomplete until such time that clinical facilities reopen to student involvement, and thus the students complete the requisite direct care patient hours. Students will not register for a new class because it will be a continuation of the same class. This may delay student graduation.</p> |
| United States University Nurse Practitioner Program | H. Sands | 4/22/2020 | United States University FNP Program requests a temporary change to our current MSN-FNP program due to the Covid-19 pandemic. During the second half of our FNP program, a required four-day on-campus immersion experience as part of a lab for our MSN 572 course; Advanced Physical Assessment Across the Lifespan. This content will now be online using Confer/Zoom. |
| Western University of Health Sciences Nurse Practitioner Program | B. Caraway | 03/18/2020 | Western University of Health Sciences College of Graduate Nursing is requesting a temporary Minor Curriculum Revision during the COVID-19 pandemic period for their FNP Program. On March 16, 2020, university president made the decision to stop all students' clinical throughout the nine colleges. Therefore, all of the College of Graduate Nursing students will be out of clinical from March 16 through April 2020. The semester starts January 8th, 2020 and ends April 11, 2020, and Summer semester will be April through August 2020. The curriculum was designed to fully meet and surpass the requirement of 500 clinical hours by requiring students to attain 675 hours. The program is currently working on creating alternative experiences, such as using a computer program to provide Digital Clinical Experience (DCE). The program is currently using a smaller portion of this program called Shadow |

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
May 28, 2020

| SCHOOL NAME <small>Full name and what degree program</small> | APPROVED BY NEC <small>First initial. Last name</small> | DATE APPROVED <small>XX/YY/YYYY</small> | PROGRESS REPORT |
|--|---|---|---|
| | | | <p>Health in their current curriculum. The DCE components are developed to assist students to achieve proficiency in subjective and objective examination skills.</p> <p>The DCE would meet the requirements of a clinical experience as it allows for performing the diagnostic and treatment procedures necessary to achieve the clinical objectives.</p> |

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.2
DATE: June 24-25, 2020

ACTION REQUESTED: Approve Education/Licensing Committee Recommendations

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on May 28, 2020 and makes the following recommendations:

9.2.1 Recommend Ratification Of Applications or Other Action Regarding Prelicensure Program Continuing Approval (BPC 2788, 16 CCR §§ 1421 & 1423) (Consent)

BACKGROUND: The BRN staff have conducted a regularly scheduled continuing approval visit for the schools listed. This process begins with a self-study written by the nursing program and analyzed by the assigned Nursing Education Consultant. It is followed by a 2-3-day site visit including visits to clinical sites, verifying recourses (skills and simulation lab), and meetings with students, faculty, and administrators. The following programs have met all Board rules and regulations for Continuation of Approval of Prelicensure Nursing Program. These are consent agenda items.

- National University Baccalaureate Degree Nursing Program
- Contra Costa College Associate Degree Nursing Program
- Modesto Junior College Associate Degree Nursing Program

9.2.2 Recommend Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR §§ 1426 & 1432) (Major Curriculum – no enrollment increase) (Consent)

BACKGROUND: The BRN staff have evaluated the major curriculum revision requests. The following programs have met all Board rules and regulations for a major curriculum revision without enrollment increase for a Prelicensure Nursing Program. These are consent agenda items.

- East Los Angeles College Associate Degree Nursing Program
- Hartnell College Associate Degree Nursing Program

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison
MaryAnn.McCarthy@dca.ca.gov

The Education/Licensing Committee met on May 28, 2020 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications or Other Action Regarding Prelicensure Program Continuing Approval (BPC 2788, 16 CCR §§ 1421 & 1423) (Consent)

- **National University Baccalaureate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted on December 10-12 (Rancho Bernardo), December 17 (Fresno), and January 14, 2020 (Los Angeles). Nursing Education Consultants Dr. Carol Velas was the assigned NEC for this school at the time of the visits and reviewed each campus. Loretta Melby NEC served as the secondary NEC for the Rancho Bernardo campus visit. Meetings were held with the program director, assistant director, students, faculty, support staff, administration, and visits to clinical facilities. The program was found to be in non-compliance in one (1) area (with four related sections) and three (3) recommendations at the time of this visit. The University now has an approval process for students to obtain credit for previous education or for other acquired knowledge in the field of nursing, including military education and experience through equivalence, challenge examinations, or other methods of evaluations, including skills testing and medication/dosage examinations. The Program Director, Associate Directors, Nursing Enrollment Counselors and the university-wide advising staff have ongoing scheduled meetings throughout the year to discuss the AP procedure to ensure this is being adhered to. They also hold monthly meetings to disseminate this information so that all students who are interesting in our program are informed of the Advanced Placement Policy and Procedure for Military and LVN students.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Approval, National University Baccalaureate Degree Nursing Program

- **Contra Costa College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted on March 9 and 10, 2020 by Nursing Education Consultant Loretta Melby. Meetings were held with the program director, assistant director, students, faculty, support staff, administration, and visits to clinical facilities. The program was found to be in non-compliance in one (1) area (with two related sections) and two (2) recommendations at the time of this visit. The College now has an updated approval process for students to obtain credit for previous education or for other acquired knowledge in the field of nursing, including military education and experience through equivalence, challenge examinations, or other methods of evaluations. This has been added to their College Website in the nursing section. They are now compliant on all regulations.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Approval, Contra Costa College Associate Degree Nursing Program

- **Modesto Junior College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted on February 25-27, 2020 by Drs. Heather Sands and MaryAnn McCarthy. The program was found to be in full compliance with all BRN rules and regulations.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Approval, Modesto Junior College Associate Degree Nursing Program

7.2.2 **Recommend Ratification or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR §§ 1426 & 1432)**
(Major Curriculum – no enrollment increase) (Consent)

- **East Los Angeles College Associate Degree Nursing Program**

A new curriculum has been designed by the nursing program identifying new program outcomes which are measurable. The conceptual framework was updated to include Quality and Safety Education for Nurses. Intersessions were deleted with adjustments to course titles, numbers, unit values, and placement in the curriculum. ELAC is approved to admit 30 students yearly.

ACTION: Recommend Ratification of Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Program, East Los Angeles College Associate Degree Nursing Program

- **Hartnell College Associate Degree Nursing Program**

A major curriculum change proposal for Board approval to implement a concept-based prelicensure nursing program curriculum for implementation fall 2020. The nursing director and faculty have made substantive changes to the mission, vision, value and philosophy statements; nursing theory and clinical courses; end of program student learning outcomes, course sequence, and integration of simulation. During the last year, 2018-2019 Hartnell nursing participated in a grant funded program to align the Associate Degree in Nursing with HealthImpact’s 2016 recommendation to “Assure all nursing curricula incorporate emerging issues and contemporary trends, with central focus on patient-centered and consumer- based care.

ACTION: Recommend Ratification of Approval or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Program, Hartnell College Associate Degree Nursing Program

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.3
DATE: June 24-25, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Acceptance of Program Progress Report and Discussion and Possible Action to Address Any Performance Gaps Including Actions Described in 16 CCR § 1423.2(a). East Los Angeles College Associate Degree Nursing Program (Present)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.

Reports for this meeting were submitted from the Nursing program, College Administration and Workforce Development. These reports are included in the packet and are summarized below. Bold shows noncompliance and recommendations that are not completed and therefore ongoing. Significant updates include:

1. The new curriculum that was on the agenda today will begin with all cohorts of ELAC nursing students in the Fall of 2020.
2. The interim College President ends his term this month and a new interim president will follow.
3. Current program director will retire from the College June of 2020
4. An internal candidate who meets BRN regulation for program director has requested to be considered. Per LACCD contract, the faculty member will take the PD role starting July 1, 2020.
5. Plans have begun for progression and graduation of current ELAC students. With the extension of the DCA clinical hour's waiver, students may be able to progress and graduate. At the time of report submission, NEC does not recommend that ELAC admit a class in fall unless full progression and graduation of all current students.

This information has been shared with the nursing program director and the administration.

6. MS & PMH faculty have been BRN approved to hire for fall 2020.
7. Administration brought on third liaison to assist with PMH concept mapping and integration of Gero throughout the program.

Nursing Program

The program was found to be in non-compliance in six (6) areas at the time of this visit:

1. CCR Section 1424(b)(1) – Administration and Organization – Program Evaluation

Continuing – Templates are in place for Total Program Evaluation, admission and selection, attrition, retention of students and performance of graduates in the community. The program Total Evaluation Plan is an ongoing process.

2. CCR Section 1424(d) Resources; CCR Section (e) and (f) Director and Assistant Director’s dedicated sufficient time for Administration of the program

Complete

3. CCR Section 1424(h) Faculty type and number continuing for MS faculty and PMH faculty

Continuing – BRN approved MS and PMH faculty in hiring process for fall 2020

4. CCR Section 1425 – Faculty Qualifications and Changes. Content Experts are identified

Complete

5. CCR Section 1426(b) Required Curriculum

Continuing - Major revision for new curriculum submitted and on agendas for June meeting. Administration brought on third liaison to assist with PMH concept mapping and integration of Gero throughout the program. New curriculum to begin Fall 2020.

6. CCR Section 1431–Licensing and Examination Pass rate Standard

Continuing – the focus on the current students and individuals that have never tested, which includes those individuals whose test dates were changed as a result of COVID19.

Five (5) recommendations were given for:

1. CCR Section 1424(b) – Policies and Procedures

Complete

2. CCR Section 1424(c) Organizational Chart

Complete

3. CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert

Complete

4. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content

Continuing – Faculty have begun to work together with the same goal in mind which implies ownership for all involved in the process.

5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.

Complete

College Administration Report
Workforce Development Report

NEXT STEP:

Notify Programs of Board Action.

PERSON TO CONTACT:

Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
MaryAnn.McCarthy@dca.ca.gov

EAST LOS ANGELES COLLEGE DEPARTMENT OF NURSING
Monthly Report to the Board of Registered Nursing
3 June 2020 Update

1424(b) 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community need

Templates are in place for Total Program Evaluation, admission and selection, attrition, retention of students and performance of graduates in the community. The program Total Evaluation Plan is an ongoing process.

1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

The program is positioned to meet 1424(h) as demonstrated in the activities that took place during the month of May.

On 13 May 2020 faculty and VP Ornelas interviewed individuals for the full-time M/S position and sent two names forward to the final interview with President Rodriguez.

On 19 May 2020 faculty and VP Ornelas interviewed individuals for the full-time P/Mental Health position and sent two names forward to the final interview with President Rodriguez.

On 22 May 2020 the candidates for the full-time M/S and P/MH positions were interviewed by President Rodriguez, VP Ornelas, and program Director Gaines. At the end of the interviews the M/S position was selected and so was the P/MH position. The program Director will obtain EDP-P-02 and resume to forward to Dr. McCarthy, NEC for final BRN approval 2 June 2020. Both individuals have previous teaching experience, one has M/S, G, and OB; the other has M/S, G, and Psych/MH. Both are to begin teaching fall 2020 in areas assigned and approved by the ELAC, NEC Dr. McCarthy.

1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

The total major curriculum was submitted to the campus Curriculum Committee on 11 April 2020 and approved on 13 April 2020. All information was submitted and approved to reflect the changes in course offerings in in the college online and paper catalogue.

The request to the BRN NEC for the major Curriculum Revision was submitted 27 April 2020 with the anticipation that the BRN would approve the Major Curriculum Revision at the May 2020 meeting.

The curriculum was approved on 29 May 20 at the Education Licensing Committee meeting. As a direct of this approval the College is anticipating that the new curriculum will be implemented fall 2020.

1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

The work continues with the focus on the current students and individuals that have never tested, which includes those individuals whose test dates were changed as a result of COVID19.

The primary faculty member working with the current seniors doing NCLEX-Prep to keep the students engaged and focused continue to utilize various tools such as Kaplan, course content, videos, and comprehensive situations that would require students to think critically and make clinical judgements. Many of the seniors are enjoying the work which may be related to the fact that it's a very close-knit group, it's a cohort that is strong academically, and it's a change from the usual zooming that is being done.

1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

The work continues in that the Faculty have begun to work together with the same goal in mind which implies ownership for all involved in the process. **1426(b)** is a reflection of work currently being done. Further, there is a much-improved air of cooperation and sharing moving forward. Theory and clinical instructors full-time and part-timer are working together to achieve positive outcomes. The feeling is, "We're all in this together!"

lbg

East Los Angeles College -Administration Monthly Progress Report
Education/Licensing Committee Meeting -May 2020
Submitted on June 5, 2020

Board Action Letter January 2020:

“Change Continue Approval Status to Warning Status with Intent to Close Program, East Los Angeles College, Associate Degree Nursing Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.”

Areas to be addressed:

1. Comprehensive Program Assessment

- **June '20:** This has been completed. Please see below.
- **May '20:** On March 2, 2020, Ms. Cathy McJannet, RN completed a Comprehensive Program Assessment of ELAC's Nursing Program.
- **April '20:**
On March 2, 2020, Ms. Cathy McJannet, RN completed a Comprehensive Program Assessment of ELAC's Nursing Program.
- **Feb. '20:** East Los Angeles College (ELAC) successfully secured a contract with consultant Ms. Cathy McJannet, RN to conduct a comprehensive assessment of our Nursing Program. Ms. McJannet visited the college on January 13-15, 2020. She will return on February 18-20, 2020 to conclude her assessment of the Nursing Program.

2. Findings of the Comprehensive Program Assessment

- **June '20:** Please see response from April 2020.
- **May '20:** Please see response from April 2020.
- **April '20:** On March 2, 2020, Ms. McJannet submitted an extensive report that included several helpful observations and recommendations that thoroughly elaborated on the major findings submitted in the February 2020 report. The primary recommendations centered around the thorough restructuring of the program's curriculum and the integration of NCLEX test-taking strategies through the curriculum.

In addition, the following primary recommendation was included in the final report:

- ❖ A change in ELAC's Nursing Program leadership.
- Feb. '20: While Ms. McJannet will conclude her assessment in February 18-20, 2020, her initial findings are delineated below:
 - ❖ Program required a minimum 2.0 GPA
 - ❖ Program maintained a waitlist that was at least two years old
 - ❖ Program used an admissions process that relied 100% on a lottery system
 - ❖ Determined that the Curriculum currently in place will need to be completely replaced with a new curriculum

3. Variables Identified Contributing to the Substandard Pass Rate

- June '20: Please see response from April 2020.
- May '20: Please see response from April 2020.
- April '20: Ms. McJannet identified the following variables that are contributing to the substandard NCLEX pass rate:
 - ❖ Low standards in our admissions criterion
 - ❖ Faculty not teaching in their BRN approved area of expertise
 - ❖ Lack of collaboration and cohesiveness amongst the faculty
 - ❖ Lack of a student case-management model
 - ❖ Lack of follow-up with alumni who have not tested or not passed NCLEX exams
 - ❖ Significant gaps in current curriculum
 - ❖ Lack of integration of Kaplan tools
 - ❖ Nursing director was teaching prior to January 2020
 - ❖ Inefficient reassignment for assistant directors
 - ❖ Lack of fully functional equipment and supplies in the nursing lab
- Feb. '20: During the initial visit, Ms. McJannet identified the following variables that are contributing to the substandard NCLEX pass rate:
 - ❖ Low standards in our admissions criterion
 - ❖ Significant gaps in current curriculum
 - ❖ Lack of integration of Kaplan tools
 - ❖ Nursing director was teaching prior to January 2020
 - ❖ Inefficient reassignment for assistant directors
 - ❖ Lack of fully functional equipment and supplies in the nursing lab
 - ❖ Lack of regular end-of-semester program evaluations completed by faculty

4. Plan for Increasing the Pass Rate from the College Level

- June '20: The college continues to stay on track on the goals that have previously been identified in the February and April 2020 reports.
- May '20: Earlier this month, our college's curriculum committee successfully approved a new curriculum for our nursing program. The college will continue with the plan as outlined in the two previous monthly reports.
- April '20:
 - ❖ Ms. Mary Cox is the outside faculty facilitator for new curriculum development and implementation. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of semester.
 - ❖ Utilize Kaplan resources as recommended by the Kaplan educator. Assistant director Kimberly Knight is the point person for facilitating this process.
 - ❖ Establish regular follow-up with alumni who have not tested or have not passed the NCLEX exam.
 - ❖ Continue with plan submitted for February 2020 meeting.
- Feb. '20: The College is currently waiting for Ms. McJannet's final comprehensive program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:
 - ❖ Improving admissions criterion
 - ❖ Hiring of at least two new faculty
 - ❖ Implementation of Kaplan test-taking tools/strategies
 - ❖ Nursing director dedicated to program at 100% (no teaching)
 - ❖ Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
 - ❖ Invest in fully functional equipment and supplies for the nursing lab
 - ❖ Consistently engage faculty in the program evaluation plan at the end of each semester

5. Specific Corrective Measures to be Taken

- **June '20:** Please see response from April 2020. It should also be noted that the college, with the support of our NEC, is working to find relevant opportunities for all of nursing students to complete their required direct patient hours as soon as possible. If this is accomplished, this will allow ELAC to admit a new Fall 2020 class.
- May '20: Please see response from April 2020.
- April '20:
 - ❖ Ms. Mary Cox is facilitating the new curriculum development and implementation process. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum by the end of semester.
 - ❖ The ELAC Nursing Program will not accept students in the Summer 2020. The next cohort will be accepted beginning Fall 2020. This will allow for alignment with the proposed new curriculum.
 - ❖ The college will look to hire a part time remediation faculty that is an MSN with teaching experience to be a dedicated remediation faculty to assist with curriculum remediation, NCLEX preparation, Kaplan remediation and management of test anxiety workshops
 - ❖ The two Assistant Nursing Program Directors will lead the data collection for the program that includes an inclusive program evaluation that provides quantitative data assessment, analysis and recommendations with re- evaluations of all implementations.
 - ❖ The faculty will only be assigned to instructional content areas that the BRN has approved for them to teach.
 - ❖ Assistant Director, Ms. Knight will take the lead with the integration of Kaplan resources and facilitate NCLEX pass rate improvements.
 - ❖ Assistant Director, Ms. Garcia will take the lead with the program evaluation plan.
 - ❖ The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
 - ❖ The collect has identified a leadership succession plan. Ms. Gaines, the current Program Director has submitted her retirement/resignation letter that will be effective in December 2020 (see attached document). In January 2020, the college put in place two assistant directors. In December 2020, the college will potentially have two eligible assistant directors that may be able to assume the role of the program director.
- Feb. '20:
 - ❖ The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)

- ❖ The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- ❖ The College has already eliminated the previously existing waitlist.
- ❖ One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- ❖ Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- ❖ Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- ❖ Lab equipment and supplies have already been ordered for the nursing lab.
- ❖ One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

6. Resources for Specific Corrective Measures to be Taken

- **June '20:**
 - ❖ **The college has successfully completed the hiring process for two full time faculty positions to begin in the Fall 2020: one in Medical- Surgical and one in Psych/Mental Health.**
 - ❖ **Ms. Gaines, the current Program Director has accelerated her retirement/resignation plans and will now retire on June 30, 2020.**
 - ❖ **One of our current faculty members, Dr. Carolyn Du requested to be considered for the Program Director position. The college submitted her resume for review and Dr. Mary Ann McCarthy, confirmed that Dr. Du meets the minimum qualifications for the Program Director position. She will begin in this capacity on July 1, 2020.**

It should be noted that Dr. Carolyn Du currently teaches MS and OB. The program has currently gone through a major curriculum revision that will not only improve student success but has also resulted in the leveling of certain courses and a reduction in units. Furthermore, the college has recently hired two additional full faculty members that are both cleared to teach MS. One in particular is cleared to teach both MS and OB. It this combination of factors that has resulted in the program not being impacted by Dr. Du's move into the Program Director role.

- May '20: In addition to the plans listed in the previous months, by the end of the Spring 2020 semester, the program will be conducting interviews for two full-time faculty members: one Medical- Surgical and one in Psych.
- April '20:
 - ❖ Two new Assistant Dept. Chair (Garcia & Knight) assigned as of 1/1/2020, each with 40% release time.
 - ❖ The program has approval to hire two full time faculty members; one Medical- Surgical and one in Psych.
 - ❖ Ms. Mary Cox is the outside faculty facilitator for new curriculum development and implementation. She is guiding the faculty in enhancing the current curriculum to facilitate NCLEX pass rate and will be facilitating the faculty in developing a new curriculum.
 - ❖ Resource personnel to continue to follow-up with alumni of the program who have not taken or passed the NCLEX exam.

Feb. '20:

- ❖ The College has already purchased Mountain Measurement Reports on January 15, 2020 to provide semi-annual NCLEX-RN program reports beginning with the 2019-2020 data.
- ❖ A second lab assistant was hired on January 13, 2020 to cover the lab through the weekends and ensure that the nursing lab is open seven days a week.
- ❖ College will hire at least two new faculty members and go through the hiring process in the Spring 2020 semester.
- ❖ The College has purchased lab equipment and supplies for the nursing lab.

7. Timeframe for Specific Corrective Measures to be Taken

- June '20: Please see response from April 2020
- May '20: Please see response from April 2020.
- April '20: The College is committed to implementing the corrective measures cited in item #5 by the end of the Fall 2020 semester.
- Feb. '20: The College is committed to implementing the corrective measures cited in item #5 by the end of the Spring 2020 semester.

Work Notes
 ELAC Nursing Program
 Continuing Education & Workforce Development
 Weeks of April 27- May 25

| Week of: | Notes: |
|----------|---|
| April 27 | <ul style="list-style-type: none"> - Contacted alumni and recent grads to update NCLEX status - Updated alumni contact information - Completed NCLEX tracking for repeaters |
| May 4 | <ul style="list-style-type: none"> - Kaplan training/ meeting with Audrey Schou - Reviewed Kaplan resources for alumni - Contacted alumni - Updated alumni contact information |
| May 11 | <ul style="list-style-type: none"> - Updated alumni contact information - Continued alumni outreach - Requested extended Kaplan access for alumni |
| May 18 | <ul style="list-style-type: none"> - Wrote brief to district regarding Vicky Chang Scholarship and expanding eligibility for alumni - Contact with alumni to review Kaplan study plan - Updated alumni contact information |
| May 25 | <ul style="list-style-type: none"> - HOLIDAY - Follow up with alumni who are accessing Kaplan resources/ study plans |

Bianca Enedina Martinez

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: June 24-25, 2020

ACTION REQUESTED: Licensing Program Update, Information only.

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson Education/Licensing Committee

LICENSING UPDATE:

Remote work:

Licensing Division staff continue to work remotely for up to four days a week. Staff have gotten into a pattern of coming into the office one day a week to work in office and drop off work completed and pick up new work for the upcoming week.

Licensing staff has fully transitioned from Skype for Business to Microsoft Teams. The management and supervisory team hold weekly Teams meetings with their staff via video conferencing and calling. Teams channels have been created for staff to use to check in and out of the work environment daily, to report technical issues with the Virtual Desktop system and to communicate amongst themselves regarding day to day work related functions. Using the Teams environment has allowed staff the opportunity to maintain communication with their co-workers.

Staff are using a Virtual Desktop to access Department of Consumer Affairs IT systems including BreZE. Part of DCA's infrastructure is aging and there was a need to move Versa Regulation and Versa Online to a new underlying system and technology. The platform that DCA is moving to is called "BreZE on OpenShift". The DCA is making this upgrade because the current hardware and operating system that runs the BreZE system is at least 7 years old. The OpenShift platform is a catalyst for staging applications into the cloud and is easier to maintain and manage. This recent update has caused some daily connectivity issues for staff in BreZE, but OIS has been working to resolve them.

Application Processing:

The Licensing Division evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late April, International exam and endorsement applications received in early May, out-going verifications in mid to late April and Inactive to Active and Back to Active requests received in June.

AB 2138:

Licensing submitted the necessary changes to implement AB 2138. A request to remove the conviction question and information was submitted to the BreZE team in January 2020. Staff completed testing of the changes made to the system this week. Additionally, all applications that posted to the board's website have been updated to comply with AB 2138. The newly updated application and instructions will be posted to the board's website on July 1, 2020.

Statistics:

The Board continues to use QBIRT and can create and run various reports upon request. The Board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current

fiscal year to date.

The average processing time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

| Licensing Average Processing Time Statistics | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Application Type | Fiscal Year 2016-2017 | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 |
| Exam | 60.2 | 64.6 | 29.4 | 36.8 |
| Endorsement | 45.8 | 60.2 | 18.4 | 25.4 |

The Licensing Applications Received table provides the total number of applications the Board has received by fiscal year:

| Licensing Applications Received | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--|
| Application Type | Fiscal Year 2016-2017 | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 (Thru 05/2020) |
| Exams | 16,879 | 15,571 | 15,425 | 14,522 |
| Endorsement | 20,040 | 15,326 | 15,161 | 15,057 |
| Repeat/Reapply | 7,043 | 5,792 | 5,085 | 5,200 |
| Advanced Practice | 9,774 | 8,408 | 6,913 | 8,167 |
| Total | 53,736 | 45,097 | 42,584 | 42,946 |

The Additional Request Received table provides the total number of out-going verifications and Inactive to Active requests the Board has received by fiscal year. The data for Out of State Verifications has been updated from previous licensing reports as we discovered that the report pulling this information was inaccurate. The updated information has been verified using several reports including the boards revenue report.

| Additional Requests Received | | | |
|------------------------------|--------------------------|--------------------------|--|
| Request Type | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 (Thru 05/2020) |
| Out of State Verification | 16,965 | 20,524 | 14,853 |
| Inactive to Active | 1,572 | 2,667 | 2,224 |
| Total | 49,877 | 57,685 | 17,077 |

Staffing Updates:

Currently the Licensing Division has five (5) vacancies due to newly established positions and staff movement. We are in various stages of the recruitment process for all five vacancies.

NEXT STEPS: Continue to monitor business processes, timeframe improvement and staff hiring.

PERSON TO CONTACT: Christina Sprigg
Deputy Chief, Licensing Division
(916) 574-7614



Agenda Item 10.0

REPORT OF THE LEGISLATIVE COMMITTEE

Donna Gerber - Chairperson | June 24-25, 2020

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: June 24-25, 2020

ACTION REQUESTED: **Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session:**

REQUESTED BY: Donna Gerber, Chair, Legislative Committee

BACKGROUND: Bills of interest for the 2019-2020 legislative session are listed on the attached tables.

Bold denotes a new bill for Committee or Board consideration, is one that has been amended since the last Committee or Board meeting, or is one about which the Board has taken a position and may wish to discuss further and restate or modify its position.

An analysis of and the bill text for these bills are included for further review.

NEXT STEPS: Present recommendations to the Board

FINANCIAL IMPLICATIONS, IF ANY: As reflected by the proposed legislation

PERSON TO CONTACT: Thelma Harris, RN, PHN, MSN
Chief of Legislation
(916) 574-7600

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 17** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 20** Martin Luther King, Jr. Day.
- Jan. 24** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

| JANUARY | | | | | | | |
|---------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| | | | | 1 | 2 | 3 | 4 |
| Wk. 1 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wk. 2 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Wk. 3 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Wk. 4 | 26 | 27 | 28 | 29 | 30 | 31 | |

| FEBRUARY | | | | | | | |
|----------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 4 | | | | | | | 1 |
| Wk. 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Wk. 2 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Wk. 3 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| Wk. 4 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

| MARCH | | | | | | | |
|-------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Wk. 2 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Wk. 3 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Wk. 4 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| Wk. 1 | 29 | 30 | 31 | | | | |

- Mar. 3** Primary Election.
- Mar. 20** Joint Recess begins upon adjournment (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- Mar. 27** Cesar Chavez Day observed.

| APRIL | | | | | | | |
|---------------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 1 | | | | 1 | 2 | 3 | 4 |
| Spring Recess | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wk. 2 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Wk. 3 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Wk. 4 | 26 | 27 | 28 | 29 | 30 | | |

| MAY | | | | | | | |
|-------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 4 | | | | | | 1 | 2 |
| Wk. 1 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Wk. 2 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Wk. 3 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| Wk. 4 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Wk. 1 | 31 | | | | | | |

- May 4** Assembly reconvenes from Joint Recess (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- May 22** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in the Assembly (J.R. 61(b)(5)).
- May 25** Memorial Day.
- May 29** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in the Assembly (J.R. 61(b)(6)).

*Holiday schedule subject to final approval by Rules Committee.

| JUNE | | | | | | | |
|---------------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 1 | | 1 | 2 | 3 | 4 | 5 | 6 |
| Wk. 2 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| No Hrgs. | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Summer Recess | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| Summer Recess | 28 | 29 | 30 | | | | |

June 5 Last day for **fiscal committees** to hear and report to the **floor** bills introduced in the Assembly (J.R. 61 (b)(8)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

June 15-19 Assembly Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

June 19 Last day for the Assembly to pass bills introduced in that house (J.R. 61(b)(11)).

Summer Recess begins for the Assembly upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

June 25 Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

| JULY | | | | | | | |
|---------------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Summer Recess | | | | 1 | 2 | 3 | 4 |
| Summer Recess | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wk. 3 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Wk. 4 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Wk. 1 | 26 | 27 | 28 | 29 | 30 | 31 | |

July 3 Independence Day observed.

July 13 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

July 31 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

| AUGUST | | | | | | | |
|----------|----|----|----|----|----|----|----|
| | S | M | T | W | TH | F | S |
| Wk. 1 | | | | | | | 1 |
| Wk. 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Wk. 3 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| No Hrgs. | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| No Hrgs. | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| No Hrgs. | 30 | 31 | | | | | |

Aug. 7 Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 14 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

Aug. 17 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).

Aug. 21 Last day to **amend** bills on the floor (J.R. 61(b)(17)).

Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)). **Final Recess** begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Oct. 1 Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).

