



# Board Meeting Packet

**Supplemental Materials to the  
Board Meeting Agenda**

BRN Board Meeting | June 23, 2022

# BRN Board Meeting Supplemental Materials

June 23, 2022

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## Agenda Item 2.0

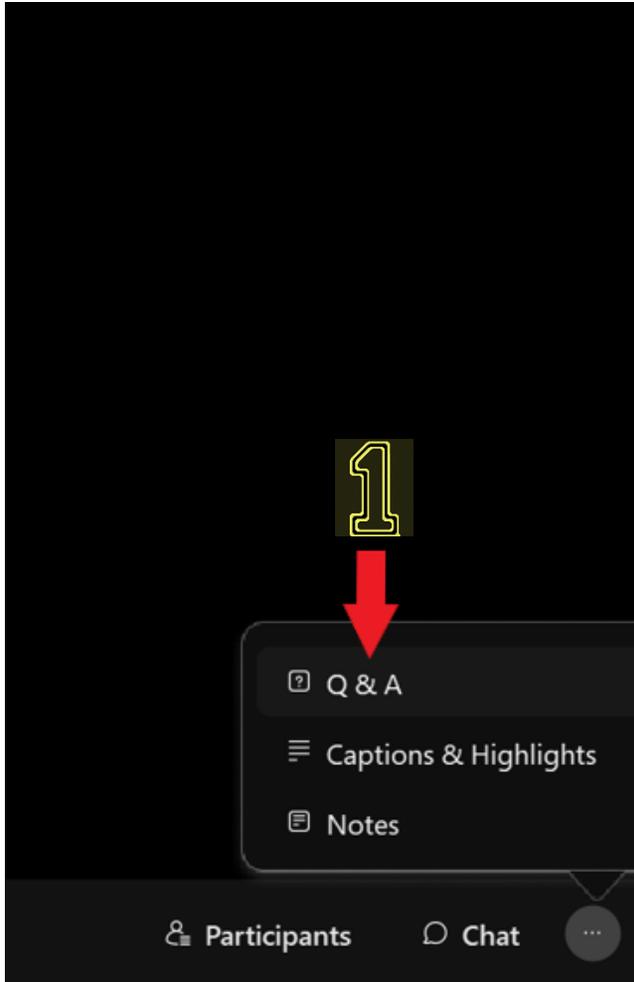
### **Instructions for the Format of a Teleconference**

BRN Board Meeting | June 23, 2022

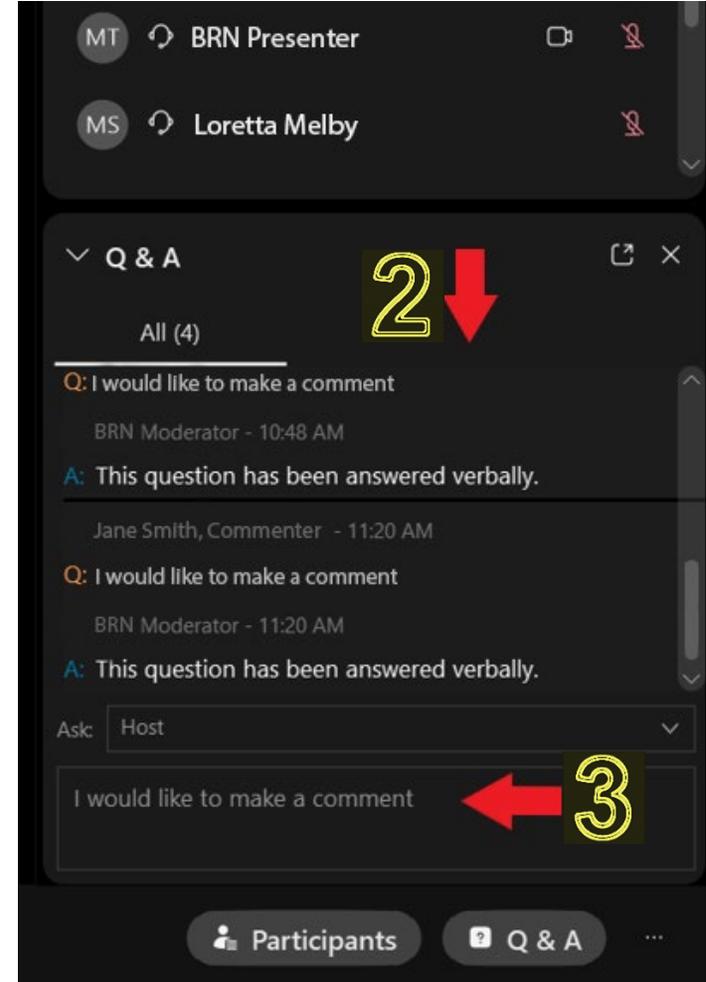
## Participating During a Public Comment Period

If you would like to make a public comment:

**1.** Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



**2.** The 'Q & A' panel will appear.



**3.** In the 'Q & A' panel, type "I would like to make a comment" (**NOTE:** If your comment will be in a language other than English, please indicate which language so the moderator can adjust accordingly). You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (**click the 'Unmute me' button**), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

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



## Agenda Item 4.0

### **Discussion and Possible Action Regarding Appointment by Board President of Committee Members and/or Chairs, and Approval by the Board**

BRN Board Meeting | June 23, 2022

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

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**AGENDA ITEM:** 4.0  
**DATE:** June 23, 2022

**ACTION REQUESTED:** Discussion and Possible Action Regarding Appointment by Board President of Committee Members and/or Chairs, and Approval by the Board