Nov. 3 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2021

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

| BILL # | AUTHOR/ BILL SPONSOR | SUBJECT | COM POSITION/ date | BOARD POSITION/ date | BILL STATUS as of June 15, 2020 |
|-------------------------|-------------------------------------|---|---|-------------------------------------|--|
| AB 329 | Rodriguez/ CENA | Hospitals: assaults and batteries | Watch 3/14/19 | Watch 4/11/19 | Senate Public Safety-Hearing xxcid |
| AB 362 | Eggman/ DPA; HRC | Controlled substances: overdose prevention program | Information 5/9/19 | Watch 4/11/19 | Senate Health-Hearing xxcid |
| AB 613 | Low | Professions and vocations: regulatory fees | Watch 3/14/19 | Watch 4/11/19 | Senate BP&ED- Hearing postponed |
| AB 732 | Bonta | County jails: prisons: incarcerated pregnant persons | Watch 3/14/19 | Watch 4/11/19 | Senate RLS |
| AB 890 | Wood | Nurse practitioners: scope of practice: unsupervised practice | Oppose unless amended 01/09/2019 | Oppose unless amended 6/13/19 | Senate RLS |
| AB 1145 | Cristina Garcia | Child abuse: reportable conduct | Watch 3/14/19 | Watch 4/11/19 | Senate RLS |
| AB 1544 | Gipson | Community Paramedicine or Triage to Alternate Destination Act | Oppose 8/15/19 | Oppose | Senate Inactive File |
| AB 1616 | Low | Department of Consumer Affairs: boards: expunged convictions | | | Senate RLS |
| AB 1759 | Salas | Health care workers: rural and underserved areas | | | Senate Health |
| AB 1909 | Gonzalez | Healing arts licensees: virginity examinations or tests | | | Assembly B &P |
| AB 1917 | Ting | Budget Act of 2020 | | | Budget |
| AB 1928 | Kiley/Melendez | Employment standards: independent contractors and employees | | | Assembly Labor & Employ |
| AB 1998 | Low | Dental Practice Act: unprofessional conduct: patient of record | | | Senate RLS |
| AB 2028 | Aguilar-Curry | State agencies: meetings | Oppose unless amended 03/12/20 | OUA | Senate RLS |
| AB 2113 | Low | Refugees, asylees, and immigrants: professional licensing | | | Senate RLS |

| | | | | | |
|--------------------------------|---------------------|---|------------------------------------|-------------------------|------------------------------|
| <u>AB 2185</u> | Patterson/Gallagher | Professions and vocations: applicants licensed in other states: reciprocity | Oppose 03/12/20 | Support as Amended | Assembly B& P |
| <u>AB 2288</u> | Low | Nursing Programs: Clinical hours | Support with Amendments 5/27/20 | Support with Amendments | Senate RLS |
| <u>AB 2549</u> | Salas | Department of Consumer Affairs: temporary licenses | Watch | Watch | Senate RLS |
| <u>AB 2635</u> | Gallagher | Nursing programs: clinical hours | Oppose 5/27/20 | Oppose | Held in Judiciary Comm |
| <u>AB 2704</u> | Ting | Healing Arts: licenses: data collection | | | Senate RLS |
| <u>AB 3016</u> | Dahle | Board of Registered Nursing: online license verification | Oppose 03/12/20 | Oppose | Senate RLS |
| <u>AB 3045</u> | Gray | Boards: veterans: military spouses: licenses | | | Senate RLS |
| <u>AB 3244</u> | Flora | Vehicle Licensing of Drivers | | | No longer of interest to BRN |

| BILL # | AUTHOR/ BILL SPONSOR | SUBJECT | COM POSITION/ date | BOARD POSITION/ date | BILL STATUS as of June 15, 2020 |
|------------------------------------|-------------------------------------|--|-----------------------------------|-------------------------------------|--|
| <u>SB 3</u> | Allen/Glazer | Office of Higher Education Coordination, Accountability, and performance | | | Approps Suspense 8/30/19 |
| <u>SB 808</u> | Mitchell | Budget Act of 2020 | | | Budget & Fiscal |
| <u>SB 878</u> | Jones | Department of Consumer Affairs Licensing: applications: wait times | | | Senate Approps |
| <u>SB 1053</u> | Moorlach | Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact | Oppose 03/12/20 | | Failed passage in Sen B & P |
| <u>SB 1237</u> | Dodd | Nurse-Midwives: scope of practice | Support 03/12/20 | | Senate Approps 6/18 |

AMENDED IN ASSEMBLY JANUARY 23, 2020

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY APRIL 3, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 890

Introduced by Assembly Member Wood
(Coauthors: Assembly Members Aguiar-Curry, Eggman, Friedman,
Gallagher, and Gipson)
(Coauthors: Senators Caballero, Hill, Leyva, and Stone)

February 20, 2019

An act to amend Sections ~~650.01 and 805~~ *650.01, 805, and 805.5* of, and to add Article 8.5 (commencing with Section 2837.100) to Chapter 6 of Division 2 of, *and to repeal Section 2837.101 of*, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 890, as amended, Wood. Nurse practitioners: scope of practice: ~~unsupervised practice~~. *practice without standardized procedures.*

Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts that are in addition to other authorized practices, including certifying disability after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor.

~~This bill~~ *until January 1, 2026*, would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would ~~authorize~~

require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations to perform specified functions without supervision by a physician and surgeon, including ordering meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering furnishing controlled substances.

The substances. The bill would also authorize a nurse practitioner who holds an active certification issued by the board to practice without supervision by a physician and surgeon to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board. The bill would require the board to issue that certification to a nurse practitioner who meets additional specified education and other requirements, including completion of a transition to practice, as defined by the bill. The bill would authorize the board, upon application, to issue an inactive certificate. experience requirements.

The bill would also require the board to request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing certain functions. The bill would require the board to take specified measures to identify and assess competencies. The bill would require the board to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided.

Existing law makes it unlawful for specified healing arts practitioners, including physicians and surgeons, psychologists, and acupuncturists, to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician and surgeon or their immediate family has a financial interest with the person or in the entity that receives the referral. A violation of those provisions is a misdemeanor and subject to specified civil penalties and disciplinary action.

This bill would make those provisions applicable to a nurse practitioner practicing pursuant to the bill's provisions.

Existing law ~~provides for the professional review of~~ *requires certain peer review organizations responsible for reviewing the medical care provided by specified healing arts licentiates through a peer review process and to file with the relevant agency an "805 report," which is a report of certain adverse actions taken against a licensee for a medical disciplinary cause or reason.*

Existing law exempts a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a physician and surgeon's license by the Medical Board of California or a licensing agency of another state. Existing law requires the licensing agency to disclose, among other things, a copy of any 805 report of a licensee upon a request made by specified institutions prior to granting or renewing staff privileges for the licensee. Existing law specifies certain penalties for failing to file an 805 report, and requires the action or proceeding to be brought by the Medical Board of California if the person who failed to file an 805 report is a licensed physician and surgeon. Existing law defines "licentiate" for those purposes.

This bill would include as a licensee a nurse practitioner practicing pursuant to the bill's ~~provisions~~ provisions, and make conforming changes. The bill would exempt a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a nurse practitioner's license by the Advanced Practice Registered Nursing Board or a licensing agency of another state. The bill would require the action or proceeding to be brought by the Advanced Practice Registered Nursing Board if the person who failed to file an 805 report is a licensed nurse practitioner.

Because the bill would expand the scope of crimes, 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 650.01 of the Business and Professions
2 Code is amended to read:

3 650.01. (a) Notwithstanding Section 650, or any other
4 provision of law, it is unlawful for a licensee to refer a person for
5 laboratory, diagnostic nuclear medicine, radiation oncology,
6 physical therapy, physical rehabilitation, psychometric testing,
7 home infusion therapy, or diagnostic imaging goods or services if
8 the licensee or their immediate family has a financial interest with
9 the person or in the entity that receives the referral.

10 (b) For purposes of this section and Section 650.02, the
11 following shall apply:

12 (1) "Diagnostic imaging" includes, but is not limited to, all
13 X-ray, computed axial tomography, magnetic resonance imaging
14 nuclear medicine, positron emission tomography, mammography,
15 and ultrasound goods and services.

16 (2) A "financial interest" includes, but is not limited to, any
17 type of ownership interest, debt, loan, lease, compensation,
18 remuneration, discount, rebate, refund, dividend, distribution,
19 subsidy, or other form of direct or indirect payment, whether in
20 money or otherwise, between a licensee and a person or entity to
21 whom the licensee refers a person for a good or service specified
22 in subdivision (a). A financial interest also exists if there is an
23 indirect financial relationship between a licensee and the referral
24 recipient including, but not limited to, an arrangement whereby a
25 licensee has an ownership interest in an entity that leases property
26 to the referral recipient. Any financial interest transferred by a
27 licensee to any person or entity or otherwise established in any
28 person or entity for the purpose of avoiding the prohibition of this
29 section shall be deemed a financial interest of the licensee. For
30 purposes of this paragraph, "direct or indirect payment" shall not
31 include a royalty or consulting fee received by a physician and
32 surgeon who has completed a recognized residency training
33 program in orthopedics from a manufacturer or distributor as a
34 result of their research and development of medical devices and
35 techniques for that manufacturer or distributor. For purposes of
36 this paragraph, "consulting fees" means those fees paid by the
37 manufacturer or distributor to a physician and surgeon who has
38 completed a recognized residency training program in orthopedics

1 only for their ongoing services in making refinements to their
2 medical devices or techniques marketed or distributed by the
3 manufacturer or distributor, if the manufacturer or distributor does
4 not own or control the facility to which the physician is referring
5 the patient. A “financial interest” shall not include the receipt of
6 capitation payments or other fixed amounts that are prepaid in
7 exchange for a promise of a licensee to provide specified health
8 care services to specified beneficiaries. A “financial interest” shall
9 not include the receipt of remuneration by a medical director of a
10 hospice, as defined in Section 1746 of the Health and Safety Code,
11 for specified services if the arrangement is set out in writing, and
12 specifies all services to be provided by the medical director, the
13 term of the arrangement is for at least one year, and the
14 compensation to be paid over the term of the arrangement is set
15 in advance, does not exceed fair market value, and is not
16 determined in a manner that takes into account the volume or value
17 of any referrals or other business generated between parties.

18 (3) For the purposes of this section, “immediate family” includes
19 the spouse and children of the licensee, the parents of the licensee,
20 and the spouses of the children of the licensee.

21 (4) “Licensee” means a physician, as defined in Section 3209.3
22 of the Labor Code, or a nurse practitioner practicing pursuant to
23 Section 2837.104 or 2837.105.

24 (5) “Licensee’s office” means either of the following:

25 (A) An office of a licensee in solo practice.

26 (B) An office in which services or goods are personally provided
27 by the licensee or by employees in that office, or personally by
28 independent contractors in that office, in accordance with other
29 provisions of law. Employees and independent contractors shall
30 be licensed or certified when licensure or certification is required
31 by law.

32 (6) “Office of a group practice” means an office or offices in
33 which two or more licensees are legally organized as a partnership,
34 professional corporation, or not-for-profit corporation, licensed
35 pursuant to subdivision (a) of Section 1204 of the Health and Safety
36 Code, for which all of the following apply:

37 (A) Each licensee who is a member of the group provides
38 substantially the full range of services that the licensee routinely
39 provides, including medical care, consultation, diagnosis, or

1 treatment through the joint use of shared office space, facilities,
2 equipment, and personnel.

3 (B) Substantially all of the services of the licensees who are
4 members of the group are provided through the group and are
5 billed in the name of the group and amounts so received are treated
6 as receipts of the group, except in the case of a multispecialty
7 clinic, as defined in subdivision (l) of Section 1206 of the Health
8 and Safety Code, physician services are billed in the name of the
9 multispecialty clinic and amounts so received are treated as receipts
10 of the multispecialty clinic.

11 (C) The overhead expenses of, and the income from, the practice
12 are distributed in accordance with methods previously determined
13 by members of the group.

14 (c) It is unlawful for a licensee to enter into an arrangement or
15 scheme, such as a cross-referral arrangement, that the licensee
16 knows, or should know, has a principal purpose of ensuring
17 referrals by the licensee to a particular entity that, if the licensee
18 directly made referrals to that entity, would be in violation of this
19 section.

20 (d) No claim for payment shall be presented by an entity to any
21 individual, third party payer, or other entity for a good or service
22 furnished pursuant to a referral prohibited under this section.

23 (e) No insurer, self-insurer, or other payer shall pay a charge or
24 lien for any good or service resulting from a referral in violation
25 of this section.

26 (f) A licensee who refers a person to, or seeks consultation from,
27 an organization in which the licensee has a financial interest, other
28 than as prohibited by subdivision (a), shall disclose the financial
29 interest to the patient, or the parent or legal guardian of the patient,
30 in writing, at the time of the referral or request for consultation.

31 (1) If a referral, billing, or other solicitation is between one or
32 more licensees who contract with a multispecialty clinic pursuant
33 to subdivision (l) of Section 1206 of the Health and Safety Code
34 or who conduct their practice as members of the same professional
35 corporation or partnership, and the services are rendered on the
36 same physical premises, or under the same professional corporation
37 or partnership name, the requirements of this subdivision may be
38 met by posting a conspicuous disclosure statement at the
39 registration area or by providing a patient with a written disclosure
40 statement.

1 (2) If a licensee is under contract with the Department of
2 Corrections or the California Youth Authority, and the patient is
3 an inmate or parolee of either respective department, the
4 requirements of this subdivision shall be satisfied by disclosing
5 financial interests to either the Department of Corrections or the
6 California Youth Authority.

7 (g) A violation of subdivision (a) shall be a misdemeanor. The
8 Medical Board of California shall review the facts and
9 circumstances of any conviction pursuant to subdivision (a) and
10 take appropriate disciplinary action if the licensee has committed
11 unprofessional conduct. Violations of this section may also be
12 subject to civil penalties of up to five thousand dollars (\$5,000)
13 for each offense, which may be enforced by the Insurance
14 Commissioner, Attorney General, or a district attorney. A violation
15 of subdivision (c), (d), or (e) is a public offense and is punishable
16 upon conviction by a fine not exceeding fifteen thousand dollars
17 (\$15,000) for each violation and appropriate disciplinary action,
18 including revocation of professional licensure, by the Medical
19 Board of California or other appropriate governmental agency.

20 (h) This section shall not apply to referrals for services that are
21 described in and covered by Sections 139.3 and 139.31 of the
22 Labor Code.

23 (i) This section shall become operative on January 1, 1995.

24 SEC. 2. Section 805 of the Business and Professions Code is
25 amended to read:

26 805. (a) As used in this section, the following terms have the
27 following definitions:

28 (1) (A) "Peer review" means both of the following:

29 (i) A process in which a peer review body reviews the basic
30 qualifications, staff privileges, employment, medical outcomes,
31 or professional conduct of licentiates to make recommendations
32 for quality improvement and education, if necessary, in order to
33 do either or both of the following:

34 (I) Determine whether a licentiate may practice or continue to
35 practice in a health care facility, clinic, or other setting providing
36 medical services, and, if so, to determine the parameters of that
37 practice.

38 (II) Assess and improve the quality of care rendered in a health
39 care facility, clinic, or other setting providing medical services.

1 (ii) Any other activities of a peer review body as specified in
2 subparagraph (B).

3 (B) “Peer review body” includes:

4 (i) A medical or professional staff of any health care facility or
5 clinic licensed under Division 2 (commencing with Section 1200)
6 of the Health and Safety Code or of a facility certified to participate
7 in the federal Medicare program as an ambulatory surgical center.

8 (ii) A health care service plan licensed under Chapter 2.2
9 (commencing with Section 1340) of Division 2 of the Health and
10 Safety Code or a disability insurer that contracts with licentiates
11 to provide services at alternative rates of payment pursuant to
12 Section 10133 of the Insurance Code.

13 (iii) Any medical, psychological, marriage and family therapy,
14 social work, professional clinical counselor, dental, midwifery, or
15 podiatric professional society having as members at least 25 percent
16 of the eligible licentiates in the area in which it functions (which
17 must include at least one county), which is not organized for profit
18 and which has been determined to be exempt from taxes pursuant
19 to Section 23701 of the Revenue and Taxation Code.

20 (iv) A committee organized by any entity consisting of or
21 employing more than 25 licentiates of the same class that functions
22 for the purpose of reviewing the quality of professional care
23 provided by members or employees of that entity.

24 (2) “Licentiate” means a physician and surgeon, doctor of
25 podiatric medicine, clinical psychologist, marriage and family
26 therapist, clinical social worker, professional clinical counselor,
27 dentist, licensed midwife, physician assistant, or nurse practitioner
28 practicing pursuant to Section 2837.104 or 2837.105. “Licentiate”
29 also includes a person authorized to practice medicine pursuant to
30 Section 2113 or 2168.

31 (3) “Agency” means the relevant state licensing agency having
32 regulatory jurisdiction over the licentiates listed in paragraph (2).

33 (4) “Staff privileges” means any arrangement under which a
34 licentiate is allowed to practice in or provide care for patients in
35 a health facility. Those arrangements shall include, but are not
36 limited to, full staff privileges, active staff privileges, limited staff
37 privileges, auxiliary staff privileges, provisional staff privileges,
38 temporary staff privileges, courtesy staff privileges, locum tenens
39 arrangements, and contractual arrangements to provide professional

1 services, including, but not limited to, arrangements to provide
2 outpatient services.

3 (5) “Denial or termination of staff privileges, membership, or
4 employment” includes failure or refusal to renew a contract or to
5 renew, extend, or reestablish any staff privileges, if the action is
6 based on medical disciplinary cause or reason.

7 (6) “Medical disciplinary cause or reason” means that aspect
8 of a licentiate’s competence or professional conduct that is
9 reasonably likely to be detrimental to patient safety or to the
10 delivery of patient care.

11 (7) “805 report” means the written report required under
12 subdivision (b).

13 (b) The chief of staff of a medical or professional staff or other
14 chief executive officer, medical director, or administrator of any
15 peer review body and the chief executive officer or administrator
16 of any licensed health care facility or clinic shall file an 805 report
17 with the relevant agency within 15 days after the effective date on
18 which any of the following occur as a result of an action of a peer
19 review body:

20 (1) A licentiate’s application for staff privileges or membership
21 is denied or rejected for a medical disciplinary cause or reason.

22 (2) A licentiate’s membership, staff privileges, or employment
23 is terminated or revoked for a medical disciplinary cause or reason.

24 (3) Restrictions are imposed, or voluntarily accepted, on staff
25 privileges, membership, or employment for a cumulative total of
26 30 days or more for any 12-month period, for a medical disciplinary
27 cause or reason.

28 (c) If a licentiate takes any action listed in paragraph (1), (2),
29 or (3) after receiving notice of a pending investigation initiated
30 for a medical disciplinary cause or reason or after receiving notice
31 that their application for membership or staff privileges is denied
32 or will be denied for a medical disciplinary cause or reason, the
33 chief of staff of a medical or professional staff or other chief
34 executive officer, medical director, or administrator of any peer
35 review body and the chief executive officer or administrator of any
36 any licensed health care facility or clinic where the licentiate is
37 employed or has staff privileges or membership or where the
38 licentiate applied for staff privileges or membership, or sought the
39 renewal thereof, shall file an 805 report with the relevant agency
40 within 15 days after the licentiate takes the action.

1 (1) Resigns or takes a leave of absence from membership, staff
2 privileges, or employment.

3 (2) Withdraws or abandons their application for staff privileges
4 or membership.

5 (3) Withdraws or abandons their request for renewal of staff
6 privileges or membership.

7 (d) For purposes of filing an 805 report, the signature of at least
8 one of the individuals indicated in subdivision (b) or (c) on the
9 completed form shall constitute compliance with the requirement
10 to file the report.

11 (e) An 805 report shall also be filed within 15 days following
12 the imposition of summary suspension of staff privileges,
13 membership, or employment, if the summary suspension remains
14 in effect for a period in excess of 14 days.

15 (f) (1) A copy of the 805 report, and a notice advising the
16 licentiate of their right to submit additional statements or other
17 information, electronically or otherwise, pursuant to Section 800,
18 shall be sent by the peer review body to the licentiate named in
19 the report. The notice shall also advise the licentiate that
20 information submitted electronically will be publicly disclosed to
21 those who request the information.

22 ~~The~~

23 (2) *The* information to be reported in an 805 report shall include
24 the name and license number of the licentiate involved, a
25 description of the facts and circumstances of the medical
26 disciplinary cause or reason, and any other relevant information
27 deemed appropriate by the reporter.

28 ~~A~~

29 (3) A supplemental report shall also be made within 30 days
30 following the date the licentiate is deemed to have satisfied any
31 terms, conditions, or sanctions imposed as disciplinary action by
32 the reporting peer review body. In performing its dissemination
33 functions required by Section 805.5, the agency shall include a
34 copy of a supplemental report, if any, whenever it furnishes a copy
35 of the original 805 report.

36 ~~If~~

37 (4) *If* another peer review body is required to file an 805 report,
38 a health care service plan is not required to file a separate report
39 with respect to action attributable to the same medical disciplinary
40 cause or reason. If the Medical Board of California or a licensing

1 agency of another state revokes or suspends, without a stay, the
2 license of a physician and surgeon, a peer review body is not
3 required to file an 805 report when it takes an action as a result of
4 the revocation or suspension. If the California Board of Podiatric
5 Medicine or a licensing agency of another state revokes or
6 suspends, without a stay, the license of a doctor of podiatric
7 medicine, a peer review body is not required to file an 805 report
8 when it takes an action as a result of the revocation or suspension.
9 *If the Advanced Practice Registered Nursing Board or a licensing*
10 *agency of another state revokes or suspends, without a stay, the*
11 *license of a nurse practitioner, a peer review body is not required*
12 *to file an 805 report when it takes an action as a result of the*
13 *revocation or suspension.*

14 (g) The reporting required by this section shall not act as a
15 waiver of confidentiality of medical records and committee reports.
16 The information reported or disclosed shall be kept confidential
17 except as provided in subdivision (c) of Section 800 and Sections
18 803.1 and 2027, provided that a copy of the report containing the
19 information required by this section may be disclosed as required
20 by Section 805.5 with respect to reports received on or after
21 January 1, 1976.

22 (h) The Medical Board of California, the California Board of
23 Podiatric Medicine, the Osteopathic Medical Board of California,
24 ~~and the Dental Board of California~~ *California, and the Advanced*
25 *Practice Registered Nursing Board* shall disclose reports as
26 required by Section 805.5.

27 (i) An 805 report shall be maintained electronically by an agency
28 for dissemination purposes for a period of three years after receipt.

29 (j) No person shall incur any civil or criminal liability as the
30 result of making any report required by this section.

31 (k) A willful failure to file an 805 report by any person who is
32 designated or otherwise required by law to file an 805 report is
33 punishable by a fine not to exceed one hundred thousand dollars
34 (\$100,000) per violation. The fine may be imposed in any civil or
35 administrative action or proceeding brought by or on behalf of any
36 agency having regulatory jurisdiction over the person regarding
37 whom the report was or should have been filed. If the person who
38 is designated or otherwise required to file an 805 report is a
39 licensed physician and surgeon, the action or proceeding shall be
40 brought by the Medical Board of California. If the person who is

1 designated or otherwise required to file an 805 report is a licensed
2 doctor of podiatric medicine, the action or proceeding shall be
3 brought by the California Board of Podiatric Medicine. *If the*
4 *person who is designated or otherwise required to file an 805*
5 *report is a licensed nurse practitioner, the action or proceeding*
6 *shall be brought by the Advanced Practice Registered Nursing*
7 *Board.* The fine shall be paid to that agency but not expended until
8 appropriated by the Legislature. A violation of this subdivision
9 may constitute unprofessional conduct by the licentiate. A person
10 who is alleged to have violated this subdivision may assert any
11 defense available at law. As used in this subdivision, “willful”
12 means a voluntary and intentional violation of a known legal duty.

13 (l) Except as otherwise provided in subdivision (k), any failure
14 by the administrator of any peer review body, the chief executive
15 officer or administrator of any health care facility, or any person
16 who is designated or otherwise required by law to file an 805
17 report, shall be punishable by a fine that under no circumstances
18 shall exceed fifty thousand dollars (\$50,000) per violation. The
19 fine may be imposed in any civil or administrative action or
20 proceeding brought by or on behalf of any agency having
21 regulatory jurisdiction over the person regarding whom the report
22 was or should have been filed. If the person who is designated or
23 otherwise required to file an 805 report is a licensed physician and
24 surgeon, the action or proceeding shall be brought by the Medical
25 Board of California. If the person who is designated or otherwise
26 required to file an 805 report is a licensed doctor of podiatric
27 medicine, the action or proceeding shall be brought by the
28 California Board of Podiatric Medicine. *If the person who is*
29 *designated or otherwise required to file an 805 report is a licensed*
30 *nurse practitioner, the action or proceeding shall be brought by*
31 *the Advanced Practice Registered Nursing Board.* The fine shall
32 be paid to that agency but not expended until appropriated by the
33 Legislature. The amount of the fine imposed, not exceeding fifty
34 thousand dollars (\$50,000) per violation, shall be proportional to
35 the severity of the failure to report and shall differ based upon
36 written findings, including whether the failure to file caused harm
37 to a patient or created a risk to patient safety; whether the
38 administrator of any peer review body, the chief executive officer
39 or administrator of any health care facility, or any person who is
40 designated or otherwise required by law to file an 805 report

1 exercised due diligence despite the failure to file or whether they
 2 knew or should have known that an 805 report would not be filed;
 3 and whether there has been a prior failure to file an 805 report.
 4 The amount of the fine imposed may also differ based on whether
 5 a health care facility is a small or rural hospital as defined in
 6 Section 124840 of the Health and Safety Code.

7 (m) A health care service plan licensed under Chapter 2.2
 8 (commencing with Section 1340) of Division 2 of the Health and
 9 Safety Code or a disability insurer that negotiates and enters into
 10 a contract with licentiates to provide services at alternative rates
 11 of payment pursuant to Section 10133 of the Insurance Code, when
 12 determining participation with the plan or insurer, shall evaluate,
 13 on a case-by-case basis, licentiates who are the subject of an 805
 14 report, and not automatically exclude or deselect these licentiates.

15 *SEC. 3. Section 805.5 of the Business and Professions Code*
 16 *is amended to read:*

17 805.5. (a) Prior to granting or renewing staff privileges for
 18 any physician and surgeon, psychologist, podiatrist, ~~or dentist,~~ *or*
 19 *nurse practitioner*; any health facility licensed pursuant to Division
 20 2 (commencing with Section 1200) of the Health and Safety Code,
 21 any health care service plan or medical care foundation, the medical
 22 staff of the institution, a facility certified to participate in the federal
 23 Medicare Program as an ambulatory surgical center, or an
 24 outpatient setting accredited pursuant to Section 1248.1 of the
 25 Health and Safety Code shall request a report from the Medical
 26 Board of California, the Board of Psychology, the California Board
 27 of Podiatric Medicine, the Osteopathic Medical Board of
 28 California, ~~or the Dental Board of California~~ *California, or the*
 29 *Advanced Practice Registered Nursing Board* to determine if any
 30 report has been made pursuant to Section 805 indicating that the
 31 applying physician and surgeon, psychologist, podiatrist, ~~or dentist~~
 32 *dentist, or nurse practitioner*, has been denied staff privileges,
 33 been removed from a medical staff, or had ~~his or her~~ *their* staff
 34 privileges restricted as provided in Section 805. The request shall
 35 include the name and California license number of the physician
 36 and surgeon, psychologist, podiatrist, ~~or dentist.~~ *dentist, or nurse*
 37 *practitioner.* Furnishing of a copy of the 805 report shall not cause
 38 the 805 report to be a public record.

39 (b) Upon a request made by, or on behalf of, an institution
 40 described in subdivision (a) or its medical staff the board shall

1 furnish a copy of any report made pursuant to Section 805 as well
2 as any additional exculpatory or explanatory information submitted
3 electronically to the board by the licensee pursuant to subdivision
4 (f) of that section. However, the board shall not send a copy of a
5 report (1) if the denial, removal, or restriction was imposed solely
6 because of the failure to complete medical records, (2) if the board
7 has found the information reported is without merit, (3) if a court
8 finds, in a final judgment, that the peer review, as defined in
9 Section 805, resulting in the report was conducted in bad faith and
10 the licensee who is the subject of the report notifies the board of
11 that finding, or (4) if a period of three years has elapsed since the
12 report was submitted. This three-year period shall be tolled during
13 any period the licensee has obtained a judicial order precluding
14 disclosure of the report, unless the board is finally and permanently
15 precluded by judicial order from disclosing the report. If a request
16 is received by the board while the board is subject to a judicial
17 order limiting or precluding disclosure, the board shall provide a
18 disclosure to any qualified requesting party as soon as practicable
19 after the judicial order is no longer in force.

20 If the board fails to advise the institution within 30 working days
21 following its request for a report required by this section, the
22 institution may grant or renew staff privileges for the physician
23 and surgeon, psychologist, podiatrist, ~~or dentist.~~ *dentist, or nurse*
24 *practitioner.*

25 (c) Any institution described in subdivision (a) or its medical
26 staff that violates subdivision (a) is guilty of a misdemeanor and
27 shall be punished by a fine of not less than two hundred dollars
28 (\$200) nor more than one thousand two hundred dollars (\$1,200).

29 ~~SEC. 3.~~

30 *SEC. 4.* Article 8.5 (commencing with Section 2837.100) is
31 added to Chapter 6 of Division 2 of the Business and Professions
32 Code, to read:

33

34 Article 8.5. Advanced Practice Registered Nurses

35

36 2837.100. It is the intent of the Legislature that the requirements
37 under this article shall not be undue or unnecessary burden to
38 licensure or practice. The requirements are intended to ensure the
39 new category of licensed nurse practitioners have the least

1 restrictive amount of education, training, and testing necessary to
2 ensure competent practice.

3 2837.101. (a) There is in the Department of Consumer Affairs
4 the Advanced Practice Registered Nursing Board consisting of
5 nine members.

6 (b) For purposes of this article, ~~“board”~~ *the following terms*
7 *have the following meanings:*

8 (1) *“Board”* means the Advanced Practice Registered Nursing
9 Board.

10 (2) *“Standardized procedures”* has the same meaning as that
11 *term is defined in Section 2725.*

12 (3) *“Transition to practice”* means additional clinical
13 *experience and mentorship provided to prepare a nurse*
14 *practitioner to practice without the routine presence of a physician*
15 *and surgeon. The board shall, by regulation, define minimum*
16 *standards for transition to practice.*

17 (c) This section shall remain in effect only until January 1, 2026,
18 and as of that date is repealed.

19 2837.102. Notwithstanding any other law, the repeal of Section
20 2837.101 renders the board or its successor subject to review by
21 the appropriate policy committees of the Legislature.

22 2837.103. (a) (1) Until January 1, 2026, four members of the
23 board shall be licensed registered nurses who shall be ~~active~~
24 *certified* as a nurse practitioner and shall be active in the practice
25 of their profession engaged primarily in direct patient care with at
26 least five continuous years of experience.

27 (2) Commencing January 1, 2026, four members of the board
28 shall be nurse practitioners licensed under this chapter.

29 (b) Three members of the board shall be physicians and surgeons
30 licensed by the Medical Board of California or the Osteopathic
31 Medical Board of California. At least one of the physician and
32 surgeon members shall work closely with a nurse practitioner. The
33 remaining physician and surgeon members shall focus on primary
34 care in their practice.

35 (c) Two members of the board shall represent the public at large
36 and shall not be licensed under any board under this division or
37 any board referred to in Section 1000 or 3600.

38 2837.104. (a) (1) Notwithstanding any other law, a nurse
39 practitioner ~~who holds~~ *may perform the functions specified in*
40 *subdivision (c) pursuant to that subdivision, in a setting or*

1 organization specified in paragraph (2) pursuant to that
 2 paragraph, if the nurse practitioner has successfully satisfied the
 3 following requirements:

4 (A) Passed a national nurse practitioner board certification
 5 examination and, if applicable, any supplemental examination
 6 developed pursuant to paragraph (3) of subdivision (a) of Section
 7 2837.106.

8 (B) Holds a certification as a nurse practitioner from a national
 9 certifying body recognized by the board ~~may perform the functions~~
 10 ~~specified in subdivision (e) without supervision by a physician~~
 11 ~~and surgeon if the board.~~

12 (C) Provides documentation that educational training was
 13 consistent with standards established by the board pursuant to
 14 Section 2836 and any applicable regulations as they specifically
 15 relate to requirements for clinical practice hours. Online
 16 educational programs that do not include mandatory clinical hours
 17 shall not meet this requirement.

18 (D) Has completed a transition to practice in California of a
 19 minimum of three full-time equivalent years of practice or 4600
 20 hours.

21 (2) A nurse practitioner *who* meets all of the requirements of
 22 ~~this article and practices paragraph (1) may practice, including,~~
 23 ~~but not limited to, performing the functions authorized pursuant~~
 24 ~~to subdivision (c), in one of the following settings or organizations~~
 25 ~~in which one or more physicians and surgeons practice with the~~
 26 ~~nurse practitioner; practitioner without standardized procedures:~~

27 (A) A clinic, as defined in Section 1200 of the Health and Safety
 28 Code.

29 (B) A health facility, as defined in Section 1250 of the Health
 30 and Safety Code.

31 (C) A facility described in Chapter 2.5 (commencing with
 32 Section 1440) of Division 2 of the Health and Safety Code.

33 (D) A medical group practice, including a professional medical
 34 corporation, as defined in Section 2406, another form of
 35 corporation controlled by physicians and surgeons, a medical
 36 partnership, a medical foundation exempt from licensure, or another
 37 lawfully organized group of physicians and surgeons that provides
 38 health care services.

39 (2)

1 (3) In health care agencies that have governing bodies, as
 2 defined in Division 5 of Title 22 of the California Code of
 3 Regulations, including, but not limited to, Sections 70701 and
 4 70703 of Title 22 of the California Code of Regulations, the
 5 following apply:

6 (A) A nurse practitioner shall adhere to all *applicable* bylaws.

7 (B) A nurse practitioner shall be eligible to serve on medical
 8 staff and hospital committees. ~~A nurse practitioner who is not the~~
 9 ~~holder of an active certificate pursuant to Section 2837.105 shall~~
 10 ~~not serve as chair of medical staff committees.~~

11 (C) A nurse practitioner shall be eligible to attend meetings of
 12 the department to which the nurse practitioner is assigned. A nurse
 13 practitioner ~~who is not the holder of an active certificate pursuant~~
 14 ~~to Section 2837.105 shall not vote at department, division, or other~~
 15 ~~meetings.~~ *meetings unless the vote is regarding whether a*
 16 *licensee's employment is in the best interest of the communities*
 17 *served by a hospital pursuant to Section 2401 or the vote is*
 18 *otherwise allowed by the applicable bylaws.*

19 (b) An entity described in subparagraphs (A) to (D), inclusive,
 20 of paragraph ~~(1)~~ (2) of subdivision (a) shall not interfere with,
 21 control, or otherwise direct the professional judgment of a nurse
 22 practitioner functioning pursuant to this section in a manner
 23 prohibited by Section 2400 or any other law.

24 (c) In addition to any other practices authorized by law, a nurse
 25 practitioner who meets the requirements of ~~this section~~ *paragraph*
 26 *(1) of subdivision (a)* may perform the following functions without
 27 ~~the supervision of a physician and surgeon~~ *standardized procedures*
 28 in accordance with their education and training:

29 (1) Conduct an advanced assessment.

30 (2) ~~Order~~ *Order, perform,* and interpret diagnostic procedures.

31 (3) Establish primary and differential diagnoses.

32 (4) Prescribe, order, administer, dispense, and furnish therapeutic
 33 measures, including, but not limited to, the following:

34 (A) Diagnose, prescribe, and institute therapy or referrals of
 35 patients to health care agencies, health care providers, and
 36 community resources.

37 (B) Prescribe, administer, dispense, and furnish pharmacological
 38 agents, including over-the-counter, legend, and controlled
 39 substances.

1 (C) Plan and initiate a therapeutic regimen that includes ordering
 2 and prescribing nonpharmacological interventions, including, but
 3 not limited to, durable medical equipment, medical devices,
 4 nutrition, blood and blood products, and diagnostic and supportive
 5 services, including, but not limited to, home health care, hospice,
 6 and physical and occupational therapy.

7 (5) After performing a physical examination, certify disability
 8 pursuant to Section 2708 of the Unemployment Insurance Code.

9 (6) Delegate tasks to a medical assistant pursuant to Sections
 10 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with
 11 Section 1366) of Chapter 3 of Division 13 of Title 16 of the
 12 California Code of Regulations.

13 (d) *A nurse practitioner shall inform all new patients in a*
 14 *language understandable to the patient that a nurse practitioner*
 15 *is not a physician and surgeon. For purposes of Spanish language*
 16 *speakers, the nurse practitioner shall use the standardized phrase*
 17 *“enfermera especializada.”*

18 ~~(d)~~

19 (e) A nurse practitioner shall refer a patient to a physician and
 20 surgeon or other licensed health care provider if a situation or
 21 condition of a patient is beyond the scope of the education and
 22 training of the nurse practitioner.

23 ~~(e)~~

24 (f) A nurse practitioner practicing under this section shall
 25 maintain professional liability insurance appropriate for the practice
 26 setting.

27 2837.105. (a) Notwithstanding any other law, the following
 28 apply to a nurse practitioner ~~who is actively licensed under this~~
 29 ~~article and~~ who holds an active certification issued by the board
 30 ~~under this section:~~ *pursuant to subdivision (b):*

31 (1) The nurse practitioner ~~may practice without supervision by~~
 32 ~~a physician and surgeon~~ *perform the functions specified in*
 33 *subdivision (c) of Section 2837.104 pursuant to that subdivision*
 34 *outside of the settings or organizations specified under*
 35 *subparagraphs (A) to (D), inclusive, of paragraph (1) (2) of*
 36 *subdivision (a) of Section 2387.104. 2837.104.*

37 (2) Subject to subdivision ~~(g)~~ (f) and any applicable conflict of
 38 interest policies of the bylaws, the nurse practitioner shall be
 39 eligible for membership of an organized medical staff.

1 (3) Subject to subdivision ~~(g)~~ (f) and any applicable conflict of
 2 interest policies of the bylaws, a nurse practitioner member may
 3 vote at meetings of the department to which nurse practitioners
 4 are assigned.

5 (b) The board shall issue a certificate to ~~practice~~ *perform the*
 6 *functions specified in subdivision (c) of Section 2837.104 pursuant*
 7 *to that subdivision* outside of the settings and organizations
 8 specified under subparagraphs (A) to (D), inclusive, of paragraph
 9 ~~(1)~~ (2) of subdivision (a) ~~if, in addition to satisfying the~~
 10 ~~requirements of this article, of Section 2837.104 if~~ the nurse
 11 practitioner satisfies all of the following requirements:

12 (1) The nurse practitioner meets ~~one of the following:~~ *all of the*
 13 *requirements specified in paragraph (1) of subdivision (a) of*
 14 *Section 2837.104.*

15 ~~(A) Holds a Doctorate of Nursing Practice degree (DNP) and~~
 16 ~~holds active national certification in a nurse practitioner role and~~
 17 ~~population foci by a national certifying body recognized by the~~
 18 ~~board.~~

19 ~~(B) Holds a Master of Science degree in Nursing (MSN) and~~
 20 ~~holds active national certification in a nurse practitioner role and~~
 21 ~~population foci by a national certifying body recognized by the~~
 22 ~~board and has two years of licensed practice as a nurse practitioner.~~

23 ~~(2) The nurse practitioner has successfully completed a transition~~
 24 ~~to practice.~~

25 ~~(e) (1) Upon application of an applicant who meets the~~
 26 ~~requirements for a certificate under this section, the board shall~~
 27 ~~issue an inactive certificate.~~

28 ~~(2) Upon application of a holder of a certificate issued pursuant~~
 29 ~~to this section, the board shall change the status of an active~~
 30 ~~certificate to inactive.~~

31 ~~(3) The holder of an inactive certificate shall not engage in any~~
 32 ~~activity for which an active certificate under this section is required~~
 33 ~~and is not otherwise subject to the provisions of this section.~~

34 ~~(4) Upon application of the holder of a certificate issued pursuant~~
 35 ~~to this section, the board shall change the status of an inactive~~
 36 ~~certificate to active if the holder's license is in good standing and~~
 37 ~~the holder pays the renewal fee.~~

38 ~~(2) Holds a Master of Science degree in Nursing (MSN) or a~~
 39 ~~Doctorate of Nursing Practice degree (DNP).~~

1 (3) *Has practiced as a nurse practitioner in good standing for*
2 *at least three years, not inclusive of the transition to practice*
3 *required pursuant to subparagraph (D) of paragraph (1) of*
4 *subdivision (a) of Section 2837.104. The board may, at its*
5 *discretion, lower this requirement for a nurse practitioner holding*
6 *a Doctorate of Nursing Practice degree (DNP) based on practice*
7 *experience gained in the course of doctoral education experience.*

8 ~~(d)~~

9 (c) A nurse practitioner authorized to practice pursuant to this
10 section shall comply with all of the following:

11 (1) The nurse practitioner, consistent with applicable standards
12 of care, shall practice within the scope of their clinical and
13 professional education and training and within the limits of their
14 knowledge and experience.

15 (2) The nurse practitioner shall consult and collaborate with
16 other healing arts providers based on the clinical condition of the
17 patient to whom health care is provided.

18 (3) The nurse practitioner shall establish a plan for referral of
19 complex medical cases and emergencies to a physician and surgeon
20 or other appropriate healing arts providers.

21 ~~(e) For purposes of this section, “transition to practice” means~~
22 ~~additional clinical experience and mentorship are provided to~~
23 ~~prepare a nurse practitioner to practice without the routine presence~~
24 ~~of a physician and surgeon. A transition to practice shall meet all~~
25 ~~of the following requirements:~~

26 ~~(1) The transition to practice shall consist of a minimum of three~~
27 ~~years or 4,600 hours.~~

28 ~~(2) The transition to practice shall require proficiency in~~
29 ~~competencies identified by the board by regulation.~~

30 ~~(3) The transition to practice is conducted in one of the settings~~
31 ~~or organizations specified in subparagraphs (A) to (D), inclusive,~~
32 ~~of paragraph (1) of subdivision (a) of Section 2837.104 in which~~
33 ~~one or more physicians and surgeons practice with the nurse~~
34 ~~practitioner.~~

35 ~~(4) After the nurse practitioner satisfies paragraph (1) of this~~
36 ~~subdivision, the nurse practitioner shall pass an objective~~
37 ~~examination developed and administered by the board. The~~
38 ~~examination shall test the competencies identified under paragraph~~
39 ~~(2) of this subdivision.~~

1 (d) A nurse practitioner shall inform all new patients in a
 2 language understandable to the patient that a nurse practitioner
 3 is not a physician and surgeon. For purposes of Spanish language
 4 speakers, the nurse practitioner shall use the standardized phrase
 5 “*enfermera especializada.*”

6 ~~(f)~~

7 (e) A nurse practitioner practicing ~~under~~ pursuant to this section
 8 shall maintain professional liability insurance appropriate for the
 9 practice setting.

10 ~~(g)~~

11 (f) For purposes of this section, corporations and other artificial
 12 legal entities shall have no professional rights, privileges, or
 13 powers.

14 ~~(h)~~

15 (g) Subdivision ~~(g)~~ (f) shall not apply to a nurse practitioner if
 16 any either of the following apply:

17 (1) The certificate issued pursuant to this section is inactive,
 18 surrendered, revoked, or otherwise restricted by the board.

19 (2) The nurse practitioner is employed pursuant to the
 20 exemptions under Section 2401.

21 2837.106. (a) (1) The board shall request the department’s
 22 Office of Professional Examination Services, or an equivalent
 23 organization, to perform an occupational analysis of nurse
 24 practitioners performing the functions specified in subdivision (c)
 25 of Section 2837.104 pursuant to that subdivision.

26 (2) The board, together with the Office of Professional
 27 Examination Services, shall assess the alignment of the
 28 competencies tested in the national nurse practitioner certification
 29 examination required by subparagraph (A) of paragraph (1) of
 30 subdivision (a) of Section 2837.104 with the occupational analysis
 31 performed according to paragraph (1).

32 (3) If the assessment performed according to paragraph (2)
 33 identifies additional competencies necessary to perform the
 34 functions specified in subdivision (c) of Section 2837.104 pursuant
 35 to that subdivision that are not sufficiently validated by the national
 36 nurse practitioner board certification examination required by
 37 subparagraph (A) of paragraph (1) of subdivision (a) of Section
 38 2837.104, the board shall identify and develop a supplemental
 39 exam that properly validates identified competencies.

1 (b) *The examination process shall be regularly reviewed*
2 *pursuant to Section 139.*

3 ~~SEC. 4.~~

4 SEC. 5. No reimbursement is required by this act pursuant to
5 Section 6 of Article XIII B of the California Constitution because
6 the only costs that may be incurred by a local agency or school
7 district will be incurred because this act creates a new crime or
8 infraction, eliminates a crime or infraction, or changes the penalty
9 for a crime or infraction, within the meaning of Section 17556 of
10 the Government Code, or changes the definition of a crime within
11 the meaning of Section 6 of Article XIII B of the California
12 Constitution.

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AMENDED IN ASSEMBLY JUNE 4, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2028

Introduced by Assembly Member Aguiar-Curry
(Coauthor: Assembly Member Gonzalez)

January 30, 2020

An act to amend Sections 11125 and 11125.7 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 2028, as amended, Aguiar-Curry. State agencies: meetings.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require these writings and materials to be made available on the internet *website, and to people who so request in writing, on the same day as they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier.* The bill would provide that a state body may only distribute or

discuss these writings or materials at a meeting of the state body if it has complied with these requirements. *The bill would except writings or materials relating to matters to be discussed in a closed session from its requirements and would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, as they become available, after the prescribed deadlines. The bill would specify that its provisions do not authorize a state body to remove writings and materials from an internet website.*

Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were afforded an opportunity to address the committee on the item.

This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body.

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. The Legislature finds and declares the following:
- 2 (a) The Bagley-Keene Open Meeting Act (Article 9
- 3 (commencing with Section 11120) of Chapter 1 of Part 1 of
- 4 Division 3 of Title 2 of the Government Code) (hereafter
- 5 “Bagley-Keene”) was intended to implement Section 3 of Article
- 6 I of the California Constitution, which states in part, “The people
- 7 have the right of access to information concerning the conduct of
- 8 the people’s business, and, therefore, the meetings of public bodies
- 9 and the writings of public officials and agencies shall be open to
- 10 public scrutiny.”
- 11 (b) Bagley-Keene was written to protect public meetings and
- 12 public notice and to ensure the transparency of actions taken by
- 13 state agencies, boards, and commissions.
- 14 (c) Californians have the right to participate in state body
- 15 deliberations. This includes the public’s ability to comment on all
- 16 agenda items discussed at a meeting of the state body, regardless

1 of whether an item has been discussed previously in a committee
2 of the state body.

3 (d) The purpose of public notice is so that state bodies give the
4 public adequate time for review of the substance of a state body
5 meeting and for comment.

6 (e) Public notice must also include any writings or materials
7 provided by a state body's staff or by a member of the state body
8 to other members of the state body for a noticed meeting of the
9 body held at least 10 days prior to the meeting.

10 (f) Bagley-Keene affirms these rights by stating in Section 11120
11 of the Government Code, "The people of this state do not yield
12 their sovereignty to the agencies which serve them. The people,
13 in delegating authority, do not give their public servants the right
14 to decide what is good for the people to know and what is not good
15 for them to know. The people insist on remaining informed so that
16 they may retain control over the instruments they have created."

17 SEC. 2. Section 11125 of the Government Code is amended
18 to read:

19 11125. (a) The state body shall provide notice of its meeting
20 to any person who requests that notice in writing. Notice shall be
21 given and also made available on the internet *website* at least 10
22 days in advance of the meeting, and shall include the name,
23 address, and telephone number of any person who can provide
24 further information prior to the meeting, but need not include a
25 list of witnesses expected to appear at the meeting. The written
26 notice shall additionally include the address of the internet website
27 where notices required by this article are made available.

28 (b) The notice of a meeting of a body that is a state body shall
29 include a specific agenda for the meeting, containing a brief
30 description of the items of business to be transacted or discussed
31 in either open or closed session. A brief general description of an
32 item generally need not exceed 20 words. A description of an item
33 to be transacted or discussed in closed session shall include a
34 citation of the specific statutory authority under which a closed
35 session is being held. No item shall be added to the agenda
36 subsequent to the provision of this notice, unless otherwise
37 permitted by this article.

38 (c) (1) Except as otherwise provided in paragraph (4), any
39 notice provided pursuant to subdivision (a) shall include all
40 writings or materials provided for the noticed meeting to a member

1 of the state body by the staff of a state agency, board, or
2 commission, or another member of the state body, that are in
3 connection with a matter subject to discussion or consideration at
4 the meeting.

5 (2) The writings or materials described in paragraph (1) shall
6 be made available on the internet ~~at least 10 days in advance of~~
7 ~~the meeting,~~ *website*, and to any person who requests ~~that notice~~
8 ~~in writing.~~ *the writings or materials in writing, on the same day*
9 *as the dissemination of the writings and materials to members of*
10 *the state body, or at least 48 hours in advance of the meeting,*
11 *whichever is earlier.*

12 (3) A state body may distribute or discuss writings or materials
13 described in paragraph (1) at a meeting of the state body only if it
14 has complied with this subdivision.

15 (4) This subdivision does not apply to writings or materials
16 prepared for a matter to be discussed in a closed session of the
17 state body.

18 (5) *If the writings or materials described in paragraph (1) on*
19 *an agenda for discussion at a meeting of the state body are related*
20 *to legislation that is before the Legislature in a current legislative*
21 *session, a state body is entitled to post online, and shall provide*
22 *upon request, additional materials related to that active legislation*
23 *with additional time-sensitive information as it becomes available*
24 *after the deadlines in this subdivision. The state body shall make*
25 *clear what date the new or changed writings or materials are*
26 *posted and, when applicable, what changes have been made in*
27 *materials already posted.*

28 (6) *This subdivision does not authorize state bodies to remove*
29 *any of the writings or materials described in paragraph (1) from*
30 *the internet website.*

31 (d) Notice of a meeting of a state body that complies with this
32 section shall also constitute notice of a meeting of an advisory
33 body of that state body, provided that the business to be discussed
34 by the advisory body is covered by the notice of the meeting of
35 the state body, provided that the specific time and place of the
36 advisory body's meeting is announced during the open and public
37 state body's meeting, and provided that the advisory body's
38 meeting is conducted within a reasonable time of, and nearby, the
39 meeting of the state body.

1 (e) A person may request, and shall be provided, notice pursuant
2 to subdivision (a) for all meetings of a state body or for a specific
3 meeting or meetings. In addition, at the state body's discretion, a
4 person may request, and may be provided, notice of only those
5 meetings of a state body at which a particular subject or subjects
6 specified in the request will be discussed.

7 (f) A request for notice of more than one meeting of a state body
8 shall be subject to the provisions of Section 14911.

9 (g) The notice shall be made available in appropriate alternative
10 formats, as required by Section 202 of the Americans with
11 Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal
12 rules and regulations adopted in implementation thereof, upon
13 request by any person with a disability. The notice shall include
14 information regarding how, to whom, and by when a request for
15 any disability-related modification or accommodation, including
16 auxiliary aids or services may be made by a person with a disability
17 who requires these aids or services in order to participate in the
18 public meeting.

19 SEC. 3. Section 11125.7 of the Government Code is amended
20 to read:

21 11125.7. (a) Except as otherwise provided in this section, the
22 state body shall provide an opportunity for members of the public
23 to directly address the state body on each agenda item before or
24 during the state body's discussion or consideration of the item.
25 Every notice for a special meeting at which action is proposed to
26 be taken on an item shall provide an opportunity for members of
27 the public to directly address the state body concerning that item
28 prior to action on the item. In addition, the notice requirement of
29 Section 11125 shall not preclude the acceptance of testimony at
30 meetings, other than emergency meetings, from members of the
31 public if no action is taken by the state body at the same meeting
32 on matters brought before the body by members of the public.

33 (b) The state body may adopt reasonable regulations to ensure
34 that the intent of subdivision (a) is carried out, including, but not
35 limited to, regulations limiting the total amount of time allocated
36 for public comment on particular issues and for each individual
37 speaker.

38 (c) (1) Notwithstanding subdivision (b), when a state body
39 limits time for public comment the state body shall provide at least
40 twice the allotted time to a member of the public who utilizes a

1 translator to ensure that non-English speakers receive the same
2 opportunity to directly address the state body.

3 (2) Paragraph (1) shall not apply if the state body utilizes
4 simultaneous translation equipment in a manner that allows the
5 state body to hear the translated public testimony simultaneously.

6 (d) The state body shall not prohibit public criticism of the
7 policies, programs, or services of the state body, or of the acts or
8 omissions of the state body. Nothing in this subdivision shall confer
9 any privilege or protection for expression beyond that otherwise
10 provided by law.

11 (e) This section is not applicable to any of the following:

12 (1) Closed sessions held pursuant to Section 11126.

13 (2) Decisions regarding proceedings held pursuant to Chapter
14 5 (commencing with Section 11500), relating to administrative
15 adjudication, or to the conduct of those proceedings.

16 (3) Hearings conducted by the California Victim Compensation
17 Board pursuant to Sections 13963 and 13963.1.

18 (4) Agenda items that involve decisions of the Public Utilities
19 Commission regarding adjudicatory hearings held pursuant to
20 Chapter 9 (commencing with Section 1701) of Part 1 of Division
21 1 of the Public Utilities Code. For all other agenda items, the
22 commission shall provide members of the public, other than those
23 who have already participated in the proceedings underlying the
24 agenda item, an opportunity to directly address the commission
25 before or during the commission's consideration of the item.

AMENDED IN ASSEMBLY MAY 13, 2020
AMENDED IN ASSEMBLY MARCH 16, 2020
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2185

Introduced by Assembly Members Patterson and Gallagher

February 11, 2020

An act to add Section 117 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2185, as amended, Patterson. Professions and vocations: applicants licensed in other states: reciprocity.

Existing law establishes the Department of Consumer Affairs, which is composed of boards that license and regulate various professions and vocations to ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated. Existing law makes a violation of some of those licensure provisions a crime.

Existing law authorizes certain boards, for purposes of reciprocity, to waive examination or other requirements and issue a license to an applicant who holds a valid license in another state and meets specified other requirements, including, among others, a license to practice veterinary medicine.

This bill, with exceptions, would require each board within the department to issue a license to an applicant in the discipline for which the applicant applies if the person meets certain requirements, including, but not limited to, that the person is married to, or is in a domestic partnership or other legal union with, an active duty member of the

Armed Forces of the United States, who is assigned to a duty station in this state, the person currently holds a license in good standing in another state in the discipline and practice level and with the same scope of practice for which the person applies, the person has held the license and has practiced in the licensed field in ~~the other~~ *another state or jurisdiction* for at least 3 of the last 5 years, and the person pays all applicable fees and complies with any applicable surety bond and insurance requirements. By expanding the applicants who are authorized to be licensed and who may be prosecuted for a violation of those licensure provisions constituting a crime, the bill would impose a state-mandated 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 117 is added to the Business and
2 Professions Code, to read:

3 117. (a) Notwithstanding any law, each board within the
4 department shall issue a license in the discipline for which the
5 applicant applies if the applicant meets all of the following
6 requirements:

7 (1) The person is married to, or is in a domestic partnership or
8 other legal union with, an active duty member of the Armed Forces
9 of the United States who is assigned to a duty station in this state
10 under official active duty military orders.

11 (2) The person currently holds a license in good standing in
12 another state in the discipline and practice level and with the same
13 scope of practice for which the person is applying.

14 (3) The person has held the license and has practiced in the
15 licensed field in ~~the other~~ *another state or jurisdiction* for at least
16 three of the last five years.

17 (4) The person has not had any disciplinary actions imposed
18 against their license and has not had a license in the discipline for

1 which the person is applying revoked or suspended in any other
2 state.

3 (5) The person submits verification that they have ~~satisfied all~~
4 ~~education, work, examination, and other requirements for gained~~
5 ~~licensure in the other state in which the person holds a license in~~
6 ~~good standing and those requirements are similar to the standards~~
7 ~~required for licensure in this state. and holds that license in good~~
8 ~~standing, and those requirements are deemed similar to the~~
9 ~~standards required for licensure in this state by the appropriate~~
10 ~~licensing board.~~

11 (6) The person would not be denied licensure under any other
12 provision of this code, including, but not limited to, disqualification
13 for criminal history relating to the license sought.

14 (7) The person pays all applicable fees for licensure and
15 complies with any applicable surety bond and insurance
16 requirements.

17 (8) If required by the board, the person has passed a California
18 jurisprudence and ethics examination ~~or other examination~~
19 otherwise required for applicants by the board on the statutes and
20 regulations relating to the license.

21 (b) This section shall not supersede any other reciprocity
22 agreement, compact membership, or statute that provides
23 reciprocity for a person who holds a valid license in another state.

24 (c) This section shall not apply to the Board of Registered
25 ~~Nursing, Nursing or any other board that currently authorizes~~
26 ~~license portability as a component of qualifying for licensure in~~
27 ~~this state, and the Board of Behavioral Sciences or any other board~~
28 ~~that has a mandatory license portability requirement in statute, and~~
29 ~~any board that currently authorizes license portability as a~~
30 ~~component of qualifying for licensure in this state. statute. License~~
31 ~~portability is defined as either providing a license by endorsement~~
32 ~~with verification of an out-of-state license in good standing, or~~
33 ~~exempting state-specific requirements to facilitate a practitioner's~~
34 ~~ability to obtain a license and practice in multiple jurisdictions.~~

35 (d) Notwithstanding any law, the fees, fines, penalties, or other
36 money received by a board pursuant to this section shall not be
37 continuously appropriated and shall be available only upon
38 appropriation by the legislature.

39 SEC. 2. No reimbursement is required by this act pursuant to
40 Section 6 of Article XIII B of the California Constitution because

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

AMENDED IN ASSEMBLY MAY 18, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2288

Introduced by Assembly Member Low
*(Coauthors: Assembly Members Arambula, Chiu, Fong, Gallagher,
Grayson, Irwin, Obernolte, and Smith)*
(Coauthor: Senator Caballero)

February 14, 2020

~~An act to add Section 4052.11 to the Business and Professions Code, relating to pharmacy.~~ *An act to add Section 2786.3 to the Business and Professions Code, relating to healing arts.*

LEGISLATIVE COUNSEL'S DIGEST

AB 2288, as amended, Low. ~~Schedule II controlled substances: partial fill.~~ *Nursing programs: state of emergency.*

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and requires an applicant for licensure to have completed a nursing program at a school of nursing that is approved by the board. Existing regulatory law sets forth curriculum requirements for nursing programs, including preceptorships and clinical practice hours, and also requirements for clinical facilities that may be used for clinical experience.

This bill would authorize the director of an approved nursing program to use a clinical setting without meeting specified requirements, including approval by the board, when the Governor declares a state of emergency in the county in which the facility is located. The bill would also authorize the director to use preceptorships without having to maintain written policies on specified matters that would otherwise

be required, and to request that the approved nursing program be allowed to substitute up to an additional 25% of clinical practice hours in a course not in direct patient care, subject to specified conditions and requirements. The bill would make those provisions subject to approval by a board nurse education consultant and would require the board nurse education consultant to use a uniform standard for granting approvals.

~~Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. The law specifies the functions pharmacists are authorized to perform, including to administer, orally or topically, drugs and biologicals pursuant to a prescriber's order, and to administer immunizations pursuant to a protocol with a prescriber. Existing law authorizes a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or prescriber. A violation of the Pharmacy Law is a crime.~~

~~This bill would require a pharmacist to offer, to a patient, to dispense a Schedule II controlled substance containing an opioid as a partial fill if the prescription is for greater than 7 days. By expanding the scope of a crime, 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-no*.

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

- 1 *SECTION 1. Section 2786.3 is added to the Business and*
- 2 *Professions Code, to read:*
- 3 *2786.3. (a) When the Governor declares a state of emergency*
- 4 *for the county in which an agency or facility that is used by an*
- 5 *approved nursing program for direct patient care clinical practice*
- 6 *is located, the director of the approved nursing program may do*
- 7 *the following:*
- 8 *(1) Utilize a clinical setting without the following, if approved*
- 9 *by a board nurse education consultant:*
- 10 *(A) Approval by the board.*

1 (B) Written agreements with the clinical facility.

2 (C) Submitting evidence of compliance with board regulations,
3 except as necessary for a board nurse education consultant to
4 ensure course objectives will be met.

5 (2) Utilize preceptorships during the state of emergency without
6 having to maintain written policies relating to the following:

7 (A) Identification of criteria used for preceptor selection.

8 (B) Provision for a preceptor orientation program that covers
9 the policies of the preceptorship and preceptor, student, and faculty
10 responsibilities.

11 (C) Identification of preceptor qualifications for both the
12 primary and the relief preceptor.

13 (D) Description of responsibilities of the faculty, preceptor, and
14 student for the learning experiences and evaluation during
15 preceptorship.

16 (E) Maintenance of preceptor records that includes names of
17 all current preceptors, registered nurse licenses, and dates of
18 preceptorships.

19 (F) Plan for an ongoing evaluation regarding the continued use
20 of preceptors.

21 (3) (A) Request that the approved nursing program be allowed
22 to substitute up to an additional 25 percent of clinical practice
23 hours required by the board in a course not in direct patient care
24 for clinical practice hours in a course in direct patient care if all
25 of the following conditions are met:

26 (i) The agency or facility being used by the approved nursing
27 program for direct patient care clinical practice is no longer
28 available for use by the approved nursing program due to the
29 conditions giving rise to the state of emergency.

30 (ii) No alternative agency or facility located within 25 miles of
31 the impacted approved nursing program, campus, or location, as
32 applicable, is available to the approved nursing program for direct
33 patient care clinical practice hours in the same subject matter
34 area.

35 (iii) The substitute clinical practice hours not in direct patient
36 care provide a learning experience, as defined by the board
37 consistent with Section 2708.1, that is at least equivalent to the
38 learning experience provided by the direct patient care clinical
39 practice hours.

1 (iv) *Substitute clinical practice hours not in direct patient care*
2 *shall cease as soon as practicable once the applicable state of*
3 *emergency is lifted.*

4 (B) *If the conditions in subparagraph (A) are met, a board nurse*
5 *education consultant shall approve the request. If an approved*
6 *nursing program fails to submit information satisfactory to the*
7 *board, or fails to meet the conditions specified in subparagraph*
8 *(A), a board nurse education consultant shall deny the request. If*
9 *the request is not approved or denied on or before 5:00 p.m. on*
10 *the date seven business days after receipt of the request, the request*
11 *shall be deemed approved.*

12 (b) *A board nurse education consultant shall use a uniform*
13 *standard consistent with Section 2708.1 for granting approvals*
14 *under this section.*

15 ~~SECTION 1. Section 4052.11 is added to the Business and~~
16 ~~Professions Code, to read:~~

17 ~~4052.11. A pharmacist shall offer, to a patient, to dispense a~~
18 ~~Schedule II controlled substance, as listed in Section 11055 of the~~
19 ~~Health and Safety Code, containing an opioid as a partial fill,~~
20 ~~pursuant to Section 4052.10, if the prescription is for greater than~~
21 ~~seven days.~~

22 ~~SEC. 2. No reimbursement is required by this act pursuant to~~
23 ~~Section 6 of Article XIII B of the California Constitution because~~
24 ~~the only costs that may be incurred by a local agency or school~~
25 ~~district will be incurred because this act creates a new crime or~~
26 ~~infraction, eliminates a crime or infraction, or changes the penalty~~
27 ~~for a crime or infraction, within the meaning of Section 17556 of~~
28 ~~the Government Code, or changes the definition of a crime within~~
29 ~~the meaning of Section 6 of Article XIII B of the California~~
30 ~~Constitution.~~

31

32

33 **REVISIONS:**

34 **Heading—Line 2.**

35

AMENDED IN ASSEMBLY MAY 18, 2020

AMENDED IN ASSEMBLY MARCH 12, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2549

Introduced by Assembly Member Salas
(Coauthor: Assembly Member Gonzalez)

February 19, 2020

An act to amend Sections 115.6 and 5132 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2549, as amended, Salas. Department of Consumer Affairs: temporary licenses.

Under existing law, the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, is comprised of various boards, as defined, that license and regulate various professions and vocations. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the

board. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill would expand that requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation. ~~The bill would require a temporary license to be converted to a standard license if, within 12 months of issuance, the applicant demonstrates having met all of the requirements for a standard license or submits documents demonstrating that the requirements to obtain the out-of-state license were substantially equivalent to the requirements for a standard license as determined by the board in order to protect the public.~~ The bill would require a board to ~~adopt~~ *submit to the department for approval draft regulations necessary to administer these provisions and to publish regulations on its internet website and in application materials* by January 1, 2022. *The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.*

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

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

- 1 SECTION 1. Section 115.6 of the Business and Professions
- 2 Code is amended to read:
- 3 115.6. (a) ~~A~~*Except as provided in subdivision (h), a board*
- 4 *within the department shall, after appropriate investigation, issue*

1 the following eligible temporary licenses to an applicant within
2 30 days of receiving the required documentation pursuant to
3 meeting the requirements set forth in subdivision (c):

4 (1) Registered nurse license by the Board of Registered Nursing.

5 (2) Vocational nurse license issued by the Board of Vocational
6 Nursing and Psychiatric Technicians of the State of California.

7 (3) Psychiatric technician license issued by the Board of
8 Vocational Nursing and Psychiatric Technicians of the State of
9 California.

10 (4) Speech-language pathologist license issued by the
11 Speech-Language Pathology and Audiology and Hearing Aid
12 Dispensers Board.

13 (5) Audiologist license issued by the Speech-Language
14 Pathology and Audiology and Hearing Aid Dispensers Board.

15 (6) All licenses issued by the Veterinary Medical Board.

16 (7) All licenses issued by the Board for Professional Engineers,
17 Land Surveyors, and Geologists.

18 (8) All licenses issued by the Medical Board of California.

19 (9) All licenses issued by the Podiatric Medical Board of
20 California.

21 (10) All licenses issued by the Dental Board of California.

22 (11) All licenses issued by the Dental Hygiene Board of
23 California.

24 (12) All licenses issued by the California State Board of
25 Pharmacy.

26 (13) All licenses issued by the State Board of Barbering and
27 Cosmetology.

28 (14) All licenses issued by the Board of Psychology.

29 (15) All licenses issued by the California Board of Occupational
30 Therapy.

31 (16) All licenses issued by the Physical Therapy Board of
32 California.

33 (17) All licenses issued by the California Board of Accountancy.
34 Revenues from fees for temporary licenses issued under this
35 paragraph shall be credited to the Accountancy Fund in accordance
36 with Section 5132.

37 (b) The board may conduct an investigation of an applicant for
38 purposes of denying or revoking a temporary license issued
39 pursuant to this section. This investigation may include a criminal
40 background check.

1 (c) An applicant seeking a temporary license pursuant to this
2 section shall meet the following requirements:

3 (1) The applicant shall supply evidence satisfactory to the board
4 that the applicant is married to, or in a domestic partnership or
5 other legal union with, an active duty member of the Armed Forces
6 of the United States who is assigned to a duty station in this state
7 under official active duty military orders.

8 (2) The applicant shall hold a current, active, and unrestricted
9 license that confers upon the applicant the authority to practice,
10 in another state, district, or territory of the United States, the
11 profession or vocation for which the applicant seeks a temporary
12 license from the board.

13 (3) The applicant shall submit an application to the board that
14 shall include a signed affidavit attesting to the fact that the
15 applicant meets all of the requirements for the temporary license
16 and that the information submitted in the application is accurate,
17 to the best of the applicant's knowledge. The application shall also
18 include written verification from the applicant's original licensing
19 jurisdiction stating that the applicant's license is in good standing
20 in that jurisdiction.

21 (4) The applicant shall not have committed an act in any
22 jurisdiction that would have constituted grounds for denial,
23 suspension, or revocation of the license under this code at the time
24 the act was committed. A violation of this paragraph may be
25 grounds for the denial or revocation of a temporary license issued
26 by the board.

27 (5) The applicant shall not have been disciplined by a licensing
28 entity in another jurisdiction and shall not be the subject of an
29 unresolved complaint, review procedure, or disciplinary proceeding
30 conducted by a licensing entity in another jurisdiction.

31 (6) The applicant shall, upon request by a board, furnish a full
32 set of fingerprints for purposes of conducting a criminal
33 background check.

34 (d) A temporary license issued pursuant to this section may be
35 immediately terminated upon a finding that the temporary
36 licenseholder failed to meet any of the requirements described in
37 subdivision (c) or provided substantively inaccurate information
38 that would affect the person's eligibility for temporary licensure.
39 Upon termination of the temporary license, the board shall issue
40 a notice of termination that shall require the temporary

1 licenseholder to immediately cease the practice of the licensed
2 profession upon receipt.

3 (e) An applicant seeking a temporary license as a civil engineer,
4 geotechnical engineer, structural engineer, land surveyor,
5 professional geologist, professional geophysicist, certified
6 engineering geologist, or certified hydrogeologist pursuant to this
7 section shall successfully pass the appropriate California-specific
8 examination or examinations required for licensure in those
9 respective professions by the Board for Professional Engineers,
10 Land Surveyors, and Geologists.

11 (f) A temporary license issued pursuant to this section shall
12 expire 12 months after issuance, upon issuance of an expedited
13 license pursuant to Section 115.5, a license by endorsement, or
14 upon denial of the application for expedited licensure by the board,
15 whichever occurs first.

16 ~~(g) A temporary license issued pursuant to this section shall be
17 converted to a standard license if, within 12 months of issuance,
18 the applicant demonstrates having met all of the requirements for
19 a standard license or submits documents demonstrating that the
20 requirements to obtain the out-of-state license were substantially
21 equivalent to the requirements for a standard license as determined
22 by the board in order to protect the public.~~

23 ~~(h)~~

24 (g) A board shall ~~adopt~~ *submit to the department for approval*
25 *draft* regulations necessary to administer this section ~~and shall~~
26 ~~publish these regulations on its internet website and in application~~
27 ~~materials~~ by January 1, 2022. *These regulations shall be adopted*
28 *pursuant to the Administrative Procedure Act (Chapter 3.5*
29 *(commencing with Section 11340) of Part 1 of Division 3 of Title*
30 *2 of the Government Code).*

31 (h) *This section shall not apply to a board that has a process*
32 *in place by which an out-of-state licensed applicant in good*
33 *standing who is married to, or in a domestic partnership or other*
34 *legal union with, an active duty member of the Armed Forces of*
35 *the United States is able to receive expedited, temporary*
36 *authorization to practice while meeting state-specific requirements*
37 *for a period of at least one year.*

38 SEC. 2. Section 5132 of the Business and Professions Code is
39 amended to read:

1 5132. (a) All moneys received by the board under this chapter
2 from any source and for any purpose and from a temporary license
3 issued under Section 115.6 shall be accounted for and reported
4 monthly by the board to the Controller and at the same time the
5 moneys shall be remitted to the State Treasury to the credit of the
6 Accountancy Fund.

7 (b) The secretary-treasurer of the board shall, from time to time,
8 but not less than once each fiscal year, prepare or have prepared
9 on their behalf, a financial report of the Accountancy Fund that
10 contains information that the board determines is necessary for
11 the purposes for which the board was established.

12 (c) The report of the Accountancy Fund, which shall be
13 published pursuant to Section 5008, shall include the revenues and
14 the related costs from examination, initial licensing, license
15 renewal, citation and fine authority, and cost recovery from
16 enforcement actions and case settlements.

17
18 _____
19 **REVISIONS:**
20 **Heading—Line 2.**
21 _____

AMENDED IN ASSEMBLY MAY 4, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2635

Introduced by Assembly Member Gallagher

February 20, 2020

An act to amend Section 704.030 of the Code of Civil Procedure, relating to civil actions: add Section 2786.3 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2635, as amended, Gallagher. ~~Enforcement of money judgments: exemptions.~~ *Nursing programs: clinical hours.*

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and requires an applicant for licensure to have completed a nursing program at a school of nursing that is approved by the board. Existing regulatory law requires the curriculum of a nursing program to include clinical practice hours and requires 75% of clinical hours in a course to be in direct patient care in a board-approved clinical setting.

This bill would provide that, during a state or local emergency declared on the basis of epidemic or contagious disease, only 25 % of clinical hours would be required to be in direct patient care in a hospital or other board-approved setting and would authorize up to 75% of clinical hours to be satisfied by simulation training.

~~Existing law identifies various types of property of a judgment debtor that are exempt from the enforcement of a money judgment, including material that in good faith is about to be applied to the repair or improvement of a residence, as specified.~~

~~This bill would clarify that this exemption would apply to the judgment debtor's principal place of residence or domicile.~~

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

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

1 *SECTION 1. Section 2786.3 is added to the Business and*
2 *Professions Code, to read:*

3 *2786.3. Notwithstanding any other law, for students obtaining*
4 *clinical practice hours during a state or local emergency declared*
5 *pursuant to Section 8558 of the Government Code on the basis of*
6 *epidemic or contagious disease, only 25 percent of clinical hours*
7 *in a course shall be required to be in direct patient care in a*
8 *hospital or other board-approved setting and up to 75 percent of*
9 *clinical hours in a course may be satisfied by simulation training.*

10 ~~SECTION 1. Section 704.030 of the Code of Civil Procedure~~
11 ~~is amended to read:~~

12 ~~704.030. Material that in good faith is about to be applied to~~
13 ~~the repair or improvement of a residence is exempt if the equity~~
14 ~~in the material does not exceed two thousand four hundred~~
15 ~~twenty-five dollars (\$2,425) in the following cases:~~

16 ~~(a) If purchased in good faith for use in the repair or~~
17 ~~improvement of the judgment debtor's principal place of residence~~
18 ~~or domicile.~~

19 ~~(b) Where the judgment debtor and the judgment debtor's spouse~~
20 ~~live separate and apart, if purchased in good faith for use in the~~
21 ~~repair or improvement of the spouse's principal place of residence~~
22 ~~or domicile.~~

AMENDED IN ASSEMBLY MAY 13, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 3016

Introduced by Assembly Member Megan Dahle
(Coauthor: Assembly Member Gipson)

February 21, 2020

An act to add Section 2718 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 3016, as amended, Megan Dahle. Board of Registered Nursing: online license verification.

The Nursing Practice Act provides for the licensure and regulation of nurses by the Board of Registered Nursing within the Department of Consumer Affairs. Existing law also requires the board to issue temporary or expedited licenses to specified applicants who hold a current, active, and unrestricted license in another state, district, or territory of the United States, in the profession or vocation for which the applicant seeks a license from the board.

This bill would require the board, ~~in consultation with the department,~~ ~~to board to consult with the department no later than July 1, 2021, and~~ develop recommendations for the implementation of the Nursys online license verification system ~~in the licensure process for licenses administered by the board, and for verifying the licenses of California nurses seeking to practice outside the state.~~ The bill would require the board to implement those recommendations within a reasonable period.

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 2718 is added to the Business and
2 Professions Code, to read:

3 2718. (a) ~~The board, in consultation with the department,~~
4 *board shall consult with the department no later than July 1, 2021,*
5 *and shall develop recommendations for the implementation of the*
6 *Nursys online license verification system in the licensure process*
7 ~~for licenses administered by the board.~~ *for verifying the licenses*
8 *of California nurses seeking to practice outside the state.*

9 (b) The board shall implement the recommendations within a
10 reasonable period upon completion of the development of those
11 recommendations.

12
13 _____
14 **REVISIONS:**
15 **Heading—Line 2.**
16 _____

AMENDED IN SENATE MAY 13, 2020

AMENDED IN SENATE APRIL 9, 2020

SENATE BILL

No. 1053

Introduced by Senator Moorlach

February 18, 2020

An act to add ~~Article 1.5 (commencing with Section 2720) to Chapter 6 of Chapter 6.3 (commencing with Section 2839)~~ to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1053, as amended, Moorlach. Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The Vocational Nursing Practice Act provides for the licensure and regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. The Nursing Practice Act establishes the Board of Registered Nursing ~~Fund~~. *Fund and the Vocational Nursing Practice Act establishes the Vocational Nursing and Psychiatric Technicians Fund.*

This bill would enact the Nurse Licensure Compact, under which the Board of Registered Nursing *and the Board of Vocational Nursing and Psychiatric Technicians* would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for *registered nurses* for purposes of the compact and *would designate the Board of Vocational Nursing and Psychiatric Technicians as the licensing board*

for vocational nurses for purposes of the compact. The bill would require the ~~board~~ boards to participate in a coordinated licensure information system that would include all of the licensure and disciplinary history of all licensed registered nurses and licensed vocational nurses. The bill would provide that the ~~president of the~~ Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians shall ~~be alternate as~~ the administrator of the compact for the state and ~~shall be a member as~~ members of an entity known as the Interstate Commission of Nurse Licensure Compact Administrators. The bill would authorize the commission to adopt rules that have the force and effect of law. The bill would prohibit fees collected by the Board of Registered Nursing ~~or the Board of Vocational Nursing and Psychiatric Technicians~~ for purposes of granting a multistate license pursuant to the bill from exceeding the cost of administering that multistate license under the compact and would require those fees to be deposited in the Board of Registered Nursing ~~Fund~~. ~~Fund~~ or the Board of Vocational Nursing and Psychiatric Technicians Fund, as applicable.

By authorizing out-of-state licensees to practice in this state under the multistate compact privilege created by the bill, the bill would expand the scope of the criminal provisions of the Nursing Practice Act and Vocational Nursing Practice Act, thereby imposing 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. Article 1.5 (commencing with Section 2720) is~~
2 ~~added to Chapter 6 of Division 2 of the Business and Professions~~
3 ~~Code, to read:~~

4

5 ~~Article 1.5. Nurse Licensure Compact~~

6

7 ~~2720. The Nurse Licensure Compact is hereby enacted into~~
8 ~~law with all other participating states.~~

1 ~~2721. (a) The Board of Registered Nursing is hereby~~
 2 ~~designated as the licensing entity for purposes of the compact.~~

3 ~~(b) The president of the Board of Registered Nursing shall be~~
 4 ~~the administrator of the compact for the state.~~

5 ~~2722. If any provision in the compact is contrary to the United~~
 6 ~~States Constitution or the California Constitution, or conflicts with~~
 7 ~~any state or federal statute or regulation, the provision is void and~~
 8 ~~unenforceable.~~

9 ~~2723. The provisions of the Nurse Licensure Compact are as~~
 10 ~~follows:~~

11
 12 **ARTICLE I**
 13 **Findings and Declaration of Purpose**

14
 15 a. ~~The party states find that:~~

16 1. ~~The health and safety of the public are affected by the degree~~
 17 ~~of compliance with and the effectiveness of enforcement activities~~
 18 ~~related to state nurse licensure laws;~~

19 2. ~~Violations of nurse licensure and other laws regulating the~~
 20 ~~practice of nursing may result in injury or harm to the public;~~

21 3. ~~The expanded mobility of nurses and the use of advanced~~
 22 ~~communication technologies as part of our nation's health care~~
 23 ~~delivery system require greater coordination and cooperation~~
 24 ~~among states in the areas of nurse licensure and regulation;~~

25 4. ~~New practice modalities and technology make compliance~~
 26 ~~with individual state nurse licensure laws difficult and complex;~~

27 5. ~~The current system of duplicative licensure for nurses~~
 28 ~~practicing in multiple states is cumbersome and redundant for both~~
 29 ~~nurses and states; and~~

30 6. ~~Uniformity of nurse licensure requirements throughout the~~
 31 ~~states promotes public safety and public health benefits.~~

32 b. ~~The general purposes of this Compact are to:~~

33 1. ~~Facilitate the states' responsibility to protect the public's health~~
 34 ~~and safety;~~

35 2. ~~Ensure and encourage the cooperation of party states in the~~
 36 ~~areas of nurse licensure and regulation;~~

37 3. ~~Facilitate the exchange of information between party states~~
 38 ~~in the areas of nurse regulation, investigation and adverse actions;~~

39 4. ~~Promote compliance with the laws governing the practice of~~
 40 ~~nursing in each jurisdiction;~~

1 ~~5. Invest all party states with the authority to hold a nurse~~
2 ~~accountable for meeting all state practice laws in the state in which~~
3 ~~the patient is located at the time care is rendered through the mutual~~
4 ~~recognition of party state licenses;~~

5 ~~6. Decrease redundancies in the consideration and issuance of~~
6 ~~nurse licenses; and~~

7 ~~7. Provide opportunities for interstate practice by nurses who~~
8 ~~meet uniform licensure requirements.~~

9
10 **ARTICLE II**
11 **Definitions**

12
13 As used in this Compact:

14 a. ~~“Adverse action” means any administrative, civil, equitable~~
15 ~~or criminal action permitted by a state’s laws which is imposed~~
16 ~~by a licensing board or other authority against a nurse, including~~
17 ~~actions against an individual’s license or multistate licensure~~
18 ~~privilege such as revocation, suspension, probation, monitoring~~
19 ~~of the licensee, limitation on the licensee’s practice, or any other~~
20 ~~encumbrance on licensure affecting a nurse’s authorization to~~
21 ~~practice, including issuance of a cease and desist action.~~

22 b. ~~“Alternative program” means a non-disciplinary monitoring~~
23 ~~program approved by a licensing board.~~

24 e. ~~“Coordinated licensure information system” means an~~
25 ~~integrated process for collecting, storing and sharing information~~
26 ~~on nurse licensure and enforcement activities related to nurse~~
27 ~~licensure laws that is administered by a nonprofit organization~~
28 ~~composed of and controlled by licensing boards.~~

29 d. ~~“Current significant investigative information” means:~~

30 1. ~~Investigative information that a licensing board, after a~~
31 ~~preliminary inquiry that includes notification and an opportunity~~
32 ~~for the nurse to respond, if required by state law, has reason to~~
33 ~~believe is not groundless and, if proved true, would indicate more~~
34 ~~than a minor infraction; or~~

35 2. ~~Investigative information that indicates that the nurse~~
36 ~~represents an immediate threat to public health and safety~~
37 ~~regardless of whether the nurse has been notified and had an~~
38 ~~opportunity to respond.~~

1 e. “Encumbrance” means a revocation or suspension of, or any
2 limitation on, the full and unrestricted practice of nursing imposed
3 by a licensing board.

4 f. “Home state” means the party state which is the nurse’s
5 primary state of residence.

6 g. “Licensing board” means a party state’s regulatory body
7 responsible for issuing nurse licenses.

8 h. “Multistate license” means a license to practice as a registered
9 or a licensed practical/vocational nurse (LPN/VN) issued by a
10 home state licensing board that authorizes the licensed nurse to
11 practice in all party states under a multistate licensure privilege.

12 i. “Multistate licensure privilege” means a legal authorization
13 associated with a multistate license permitting the practice of
14 nursing as either a registered nurse (RN) or LPN/VN in a remote
15 state.

16 j. “Nurse” means RN or LPN/VN, as those terms are defined by
17 each party state’s practice laws.

18 k. “Party state” means any state that has adopted this Compact.

19 l. “Remote state” means a party state, other than the home state.

20 m. “Single-state license” means a nurse license issued by a party
21 state that authorizes practice only within the issuing state and does
22 not include a multistate licensure privilege to practice in any other
23 party state.

24 n. “State” means a state, territory or possession of the United
25 States and the District of Columbia.

26 o. “State practice laws” means a party state’s laws, rules and
27 regulations that govern the practice of nursing, define the scope
28 of nursing practice, and create the methods and grounds for
29 imposing discipline. “State practice laws” do not include
30 requirements necessary to obtain and retain a license, except for
31 qualifications or requirements of the home state.

32 **ARTICLE III**

33 **General Provisions and Jurisdiction**

34
35
36 a. A multistate license to practice registered or licensed
37 practical/vocational nursing issued by a home state to a resident
38 in that state will be recognized by each party state as authorizing
39 a nurse to practice as a registered nurse (RN) or as a licensed

1 practical/vocational nurse (LPN/VN), under a multistate licensure
2 privilege, in each party state.

3 ~~b. A state must implement procedures for considering the
4 criminal history records of applicants for initial multistate license
5 or licensure by endorsement. Such procedures shall include the
6 submission of fingerprints or other biometric-based information
7 by applicants for the purpose of obtaining an applicant's criminal
8 history record information from the Federal Bureau of Investigation
9 and the agency responsible for retaining that state's criminal
10 records.~~

11 ~~e. Each party state shall require the following for an applicant
12 to obtain or retain a multistate license in the home state:~~

13 ~~1. Meets the home state's qualifications for licensure or renewal
14 of licensure, as well as, all other applicable state laws;~~

15 ~~2. i. Has graduated or is eligible to graduate from a licensing
16 board-approved RN or LPN/VN prelicensure education program;
17 or~~

18 ~~ii. Has graduated from a foreign RN or LPN/VN prelicensure
19 education program that (a) has been approved by the authorized
20 accrediting body in the applicable country and (b) has been verified
21 by an independent credentials review agency to be comparable to
22 a licensing board-approved prelicensure education program;~~

23 ~~3. Has, if a graduate of a foreign prelicensure education program
24 not taught in English or if English is not the individual's native
25 language, successfully passed an English proficiency examination
26 that includes the components of reading, speaking, writing and
27 listening;~~

28 ~~4. Has successfully passed an NCLEX-RN® or NCLEX-PN®
29 Examination or recognized predecessor, as applicable;~~

30 ~~5. Is eligible for or holds an active, unencumbered license;~~

31 ~~6. Has submitted, in connection with an application for initial
32 licensure or licensure by endorsement, fingerprints or other
33 biometric data for the purpose of obtaining criminal history record
34 information from the Federal Bureau of Investigation and the
35 agency responsible for retaining that state's criminal records;~~

36 ~~7. Has not been convicted or found guilty, or has entered into
37 an agreed disposition, of a felony offense under applicable state
38 or federal criminal law;~~

1 ~~8. Has not been convicted or found guilty, or has entered into~~
2 ~~an agreed disposition, of a misdemeanor offense related to the~~
3 ~~practice of nursing as determined on a case-by-case basis;~~

4 ~~9. Is not currently enrolled in an alternative program;~~

5 ~~10. Is subject to self-disclosure requirements regarding current~~
6 ~~participation in an alternative program; and~~

7 ~~11. Has a valid United States Social Security number.~~

8 ~~d. All party states shall be authorized, in accordance with existing~~
9 ~~state due process law, to take adverse action against a nurse's~~
10 ~~multistate licensure privilege such as revocation, suspension,~~
11 ~~probation or any other action that affects a nurse's authorization~~
12 ~~to practice under a multistate licensure privilege, including cease~~
13 ~~and desist actions. If a party state takes such action, it shall~~
14 ~~promptly notify the administrator of the coordinated licensure~~
15 ~~information system. The administrator of the coordinated licensure~~
16 ~~information system shall promptly notify the home state of any~~
17 ~~such actions by remote states.~~

18 ~~e. A nurse practicing in a party state must comply with the state~~
19 ~~practice laws of the state in which the client is located at the time~~
20 ~~service is provided. The practice of nursing is not limited to patient~~
21 ~~care, but shall include all nursing practice as defined by the state~~
22 ~~practice laws of the party state in which the client is located. The~~
23 ~~practice of nursing in a party state under a multistate licensure~~
24 ~~privilege will subject a nurse to the jurisdiction of the licensing~~
25 ~~board, the courts and the laws of the party state in which the client~~
26 ~~is located at the time service is provided.~~

27 ~~f. Individuals not residing in a party state shall continue to be~~
28 ~~able to apply for a party state's single-state license as provided~~
29 ~~under the laws of each party state. However, the single-state license~~
30 ~~granted to these individuals will not be recognized as granting the~~
31 ~~privilege to practice nursing in any other party state. Nothing in~~
32 ~~this Compact shall affect the requirements established by a party~~
33 ~~state for the issuance of a single-state license.~~

34 ~~g. Any nurse holding a home state multistate license, on the~~
35 ~~effective date of this Compact, may retain and renew the multistate~~
36 ~~license issued by the nurse's then-current home state, provided~~
37 ~~that:~~

38 ~~1. A nurse, who changes primary state of residence after this~~
39 ~~Compact's effective date, must meet all applicable Article III.e.~~
40 ~~requirements to obtain a multistate license from a new home state.~~

1 ~~2. A nurse who fails to satisfy the multistate licensure~~
2 ~~requirements in Article III.c. due to a disqualifying event occurring~~
3 ~~after this Compact's effective date shall be ineligible to retain or~~
4 ~~renew a multistate license, and the nurse's multistate license shall~~
5 ~~be revoked or deactivated in accordance with applicable rules~~
6 ~~adopted by the Interstate Commission of Nurse Licensure Compact~~
7 ~~Administrators ("Commission").~~

8 9 **ARTICLE IV**

10 **Applications for Licensure in a Party State**

11
12 ~~a. Upon application for a multistate license, the licensing board~~
13 ~~in the issuing party state shall ascertain, through the coordinated~~
14 ~~licensure information system, whether the applicant has ever held,~~
15 ~~or is the holder of, a license issued by any other state, whether~~
16 ~~there are any encumbrances on any license or multistate licensure~~
17 ~~privilege held by the applicant, whether any adverse action has~~
18 ~~been taken against any license or multistate licensure privilege~~
19 ~~held by the applicant and whether the applicant is currently~~
20 ~~participating in an alternative program.~~

21 ~~b. A nurse may hold a multistate license, issued by the home~~
22 ~~state, in only one party state at a time.~~

23 ~~c. If a nurse changes primary state of residence by moving~~
24 ~~between two party states, the nurse must apply for licensure in the~~
25 ~~new home state, and the multistate license issued by the prior home~~
26 ~~state will be deactivated in accordance with applicable rules~~
27 ~~adopted by the Commission.~~

28 ~~1. The nurse may apply for licensure in advance of a change in~~
29 ~~primary state of residence.~~

30 ~~2. A multistate license shall not be issued by the new home state~~
31 ~~until the nurse provides satisfactory evidence of a change in~~
32 ~~primary state of residence to the new home state and satisfies all~~
33 ~~applicable requirements to obtain a multistate license from the~~
34 ~~new home state.~~

35 ~~d. If a nurse changes primary state of residence by moving from~~
36 ~~a party state to a non-party state, the multistate license issued by~~
37 ~~the prior home state will convert to a single-state license, valid~~
38 ~~only in the former home state.~~

39 40 **ARTICLE V**

1 ~~Additional Authorities Invested in Party State Licensing~~
2 ~~Boards~~

3
4 a. ~~In addition to the other powers conferred by state law, a~~
5 ~~licensing board shall have the authority to:~~

6 ~~1. Take adverse action against a nurse's multistate licensure~~
7 ~~privilege to practice within that party state.~~

8 ~~i. Only the home state shall have the power to take adverse action~~
9 ~~against a nurse's license issued by the home state.~~

10 ~~ii. For purposes of taking adverse action, the home state licensing~~
11 ~~board shall give the same priority and effect to reported conduct~~
12 ~~received from a remote state as it would if such conduct had~~
13 ~~occurred within the home state. In so doing, the home state shall~~
14 ~~apply its own state laws to determine appropriate action.~~

15 ~~2. Issue cease and desist orders or impose an encumbrance on a~~
16 ~~nurse's authority to practice within that party state.~~

17 ~~3. Complete any pending investigations of a nurse who changes~~
18 ~~primary state of residence during the course of such investigations.~~
19 ~~The licensing board shall also have the authority to take appropriate~~
20 ~~action(s) and shall promptly report the conclusions of such~~
21 ~~investigations to the administrator of the coordinated licensure~~
22 ~~information system. The administrator of the coordinated licensure~~
23 ~~information system shall promptly notify the new home state of~~
24 ~~any such actions.~~

25 ~~4. Issue subpoenas for both hearings and investigations that~~
26 ~~require the attendance and testimony of witnesses, as well as, the~~
27 ~~production of evidence. Subpoenas issued by a licensing board in~~
28 ~~a party state for the attendance and testimony of witnesses or the~~
29 ~~production of evidence from another party state shall be enforced~~
30 ~~in the latter state by any court of competent jurisdiction, according~~
31 ~~to the practice and procedure of that court applicable to subpoenas~~
32 ~~issued in proceedings pending before it. The issuing authority shall~~
33 ~~pay any witness fees, travel expenses, mileage and other fees~~
34 ~~required by the service statutes of the state in which the witnesses~~
35 ~~or evidence are located.~~

36 ~~5. Obtain and submit, for each nurse licensure applicant,~~
37 ~~fingerprint or other biometric-based information to the Federal~~
38 ~~Bureau of Investigation for criminal background checks, receive~~
39 ~~the results of the Federal Bureau of Investigation record search on~~

1 criminal background checks and use the results in making licensure
2 decisions:

3 6. If otherwise permitted by state law, recover from the affected
4 nurse the costs of investigations and disposition of cases resulting
5 from any adverse action taken against that nurse.

6 7. Take adverse action based on the factual findings of the remote
7 state, provided that the licensing board follows its own procedures
8 for taking such adverse action:

9 b. If adverse action is taken by the home state against a nurse's
10 multistate license, the nurse's multistate licensure privilege to
11 practice in all other party states shall be deactivated until all
12 encumbrances have been removed from the multistate license. All
13 home state disciplinary orders that impose adverse action against
14 a nurse's multistate license shall include a statement that the nurse's
15 multistate licensure privilege is deactivated in all party states during
16 the pendency of the order.

17 e. Nothing in this Compact shall override a party state's decision
18 that participation in an alternative program may be used in lieu of
19 adverse action. The home state licensing board shall deactivate
20 the multistate licensure privilege under the multistate license of
21 any nurse for the duration of the nurse's participation in an
22 alternative program.

23 **ARTICLE VI**

24 **Coordinated Licensure Information System and Exchange** 25 **of Information**

26
27
28 a. All party states shall participate in a coordinated licensure
29 information system of all licensed registered nurses (RNs) and
30 licensed practical/vocational nurses (LPNs/VNs). This system will
31 include information on the licensure and disciplinary history of
32 each nurse, as submitted by party states, to assist in the
33 coordination of nurse licensure and enforcement efforts.

34 b. The Commission, in consultation with the administrator of
35 the coordinated licensure information system, shall formulate
36 necessary and proper procedures for the identification, collection
37 and exchange of information under this Compact.

38 c. All licensing boards shall promptly report to the coordinated
39 licensure information system any adverse action, any current
40 significant investigative information, denials of applications (with

1 the reasons for such denials) and nurse participation in alternative
2 programs known to the licensing board regardless of whether such
3 participation is deemed nonpublic or confidential under state law.

4 d. Current significant investigative information and participation
5 in nonpublic or confidential alternative programs shall be
6 transmitted through the coordinated licensure information system
7 only to party state licensing boards.

8 e. Notwithstanding any other provision of law, all party state
9 licensing boards contributing information to the coordinated
10 licensure information system may designate information that may
11 not be shared with non-party states or disclosed to other entities
12 or individuals without the express permission of the contributing
13 state.

14 f. Any personally identifiable information obtained from the
15 coordinated licensure information system by a party state licensing
16 board shall not be shared with non-party states or disclosed to other
17 entities or individuals except to the extent permitted by the laws
18 of the party state contributing the information.

19 g. Any information contributed to the coordinated licensure
20 information system that is subsequently required to be expunged
21 by the laws of the party state contributing that information shall
22 also be expunged from the coordinated licensure information
23 system.

24 h. The Compact administrator of each party state shall furnish
25 a uniform data set to the Compact administrator of each other party
26 state, which shall include, at a minimum:

- 27 1. Identifying information;
- 28 2. Licensure data;
- 29 3. Information related to alternative program participation; and
- 30 4. Other information that may facilitate the administration of
31 this Compact, as determined by Commission rules.

32 i. The Compact administrator of a party state shall provide all
33 investigative documents and information requested by another
34 party state.

35
36 **ARTICLE VII**
37 **Establishment of the Interstate Commission of Nurse**
38 **Licensure Compact Administrators**
39

1 a. ~~The party states hereby create and establish a joint public~~
2 ~~entity known as the Interstate Commission of Nurse Licensure~~
3 ~~Compact Administrators.~~

4 1. ~~The Commission is an instrumentality of the party states.~~

5 2. ~~Venue is proper, and judicial proceedings by or against the~~
6 ~~Commission shall be brought solely and exclusively, in a court of~~
7 ~~competent jurisdiction where the principal office of the~~
8 ~~Commission is located. The Commission may waive venue and~~
9 ~~jurisdictional defenses to the extent it adopts or consents to~~
10 ~~participate in alternative dispute resolution proceedings.~~

11 3. ~~Nothing in this Compact shall be construed to be a waiver of~~
12 ~~sovereign immunity.~~

13 b. ~~Membership, Voting and Meetings~~

14 1. ~~Each party state shall have and be limited to one administrator.~~
15 ~~The head of the state licensing board or designee shall be the~~
16 ~~administrator of this Compact for each party state. Any~~
17 ~~administrator may be removed or suspended from office as~~
18 ~~provided by the law of the state from which the Administrator is~~
19 ~~appointed. Any vacancy occurring in the Commission shall be~~
20 ~~filled in accordance with the laws of the party state in which the~~
21 ~~vacancy exists.~~

22 2. ~~Each administrator shall be entitled to one (1) vote with regard~~
23 ~~to the promulgation of rules and creation of bylaws and shall~~
24 ~~otherwise have an opportunity to participate in the business and~~
25 ~~affairs of the Commission. An administrator shall vote in person~~
26 ~~or by such other means as provided in the bylaws. The bylaws may~~
27 ~~provide for an administrator's participation in meetings by~~
28 ~~telephone or other means of communication.~~

29 3. ~~The Commission shall meet at least once during each calendar~~
30 ~~year. Additional meetings shall be held as set forth in the bylaws~~
31 ~~or rules of the commission.~~

32 4. ~~All meetings shall be open to the public, and public notice of~~
33 ~~meetings shall be given in the same manner as required under the~~
34 ~~rulemaking provisions in Article VIII.~~

35 5. ~~The Commission may convene in a closed, nonpublic meeting~~
36 ~~if the Commission must discuss:~~

37 i. ~~Noncompliance of a party state with its obligations under this~~
38 ~~Compact;~~

39 ii. ~~The employment, compensation, discipline or other personnel~~
40 ~~matters, practices or procedures related to specific employees or~~

- 1 other matters related to the Commission's internal personnel
 2 practices and procedures;
- 3 iii. Current, threatened or reasonably anticipated litigation;
- 4 iv. Negotiation of contracts for the purchase or sale of goods,
 5 services or real estate;
- 6 v. Accusing any person of a crime or formally censuring any
 7 person;
- 8 vi. Disclosure of trade secrets or commercial or financial
 9 information that is privileged or confidential;
- 10 vii. Disclosure of information of a personal nature where
 11 disclosure would constitute a clearly unwarranted invasion of
 12 personal privacy;
- 13 viii. Disclosure of investigatory records compiled for law
 14 enforcement purposes;
- 15 ix. Disclosure of information related to any reports prepared by
 16 or on behalf of the Commission for the purpose of investigation
 17 of compliance with this Compact; or
- 18 x. Matters specifically exempted from disclosure by federal or
 19 state statute.
- 20 6. If a meeting, or portion of a meeting, is closed pursuant to
 21 this provision, the Commission's legal counsel or designee shall
 22 certify that the meeting may be closed and shall reference each
 23 relevant exempting provision. The Commission shall keep minutes
 24 that fully and clearly describe all matters discussed in a meeting
 25 and shall provide a full and accurate summary of actions taken,
 26 and the reasons therefor, including a description of the views
 27 expressed. All documents considered in connection with an action
 28 shall be identified in such minutes. All minutes and documents of
 29 a closed meeting shall remain under seal, subject to release by a
 30 majority vote of the Commission or order of a court of competent
 31 jurisdiction.
- 32 e. The Commission shall, by a majority vote of the
 33 administrators, prescribe bylaws or rules to govern its conduct as
 34 may be necessary or appropriate to carry out the purposes and
 35 exercise the powers of this Compact, including but not limited to:
- 36 1. Establishing the fiscal year of the Commission;
- 37 2. Providing reasonable standards and procedures:
- 38 i. For the establishment and meetings of other committees; and
- 39 ii. Governing any general or specific delegation of any authority
 40 or function of the Commission;

1 ~~3. Providing reasonable procedures for calling and conducting~~
2 ~~meetings of the Commission, ensuring reasonable advance notice~~
3 ~~of all meetings and providing an opportunity for attendance of~~
4 ~~such meetings by interested parties, with enumerated exceptions~~
5 ~~designed to protect the public's interest, the privacy of individuals,~~
6 ~~and proprietary information, including trade secrets. The~~
7 ~~Commission may meet in closed session only after a majority of~~
8 ~~the administrators vote to close a meeting in whole or in part. As~~
9 ~~soon as practicable, the Commission must make public a copy of~~
10 ~~the vote to close the meeting revealing the vote of each~~
11 ~~administrator, with no proxy votes allowed;~~

12 ~~4. Establishing the titles, duties and authority and reasonable~~
13 ~~procedures for the election of the officers of the Commission;~~

14 ~~5. Providing reasonable standards and procedures for the~~
15 ~~establishment of the personnel policies and programs of the~~
16 ~~Commission. Notwithstanding any civil service or other similar~~
17 ~~laws of any party state, the bylaws shall exclusively govern the~~
18 ~~personnel policies and programs of the Commission; and~~

19 ~~6. Providing a mechanism for winding up the operations of the~~
20 ~~Commission and the equitable disposition of any surplus funds~~
21 ~~that may exist after the termination of this Compact after the~~
22 ~~payment or reserving of all of its debts and obligations;~~

23 ~~d. The Commission shall publish its bylaws and rules, and any~~
24 ~~amendments thereto, in a convenient form on the website of the~~
25 ~~Commission.~~

26 ~~e. The Commission shall maintain its financial records in~~
27 ~~accordance with the bylaws.~~

28 ~~f. The Commission shall meet and take such actions as are~~
29 ~~consistent with the provisions of this Compact and the bylaws.~~

30 ~~g. The Commission shall have the following powers:~~

31 ~~1. To promulgate uniform rules to facilitate and coordinate~~
32 ~~implementation and administration of this Compact. The rules~~
33 ~~shall have the force and effect of law and shall be binding in all~~
34 ~~party states;~~

35 ~~2. To bring and prosecute legal proceedings or actions in the~~
36 ~~name of the Commission, provided that the standing of any~~
37 ~~licensing board to sue or be sued under applicable law shall not~~
38 ~~be affected;~~

39 ~~3. To purchase and maintain insurance and bonds;~~

- 1 ~~4. To borrow, accept or contract for services of personnel,~~
2 ~~including, but not limited to, employees of a party state or nonprofit~~
3 ~~organizations;~~
- 4 ~~5. To cooperate with other organizations that administer state~~
5 ~~compacts related to the regulation of nursing, including but not~~
6 ~~limited to sharing administrative or staff expenses, office space or~~
7 ~~other resources;~~
- 8 ~~6. To hire employees, elect or appoint officers, fix compensation;~~
9 ~~define duties, grant such individuals appropriate authority to carry~~
10 ~~out the purposes of this Compact, and to establish the~~
11 ~~Commission's personnel policies and programs relating to conflicts~~
12 ~~of interest, qualifications of personnel and other related personnel~~
13 ~~matters;~~
- 14 ~~7. To accept any and all appropriate donations, grants and gifts~~
15 ~~of money, equipment, supplies, materials and services, and to~~
16 ~~receive, utilize and dispose of the same; provided that at all times~~
17 ~~the Commission shall avoid any appearance of impropriety or~~
18 ~~conflict of interest;~~
- 19 ~~8. To lease, purchase, accept appropriate gifts or donations of,~~
20 ~~or otherwise to own, hold, improve or use, any property, whether~~
21 ~~real, personal or mixed; provided that at all times the Commission~~
22 ~~shall avoid any appearance of impropriety;~~
- 23 ~~9. To sell, convey, mortgage, pledge, lease, exchange, abandon~~
24 ~~or otherwise dispose of any property, whether real, personal or~~
25 ~~mixed;~~
- 26 ~~10. To establish a budget and make expenditures;~~
- 27 ~~11. To borrow money;~~
- 28 ~~12. To appoint committees, including advisory committees~~
29 ~~comprised of administrators, state nursing regulators, state~~
30 ~~legislators or their representatives, and consumer representatives,~~
31 ~~and other such interested persons;~~
- 32 ~~13. To provide and receive information from, and to cooperate~~
33 ~~with, law enforcement agencies;~~
- 34 ~~14. To adopt and use an official seal; and~~
- 35 ~~15. To perform such other functions as may be necessary or~~
36 ~~appropriate to achieve the purposes of this Compact consistent~~
37 ~~with the state regulation of nurse licensure and practice.~~
- 38 ~~h. Financing of the Commission~~

1 1. The Commission shall pay, or provide for the payment of, the
2 reasonable expenses of its establishment, organization and ongoing
3 activities.

4 2. The Commission may also levy on and collect an annual
5 assessment from each party state to cover the cost of its operations,
6 activities and staff in its annual budget as approved each year. The
7 aggregate annual assessment amount, if any, shall be allocated
8 based upon a formula to be determined by the Commission, which
9 shall promulgate a rule that is binding upon all party states.

10 3. The Commission shall not incur obligations of any kind prior
11 to securing the funds adequate to meet the same; nor shall the
12 Commission pledge the credit of any of the party states, except
13 by, and with the authority of, such party state.

14 4. The Commission shall keep accurate accounts of all receipts
15 and disbursements. The receipts and disbursements of the
16 Commission shall be subject to the audit and accounting procedures
17 established under its bylaws. However, all receipts and
18 disbursements of funds handled by the Commission shall be audited
19 yearly by a certified or licensed public accountant, and the report
20 of the audit shall be included in and become part of the annual
21 report of the Commission.

22 i. Qualified Immunity, Defense and Indemnification

23 1. The administrators, officers, executive director, employees
24 and representatives of the Commission shall be immune from suit
25 and liability, either personally or in their official capacity, for any
26 claim for damage to or loss of property or personal injury or other
27 civil liability caused by or arising out of any actual or alleged act,
28 error or omission that occurred, or that the person against whom
29 the claim is made had a reasonable basis for believing occurred,
30 within the scope of Commission employment, duties or
31 responsibilities; provided that nothing in this paragraph shall be
32 construed to protect any such person from suit or liability for any
33 damage, loss, injury or liability caused by the intentional, willful
34 or wanton misconduct of that person.

35 2. The Commission shall defend any administrator, officer,
36 executive director, employee or representative of the Commission
37 in any civil action seeking to impose liability arising out of any
38 actual or alleged act, error or omission that occurred within the
39 scope of Commission employment, duties or responsibilities, or
40 that the person against whom the claim is made had a reasonable

1 basis for believing occurred within the scope of Commission
 2 employment, duties or responsibilities; provided that nothing herein
 3 shall be construed to prohibit that person from retaining his or her
 4 own counsel; and provided further that the actual or alleged act,
 5 error or omission did not result from that person's intentional,
 6 willful or wanton misconduct.

7 3. The Commission shall indemnify and hold harmless any
 8 administrator, officer, executive director, employee or
 9 representative of the Commission for the amount of any settlement
 10 or judgment obtained against that person arising out of any actual
 11 or alleged act, error or omission that occurred within the scope of
 12 Commission employment, duties or responsibilities, or that such
 13 person had a reasonable basis for believing occurred within the
 14 scope of Commission employment, duties or responsibilities,
 15 provided that the actual or alleged act, error or omission did not
 16 result from the intentional, willful or wanton misconduct of that
 17 person.

18
 19 **ARTICLE VIII**
 20 **Rulemaking**

21
 22 a. The Commission shall exercise its rulemaking powers pursuant
 23 to the criteria set forth in this Article and the rules adopted
 24 thereunder. Rules and amendments shall become binding as of the
 25 date specified in each rule or amendment and shall have the same
 26 force and effect as provisions of this Compact.

27 b. Rules or amendments to the rules shall be adopted at a regular
 28 or special meeting of the Commission.

29 c. Prior to promulgation and adoption of a final rule or rules by
 30 the Commission, and at least sixty (60) days in advance of the
 31 meeting at which the rule will be considered and voted upon, the
 32 Commission shall file a notice of proposed rulemaking:

- 33 1. On the website of the Commission; and
 34 2. On the website of each licensing board or the publication in
 35 which each state would otherwise publish proposed rules.

36 d. The notice of proposed rulemaking shall include:

37 1. The proposed time, date and location of the meeting in which
 38 the rule will be considered and voted upon;

39 2. The text of the proposed rule or amendment, and the reason
 40 for the proposed rule;

1 ~~3. A request for comments on the proposed rule from any~~
2 ~~interested person; and~~

3 ~~4. The manner in which interested persons may submit notice~~
4 ~~to the Commission of their intention to attend the public hearing~~
5 ~~and any written comments.~~

6 ~~e. Prior to adoption of a proposed rule, the Commission shall~~
7 ~~allow persons to submit written data, facts, opinions and arguments,~~
8 ~~which shall be made available to the public.~~

9 ~~f. The Commission shall grant an opportunity for a public hearing~~
10 ~~before it adopts a rule or amendment.~~

11 ~~g. The Commission shall publish the place, time and date of the~~
12 ~~scheduled public hearing.~~

13 ~~1. Hearings shall be conducted in a manner providing each person~~
14 ~~who wishes to comment a fair and reasonable opportunity to~~
15 ~~comment orally or in writing. All hearings will be recorded, and a~~
16 ~~copy will be made available upon request.~~

17 ~~2. Nothing in this section shall be construed as requiring a~~
18 ~~separate hearing on each rule. Rules may be grouped for the~~
19 ~~convenience of the Commission at hearings required by this~~
20 ~~section.~~

21 ~~h. If no one appears at the public hearing, the Commission may~~
22 ~~proceed with promulgation of the proposed rule.~~

23 ~~i. Following the scheduled hearing date, or by the close of~~
24 ~~business on the scheduled hearing date if the hearing was not held,~~
25 ~~the Commission shall consider all written and oral comments~~
26 ~~received.~~

27 ~~j. The Commission shall, by majority vote of all administrators,~~
28 ~~take final action on the proposed rule and shall determine the~~
29 ~~effective date of the rule, if any, based on the rulemaking record~~
30 ~~and the full text of the rule.~~

31 ~~k. Upon determination that an emergency exists, the Commission~~
32 ~~may consider and adopt an emergency rule without prior notice,~~
33 ~~opportunity for comment or hearing, provided that the usual~~
34 ~~rulemaking procedures provided in this Compact and in this section~~
35 ~~shall be retroactively applied to the rule as soon as reasonably~~
36 ~~possible, in no event later than ninety (90) days after the effective~~
37 ~~date of the rule. For the purposes of this provision, an emergency~~
38 ~~rule is one that must be adopted immediately in order to:~~

39 ~~1. Meet an imminent threat to public health, safety or welfare;~~

40 ~~2. Prevent a loss of Commission or party state funds; or~~

1 ~~3. Meet a deadline for the promulgation of an administrative~~
 2 ~~rule that is required by federal law or rule.~~

3 ~~1. The Commission may direct revisions to a previously adopted~~
 4 ~~rule or amendment for purposes of correcting typographical errors,~~
 5 ~~errors in format, errors in consistency or grammatical errors. Public~~
 6 ~~notice of any revisions shall be posted on the website of the~~
 7 ~~Commission. The revision shall be subject to challenge by any~~
 8 ~~person for a period of thirty (30) days after posting. The revision~~
 9 ~~may be challenged only on grounds that the revision results in a~~
 10 ~~material change to a rule. A challenge shall be made in writing,~~
 11 ~~and delivered to the Commission, prior to the end of the notice~~
 12 ~~period. If no challenge is made, the revision will take effect without~~
 13 ~~further action. If the revision is challenged, the revision may not~~
 14 ~~take effect without the approval of the Commission.~~

15 **ARTICLE IX**

16 **Oversight, Dispute Resolution and Enforcement**

17 **a. Oversight**

18
 19
 20 ~~1. Each party state shall enforce this Compact and take all actions~~
 21 ~~necessary and appropriate to effectuate this Compact's purposes~~
 22 ~~and intent.~~

23 ~~2. The Commission shall be entitled to receive service of process~~
 24 ~~in any proceeding that may affect the powers, responsibilities or~~
 25 ~~actions of the Commission, and shall have standing to intervene~~
 26 ~~in such a proceeding for all purposes. Failure to provide service~~
 27 ~~of process in such proceeding to the Commission shall render a~~
 28 ~~judgment or order void as to the Commission, this Compact or~~
 29 ~~promulgated rules.~~

30 **b. Default, Technical Assistance and Termination**

31 ~~1. If the Commission determines that a party state has defaulted~~
 32 ~~in the performance of its obligations or responsibilities under this~~
 33 ~~Compact or the promulgated rules, the Commission shall:~~

34 ~~i. Provide written notice to the defaulting state and other party~~
 35 ~~states of the nature of the default, the proposed means of curing~~
 36 ~~the default or any other action to be taken by the Commission; and~~

37 ~~ii. Provide remedial training and specific technical assistance~~
 38 ~~regarding the default.~~

39 ~~2. If a state in default fails to cure the default, the defaulting~~
 40 ~~state's membership in this Compact may be terminated upon an~~

1 affirmative vote of a majority of the administrators, and all rights,
2 privileges and benefits conferred by this Compact may be
3 terminated on the effective date of termination. A cure of the
4 default does not relieve the offending state of obligations or
5 liabilities incurred during the period of default.

6 ~~3. Termination of membership in this Compact shall be imposed~~
7 ~~only after all other means of securing compliance have been~~
8 ~~exhausted. Notice of intent to suspend or terminate shall be given~~
9 ~~by the Commission to the governor of the defaulting state and to~~
10 ~~the executive officer of the defaulting state's licensing board and~~
11 ~~each of the party states.~~

12 ~~4. A state whose membership in this Compact has been~~
13 ~~terminated is responsible for all assessments, obligations and~~
14 ~~liabilities incurred through the effective date of termination,~~
15 ~~including obligations that extend beyond the effective date of~~
16 ~~termination.~~

17 ~~5. The Commission shall not bear any costs related to a state~~
18 ~~that is found to be in default or whose membership in this Compact~~
19 ~~has been terminated unless agreed upon in writing between the~~
20 ~~Commission and the defaulting state.~~

21 ~~6. The defaulting state may appeal the action of the Commission~~
22 ~~by petitioning the U.S. District Court for the District of Columbia~~
23 ~~or the federal district in which the Commission has its principal~~
24 ~~offices. The prevailing party shall be awarded all costs of such~~
25 ~~litigation, including reasonable attorneys' fees.~~

26 e. ~~Dispute Resolution~~

27 ~~1. Upon request by a party state, the Commission shall attempt~~
28 ~~to resolve disputes related to the Compact that arise among party~~
29 ~~states and between party and non-party states.~~

30 ~~2. The Commission shall promulgate a rule providing for both~~
31 ~~mediation and binding dispute resolution for disputes, as~~
32 ~~appropriate.~~

33 ~~3. In the event the Commission cannot resolve disputes among~~
34 ~~party states arising under this Compact:~~

35 ~~i. The party states may submit the issues in dispute to an~~
36 ~~arbitration panel, which will be comprised of individuals appointed~~
37 ~~by the Compact administrator in each of the affected party states~~
38 ~~and an individual mutually agreed upon by the Compact~~
39 ~~administrators of all the party states involved in the dispute.~~

1 ii. The decision of a majority of the arbitrators shall be final and
2 binding.

3 d. Enforcement

4 1. The Commission, in the reasonable exercise of its discretion,
5 shall enforce the provisions and rules of this Compact.

6 2. By majority vote, the Commission may initiate legal action
7 in the U.S. District Court for the District of Columbia or the federal
8 district in which the Commission has its principal offices against
9 a party state that is in default to enforce compliance with the
10 provisions of this Compact and its promulgated rules and bylaws.
11 The relief sought may include both injunctive relief and damages.
12 In the event judicial enforcement is necessary, the prevailing party
13 shall be awarded all costs of such litigation, including reasonable
14 attorneys' fees.

15 3. The remedies herein shall not be the exclusive remedies of
16 the Commission. The Commission may pursue any other remedies
17 available under federal or state law.

18
19 **ARTICLE X**

20 **Effective Date, Withdrawal and Amendment**

21
22 a. This Compact shall become effective and binding on the earlier
23 of the date of legislative enactment of this Compact into law by
24 no less than twenty-six (26) states or December 31, 2018. All party
25 states to this Compact, that also were parties to the prior Nurse
26 Licensure Compact, superseded by this Compact, ("Prior
27 Compact"), shall be deemed to have withdrawn from said Prior
28 Compact within six (6) months after the effective date of this
29 Compact.

30 b. Each party state to this Compact shall continue to recognize
31 a nurse's multistate licensure privilege to practice in that party
32 state issued under the Prior Compact until such party state has
33 withdrawn from the Prior Compact.

34 e. Any party state may withdraw from this Compact by enacting
35 a statute repealing the same. A party state's withdrawal shall not
36 take effect until six (6) months after enactment of the repealing
37 statute.

38 d. A party state's withdrawal or termination shall not affect the
39 continuing requirement of the withdrawing or terminated state's
40 licensing board to report adverse actions and significant

1 ~~investigations occurring prior to the effective date of such~~
 2 ~~withdrawal or termination.~~

3 ~~e. Nothing contained in this Compact shall be construed to~~
 4 ~~invalidate or prevent any nurse licensure agreement or other~~
 5 ~~cooperative arrangement between a party state and a non-party~~
 6 ~~state that is made in accordance with the other provisions of this~~
 7 ~~Compact.~~

8 ~~f. This Compact may be amended by the party states. No~~
 9 ~~amendment to this Compact shall become effective and binding~~
 10 ~~upon the party states unless and until it is enacted into the laws of~~
 11 ~~all party states.~~

12 ~~g. Representatives of non-party states to this Compact shall be~~
 13 ~~invited to participate in the activities of the Commission, on a~~
 14 ~~nonvoting basis, prior to the adoption of this Compact by all states.~~

15
 16 **ARTICLE XI**
 17 **Construction and Severability**
 18

19 ~~This Compact shall be liberally construed so as to effectuate the~~
 20 ~~purposes thereof. The provisions of this Compact shall be~~
 21 ~~severable, and if any phrase, clause, sentence or provision of this~~
 22 ~~Compact is declared to be contrary to the constitution of any party~~
 23 ~~state or of the United States, or if the applicability thereof to any~~
 24 ~~government, agency, person or circumstance is held invalid, the~~
 25 ~~validity of the remainder of this Compact and the applicability~~
 26 ~~thereof to any government, agency, person or circumstance shall~~
 27 ~~not be affected thereby. If this Compact shall be held to be contrary~~
 28 ~~to the constitution of any party state, this Compact shall remain in~~
 29 ~~full force and effect as to the remaining party states and in full~~
 30 ~~force and effect as to the party state affected as to all severable~~
 31 ~~matters.~~

32 ~~2724. Fees collected by the Board of Registered Nursing for~~
 33 ~~purposes of granting a multistate license pursuant to Section 2723~~
 34 ~~shall not exceed the cost of administering that multistate license~~
 35 ~~under the compact and shall be deposited in the Board of~~
 36 ~~Registered Nursing Fund established pursuant to Section 2810.~~

37 ~~SECTION 1. Chapter 6.3 (commencing with Section 2839) is~~
 38 ~~added to Division 2 of the Business and Professions Code, to read:~~

1
2 *CHAPTER 6.3 NURSE LICENSURE COMPACT*
3

4 2839. *The Nurse Licensure Compact is hereby enacted into*
5 *law with all other participating states.*

6 2839.1. (a) *The Board of Registered Nursing is hereby*
7 *designated as the licensing entity for registered nurses for purposes*
8 *of the compact and the Board of Vocational Nursing and*
9 *Psychiatric Technicians is hereby designated as the licensing entity*
10 *for vocational nurses for purposes of the compact.*

11 (b) *The Board of Registered Nursing and the Board of Licensed*
12 *Vocational Nursing and Psychiatric Technicians shall alternate*
13 *as administrators of the compact for the state.*

14 2839.2. *If any provision in the compact is contrary to the*
15 *United States Constitution or the California Constitution, or*
16 *conflicts with any state or federal statute or regulation, the*
17 *provision is void and unenforceable.*

18 2839.3. *The provisions of the Nurse Licensure Compact are*
19 *as follows:*

20
21 **ARTICLE I**

22 ***Findings and Declaration of Purpose***
23

24 a. *The party states find that:*

25 1. *The health and safety of the public are affected by the degree*
26 *of compliance with and the effectiveness of enforcement activities*
27 *related to state nurse licensure laws;*

28 2. *Violations of nurse licensure and other laws regulating the*
29 *practice of nursing may result in injury or harm to the public;*

30 3. *The expanded mobility of nurses and the use of advanced*
31 *communication technologies as part of our nation's health care*
32 *delivery system require greater coordination and cooperation*
33 *among states in the areas of nurse licensure and regulation;*

34 4. *New practice modalities and technology make compliance*
35 *with individual state nurse licensure laws difficult and complex;*

36 5. *The current system of duplicative licensure for nurses*
37 *practicing in multiple states is cumbersome and redundant for*
38 *both nurses and states; and*

39 6. *Uniformity of nurse licensure requirements throughout the*
40 *states promotes public safety and public health benefits.*

1 *b. The general purposes of this Compact are to:*

2 *1. Facilitate the states' responsibility to protect the public's*
3 *health and safety;*

4 *2. Ensure and encourage the cooperation of party states in the*
5 *areas of nurse licensure and regulation;*

6 *3. Facilitate the exchange of information between party states*
7 *in the areas of nurse regulation, investigation and adverse actions;*

8 *4. Promote compliance with the laws governing the practice of*
9 *nursing in each jurisdiction;*

10 *5. Invest all party states with the authority to hold a nurse*
11 *accountable for meeting all state practice laws in the state in which*
12 *the patient is located at the time care is rendered through the*
13 *mutual recognition of party state licenses;*

14 *6. Decrease redundancies in the consideration and issuance of*
15 *nurse licenses; and*

16 *7. Provide opportunities for interstate practice by nurses who*
17 *meet uniform licensure requirements.*

18
19 **ARTICLE II**
20 **Definitions**

21
22 *As used in this Compact:*

23 *a. "Adverse action" means any administrative, civil, equitable*
24 *or criminal action permitted by a state's laws which is imposed*
25 *by a licensing board or other authority against a nurse, including*
26 *actions against an individual's license or multistate licensure*
27 *privilege such as revocation, suspension, probation, monitoring*
28 *of the licensee, limitation on the licensee's practice, or any other*
29 *encumbrance on licensure affecting a nurse's authorization to*
30 *practice, including issuance of a cease and desist action.*

31 *b. "Alternative program" means a non-disciplinary monitoring*
32 *program approved by a licensing board.*

33 *c. "Coordinated licensure information system" means an*
34 *integrated process for collecting, storing and sharing information*
35 *on nurse licensure and enforcement activities related to nurse*
36 *licensure laws that is administered by a nonprofit organization*
37 *composed of and controlled by licensing boards.*

38 *d. "Current significant investigative information" means:*

39 *1. Investigative information that a licensing board, after a*
40 *preliminary inquiry that includes notification and an opportunity*

1 for the nurse to respond, if required by state law, has reason to
2 believe is not groundless and, if proved true, would indicate more
3 than a minor infraction; or

4 2. Investigative information that indicates that the nurse
5 represents an immediate threat to public health and safety
6 regardless of whether the nurse has been notified and had an
7 opportunity to respond.

8 e. “Encumbrance” means a revocation or suspension of, or any
9 limitation on, the full and unrestricted practice of nursing imposed
10 by a licensing board.

11 f. “Home state” means the party state which is the nurse’s
12 primary state of residence.

13 g. “Licensing board” means a party state’s regulatory body
14 responsible for issuing nurse licenses.

15 h. “Multistate license” means a license to practice as a
16 registered or a licensed practical/vocational nurse (LPN/VN)
17 issued by a home state licensing board that authorizes the licensed
18 nurse to practice in all party states under a multistate licensure
19 privilege.

20 i. “Multistate licensure privilege” means a legal authorization
21 associated with a multistate license permitting the practice of
22 nursing as either a registered nurse (RN) or LPN/VN in a remote
23 state.

24 j. “Nurse” means RN or LPN/VN, as those terms are defined by
25 each party state’s practice laws.

26 k. “Party state” means any state that has adopted this Compact.

27 l. “Remote state” means a party state, other than the home state.

28 m. “Single-state license” means a nurse license issued by a party
29 state that authorizes practice only within the issuing state and does
30 not include a multistate licensure privilege to practice in any other
31 party state.

32 n. “State” means a state, territory or possession of the United
33 States and the District of Columbia.

34 o. “State practice laws” means a party state’s laws, rules and
35 regulations that govern the practice of nursing, define the scope
36 of nursing practice, and create the methods and grounds for
37 imposing discipline. “State practice laws” do not include
38 requirements necessary to obtain and retain a license, except for
39 qualifications or requirements of the home state.

40

ARTICLE III**General Provisions and Jurisdiction**

1
2
3
4 *a. A multistate license to practice registered or licensed*
5 *practical/vocational nursing issued by a home state to a resident*
6 *in that state will be recognized by each party state as authorizing*
7 *a nurse to practice as a registered nurse (RN) or as a licensed*
8 *practical/vocational nurse (LPN/VN), under a multistate licensure*
9 *privilege, in each party state.*

10 *b. A state must implement procedures for considering the*
11 *criminal history records of applicants for initial multistate license*
12 *or licensure by endorsement. Such procedures shall include the*
13 *submission of fingerprints or other biometric-based information*
14 *by applicants for the purpose of obtaining an applicant's criminal*
15 *history record information from the Federal Bureau of*
16 *Investigation and the agency responsible for retaining that state's*
17 *criminal records.*

18 *c. Each party state shall require the following for an applicant*
19 *to obtain or retain a multistate license in the home state:*

20 *1. Meets the home state's qualifications for licensure or renewal*
21 *of licensure, as well as, all other applicable state laws;*

22 *2. i. Has graduated or is eligible to graduate from a licensing*
23 *board-approved RN or LPN/VN prelicensure education program;*
24 *or*

25 *ii. Has graduated from a foreign RN or LPN/VN prelicensure*
26 *education program that (a) has been approved by the authorized*
27 *accrediting body in the applicable country and (b) has been verified*
28 *by an independent credentials review agency to be comparable to*
29 *a licensing board-approved prelicensure education program;*

30 *3. Has, if a graduate of a foreign prelicensure education program*
31 *not taught in English or if English is not the individual's native*
32 *language, successfully passed an English proficiency examination*
33 *that includes the components of reading, speaking, writing and*
34 *listening;*

35 *4. Has successfully passed an NCLEX-RN® or NCLEX-PN®*
36 *Examination or recognized predecessor, as applicable;*

37 *5. Is eligible for or holds an active, unencumbered license;*

38 *6. Has submitted, in connection with an application for initial*
39 *licensure or licensure by endorsement, fingerprints or other*
40 *biometric data for the purpose of obtaining criminal history record*

1 information from the Federal Bureau of Investigation and the
2 agency responsible for retaining that state's criminal records;

3 7. Has not been convicted or found guilty, or has entered into
4 an agreed disposition, of a felony offense under applicable state
5 or federal criminal law;

6 8. Has not been convicted or found guilty, or has entered into
7 an agreed disposition, of a misdemeanor offense related to the
8 practice of nursing as determined on a case-by-case basis;

9 9. Is not currently enrolled in an alternative program;

10 10. Is subject to self-disclosure requirements regarding current
11 participation in an alternative program; and

12 11. Has a valid United States Social Security number.

13 d. All party states shall be authorized, in accordance with
14 existing state due process law, to take adverse action against a
15 nurse's multistate licensure privilege such as revocation,
16 suspension, probation or any other action that affects a nurse's
17 authorization to practice under a multistate licensure privilege,
18 including cease and desist actions. If a party state takes such
19 action, it shall promptly notify the administrator of the coordinated
20 licensure information system. The administrator of the coordinated
21 licensure information system shall promptly notify the home state
22 of any such actions by remote states.

23 e. A nurse practicing in a party state must comply with the state
24 practice laws of the state in which the client is located at the time
25 service is provided. The practice of nursing is not limited to patient
26 care, but shall include all nursing practice as defined by the state
27 practice laws of the party state in which the client is located. The
28 practice of nursing in a party state under a multistate licensure
29 privilege will subject a nurse to the jurisdiction of the licensing
30 board, the courts and the laws of the party state in which the client
31 is located at the time service is provided.

32 f. Individuals not residing in a party state shall continue to be
33 able to apply for a party state's single- state license as provided
34 under the laws of each party state. However, the single-state license
35 granted to these individuals will not be recognized as granting the
36 privilege to practice nursing in any other party state. Nothing in
37 this Compact shall affect the requirements established by a party
38 state for the issuance of a single-state license.

39 g. Any nurse holding a home state multistate license, on the
40 effective date of this Compact, may retain and renew the multistate

1 license issued by the nurse's then-current home state, provided
2 that:

3 1. A nurse, who changes primary state of residence after this
4 Compact's effective date, must meet all applicable Article III.c.
5 requirements to obtain a multistate license from a new home state.

6 2. A nurse who fails to satisfy the multistate licensure
7 requirements in Article III.c. due to a disqualifying event occurring
8 after this Compact's effective date shall be ineligible to retain or
9 renew a multistate license, and the nurse's multistate license shall
10 be revoked or deactivated in accordance with applicable rules
11 adopted by the Interstate Commission of Nurse Licensure Compact
12 Administrators ("Commission").

13 **ARTICLE IV**

14 **Applications for Licensure in a Party State**

15
16
17 a. Upon application for a multistate license, the licensing board
18 in the issuing party state shall ascertain, through the coordinated
19 licensure information system, whether the applicant has ever held,
20 or is the holder of, a license issued by any other state, whether
21 there are any encumbrances on any license or multistate licensure
22 privilege held by the applicant, whether any adverse action has
23 been taken against any license or multistate licensure privilege
24 held by the applicant and whether the applicant is currently
25 participating in an alternative program.

26 b. A nurse may hold a multistate license, issued by the home
27 state, in only one party state at a time.

28 c. If a nurse changes primary state of residence by moving
29 between two party states, the nurse must apply for licensure in the
30 new home state, and the multistate license issued by the prior home
31 state will be deactivated in accordance with applicable rules
32 adopted by the Commission.

33 1. The nurse may apply for licensure in advance of a change in
34 primary state of residence.

35 2. A multistate license shall not be issued by the new home state
36 until the nurse provides satisfactory evidence of a change in
37 primary state of residence to the new home state and satisfies all
38 applicable requirements to obtain a multistate license from the
39 new home state.

1 *d. If a nurse changes primary state of residence by moving from*
 2 *a party state to a non-party state, the multistate license issued by*
 3 *the prior home state will convert to a single-state license, valid*
 4 *only in the former home state.*

5
 6 **ARTICLE V**

7 ***Additional Authorities Invested in Party State Licensing***
 8 ***Boards***

9
 10 *a. In addition to the other powers conferred by state law, a*
 11 *licensing board shall have the authority to:*

12 *1. Take adverse action against a nurse's multistate licensure*
 13 *privilege to practice within that party state.*

14 *i. Only the home state shall have the power to take adverse action*
 15 *against a nurse's license issued by the home state.*

16 *ii. For purposes of taking adverse action, the home state*
 17 *licensing board shall give the same priority and effect to reported*
 18 *conduct received from a remote state as it would if such conduct*
 19 *had occurred within the home state. In so doing, the home state*
 20 *shall apply its own state laws to determine appropriate action.*

21 *2. Issue cease and desist orders or impose an encumbrance on*
 22 *a nurse's authority to practice within that party state.*

23 *3. Complete any pending investigations of a nurse who changes*
 24 *primary state of residence during the course of such investigations.*
 25 *The licensing board shall also have the authority to take*
 26 *appropriate action(s) and shall promptly report the conclusions*
 27 *of such investigations to the administrator of the coordinated*
 28 *licensure information system. The administrator of the coordinated*
 29 *licensure information system shall promptly notify the new home*
 30 *state of any such actions.*

31 *4. Issue subpoenas for both hearings and investigations that*
 32 *require the attendance and testimony of witnesses, as well as, the*
 33 *production of evidence. Subpoenas issued by a licensing board in*
 34 *a party state for the attendance and testimony of witnesses or the*
 35 *production of evidence from another party state shall be enforced*
 36 *in the latter state by any court of competent jurisdiction, according*
 37 *to the practice and procedure of that court applicable to subpoenas*
 38 *issued in proceedings pending before it. The issuing authority shall*
 39 *pay any witness fees, travel expenses, mileage and other fees*

1 *required by the service statutes of the state in which the witnesses*
2 *or evidence are located.*

3 *5. Obtain and submit, for each nurse licensure applicant,*
4 *fingerprint or other biometric-based information to the Federal*
5 *Bureau of Investigation for criminal background checks, receive*
6 *the results of the Federal Bureau of Investigation record search*
7 *on criminal background checks and use the results in making*
8 *licensure decisions.*

9 *6. If otherwise permitted by state law, recover from the affected*
10 *nurse the costs of investigations and disposition of cases resulting*
11 *from any adverse action taken against that nurse.*

12 *7. Take adverse action based on the factual findings of the remote*
13 *state, provided that the licensing board follows its own procedures*
14 *for taking such adverse action.*

15 *b. If adverse action is taken by the home state against a nurse's*
16 *multistate license, the nurse's multistate licensure privilege to*
17 *practice in all other party states shall be deactivated until all*
18 *encumbrances have been removed from the multistate license. All*
19 *home state disciplinary orders that impose adverse action against*
20 *a nurse's multistate license shall include a statement that the*
21 *nurse's multistate licensure privilege is deactivated in all party*
22 *states during the pendency of the order.*

23 *c. Nothing in this Compact shall override a party state's decision*
24 *that participation in an alternative program may be used in lieu*
25 *of adverse action. The home state licensing board shall deactivate*
26 *the multistate licensure privilege under the multistate license of*
27 *any nurse for the duration of the nurse's participation in an*
28 *alternative program.*

29

30

ARTICLE VI

31

Coordinated Licensure Information System and Exchange of Information

32

33

34 *a. All party states shall participate in a coordinated licensure*
35 *information system of all licensed registered nurses (RNs) and*
36 *licensed practical/vocational nurses (LPNs/VNs). This system will*
37 *include information on the licensure and disciplinary history of*
38 *each nurse, as submitted by party states, to assist in the*
39 *coordination of nurse licensure and enforcement efforts.*

1 *b. The Commission, in consultation with the administrator of*
2 *the coordinated licensure information system, shall formulate*
3 *necessary and proper procedures for the identification, collection*
4 *and exchange of information under this Compact.*

5 *c. All licensing boards shall promptly report to the coordinated*
6 *licensure information system any adverse action, any current*
7 *significant investigative information, denials of applications (with*
8 *the reasons for such denials) and nurse participation in alternative*
9 *programs known to the licensing board regardless of whether such*
10 *participation is deemed nonpublic or confidential under state law.*

11 *d. Current significant investigative information and participation*
12 *in nonpublic or confidential alternative programs shall be*
13 *transmitted through the coordinated licensure information system*
14 *only to party state licensing boards.*

15 *e. Notwithstanding any other provision of law, all party state*
16 *licensing boards contributing information to the coordinated*
17 *licensure information system may designate information that may*
18 *not be shared with non-party states or disclosed to other entities*
19 *or individuals without the express permission of the contributing*
20 *state.*

21 *f. Any personally identifiable information obtained from the*
22 *coordinated licensure information system by a party state licensing*
23 *board shall not be shared with non-party states or disclosed to*
24 *other entities or individuals except to the extent permitted by the*
25 *laws of the party state contributing the information.*

26 *g. Any information contributed to the coordinated licensure*
27 *information system that is subsequently required to be expunged*
28 *by the laws of the party state contributing that information shall*
29 *also be expunged from the coordinated licensure information*
30 *system.*

31 *h. The Compact administrator of each party state shall furnish*
32 *a uniform data set to the Compact administrator of each other*
33 *party state, which shall include, at a minimum:*

- 34 1. *Identifying information;*
- 35 2. *Licensure data;*
- 36 3. *Information related to alternative program participation; and*
- 37 4. *Other information that may facilitate the administration of*
38 *this Compact, as determined by Commission rules.*

1 *i. The Compact administrator of a party state shall provide all*
2 *investigative documents and information requested by another*
3 *party state.*

4
5 **ARTICLE VII**

6 ***Establishment of the Interstate Commission of Nurse***
7 ***Licensure Compact Administrators***

8
9 *a. The party states hereby create and establish a joint public*
10 *entity known as the Interstate Commission of Nurse Licensure*
11 *Compact Administrators.*

12 *1. The Commission is an instrumentality of the party states.*

13 *2. Venue is proper, and judicial proceedings by or against the*
14 *Commission shall be brought solely and exclusively, in a court of*
15 *competent jurisdiction where the principal office of the Commission*
16 *is located. The Commission may waive venue and jurisdictional*
17 *defenses to the extent it adopts or consents to participate in*
18 *alternative dispute resolution proceedings.*

19 *3. Nothing in this Compact shall be construed to be a waiver of*
20 *sovereign immunity.*

21 *b. Membership, Voting and Meetings*

22 *1. Each party state shall have and be limited to one*
23 *administrator. The head of the state licensing board or designee*
24 *shall be the administrator of this Compact for each party state.*
25 *Any administrator may be removed or suspended from office as*
26 *provided by the law of the state from which the Administrator is*
27 *appointed. Any vacancy occurring in the Commission shall be*
28 *filled in accordance with the laws of the party state in which the*
29 *vacancy exists.*

30 *2. Each administrator shall be entitled to one (1) vote with*
31 *regard to the promulgation of rules and creation of bylaws and*
32 *shall otherwise have an opportunity to participate in the business*
33 *and affairs of the Commission. An administrator shall vote in*
34 *person or by such other means as provided in the bylaws. The*
35 *bylaws may provide for an administrator's participation in*
36 *meetings by telephone or other means of communication.*

37 *3. The Commission shall meet at least once during each calendar*
38 *year. Additional meetings shall be held as set forth in the bylaws*
39 *or rules of the commission.*

1 4. All meetings shall be open to the public, and public notice of
2 meetings shall be given in the same manner as required under the
3 rulemaking provisions in Article VIII.

4 5. The Commission may convene in a closed, nonpublic meeting
5 if the Commission must discuss:

6 i. Noncompliance of a party state with its obligations under this
7 Compact;

8 ii. The employment, compensation, discipline or other personnel
9 matters, practices or procedures related to specific employees or
10 other matters related to the Commission's internal personnel
11 practices and procedures;

12 iii. Current, threatened or reasonably anticipated litigation;

13 iv. Negotiation of contracts for the purchase or sale of goods,
14 services or real estate;

15 v. Accusing any person of a crime or formally censuring any
16 person;

17 vi. Disclosure of trade secrets or commercial or financial
18 information that is privileged or confidential;

19 vii. Disclosure of information of a personal nature where
20 disclosure would constitute a clearly unwarranted invasion of
21 personal privacy;

22 viii. Disclosure of investigatory records compiled for law
23 enforcement purposes;

24 ix. Disclosure of information related to any reports prepared by
25 or on behalf of the Commission for the purpose of investigation
26 of compliance with this Compact; or

27 x. Matters specifically exempted from disclosure by federal or
28 state statute.

29 6. If a meeting, or portion of a meeting, is closed pursuant to
30 this provision, the Commission's legal counsel or designee shall
31 certify that the meeting may be closed and shall reference each
32 relevant exempting provision. The Commission shall keep minutes
33 that fully and clearly describe all matters discussed in a meeting
34 and shall provide a full and accurate summary of actions taken,
35 and the reasons therefor, including a description of the views
36 expressed. All documents considered in connection with an action
37 shall be identified in such minutes. All minutes and documents of
38 a closed meeting shall remain under seal, subject to release by a
39 majority vote of the Commission or order of a court of competent
40 jurisdiction.

- 1 *c. The Commission shall, by a majority vote of the*
2 *administrators, prescribe bylaws or rules to govern its conduct as*
3 *may be necessary or appropriate to carry out the purposes and*
4 *exercise the powers of this Compact, including but not limited to:*
5 1. *Establishing the fiscal year of the Commission;*
6 2. *Providing reasonable standards and procedures:*
7 *i. For the establishment and meetings of other committees; and*
8 *ii. Governing any general or specific delegation of any authority*
9 *or function of the Commission;*
10 3. *Providing reasonable procedures for calling and conducting*
11 *meetings of the Commission, ensuring reasonable advance notice*
12 *of all meetings and providing an opportunity for attendance of*
13 *such meetings by interested parties, with enumerated exceptions*
14 *designed to protect the public's interest, the privacy of individuals,*
15 *and proprietary information, including trade secrets. The*
16 *Commission may meet in closed session only after a majority of*
17 *the administrators vote to close a meeting in whole or in part. As*
18 *soon as practicable, the Commission must make public a copy of*
19 *the vote to close the meeting revealing the vote of each*
20 *administrator, with no proxy votes allowed;*
21 4. *Establishing the titles, duties and authority and reasonable*
22 *procedures for the election of the officers of the Commission;*
23 5. *Providing reasonable standards and procedures for the*
24 *establishment of the personnel policies and programs of the*
25 *Commission. Notwithstanding any civil service or other similar*
26 *laws of any party state, the bylaws shall exclusively govern the*
27 *personnel policies and programs of the Commission; and*
28 6. *Providing a mechanism for winding up the operations of the*
29 *Commission and the equitable disposition of any surplus funds*
30 *that may exist after the termination of this Compact after the*
31 *payment or reserving of all of its debts and obligations;*
32 *d. The Commission shall publish its bylaws and rules, and any*
33 *amendments thereto, in a convenient form on the website of the*
34 *Commission.*
35 *e. The Commission shall maintain its financial records in*
36 *accordance with the bylaws.*
37 *f. The Commission shall meet and take such actions as are*
38 *consistent with the provisions of this Compact and the bylaws.*
39 *g. The Commission shall have the following powers:*

- 1 1. To promulgate uniform rules to facilitate and coordinate
2 implementation and administration of this Compact. The rules
3 shall have the force and effect of law and shall be binding in all
4 party states;
- 5 2. To bring and prosecute legal proceedings or actions in the
6 name of the Commission, provided that the standing of any
7 licensing board to sue or be sued under applicable law shall not
8 be affected;
- 9 3. To purchase and maintain insurance and bonds;
- 10 4. To borrow, accept or contract for services of personnel,
11 including, but not limited to, employees of a party state or nonprofit
12 organizations;
- 13 5. To cooperate with other organizations that administer state
14 compacts related to the regulation of nursing, including but not
15 limited to sharing administrative or staff expenses, office space or
16 other resources;
- 17 6. To hire employees, elect or appoint officers, fix compensation,
18 define duties, grant such individuals appropriate authority to carry
19 out the purposes of this Compact, and to establish the
20 Commission's personnel policies and programs relating to conflicts
21 of interest, qualifications of personnel and other related personnel
22 matters;
- 23 7. To accept any and all appropriate donations, grants and gifts
24 of money, equipment, supplies, materials and services, and to
25 receive, utilize and dispose of the same; provided that at all times
26 the Commission shall avoid any appearance of impropriety or
27 conflict of interest;
- 28 8. To lease, purchase, accept appropriate gifts or donations of,
29 or otherwise to own, hold, improve or use, any property, whether
30 real, personal or mixed; provided that at all times the Commission
31 shall avoid any appearance of impropriety;
- 32 9. To sell, convey, mortgage, pledge, lease, exchange, abandon
33 or otherwise dispose of any property, whether real, personal or
34 mixed;
- 35 10. To establish a budget and make expenditures;
- 36 11. To borrow money;
- 37 12. To appoint committees, including advisory committees
38 comprised of administrators, state nursing regulators, state
39 legislators or their representatives, and consumer representatives,
40 and other such interested persons;

1 13. To provide and receive information from, and to cooperate
2 with, law enforcement agencies;

3 14. To adopt and use an official seal; and

4 15. To perform such other functions as may be necessary or
5 appropriate to achieve the purposes of this Compact consistent
6 with the state regulation of nurse licensure and practice.

7 h. Financing of the Commission

8 1. The Commission shall pay, or provide for the payment of, the
9 reasonable expenses of its establishment, organization and ongoing
10 activities.

11 2. The Commission may also levy on and collect an annual
12 assessment from each party state to cover the cost of its operations,
13 activities and staff in its annual budget as approved each year.
14 The aggregate annual assessment amount, if any, shall be allocated
15 based upon a formula to be determined by the Commission, which
16 shall promulgate a rule that is binding upon all party states.

17 3. The Commission shall not incur obligations of any kind prior
18 to securing the funds adequate to meet the same; nor shall the
19 Commission pledge the credit of any of the party states, except by,
20 and with the authority of, such party state.

21 4. The Commission shall keep accurate accounts of all receipts
22 and disbursements. The receipts and disbursements of the
23 Commission shall be subject to the audit and accounting
24 procedures established under its bylaws. However, all receipts
25 and disbursements of funds handled by the Commission shall be
26 audited yearly by a certified or licensed public accountant, and
27 the report of the audit shall be included in and become part of the
28 annual report of the Commission.

29 i. Qualified Immunity, Defense and Indemnification

30 1. The administrators, officers, executive director, employees
31 and representatives of the Commission shall be immune from suit
32 and liability, either personally or in their official capacity, for any
33 claim for damage to or loss of property or personal injury or other
34 civil liability caused by or arising out of any actual or alleged act,
35 error or omission that occurred, or that the person against whom
36 the claim is made had a reasonable basis for believing occurred,
37 within the scope of Commission employment, duties or
38 responsibilities; provided that nothing in this paragraph shall be
39 construed to protect any such person from suit or liability for any

1 *damage, loss, injury or liability caused by the intentional, willful*
 2 *or wanton misconduct of that person.*

3 2. *The Commission shall defend any administrator, officer,*
 4 *executive director, employee or representative of the Commission*
 5 *in any civil action seeking to impose liability arising out of any*
 6 *actual or alleged act, error or omission that occurred within the*
 7 *scope of Commission employment, duties or responsibilities, or*
 8 *that the person against whom the claim is made had a reasonable*
 9 *basis for believing occurred within the scope of Commission*
 10 *employment, duties or responsibilities; provided that nothing herein*
 11 *shall be construed to prohibit that person from retaining his or*
 12 *her own counsel; and provided further that the actual or alleged*
 13 *act, error or omission did not result from that person's intentional,*
 14 *willful or wanton misconduct.*

15 3. *The Commission shall indemnify and hold harmless any*
 16 *administrator, officer, executive director, employee or*
 17 *representative of the Commission for the amount of any settlement*
 18 *or judgment obtained against that person arising out of any actual*
 19 *or alleged act, error or omission that occurred within the scope*
 20 *of Commission employment, duties or responsibilities, or that such*
 21 *person had a reasonable basis for believing occurred within the*
 22 *scope of Commission employment, duties or responsibilities,*
 23 *provided that the actual or alleged act, error or omission did not*
 24 *result from the intentional, willful or wanton misconduct of that*
 25 *person.*

26
 27 **ARTICLE VIII**
 28 **Rulemaking**
 29

30 a. *The Commission shall exercise its rulemaking powers pursuant*
 31 *to the criteria set forth in this Article and the rules adopted*
 32 *thereunder. Rules and amendments shall become binding as of the*
 33 *date specified in each rule or amendment and shall have the same*
 34 *force and effect as provisions of this Compact.*

35 b. *Rules or amendments to the rules shall be adopted at a regular*
 36 *or special meeting of the Commission.*

37 c. *Prior to promulgation and adoption of a final rule or rules*
 38 *by the Commission, and at least sixty (60) days in advance of the*
 39 *meeting at which the rule will be considered and voted upon, the*
 40 *Commission shall file a notice of proposed rulemaking:*

- 1 1. On the website of the Commission; and
2 2. On the website of each licensing board or the publication in
3 which each state would otherwise publish proposed rules.
4 d. The notice of proposed rulemaking shall include:
5 1. The proposed time, date and location of the meeting in which
6 the rule will be considered and voted upon;
7 2. The text of the proposed rule or amendment, and the reason
8 for the proposed rule;
9 3. A request for comments on the proposed rule from any
10 interested person; and
11 4. The manner in which interested persons may submit notice
12 to the Commission of their intention to attend the public hearing
13 and any written comments.
14 e. Prior to adoption of a proposed rule, the Commission shall
15 allow persons to submit written data, facts, opinions and
16 arguments, which shall be made available to the public.
17 f. The Commission shall grant an opportunity for a public
18 hearing before it adopts a rule or amendment.
19 g. The Commission shall publish the place, time and date of the
20 scheduled public hearing.
21 1. Hearings shall be conducted in a manner providing each
22 person who wishes to comment a fair and reasonable opportunity
23 to comment orally or in writing. All hearings will be recorded,
24 and a copy will be made available upon request.
25 2. Nothing in this section shall be construed as requiring a
26 separate hearing on each rule. Rules may be grouped for the
27 convenience of the Commission at hearings required by this
28 section.
29 h. If no one appears at the public hearing, the Commission may
30 proceed with promulgation of the proposed rule.
31 i. Following the scheduled hearing date, or by the close of
32 business on the scheduled hearing date if the hearing was not held,
33 the Commission shall consider all written and oral comments
34 received.
35 j. The Commission shall, by majority vote of all administrators,
36 take final action on the proposed rule and shall determine the
37 effective date of the rule, if any, based on the rulemaking record
38 and the full text of the rule.
39 k. Upon determination that an emergency exists, the Commission
40 may consider and adopt an emergency rule without prior notice,

1 opportunity for comment or hearing, provided that the usual
 2 rulemaking procedures provided in this Compact and in this section
 3 shall be retroactively applied to the rule as soon as reasonably
 4 possible, in no event later than ninety (90) days after the effective
 5 date of the rule. For the purposes of this provision, an emergency
 6 rule is one that must be adopted immediately in order to:

- 7 1. Meet an imminent threat to public health, safety or welfare;
- 8 2. Prevent a loss of Commission or party state funds; or
- 9 3. Meet a deadline for the promulgation of an administrative
 10 rule that is required by federal law or rule.

11 1. The Commission may direct revisions to a previously adopted
 12 rule or amendment for purposes of correcting typographical errors,
 13 errors in format, errors in consistency or grammatical errors.
 14 Public notice of any revisions shall be posted on the website of the
 15 Commission. The revision shall be subject to challenge by any
 16 person for a period of thirty (30) days after posting. The revision
 17 may be challenged only on grounds that the revision results in a
 18 material change to a rule. A challenge shall be made in writing,
 19 and delivered to the Commission, prior to the end of the notice
 20 period. If no challenge is made, the revision will take effect without
 21 further action. If the revision is challenged, the revision may not
 22 take effect without the approval of the Commission.

23 **ARTICLE IX**

24 **Oversight, Dispute Resolution and Enforcement**

25 *a. Oversight*

26 1. Each party state shall enforce this Compact and take all
 27 actions necessary and appropriate to effectuate this Compact's
 28 purposes and intent.

29 2. The Commission shall be entitled to receive service of process
 30 in any proceeding that may affect the powers, responsibilities or
 31 actions of the Commission, and shall have standing to intervene
 32 in such a proceeding for all purposes. Failure to provide service
 33 of process in such proceeding to the Commission shall render a
 34 judgment or order void as to the Commission, this Compact or
 35 promulgated rules.

36 *b. Default, Technical Assistance and Termination*

1 1. If the Commission determines that a party state has defaulted
2 in the performance of its obligations or responsibilities under this
3 Compact or the promulgated rules, the Commission shall:

4 i. Provide written notice to the defaulting state and other party
5 states of the nature of the default, the proposed means of curing
6 the default or any other action to be taken by the Commission;
7 and

8 ii. Provide remedial training and specific technical assistance
9 regarding the default.

10 2. If a state in default fails to cure the default, the defaulting
11 state's membership in this Compact may be terminated upon an
12 affirmative vote of a majority of the administrators, and all rights,
13 privileges and benefits conferred by this Compact may be
14 terminated on the effective date of termination. A cure of the default
15 does not relieve the offending state of obligations or liabilities
16 incurred during the period of default.

17 3. Termination of membership in this Compact shall be imposed
18 only after all other means of securing compliance have been
19 exhausted. Notice of intent to suspend or terminate shall be given
20 by the Commission to the governor of the defaulting state and to
21 the executive officer of the defaulting state's licensing board and
22 each of the party states.

23 4. A state whose membership in this Compact has been
24 terminated is responsible for all assessments, obligations and
25 liabilities incurred through the effective date of termination,
26 including obligations that extend beyond the effective date of
27 termination.

28 5. The Commission shall not bear any costs related to a state
29 that is found to be in default or whose membership in this Compact
30 has been terminated unless agreed upon in writing between the
31 Commission and the defaulting state.

32 6. The defaulting state may appeal the action of the Commission
33 by petitioning the U.S. District Court for the District of Columbia
34 or the federal district in which the Commission has its principal
35 offices. The prevailing party shall be awarded all costs of such
36 litigation, including reasonable attorneys' fees.

37 c. Dispute Resolution

38 1. Upon request by a party state, the Commission shall attempt
39 to resolve disputes related to the Compact that arise among party
40 states and between party and non-party states.

1 2. The Commission shall promulgate a rule providing for both
 2 mediation and binding dispute resolution for disputes, as
 3 appropriate.

4 3. In the event the Commission cannot resolve disputes among
 5 party states arising under this Compact:

6 i. The party states may submit the issues in dispute to an
 7 arbitration panel, which will be comprised of individuals appointed
 8 by the Compact administrator in each of the affected party states
 9 and an individual mutually agreed upon by the Compact
 10 administrators of all the party states involved in the dispute.

11 ii. The decision of a majority of the arbitrators shall be final
 12 and binding.

13 d. Enforcement

14 1. The Commission, in the reasonable exercise of its discretion,
 15 shall enforce the provisions and rules of this Compact.

16 2. By majority vote, the Commission may initiate legal action in
 17 the U.S. District Court for the District of Columbia or the federal
 18 district in which the Commission has its principal offices against
 19 a party state that is in default to enforce compliance with the
 20 provisions of this Compact and its promulgated rules and bylaws.
 21 The relief sought may include both injunctive relief and damages.
 22 In the event judicial enforcement is necessary, the prevailing party
 23 shall be awarded all costs of such litigation, including reasonable
 24 attorneys' fees.

25 3. The remedies herein shall not be the exclusive remedies of
 26 the Commission. The Commission may pursue any other remedies
 27 available under federal or state law.

28

29

ARTICLE X

30

Effective Date, Withdrawal and Amendment

31

32 a. This Compact shall become effective and binding on the earlier
 33 of the date of legislative enactment of this Compact into law by
 34 no less than twenty-six (26) states or December 31, 2018. All party
 35 states to this Compact, that also were parties to the prior Nurse
 36 Licensure Compact, superseded by this Compact, ("Prior
 37 Compact"), shall be deemed to have withdrawn from said Prior
 38 Compact within six (6) months after the effective date of this
 39 Compact.

1 *b. Each party state to this Compact shall continue to recognize*
2 *a nurse's multistate licensure privilege to practice in that party*
3 *state issued under the Prior Compact until such party state has*
4 *withdrawn from the Prior Compact.*

5 *c. Any party state may withdraw from this Compact by enacting*
6 *a statute repealing the same. A party state's withdrawal shall not*
7 *take effect until six (6) months after enactment of the repealing*
8 *statute.*

9 *d. A party state's withdrawal or termination shall not affect the*
10 *continuing requirement of the withdrawing or terminated state's*
11 *licensing board to report adverse actions and significant*
12 *investigations occurring prior to the effective date of such*
13 *withdrawal or termination.*

14 *e. Nothing contained in this Compact shall be construed to*
15 *invalidate or prevent any nurse licensure agreement or other*
16 *cooperative arrangement between a party state and a non-party*
17 *state that is made in accordance with the other provisions of this*
18 *Compact.*

19 *f. This Compact may be amended by the party states. No*
20 *amendment to this Compact shall become effective and binding*
21 *upon the party states unless and until it is enacted into the laws*
22 *of all party states.*

23 *g. Representatives of non-party states to this Compact shall be*
24 *invited to participate in the activities of the Commission, on a*
25 *nonvoting basis, prior to the adoption of this Compact by all states.*

26
27 **ARTICLE XI**
28 **Construction and Severability**
29

30 *This Compact shall be liberally construed so as to effectuate the*
31 *purposes thereof. The provisions of this Compact shall be*
32 *severable, and if any phrase, clause, sentence or provision of this*
33 *Compact is declared to be contrary to the constitution of any party*
34 *state or of the United States, or if the applicability thereof to any*
35 *government, agency, person or circumstance is held invalid, the*
36 *validity of the remainder of this Compact and the applicability*
37 *thereof to any government, agency, person or circumstance shall*
38 *not be affected thereby. If this Compact shall be held to be contrary*
39 *to the constitution of any party state, this Compact shall remain*
40 *in full force and effect as to the remaining party states and in full*

1 *force and effect as to the party state affected as to all severable*
2 *matters.*

3 *2839.4. (a) Fees collected by the Board of Registered Nursing*
4 *for purposes of granting a multistate license pursuant to Section*
5 *2839.3 shall not exceed the cost of administering that multistate*
6 *license under the compact and shall be deposited in the Board of*
7 *Registered Nursing Fund established pursuant to Section 2810.*

8 *(b) Fees collected by the Board of Vocational Nursing and*
9 *Psychiatric Technicians for purposes of granting a multistate*
10 *license pursuant to Section 2839.3 shall not exceed the cost of*
11 *administering that multistate license under the compact and shall*
12 *be deposited in the Vocational Nursing and Psychiatric Technicians*
13 *fund pursuant to Section 2890.*

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

AMENDED IN SENATE MAY 19, 2020

AMENDED IN SENATE MAY 13, 2020

SENATE BILL

No. 1237

Introduced by Senator Dodd
(Coauthor: Senator Mitchell)
(Principal coauthor: Assembly Member Burke)

February 20, 2020

An act to amend Sections 650.01, 2746.2, 2746.5, 2746.51, and 2746.52 of, and to add Section 2746.54 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1237, as amended, Dodd. Nurse-midwives: scope of practice.

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law 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. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a certified person, under the supervision of 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. Existing law requires all complications to be referred to a physician immediately.

Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery.

The bill would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon and would instead authorize a certified nurse-midwife to attend cases of normal pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including gynecologic and family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would delete the above-described provisions defining the practice of nurse-midwifery, and instead would provide that the practice of nurse-midwifery includes consultation, comanagement, or referral, as those terms are defined by the bill, as indicated by the health status of the patient and the resources and medical personnel available in the setting of care, subject to specified conditions, including that a patient is required to be transferred from the primary management responsibility of the nurse-midwife to that of a physician and surgeon for the management of a problem or aspect of the patient's care that is outside the scope of the certified nurse-midwife's education, training, and experience. The bill would authorize a certified nurse-midwife to attend pregnancy and childbirth in an out-of-hospital setting if specified conditions are met, including that the gestational age of the fetus is within a specified range. Under the bill, a certified nurse-midwife would not be authorized to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version. The bill would require a certified nurse-midwife to maintain clinical practice guidelines that delineate the parameters for consultation, comanagement, referral, and transfer of a patient's care, and to document all consultations, referrals, and transfers in the patient record. The bill would require a certified nurse-midwife to refer all emergencies to a physician and surgeon immediately, and would authorize a certified nurse-midwife to provide emergency care until the assistance of a physician and surgeon is obtained.

This bill would require a certified nurse-midwife who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient's written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(2) Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including, but not limited to, obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. Existing law, additionally, authorizes the committee to include family physicians.

This bill would specify the name of the committee as the Nurse-Midwifery Advisory Committee. ~~The bill would delete the provision including obstetricians on the committee, and would require a majority of the members of the committee to be nurse-midwives. The bill would delete the provision including ratios of nurse-midwives to supervising physicians and associated matters in the standards developed by the committee, and would instead include standards related to all matter related to the practice of midwifery.~~ *require the committee to make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The bill would authorize the committee to make recommendations on disciplinary actions at the request of the board. The bill would require a majority of the members of the committee to be nurse-midwives and at least 40% of the members of the committee to be physicians and surgeons. The bill would require the committee to continue to make the recommendations described above if the board, despite good faith efforts, is unable to solicit and appoint committee members pursuant to these provisions.*

(3) Existing law authorizes a certified nurse-midwife to furnish drugs or devices, including controlled substances, in specified circumstances, including if drugs or devices are furnished or ordered incidentally to the provision of care in specified settings, including certain licensed health care facilities, birth centers, and maternity hospitals provided that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision. Existing law requires the drugs or devices to be furnished in accordance with standardized procedures developed and approved by specified persons, including a facility administrator.

This bill would delete the condition that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision, and would authorize a certified nurse-midwife to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery as provided by the bill and when care is rendered in an out-of-hospital setting, as specified. The bill would remove the requirement that the standardized procedures be developed

and approved by a facility administrator. The bill would authorize a certified nurse-midwife to procure supplies and devices, obtain and administer diagnostic tests, order laboratory and diagnostic testing, and receive reports, as specified. The bill would make it a misdemeanor for a certified nurse-midwife to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the certified nurse-midwife or their immediate family member has a financial interest with the person receiving a referral. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law authorizes a certified nurse-midwife to perform and repair episiotomies and repair lacerations of the perineum in specified health care facilities only if specified conditions are met, including that the protocols and procedures ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse midwife, or emergency care for times when the supervising physician and surgeon is not on the premises.

This bill would delete those conditions, and instead would require a certified nurse-midwife performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse midwife, or emergency care when a physician and surgeon is not on the premises.

(5) 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. The Legislature hereby finds and declares the
2 following:

3 (a) There is a maternity care workforce crisis in California. At
4 least nine counties have no obstetrician at all, and many more
5 counties fall below the national average for obstetricians. This will

1 worsen to the point of critical shortage if the state refuses to take
2 steps to innovatively address this issue.

3 (b) While California has made great strides in reducing maternal
4 mortality overall, there still remains a large disparity for Black
5 and indigenous birthing people, and other birthing people of color.
6 The maternal mortality rate for black women in California is still
7 three to four times higher than white women. ~~One avoidable death
8 or near miss is one too many.~~

9 (c) Structural, systemic, and interpersonal racism, and the
10 resulting economic and social inequities ~~are the root cause of and~~
11 ~~racial disparities in health care. This is a~~ *care are* complex ~~problem~~
12 *problems* requiring multiple, innovative strategies in order to turn
13 the tide. Midwifery care ~~has been named by leading organizations~~
14 *collaboration between certified nurse midwives and physicians*
15 *has the potential to serve* as one of these innovative strategies.

16 (d) ~~National and international~~ *State* studies show that wherever
17 midwifery is scaled up and integrated successfully into the overall
18 health system, regardless of the ~~country or~~ region's income level,
19 the well-being of birthing people and babies is increased, including
20 reductions in racial disparities, maternal mortality and morbidity,
21 and neonatal mortality and prematurity.

22 (e) A study supported by the California Health Care Foundation
23 shows that increasing the percentage of pregnancies with
24 midwife-led care from the current level of about 9 percent to 20
25 percent over the next 10 years could result in \$4 billion in cost
26 savings and 30,000 fewer preterm births.

27 (f) Nurse-midwives attend 50,000 births a year in California
28 and are currently underutilized and prevented from expanding.
29 Reducing unnecessary cesarean section alone could save \$80
30 million to \$440 million annually in California.

31 ~~(g) Outdated laws around the supervision of nurse-midwives~~
32 ~~and other regulatory barriers directly prevent the expansion of the~~
33 ~~nurse-midwifery profession, and have resulted in concentrating~~
34 ~~nurse-midwives in geographic areas where physicians physically~~
35 ~~practice. This severely reduces access and worsens “maternity~~
36 ~~deserts” and health provider shortage areas.~~

37 (h)

38 (g) California is the only western state that still requires
39 nurse-midwives to ~~have~~ *be supervised by a physician permission*
40 ~~to practice~~ and one of only four states in the nation that still

1 requires this. Forty-six other states have removed the ~~outdated~~
2 requirement for physician supervision.

3 ~~(i)~~

4 (h) Bodily autonomy including the choice of health care provider
5 and the personalized, shared involvement in health care decisions
6 is key to reproductive rights. Racial and other disparities in health
7 care cannot be reduced without adherence to this concept.

8 ~~(j)~~

9 (i) Every person is entitled to access dignified, person-centered
10 childbirth and health care, regardless of race, gender, age, class,
11 sexual orientation, gender identity, ability, language proficiency,
12 nationality, immigration status, gender expression, religion,
13 insurance status, or geographic location.

14 ~~(k)~~

15 (j) The core philosophy of nurse-midwifery is to provide
16 patient-centered, culturally sensitive, holistic care, all of which
17 are key to reducing disparities in maternal health care.

18 SEC. 2. Section 650.01 of the Business and Professions Code
19 is amended to read:

20 650.01. (a) Notwithstanding Section 650, or any other
21 provision of law, it is unlawful for a licensee to refer a person for
22 laboratory, diagnostic nuclear medicine, radiation oncology,
23 physical therapy, physical rehabilitation, psychometric testing,
24 home infusion therapy, or diagnostic imaging goods or services if
25 the licensee or their immediate family has a financial interest with
26 the person or in the entity that receives the referral.

27 (b) For purposes of this section and Section 650.02, the
28 following shall apply:

29 (1) "Diagnostic imaging" includes, but is not limited to, all
30 X-ray, computed axial tomography, magnetic resonance imaging
31 nuclear medicine, positron emission tomography, mammography,
32 and ultrasound goods and services.

33 (2) A "financial interest" includes, but is not limited to, any
34 type of ownership interest, debt, loan, lease, compensation,
35 remuneration, discount, rebate, refund, dividend, distribution,
36 subsidy, or other form of direct or indirect payment, whether in
37 money or otherwise, between a licensee and a person or entity to
38 whom the licensee refers a person for a good or service specified
39 in subdivision (a). A financial interest also exists if there is an
40 indirect financial relationship between a licensee and the referral

1 recipient including, but not limited to, an arrangement whereby a
2 licensee has an ownership interest in an entity that leases property
3 to the referral recipient. Any financial interest transferred by a
4 licensee to any person or entity or otherwise established in any
5 person or entity for the purpose of avoiding the prohibition of this
6 section shall be deemed a financial interest of the licensee. For
7 purposes of this paragraph, “direct or indirect payment” shall not
8 include a royalty or consulting fee received by a physician and
9 surgeon who has completed a recognized residency training
10 program in orthopedics from a manufacturer or distributor as a
11 result of their research and development of medical devices and
12 techniques for that manufacturer or distributor. For purposes of
13 this paragraph, “consulting fees” means those fees paid by the
14 manufacturer or distributor to a physician and surgeon who has
15 completed a recognized residency training program in orthopedics
16 only for their ongoing services in making refinements to their
17 medical devices or techniques marketed or distributed by the
18 manufacturer or distributor, if the manufacturer or distributor does
19 not own or control the facility to which the physician is referring
20 the patient. A “financial interest” shall not include the receipt of
21 capitation payments or other fixed amounts that are prepaid in
22 exchange for a promise of a licensee to provide specified health
23 care services to specified beneficiaries. A “financial interest” shall
24 not include the receipt of remuneration by a medical director of a
25 hospice, as defined in Section 1746 of the Health and Safety Code,
26 for specified services if the arrangement is set out in writing, and
27 specifies all services to be provided by the medical director, the
28 term of the arrangement is for at least one year, and the
29 compensation to be paid over the term of the arrangement is set
30 in advance, does not exceed fair market value, and is not
31 determined in a manner that takes into account the volume or value
32 of any referrals or other business generated between parties.

33 (3) For the purposes of this section, “immediate family” includes
34 the spouse and children of the licensee, the parents of the licensee,
35 and the spouses of the children of the licensee.

36 (4) “Licensee” means a physician as defined in Section 3209.3
37 of the Labor Code or a certified nurse-midwife as described in
38 Article 2.5 (commencing with Section 2746) of Chapter 6, *acting*
39 *within their scope of practice*.

40 (5) “Licensee’s office” means either of the following:

1 (A) An office of a licensee in solo practice.

2 (B) An office in which services or goods are personally provided
3 by the licensee or by employees in that office, or personally by
4 independent contractors in that office, in accordance with other
5 provisions of law. Employees and independent contractors shall
6 be licensed or certified when licensure or certification is required
7 by law.

8 (6) "Office of a group practice" means an office or offices in
9 which two or more licensees are legally organized as a partnership,
10 professional corporation, or not-for-profit corporation, licensed
11 pursuant to subdivision (a) of Section 1204 of the Health and Safety
12 Code, for which all of the following apply:

13 (A) Each licensee who is a member of the group provides
14 substantially the full range of services that the licensee routinely
15 provides, including medical care, consultation, diagnosis, or
16 treatment through the joint use of shared office space, facilities,
17 equipment, and personnel.

18 (B) Substantially all of the services of the licensees who are
19 members of the group are provided through the group and are
20 billed in the name of the group and amounts so received are treated
21 as receipts of the group, except in the case of a multispecialty
22 clinic, as defined in subdivision (l) of Section 1206 of the Health
23 and Safety Code, physician services are billed in the name of the
24 multispecialty clinic and amounts so received are treated as receipts
25 of the multispecialty clinic.

26 (C) The overhead expenses of, and the income from, the practice
27 are distributed in accordance with methods previously determined
28 by members of the group.

29 (c) It is unlawful for a licensee to enter into an arrangement or
30 scheme, such as a cross-referral arrangement, that the licensee
31 knows, or should know, has a principal purpose of ensuring
32 referrals by the licensee to a particular entity that, if the licensee
33 directly made referrals to that entity, would be in violation of this
34 section.

35 (d) No claim for payment shall be presented by an entity to any
36 individual, third party payer, or other entity for a good or service
37 furnished pursuant to a referral prohibited under this section.

38 (e) No insurer, self-insurer, or other payer shall pay a charge or
39 lien for any good or service resulting from a referral in violation
40 of this section.

1 (f) A licensee who refers a person to, or seeks consultation from,
2 an organization in which the licensee has a financial interest, other
3 than as prohibited by subdivision (a), shall disclose the financial
4 interest to the patient, or the parent or legal guardian of the patient,
5 in writing, at the time of the referral or request for consultation.

6 (1) If a referral, billing, or other solicitation is between one or
7 more licensees who contract with a multispecialty clinic pursuant
8 to subdivision (l) of Section 1206 of the Health and Safety Code
9 or who conduct their practice as members of the same professional
10 corporation or partnership, and the services are rendered on the
11 same physical premises, or under the same professional corporation
12 or partnership name, the requirements of this subdivision may be
13 met by posting a conspicuous disclosure statement at the
14 registration area or by providing a patient with a written disclosure
15 statement.

16 (2) If a licensee is under contract with the Department of
17 Corrections or the California Youth Authority, and the patient is
18 an inmate or parolee of either respective department, the
19 requirements of this subdivision shall be satisfied by disclosing
20 financial interests to either the Department of Corrections or the
21 California Youth Authority.

22 (g) A violation of subdivision (a) shall be a misdemeanor. In
23 the case of a licensee who is a physician and surgeon, the Medical
24 Board of California shall review the facts and circumstances of
25 any conviction pursuant to subdivision (a) and take appropriate
26 disciplinary action if the licensee has committed unprofessional
27 conduct. In the case of a licensee who is a certified nurse-midwife,
28 the Board of Registered Nursing shall review the facts and
29 circumstances of any conviction pursuant to subdivision (a) and
30 take appropriate disciplinary action if the licensee has committed
31 unprofessional conduct. Violations of this section may also be
32 subject to civil penalties of up to five thousand dollars (\$5,000)
33 for each offense, which may be enforced by the Insurance
34 Commissioner, Attorney General, or a district attorney. A violation
35 of subdivision (c), (d), or (e) is a public offense and is punishable
36 upon conviction by a fine not exceeding fifteen thousand dollars
37 (\$15,000) for each violation and appropriate disciplinary action,
38 including revocation of professional licensure, by the Medical
39 Board of California, the Board of Registered Nursing, or other
40 appropriate governmental agency.

1 (h) This section shall not apply to referrals for services that are
2 described in and covered by Sections 139.3 and 139.31 of the
3 Labor Code.

4 (i) This section shall become operative on January 1, 1995.

5 SEC. 3. Section 2746.2 of the Business and Professions Code
6 is amended to read:

7 2746.2. (a) An applicant shall show by evidence satisfactory
8 to the board that they have met the educational standards
9 established by the board or have at least the equivalent thereof.

10 The

11 (b) (1) *The board may appoint a committee of qualified*
12 *physicians and nurses called the Nurse-Midwifery Advisory*
13 ~~*Committee to develop the necessary standards relating to*~~
14 ~~*educational requirements and all matters related to the practice of*~~
15 ~~*nurse-midwifery. The Committee.*~~

16 (2) *The committee shall make recommendations to the board*
17 *on all matters related to midwifery practice, education, appropriate*
18 *standard of care, and other matters as specified by the board. At*
19 *the request of the board, the committee may make recommendations*
20 *on disciplinary actions.*

21 (3) (A) ~~*The committee may*~~ *shall* include, but not be limited to,
22 qualified nurses and qualified physicians and surgeons, including,
23 but not limited to, *obstetricians or family physicians.* ~~A~~

24 (B) A majority of the members of the committee shall be
25 nurse-midwives.

26 (C) *At least 40 percent of the members of the committee shall*
27 *be physicians and surgeons.*

28 (4) *If the board is unable, despite good faith efforts, to solicit*
29 *and appoint committee members pursuant to the specifications in*
30 *subparagraph (B) or (C) of paragraph (3), the committee shall*
31 *continue to make recommendations pursuant to paragraph (2).*

32 SEC. 4. Section 2746.5 of the Business and Professions Code
33 is amended to read:

34 2746.5. (a) For purposes of this section, the following
35 definitions apply:

36 (1) "Consultation" means a request for the professional advice
37 or opinion of a physician or another member of a health care team
38 regarding a patient's care while maintaining primary management
39 responsibility for the patient's care.

1 (2) “Comanagement” means the joint management by a certified
2 nurse-midwife and a physician and surgeon, of the care of a patient
3 who has become more medically, gynecologically, or obstetrically
4 complicated.

5 (3) “Referral” means the direction of a patient to a physician
6 and surgeon or healing arts licensee for management of a particular
7 problem or aspect of the patient’s care.

8 (4) “Transfer” means the transfer of primary management
9 responsibility of a patient’s care from a certified nurse-midwife
10 to another healing arts licensee or facility.

11 (b) The certificate to practice nurse-midwifery authorizes the
12 holder to attend cases of normal pregnancy and childbirth and to
13 provide prenatal, intrapartum, and postpartum care, including
14 gynecologic and family-planning services, interconception care,
15 and immediate care for the newborn, consistent with the Core
16 Competencies for Basic Midwifery Practice adopted by the
17 American College of Nurse-Midwives, or its successor national
18 professional organization, as approved by the board.

19 (c) A certified nurse-midwife shall, in the practice of
20 nurse-midwifery, emphasize informed consent, preventive care,
21 and early detection and referral of complications to physicians and
22 surgeons.

23 (d) As used in this chapter, the practice of nurse-midwifery
24 includes consultation, comanagement, or referral as indicated by
25 the health status of the patient and the resources and medical
26 personnel available in the setting of care, subject to the following:

27 (1) (A) The certificate to practice nurse-midwifery authorizes
28 the holder to work collaboratively with a physician and surgeon
29 to comanage care for a patient with more complex health needs.

30 (B) The scope of comanagement may encompass the physical
31 care of the patient, including birth, by the certified nurse-midwife,
32 according to a mutually agreed upon plan of care with the physician
33 and surgeon.

34 (C) If the physician and surgeon must assume a lead role in the
35 care of the patient due to an increased risk status, the certified
36 nurse-midwife may continue to participate in physical care,
37 counseling, guidance, teaching, and support, according to a
38 mutually agreed upon plan.

39 (2) After a certified nurse-midwife refers a patient to a physician
40 and surgeon, the certified nurse-midwife may continue care of the

1 patient during a reasonable interval between the referral and the
2 initial appointment with the physician and surgeon.

3 (3) (A) A patient shall be transferred from the primary
4 management responsibility of the nurse-midwife to that of a
5 physician and surgeon for the management of a problem or aspect
6 of the patient's care that is outside the scope of the certified
7 nurse-midwife's education, training, and experience.

8 (B) A patient that has been transferred from the primary
9 management responsibility of a certified nurse-midwife may return
10 to the care of the certified nurse-midwife after resolution of any
11 problem that required the transfer or that would require transfer
12 from the primary management responsibility of a nurse-midwife.

13 (e) The certificate to practice nurse-midwifery authorizes the
14 holder to attend pregnancy and childbirth in an out-of-hospital
15 setting if all of the following conditions apply:

16 (1) Neither of the following are present:

17 (A) A preexisting maternal disease or condition creating risks
18 higher than that of a low-risk pregnancy or birth, based on current
19 evidence and accepted practice.

20 (B) Disease arising from or during the pregnancy creating risks
21 higher than that of a low-risk pregnancy or birth, based on current
22 evidence and accepted practice.

23 (2) There is a singleton fetus.

24 (3) There is cephalic presentation at the onset of labor.

25 (4) The gestational age of the fetus is at least 37 completed
26 weeks of pregnancy and less than 42 completed weeks of
27 pregnancy at the onset of labor.

28 (5) Labor is spontaneous or induced in an outpatient setting.

29 (f) The certificate to practice nurse-midwifery does not authorize
30 the holder of the certificate to assist childbirth by vacuum or
31 forceps extraction, or to perform any external cephalic version.

32 (g) A certified nurse-midwife shall maintain clinical practice
33 guidelines that delineate the parameters for consultation,
34 comanagement, referral, and transfer of a patient's care.

35 (h) A certified nurse-midwife shall document all consultations,
36 referrals, and transfers in the patient record.

37 (i) (1) A certified nurse-midwife shall refer all emergencies to
38 a physician and surgeon immediately.

39 (2) A certified nurse-midwife may provide emergency care until
40 the assistance of a physician and surgeon is obtained.

1 SEC. 5. Section 2746.51 of the Business and Professions Code
2 is amended to read:

3 2746.51. (a) Neither this chapter nor any other law shall be
4 construed to prohibit a certified nurse-midwife from furnishing or
5 ordering drugs or devices, including controlled substances
6 classified in Schedule II, III, IV, or V under the California Uniform
7 Controlled Substances Act (Division 10 (commencing with Section
8 11000) of the Health and Safety Code), when all of the following
9 apply:

10 (1) The drugs or devices are furnished or ordered incidentally
11 to the provision of any of the following:

12 (A) Family planning services, as defined in Section 14503 of
13 the Welfare and Institutions Code.

14 (B) The care and services described in Section 2746.5.

15 (C) Care rendered, consistent with the certified nurse-midwife's
16 educational preparation or for which clinical competency has been
17 established and maintained, to persons within a facility specified
18 in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the
19 Health and Safety Code, a clinic as specified in Section 1204 of
20 the Health and Safety Code, a general acute care hospital as defined
21 in subdivision (a) of Section 1250 of the Health and Safety Code,
22 a licensed birth center as defined in Section 1204.3 of the Health
23 and Safety Code, or a special hospital specified as a maternity
24 hospital in subdivision (f) of Section 1250 of the Health and Safety
25 Code.

26 (D) Care rendered in an out-of-hospital setting pursuant to
27 subdivision (e) of Section 2746.5.

28 (2) The furnishing or ordering of drugs or devices by a certified
29 nurse-midwife are in accordance with the standardized procedures
30 or protocols. For purposes of this section, standardized procedure
31 means a document, including protocols, developed in collaboration
32 with, and approved by, a physician and surgeon and the certified
33 nurse-midwife. The standardized procedure covering the furnishing
34 or ordering of drugs or devices shall specify all of the following:

35 (A) Which certified nurse-midwife may furnish or order drugs
36 or devices.

37 (B) Which drugs or devices may be furnished or ordered and
38 under what circumstances.

1 (C) The method of periodic review of the certified
2 nurse-midwife's competence, including peer review, and review
3 of the provisions of the standardized procedure.

4 (3) If Schedule II or III controlled substances, as defined in
5 Sections 11055 and 11056 of the Health and Safety Code, are
6 furnished or ordered by a certified nurse-midwife, the controlled
7 substances shall be furnished or ordered in accordance with a
8 patient-specific protocol approved by a physician and surgeon.
9 For Schedule II controlled substance protocols, the provision for
10 furnishing the Schedule II controlled substance shall address the
11 diagnosis of the illness, injury, or condition for which the Schedule
12 II controlled substance is to be furnished.

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

26 (2) The board has certified in accordance with paragraph (1)
27 that the certified nurse-midwife has satisfactorily completed a
28 course in pharmacology covering the drugs or devices to be
29 furnished or ordered under this section, including the risks of
30 addiction and neonatal abstinence syndrome associated with the
31 use of opioids. The board shall establish the requirements for
32 satisfactory completion of this paragraph.

33 (3) A copy of the standardized procedure or protocol relating
34 to the furnishing or ordering of controlled substances by a certified
35 nurse-midwife shall be provided upon request to any licensed
36 pharmacist who is uncertain of the authority of the certified
37 nurse-midwife to perform these functions.

38 (4) Certified nurse-midwives who are certified by the board and
39 hold an active furnishing number, who are currently authorized
40 through standardized procedures or protocols to furnish Schedule

1 II controlled substances, and who are registered with the United
2 States Drug Enforcement Administration shall provide
3 documentation of continuing education specific to the use of
4 Schedule II controlled substances in settings other than a hospital
5 based on standards developed by the board.

6 (c) Drugs or devices furnished or ordered by a certified
7 nurse-midwife may include Schedule II controlled substances
8 under the California Uniform Controlled Substances Act (Division
9 10 (commencing with Section 11000) of the Health and Safety
10 Code) under the following conditions:

11 (1) The drugs and devices are furnished or ordered in accordance
12 with requirements referenced in paragraphs (2) and (3) of
13 subdivision (a) and in paragraphs (1) and (2) of subdivision (b).

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

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

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

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

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

1 (f) Notwithstanding any other law, a certified nurse-midwife
2 may directly procure supplies and devices, obtain and administer
3 diagnostic tests, order laboratory and diagnostic testing, and receive
4 reports that are necessary to their practice as a certified
5 nurse-midwife within their scope of practice.

6 SEC. 6. Section 2746.52 of the Business and Professions Code
7 is amended to read:

8 2746.52. (a) Notwithstanding Section 2746.5, the certificate
9 to practice nurse-midwifery authorizes the holder to perform and
10 repair episiotomies, and to repair first-degree and second-degree
11 lacerations of the perineum.

12 (b) A certified nurse-midwife performing and repairing
13 first-degree and second-degree lacerations of the perineum shall
14 do both of the following:

15 (1) Ensure that all complications are referred to a physician and
16 surgeon immediately.

17 (2) Ensure immediate care of patients who are in need of care
18 beyond the scope of practice of the certified nurse midwife, or
19 emergency care for times when a physician and surgeon is not on
20 the premises.

21 SEC. 7. Section 2746.54 is added to the Business and
22 Professions Code, to read:

23 2746.54. (a) A certified nurse-midwife shall disclose in oral
24 and written form to a prospective patient as part of a patient care
25 plan, and obtain informed consent for, all of the following:

26 (1) The patient is retaining a certified nurse-midwife and the
27 certified nurse-midwife is not supervised by a physician and
28 surgeon.

29 (2) The certified nurse-midwife's current licensure status and
30 license number.

31 (3) The practice settings in which the certified nurse-midwife
32 practices.

33 (4) If the certified nurse-midwife does not have liability
34 coverage for the practice of midwifery, the certified nurse-midwife
35 shall disclose that fact.

36 (5) There are conditions that are outside of the scope of practice
37 of a certified nurse midwife that will result in a referral for a
38 consultation from, or transfer of care to, a physician and surgeon.

39 (6) The specific arrangements for the referral of complications
40 to a physician and surgeon for consultation. The certified

1 nurse-midwife shall not be required to identify a specific physician
2 and surgeon.

3 (7) The specific arrangements for the transfer of care during the
4 prenatal period, hospital transfer during the intrapartum and
5 postpartum periods, and access to appropriate emergency medical
6 services for mother and baby if necessary, and recommendations
7 for preregistration at a hospital that has obstetric emergency
8 services and is most likely to receive the transfer.

9 (8) If, during the course of care, the patient is informed that the
10 patient has or may have a condition indicating the need for a
11 mandatory transfer, the certified nurse-midwife shall initiate the
12 transfer.

13 (9) The availability of the text of laws regulating certified
14 nurse-midwifery practices and the procedure for reporting
15 complaints to the Board of Registered Nursing, which may be
16 found on the Board of Registered Nursing's internet website.

17 (10) Consultation with a physician and surgeon does not alone
18 create a physician-patient relationship or any other relationship
19 with the physician and surgeon. The certified nurse-midwife shall
20 inform the patient that certified nurse-midwife is independently
21 licensed and practicing midwifery and in that regard is solely
22 responsible for the services the certified nurse-midwife provides.

23 (b) The disclosure and consent shall be signed by both the
24 certified nurse-midwife and the patient and a copy of the disclosure
25 and consent shall be placed in the patient's medical record.

26 (c) The Nurse-Midwifery Advisory Committee, in consultation
27 with the board, may recommend to the board the form for the
28 written disclosure and informed consent statement required to be
29 used by a certified nurse-midwife under this section.

30 (d) This section shall not apply when the intended site of birth
31 is the hospital setting.

32 SEC. 8. No reimbursement is required by this act pursuant to
33 Section 6 of Article XIII B of the California Constitution because
34 the only costs that may be incurred by a local agency or school
35 district will be incurred because this act creates a new crime or
36 infraction, eliminates a crime or infraction, or changes the penalty
37 for a crime or infraction, within the meaning of Section 17556 of
38 the Government Code, or changes the definition of a crime within

- 1 the meaning of Section 6 of Article XIII B of the California
- 2 Constitution.

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Agenda Item 11.0

REPORT OF THE ENFORCEMENT INTERVENTION COMMITTEE

Imelda Ceja-Butkiewicz - Chairperson | June 24-25, 2020

**BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary**

AGENDA ITEM: 11.1
DATE: June 24, 2020

ACTION REQUESTED: **Information Only:** Complaint Intake, Intervention, Citation and Legal Desk

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

COMPLAINT INTAKE UNIT UPDATE:

The Complaint Intake Units implemented teleworking agreements for their staff beginning in late-March. The transition to telework had some challenges, but staff has responded extremely well. Since telework was initiated, all incoming complaints are being processed, on average, within two days of receipt by the BRN.

The Complaint Intake Unit Managers, Sonya Wilson and Jessica Perry, have been working closely with the Discipline, Intervention and Licensing units from the beginning of the COVID-19 telework transition. Together, and with the help of their teams, they have developed new procedures for communicating issues and moving workload electronically between Enforcement and Licensing divisions. The new procedures are proving to be effective. Complaint Intake now transmits nearly all workload electronically to the Intervention and Discipline units.

Prior to COVID-19, the FY 2020 Enforcement complaint workload was trending higher than FY 2019. After California’s COVID-19 shelter in place procedures began, the volume of complaints has decreased sharply. The following chart highlights the change in April and May combined monthly complaint volumes from 2019 vs. 2020.

| Complaint Type | April/May 2019 | April/May 2020 | % CHANGE |
|--------------------|----------------|----------------|---------------|
| APPLICANT | 556 | 401 | -27.9% |
| CORI - DOJ ARRESTS | 214 | 91 | -57.5% |
| PUBLIC | 804 | 541 | -32.7% |
| TOTAL | 1,574 | 1,033 | -34.4% |

Note: Totals do not include Probation Subsequent Complaints or Reinstatements

With four key staff vacancies in the Complaint Intake Unit, the lower complaint volume has been a major factor in the unit remaining current on incoming complaints during the COVID crisis. The Complaint Intake Unit is performing the initial processing of incoming complaints within two days. High priority cases to the Division of Investigation are being referred within four days and lower priority cases to BRN Investigation Unit are being referred within six days.

AB 2138 UPDATE

Unit Managers Jessica Perry and Sonya Wilson are leading BRN's preparations for the Implementation of AB 2138. Passed in September 2018, AB 2138 changes how BRN evaluates applicants for licensure with prior criminal convictions and prior professional license discipline. These changes will go into effect on July 1, 2020.

Although the law will significantly change the internal Enforcement procedures for applicants, most applicants for licensure will not be affected by these changes in law. For any future applicant for licensure with a prior criminal conviction, as of July 1, changes to the process includes but is not limited to the following:

- The application for licensure will no longer ask the applicant if they have a prior criminal conviction. The BRN will rely on fingerprint results from the CA DOJ and FBI.
- BRN shall not consider criminal convictions which occurred more than seven years from the date of application. The seven-year limitation does not apply to "Serious Felonies" as defined in the law.
- BRN shall not consider any criminal conviction that has been dismissed or expunged pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the fingerprint report furnished by the Department of Justice.
- The BRN shall not require the applicant to disclose any information or documentation regarding the applicant's criminal history.
 - o The board may request mitigating information from an applicant regarding the applicant's criminal history provided the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

Beginning July 1, applicants will no longer be required to send the Board documentation regarding their past convictions. For all convictions falling within the AB 2138 timeframes, the BRN Enforcement division will conduct investigations to obtain Law Enforcement and Court records prior to making application decisions. BRN anticipates this new process to take several weeks. However, the BRN will accept certified arrest and court records voluntarily submitted by the applicant.

On May 1, the Enforcement Division presented and recorded an updated Applicant Enforcement Webinar. The target audience for the webinar is all applicants for licensure in California with a history of criminal conviction or discipline against another professional license. The presentation highlights changes in the law as a result of AB 2138. The webinar has been posted to the BRN website at <https://rn.ca.gov/applicant-enforcement.shtml>.

COMPLAINT INTAKE UNIT STAFFING

The unit has one (1) AGPA, one (1) SSA, and two (2) OT vacancies. After a COVID related hiatus in recruitment, Complaint Intake has resumed recruitment efforts for these vacancies. One OT should be filled in June. The remaining positions should be filled by July.

INTERVENTION, CITATION, AND LEGAL SUPPORT UPDATE:

GENERAL UPDATE

Lorraine Clarke, Unit Manager, in coordination with managers from the Complaint Intake, Probation and Discipline Units, has implemented a wide variety of new procedures to move and process workload electronically. Since BRN began teleworking, the Intervention, Citation and Legal Support Unit has updated procedures to make the following processes fully electronic:

- Intervention referral process is now completely electronic – including receiving, reviewing, and communicating the outcome of Program referrals to Enforcement. This has resulted in reduction of paper and eliminating the use of physical file folders.
- Citations are now receiving many referrals electronically which has allowed staff to review citations in telework environment.
- Board decisions and stipulated agreements are now signed and submitted electronically, which allows Legal Support staff to process adopted decisions in a telework environment. Adopted decisions are then submitted for service by in-office staff

INTERVENTION, CITATION AND LEGAL SUPPORT STAFFING

The unit has one OT vacancy at this time.

INTERVENTION EVALUATION COMMITTEES (IEC)

There are currently four physician member vacancies;

1. Physician, IEC 2 (Bay Area)
2. Physician, IEC 3 (Los Angeles)
3. Physician, IEC 5 (Fresno)
4. Physician, IEC 7 (San Jose)

There are two nurse member vacancies *

5. Nurse, IEC 5 (Fresno)
6. Nurse, IEC 6 (Palm Springs)

* - *Recommendation for Nurse IEC appointments on current agenda.*

OUTREACH

The BRN Intervention Program would like to thank Virginia Matthews, Maximus Recovery Program Manager, for her February presentation “Substance Use Disorders in the Health Professions” at the Sacramento Sierra Nurse Leaders meeting on February 26th. Lorraine Clarke, Intervention Unit Manager, and I also attended the meeting at UC Davis Medical Center in Sacramento. The audience included approximately 60 Sacramento region nurse leaders. The information was well received with an informative Q&A afterward.

On February 7th, Shannon Johnson and I gave a BRN Enforcement presentation at Sierra Nevada Hospital in Grass Valley to an audience of RN’s.

As reported earlier, a new Applicant Enforcement Webinar is available for applicants for licensure with a history of criminal conviction or discipline against another professional license. The presentation highlights changes in the law as a result of AB 2138. The webinar is available on the BRN website at <https://rn.ca.gov/applicant-enforcement.shtml>.

PERSON TO CONTACT:

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

**BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Meeting Agenda Item Summary**

AGENDA ITEM: 11.1.1
DATE: June 24-25, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Re-appointment of Intervention Evaluation Committee Members

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

BACKGROUND:

In accordance with Business and Professions Code § [2770.2](#), Board of Registered Nursing is responsible for appointing persons to serve on an Intervention Evaluation Committee (IEC). Each IEC is composed of three registered nurses, one physician and one public member who possess knowledge and expertise in substance use disorder or mental health.

APPOINTMENT/REAPPOINTMENT:

Below are the names of the candidates being considered for appointment or reappointment to their respective IEC. Their applications and curriculum vitae were provided to the Board for consideration. If approved, their terms will expire as noted below.

| Name | Title | IEC Location | Appointment Type | Term Expiration |
|--------------------|---------------|---------------------|-------------------------|------------------------|
| Stephanie Trumm | Nurse Member | 5/Fresno | Appointment | June 30, 2021 |
| Karen Ippolito | Nurse Member | 6/Palm Desert | Appointment | June 30, 2021 |
| Darryl Levine | Public Member | 3/Los Angeles | Reappointment | June 30, 2024 |
| Janis Jones | Nurse Member | 6/Palm Desert | Reappointment | June 30, 2024 |
| Rhonda Ceccato | Public Member | 6/Palm Desert | Reappointment | June 30, 2024 |
| Brooke Kilpatric | Nurse Member | 6/Newark | Reappointment | June 30, 2024 |
| Mary McCloy | Nurse Member | 7/Newark | Reappointment | June 30, 2024 |
| Scott Bertrand | Nurse Member | 9/Ontario | Reappointment | June 30, 2024 |
| Marge Meyerhofer | Nurse Member | 9/Ontario | Reappointment | June 30, 2024 |
| Mihran Ask | MD Member | 9/Ontario | Reappointment | June 30, 2024 |
| Diane Christoffels | Nurse Member | 10/San Diego | Reappointment | June 30, 2024 |
| Alan Abrams | MD Member | 10/San Diego | Reappointment | June 30, 2024 |
| John Helmuth | Nurse Member | 11/Fairfield | Reappointment | June 30, 2024 |
| David Rohrdanz | MD Member | 11/Fairfield | Reappointment | June 30, 2024 |
| Michael Parr | MD Member | 12/Folsom | Reappointment | June 30, 2024 |
| Patricia Mraz | Nurse Member | 14/Culver City | Reappointment | June 30, 2024 |
| Wendy Prothro | Nurse Member | 14/Culver City | Reappointment | June 30, 2024 |
| Nicole Gilbert | Public Member | 14/Culver City | Reappointment | June 30, 2024 |

NEXT STEPS: Continue recruiting efforts

PERSON TO CONTACT: Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Legal Support Desk
(916) 515-5265

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 11.2
DATE: June 24-25, 2020

ACTION REQUESTED: **Information Only:** Investigations Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

INVESTIGATION PROGRAM UPDATE:

The Investigation Unit Supervisors continue to work very closely to coordinate policy and procedure updates, so cases continue to move smoothly to meet the unit goals of completion within 240 days.

COVID-19 changes for the BRN Investigation staff include use of Microsoft Teams for interviews in place of most in person interviews. Facilities have had some delays in providing records due to COVID but are working and communicating with Investigators. BRN investigative staff are beginning to conduct field visits again as appropriate and following all recommendations from the CDC and CDPH to ensure staff remain safe.

Complaint Intake support staff are assisting with work done in the office due to a support staff member being on an extended leave.

Current time frames for DOI Investigations average 373 days to closure, with 125 cases over 1 year and 48 closures for May 2020. Case closures for BRN for May 2020 were 52, completed in an average of 214 days with 12 cases over 1 year.

STAFFING UPDATE

The Central CA Unit completed the interview process for a Special Investigator position due to the impending retirement at the end of June 2020 of a bay area investigator. Interviews were held May 18-19, 2020 and the candidate will hopefully start July 1, 2020.

BRN also hired Retired Annuitant Lupe Caceres, who was with the BRN prior in a similar role. The Investigations Unit will have staff on medical leave through the end of the year beginning July 2020, and with several new investigative staff, temporary help is needed. Lupe started June 1, 2020.

The BRN Investigation Unit has the following vacancy:

1 Supervising Special Investigator II position to oversee all BRN Investigations. The recruitment process was initiated in July 2019 and first interviews were held in August 2019. Second level executive interviews were held in October 2019. It was decided that a second statewide recruitment would be initiated. Second interviews were recently conducted by executive staff. We hope to fill the position soon.

BRN DOI CASE PRIORITIZATION PILOT PROJECT

BRN and DCA's Division of Investigation (DOI) continue to follow the one-year Pilot Program initiated in September 2019 that changed case referral guidelines for urgent priority Quality of Care complaints alleging significant patient harm and/or patient death.

Since February, approximately 63 cases that meet the new case referral guidelines have been assigned to BRN Investigations. To date, 9 have been completed.

The Pilot Program includes case tracking accountability measures so that BRN and DCA can closely monitor this critical caseload. David Chriss, Division of Investigation Chief is scheduled to provide a presentation at the August 2020 Enforcement Intervention Committee meeting.

SUMMARY INVESTIGATION STATISTICS

As of May 27, 2020, the BRN Investigations staff have been assigned approximately 67% of all formal investigation case referrals while DOI are referred 33%.

As of June 15, 2020, BRN has 18 and as of May 31, 2020, DOI has 125 open investigation cases over one year old.

NEXT STEP: Continue monitoring workload and investigative timeframes.

PERSON TO CONTACT: Stacie Berumen
Enforcement Chief
(916) 574-7678

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 11.3
DATE: June 24-25, 2020

ACTION REQUESTED: **Information Only:** Discipline and Probation Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

PROBATION UNIT

Currently the probation unit is teleworking successfully and only returning to the office once a week to take care of any administrative items that cannot be done at home.

The unit has 1 AGPA vacancy. We have completed the first round of interviews and will be conducting additional interviews soon. We hope to have this position filled soon.

FY to date;

- 202 RN's completed probation successfully by either early termination or completing their full term.
- 68 RN's were unsuccessful in completing their term, resulting in 25 revocations and 43 surrenders.

One probation monitor was identified for possible redirection to a contact tracing position in support of the Governor's Contact Tracing initiative. If selected, the caseload will be distributed amongst all other monitors during this redirection. There are currently 68 probation cases pending at the AG's. Of the 68, only 12 cases are over 1 year, and none are over 2 years.

Some hearings are being held telephonically or via a web platform. This is dependent on the Office of Administrative Hearings office. If these options aren't available, we are continuing the hearing until safe to hold the hearing in person.

DISCIPLINE UNIT

We currently have one temporary vacancy, due to an employee on extended leave. Currently the Discipline unit is teleworking successfully and only returning to the office once a week to take care of any administrative items that can't be done at home. The Discipline unit is fully staffed.

We continue to focus our efforts on aging cases, striving to meet the CPEI guideline of 540 days. Approximately half of our cases are completed within this timeframe. Our current Fiscal Year overall average is 610 days, which is only 70 days shy of our goal.

In the last month we, in working with the AGO, we have been able to decrease the time from pleading filed to Stipulated Agreement, by over 60 days. The AG's office has also decreased their overall aging cases by 60 days in the last six months.

Currently the Discipline Unit has only 8 cases over two years old and 94 that are 1-2 years old (approx. 15% of our overall pending Discipline Cases). At this time last year, we had 38 over two years old and 126 that were 1-2 years old.

| | FY 2019/20 to Date |
|-----------------|--------------------|
| PC23s Requested | 27 |
| PC23s Ordered* | 8 |
| PC23s Denied* | 7 |
| PC23s Pending | 9 |

** The Numbers represented in the Ordered and Denied sections may include PC23s that were requested prior to the beginning of the current Fiscal Year.*

Discipline staff have been actively working with the AG’s office in preparation for the change to B&P § 480, which takes effect on July 1, 2020.

One discipline analyst was redirected to a contact tracing position in support of the Governor’s Contact Tracing initiative. The caseload will be distributed amongst all other analysts during this redirection.

Some hearings are being held telephonically or via a web platform. This is dependent on the Office of Administrative Hearings office. If these options aren’t available, we are continuing the hearing until safe to hold the hearing in person.

Discipline staff have completed updating the Discipline Procedure Manual and Unit overview presentations.

NEXT STEP: Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: AG’s budget line item will be monitored for Discipline and Probation.

PERSON TO CONTACT: Shannon Johnson, Deputy Chief
Discipline and Probation
(916) 515-5265

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 11.4
DATE: June 24-25, 2020

ACTION REQUESTED: **Information Only:** Enforcement and Intervention Statistics

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

BACKGROUND:

Attached you will find data representing the entire enforcement process to include intake, intervention, investigation, citation and fine, discipline and probation.

PERSON TO CONTACT:

Stacie Berumen
Enforcement Chief
(916) 574-7678

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

Shannon Johnson, Deputy Chief
Discipline and Probation
(916) 515-5265

| | | | |
|--------------------------|--|---------------|--|
| Complaint Intake | Complaints Received | 3,608 | |
| | Convictions/Arrest | 1,123 | |
| | Applicants | 2,765 | |
| | Total Complaints Received | 7,496 | |
| | Desk Investigations Pending | 852 | |
| | Over 1 year | 113 | |
| | Applications Pending | 325 | |
| | Over 1 year | 24 | |
| | Expert Review Pending | 39 | |
| | | | |
| Intervention | Referrals – Fiscal Year to date | 831 | |
| | Referrals – Last full month referrals (APR) | 30 | |
| | Referrals – Since Program Effective Date (1/1/1985) | 18,220 | |
| | | | |
| Investigations | Non-Sworn Cases Initiated | 757 | |
| | Rejected | 23 | |
| | Sworn Cases Initiated | 369 | |
| | Rejected | 9 | |
| | Cases Initiated Percentage Breakout | | |
| | Non-Sworn | 67% | |
| | Sworn | 33% | |
| | Non-Sworn Cases Pending | 494 | |
| | Sworn Cases Pending | 456 | |
| | | | |
| Citation and Fine | Citations Issued | 280 | |
| | Dollar Amount Ordered | Not Available | |
| | Dollar Amount Received | Not Available | |
| | | | |
| Discipline | AG Referrals - Individuals | 997 | |
| | AG Referrals - Cases | 1,127 | |
| | Cases Pending | 663 | |
| | Pending 1-2 Years | 94 | |
| | Pending More Than 2 Years | 11 | |
| | Cases Pending More Than 1 Year Without Pleading Filed | 7 | |
| | Cases Awaiting Hearing | 185 | |
| | Number of Days to Process Discipline Cases (DCA Goal 540 Days) | 629 | |
| | | | |
| | | | |

Legal Support

| | |
|---|-------|
| > 540 Days | 52% |
| < 540 Days | 48% |
| Average Days at AG | 358 |
| *Fiscal Year to Date | |
| Pleadings Served | 872 |
| Petitions to Revoke Probation | 72 |
| Stipulated Surrenders Signed by EO | 230 |
| Withdrawals of Statement of Issues | 7 |
| Decisions Adopted | 1,163 |
| Average Days from Default to Board Vote | 24 |
| *Last Calendar Month (APR) | |
| Pleadings Served | 73 |
| Petitions to Revoke Probation | 5 |
| Stipulated Surrenders Signed by EO | 13 |
| Withdrawals of Statement of Issues | 0 |
| Decisions Adopted | 99 |
| Average Days from Default to Board Vote | 21 |

Probation as of 5/26/2020

| | Numbers | % of Active |
|---|---------|-------------|
| <i>Male</i> | 264 | 31% |
| <i>Female</i> | 593 | 69% |
| <i>Chemical Dependency</i> | 440 | 51.5% |
| <i>Required Drug-Screening</i> | 395 | 46.3% |
| <i>Practice</i> | 288 | 33.5% |
| <i>Mental Health</i> | 13 | 1.5% |
| <i>Conviction - excluding chemical dependency/alcohol use</i> | 99 | 11.5% |
| <i>Advanced Certificates</i> | 50 | 6% |
| <i>Southern California</i> | 466 | 54% |
| <i>Northern California</i> | 381 | 45% |
| <i>Tolled Probationers</i> | 2 | 0% |
| <i>Pending AG</i> | 70 | 8% |
| <i>License Revoked Fiscal YTD</i> | 26 | |
| <i>License Surrendered Fiscal YTD</i> | 43 | |

| | |
|---|-------------|
| <i>Deceased Fiscal YTD</i> | 1 |
| <i>Terminated Fiscal YTD</i> | 90 |
| <i>Successfully Completed Fiscal YTD</i> | 107 |
| <i>Active In-State Probationers</i> | 857 |
| <i>Completed/Revoked/Terminated/Surrendered YTD</i> | 267 |
| <i>Tolled Probationers</i> | 430 |
| <i>Active and Tolled Probationers</i> | 1287 |
| | |
| <i>Subsequent Cases Pending at AG</i> | 73 |
| <i>Pending 1-2 Years</i> | 9 |
| <i>Pending More Than 2 Years</i> | 1 |

| <i>Disciplinary Actions Summary</i> | Public Reapproval | Probation | Suspension, Probation | Revocation | Surrender | Voluntary Surrender | Total Fiscal Year 19/20 |
|--|--------------------------|------------------|------------------------------|-------------------|------------------|----------------------------|--------------------------------|
| Registered Nurse | 151 | 243 | 23 | 288 | 190 | 33 | 928 |
| Public Health Nurse | 16 | 33 | | 18 | 20 | 6 | 93 |
| Psych/Mental Health | | | | | | | 0 |
| Nurse Practitioner | 6 | 18 | | 7 | 11 | 2 | 44 |
| NP-Furnishing | 6 | 17 | | 6 | 7 | 1 | 37 |
| Nurse-Midwife | | 3 | | 1 | 1 | 1 | 6 |
| NM-Furnishing | | 2 | | 1 | 1 | 1 | 5 |
| Nurse Anesthetist | 1 | | | 1 | 5 | 1 | 8 |
| Clinical Nurse Specialist | 1 | | | 1 | 2 | | 4 |

*Specialty certifications are a subset of the Registered Nurse license. When enforcement action is taken on an RN license, all advanced certifications a nurse holds is also included in the action. More than one enforcement action may be taken (thus counted here) against an RN during the time period.

| Board Referral Activity | | | | | |
|--|---------------|---------------|---------------|----------------------------------|--------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Complaints sent to Intervention* | 1225 | 995 | 1047 | 835 | 18186 |
| Program offer letters mailed | 803 | 815 | 869 | 717 | |
| RNs calling BRN about program (respond to offer letter) | | | 491 | 484 | |
| RNs calling BRN about program (no program offer letter) | | | 5 | 12 | |
| Others calling BRN about program (employer referrals, coworkers, attorneys) | | | 25 | 28 | |

* An RN may have multiple complaints referred to intervention

| Participant Population | | | | | |
|------------------------------------|---------------|---------------|---------------|----------------------------------|--------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Intakes | 159 | 109 | 115 | 105 | 5625 |
| Closures | 178 | 147 | 122 | 121 | 5179 |
| Participants enrolled at end of FY | 381 | 343 | 336 | 320 | |

| Case Closures | | | | | |
|--|---------------|---------------|---------------|----------------------------------|--------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Applicant: Clinically Inappropriate | - | - | 1 | - | 32 |
| Applicant: No Longer Eligible | 3 | - | - | - | 13 |
| Applicant: Not Accepted by DEC | 1 | 1 | - | 1 | 63 |
| Applicant: Public Risk | 8 | 3 | 3 | 1 | 105 |
| Applicant: Sent to Board - Pre DEC | - | - | - | - | 2 |
| Applicant: Withdrawn - Pre DEC | 20 | 13 | 10 | 10 | 582 |
| Applicant: Withdrawn - Pre DEC (Due to Costs) | 5 | 3 | 2 | 2 | 12 |
| Completed | 113 | 107 | 88 | 90 | 2482 |
| Clinically Inappropriate - Post DEC | - | 3 | - | - | 6 |
| No Longer Eligible - Post DEC | - | - | - | - | 7 |
| Withdrawn - Failure to Sign Contract | - | - | - | - | 1 |
| Withdrawn - Post DEC | 3 | 2 | 3 | 6 | 353 |
| Withdrawn - Post DEC (Due to Costs) | 2 | 2 | 3 | 1 | 8 |
| Terminated - Deceased | - | - | 1 | - | 42 |
| Terminated - Failure to Receive Benefit | 2 | 1 | - | - | 126 |
| Terminated - Moved | - | - | 1 | - | 53 |
| Terminated - Non Compliant | 7 | 4 | 1 | 1 | 991 |
| Terminated - Public Risk | 14 | 8 | 9 | 9 | 301 |
| Totals | 178 | 147 | 122 | 121 | 5179 |

| Intake Demographics - Referrals | | | | | |
|---------------------------------|---------------|---------------|---------------|----------------------------------|--------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Board | 125 | 83 | 94 | 87 | 4202 |
| Self | 34 | 26 | 21 | 18 | 1423 |
| Total | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Presenting Problem | | | | | |
|--|------------|------------|------------|-------------------------------|-----------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Substance Use Disorder (SUD) | 111 | 80 | 77 | 68 | 3553 |
| Mental Illness (MI) | 6 | 3 | 8 | 4 | 189 |
| Dual (SUD and MI) | 41 | 25 | 28 | 30 | 1792 |
| Undetermined | 1 | 1 | 2 | 3 | 91 |
| Total | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Drug of Choice | | | | |
|---|------------|------------|------------|-------------------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) |
| Alcohol (Beer, Wine, Hard Liquor) | 56 | 47 | 44 | 49 |
| Opioids (Oxycodone, Morphine, Fentanyl, Heroin, etc.) | 65 | 39 | 43 | 31 |
| Depressants (Xanax, Valium, Ambien, etc.) | 5 | 6 | 4 | - |
| Stimulant (Adderall, Cocaine, Methamphetamine, etc.) | 4 | 2 | 8 | 9 |
| Cannabinoids | 8 | 3 | 1 | 3 |
| Other (Hallucinogens, Inhalants, etc.) | 2 | 1 | - | 2 |
| None/Denies DOC | 19 | 11 | 15 | 11 |
| Totals | 159 | 109 | 115 | 105 |

| Intake Demographics - Gender | | | | | |
|------------------------------|------------|------------|------------|-------------------------------|-----------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Female | 126 | 87 | 81 | 75 | 4379 |
| Male | 33 | 22 | 34 | 30 | 1219 |
| Unknown | - | - | - | - | 27 |
| Totals | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Age | | | | | |
|---------------------------|------------|------------|------------|-------------------------------|-----------------|
| Category | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| 20-24 | 1 | - | - | - | 35 |
| 25-29 | 11 | 10 | 9 | 10 | 458 |
| 30-34 | 25 | 14 | 14 | 18 | 934 |
| 35-39 | 36 | 21 | 20 | 14 | 1160 |
| 40-44 | 22 | 21 | 20 | 15 | 1141 |
| 45-49 | 30 | 16 | 15 | 19 | 906 |
| 50-54 | 15 | 13 | 14 | 15 | 585 |
| 55-59 | 12 | 11 | 13 | 8 | 281 |
| 60-64 | 3 | 2 | 8 | 5 | 94 |
| 65+ | 3 | - | 2 | - | 15 |
| DOB Error/Not Entered | 1 | 1 | - | 1 | 16 |
| Totals | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Ethnicity | | | | | |
|----------------------------------|---------------|---------------|---------------|----------------------------------|--------------------|
| Type | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| American Indian/Alaska Native | - | 2 | - | - | 41 |
| Asian/Asian Indian | 4 | 9 | 7 | 5 | 149 |
| African American | 6 | 6 | 7 | 4 | 188 |
| Hispanic | 15 | 18 | 15 | 14 | 281 |
| Native Hawaiian/Pacific Islander | 1 | 1 | 6 | 2 | 40 |
| Caucasian | 108 | 59 | 74 | 69 | 4527 |
| Other | 7 | 5 | 2 | 4 | 95 |
| Not Reported | 18 | 9 | 4 | 7 | 304 |
| Totals | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Worksite | | | | | |
|---------------------------------|---------------|---------------|---------------|----------------------------------|--------------------|
| Worksite | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Case Management | - | 1 | 2 | 2 | 11 |
| Clinic | - | 6 | 5 | 14 | 150 |
| Clinical - Public, non-profit | - | 3 | 2 | 1 | 9 |
| Corporation | - | - | 2 | 1 | 13 |
| Doctor's Office | - | - | - | - | 46 |
| Government Agency | - | - | - | - | 8 |
| Group Practice - profit | - | - | - | 2 | 18 |
| Health Maintenance Organization | - | - | - | 1 | 10 |
| HMO | - | 2 | - | - | 2 |
| Home Health Care | - | 11 | 5 | 1 | 39 |
| Hospital | 11 | 77 | 89 | 73 | 2928 |
| Inpatient Pharmacy | - | 1 | 1 | - | 2 |
| Not Working in Nursing | - | 3 | - | 1 | 8 |
| Nursing Home | 1 | 1 | 1 | 2 | 14 |
| Other | - | 3 | - | 4 | 259 |
| Prison/Jail | - | - | - | 1 | 15 |
| Private Practice | 1 | - | 2 | - | 11 |
| Registry | - | 1 | 3 | 1 | 188 |
| Retail | - | - | 1 | - | 2 |
| School of Nursing | 1 | - | - | 1 | 10 |
| Telephone Advice | - | - | - | - | 2 |
| Temporary Service | - | - | - | - | 4 |
| Undetermined | 107 | - | 2 | - | 569 |
| Unemployed | 38 | - | - | - | 1307 |
| Totals | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Specialty | | | | | |
|---------------------------------|------------|------------|------------|-------------------------------|-----------------|
| Specialty | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Chemical Dependency | - | - | - | - | 9 |
| Critical Care | 6 | 15 | 19 | 11 | 974 |
| Dental Public Health | - | - | - | - | 1 |
| Doctor's Office | - | 1 | - | 1 | 29 |
| Emergency Department | 4 | 9 | 18 | 13 | 654 |
| Gerontology | - | 1 | 1 | - | 30 |
| Home Care | 2 | 9 | 4 | 3 | 120 |
| Hospital | 12 | 15 | 14 | 8 | 393 |
| Insurance | - | - | 1 | 2 | 8 |
| Medical Surgical | 6 | 18 | 17 | 17 | 1057 |
| None | - | 1 | - | 1 | 76 |
| Nurse Anesthesia | 2 | 1 | 1 | 2 | 60 |
| Nurse Midwife | - | - | - | - | 7 |
| Nurse Practitioner | - | 2 | 1 | 3 | 114 |
| Nursing Home | - | 1 | 1 | 2 | 20 |
| Obstetrics/Gynecology | 1 | 7 | 4 | 11 | 315 |
| Oncology | 4 | 4 | 2 | 5 | 176 |
| Operating Room | - | 7 | 5 | 5 | 197 |
| Other/Other Specialty | 6 | 13 | 11 | 15 | 549 |
| Pediatrics | 2 | 2 | 4 | 3 | 151 |
| Psychiatry | 5 | - | 5 | 1 | 155 |
| Recovery Room | 3 | 3 | 5 | 2 | 115 |
| Undetermined | 106 | - | 2 | - | 415 |
| Totals | 159 | 109 | 115 | 105 | 5625 |

| Intake Demographics - Counties | | | | | |
|--------------------------------|------------|------------|------------|-------------------------------|-----------------|
| County | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 (As of 5/31/20) | Program to Date |
| Alameda | 6 | 1 | 2 | 5 | 172 |
| Alpine | - | 1 | - | - | 2 |
| Amador | - | - | - | - | 3 |
| Butte | 2 | 1 | - | 2 | 66 |
| Calaveras | 1 | - | - | - | 8 |
| Colusa | - | - | - | - | 5 |
| Contra Costa | 3 | 5 | 3 | 3 | 215 |
| Del Norte | - | - | - | - | 6 |
| El Dorado | 5 | 2 | - | - | 47 |
| Fresno | 5 | - | 8 | 7 | 154 |
| Glenn | - | - | - | - | 2 |
| Horry | - | - | - | - | 1 |
| Humboldt | 2 | - | - | 1 | 55 |
| Imperial | 1 | 1 | 1 | - | 14 |
| Inyo | - | - | - | - | 2 |
| Jackson | - | - | - | - | 1 |
| Kern | - | 3 | 5 | 5 | 123 |
| Kings | - | - | - | 1 | 17 |
| Lake | - | 1 | - | 1 | 16 |
| Lassen | - | - | - | 1 | 5 |
| Los Angeles | 25 | 25 | 33 | 21 | 1107 |
| Madera | - | 1 | - | - | 16 |
| Marin | 2 | 2 | 2 | - | 96 |
| Mariposa | - | - | - | 1 | 4 |

Intake Demographics - Counties

| | | | | | |
|-----------------|------------|------------|------------|------------|-------------|
| Mendocino | 1 | 2 | - | - | 16 |
| Merced | 1 | - | 1 | - | 23 |
| Modoc | - | - | - | - | 1 |
| Mono | - | - | - | - | 8 |
| Monterey | 4 | 1 | - | 2 | 83 |
| Napa | - | - | 1 | 2 | 37 |
| Nevada | - | - | 3 | 1 | 30 |
| None | 2 | 1 | - | - | 3 |
| Orange | 5 | 7 | 10 | 2 | 374 |
| Placer | 6 | 4 | 1 | 4 | 84 |
| Plumas | 1 | - | - | - | 4 |
| Riverside | 9 | 9 | 5 | 5 | 287 |
| Sacramento | 7 | 5 | 2 | 1 | 265 |
| San Benito | 1 | - | - | - | 6 |
| San Bernardino | 4 | 4 | 8 | 3 | 305 |
| San Diego | 14 | 7 | 8 | 9 | 493 |
| San Francisco | 3 | 2 | 3 | 4 | 168 |
| San Joaquin | 3 | 1 | 1 | 3 | 96 |
| San Luis Obispo | 3 | 2 | 1 | - | 83 |
| San Mateo | 1 | 2 | 2 | 3 | 91 |
| Santa Barbara | 1 | - | 1 | 1 | 60 |
| Santa Clara | 5 | 3 | 4 | 1 | 186 |
| Santa Cruz | 4 | 2 | 2 | 2 | 91 |
| Shasta | 2 | 3 | 2 | - | 63 |
| Siskiyou | 2 | - | - | - | 12 |
| Solano | 5 | 2 | 2 | 2 | 81 |
| Sonoma | 7 | 3 | 2 | 1 | 133 |
| Stanislaus | 3 | 2 | - | 4 | 93 |
| Sutter | - | 1 | - | 1 | 14 |
| Tehama | - | - | - | - | 9 |
| Trinity | - | - | - | - | 1 |
| Tulare | 4 | 2 | - | - | 67 |
| Tuolumne | - | 1 | 1 | 1 | 20 |
| Ventura | 8 | - | 1 | 4 | 165 |
| Yolo | 1 | - | - | - | 26 |
| Yuba | - | - | - | 1 | 10 |
| Totals | 159 | 109 | 115 | 105 | 5625 |