**REQUESTED BY:** Loretta Melby, Executive Officer

**BACKGROUND:** Appointment of new board members to serve on committees, and movement of other members as needed.

**NEXT STEP:** Appoint committee members

**FISCAL IMPACT IF ANY:** Staff estimates that there will be no fiscal impact to the Board

**PERSON TO CONTACT:** Loretta Melby RN, MSN  
Executive Officer



## Agenda Item 5.0

**Discussion and Possible Action regarding review and approval of the corrected charters for the Nursing Practice Committee, Nurse Practitioner Advisory Committee, Nurse-Midwifery Advisory Committee, and APRN Advisory Committee**

BRN Board Meeting | June 23, 2022

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

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**AGENDA ITEM:** 5.0  
**DATE:** June 23, 2022

**ACTION REQUESTED:** Discussion and Possible Action regarding review and approval of the corrected charters for the Nursing Practice Committee, Nurse Practitioner Advisory Committee, Nurse-Midwifery Advisory Committee, and APRN Advisory Committee

**REQUESTED BY:** Loretta Melby, Executive Officer

**BACKGROUND:** The Board approved at the May 18-19, 2022, Board meeting the charters for the Nursing Practice Committee, Nurse Practitioner Advisory Committee, Nurse-Midwifery Advisory Committee, and APRN Advisory Committee (APRNAC). The charter for the APRNAC requires corrections to align the committee members' term limits with the Board's actual intent and the language in the other advisory committee charters. The proposed corrections are denoted in the enclosed materials with strikethrough formatting.

The charters for the Nursing Practice Committee, Nurse Practitioner Advisory Committee, and Nurse-Midwifery Advisory Committee do not require corrections and will not be presented at this meeting.

**NEXT STEP:** Place on Agenda

**FISCAL IMPACT IF ANY:** Staff estimates that there will be no fiscal impact to the Board

**PERSON TO CONTACT:** Loretta Melby RN, MSN  
Executive Officer



## **The California Board of Registered Nursing's Advanced Practice Registered Nurse Advisory Committee**

The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

### **Background**

On February 23, 2018, the Board appointed the initial members to the Advanced Practice Registered Nurse Advisory Committee (APRNAC). The APRNAC was structured to provide an organized mechanism for nurses and other members of the public to jointly identify recommendations, which represent a variety of perspectives for BRN's consideration or action with the central focus of all recommendations to be protection of the public.

On October 16, 2018, the APRNAC held its first meeting with the following goals:

1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules.
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions.
3. Review national trends in the regulation of advance practice nurses and make recommendations to the Board.
4. Collaborate with other Board committees on matters of mutual interest.

In September 2020, Governor Newsom signed both Senate Bill (SB) 1237 and Assembly Bill (AB) 890 into law which created the Nurse-Midwifery Advisory Committee and the Nurse Practitioner Advisory Committee, respectively. To address the statutorily required activities of these new advisory committees and to eliminate duplicity of work, in May 2021, the APRNAC was brought to the Board for discussion and possible action regarding the continuation and the role of this committee. A motion failed and the request was made to carry this discussion over to the next Board meeting held in August 2021. At the August 2021 Board meeting, the motion was made to maintain the APRNAC with focus on Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS) and issues that affect all APRN groups to exclude Nurse Practitioner (NP) and Certified Nurse-Midwife (CNM) issues.

### **APRNAC Purpose/Charge**

The APRNAC provides a mechanism for nurses and other members of the public to jointly identify recommendations which focus on CRNAs, CNSs and issues that affect all APRN groups a with the central focus of all recommendations to be protection of the public.

### **Relationship to the Board**

APRNAC is an advisory committee of the Board. APRNAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#).

APRNAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or APRNAC staff liaison will facilitate the referral of APRNAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the

relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

### **Membership**

In accordance with the Board's motion during the meeting on [Board meeting date], the APRNAC shall be composed of the following:

- Two (2) qualified NPs,
- Two (2) qualified CRNAs,
- Two (2) qualified CNSs,
- Two (2) qualified CNMs, and
- One (1) public member.

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- One of the two NPs shall serve a term of four years and the other shall serve a term of three years. ~~The term of the position will alternate. For example, if the position was a three-year term, the next appointment will serve a four-year term and conversely if the position was a four-year term, the next appointment will serve a three-year term.~~
- One of the two CRNAs shall serve a term of four years and the other shall serve a term of three years. ~~The term of the position will alternate.~~
- One of the two CNSs shall serve a term of four years and the other shall serve a term of three years. ~~The term of the position will alternate.~~
- One of the two CNMs shall serve a term of four years and the other shall serve a term of three years. ~~The term of the position will alternate.~~
- The public member shall serve a term of four years.

APRNAC members will identify and vote on a committee Chair and Vice-Chair to facilitate APRNAC meetings in collaboration with the Board's EO or APRNAC staff liaison. The APRN Advisory Committee Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed APRN Advisory Committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The APRN Advisory Committee Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact APRNAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of APRNAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the APRNAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the APRNAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

### **Meetings**

The APRNAC meets twice per year. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All APRNAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The APRNAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#).

Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the APRNAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

APRNAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and APRNAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the APRNAC members. The Committee will vote to approve draft minutes at APRNAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and APRNAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

**Quorum:**

Five (5) APRNAC members at any APRNAC meeting constitutes a quorum.

**Board Staff:**

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the APRNAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

**Review of APRNAC Advisory Committee:**

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the APRNAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the APRNAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the APRNAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.

**Advanced Practice Registered Nurse Advisory Committee**  
Review and Approval Signature Page

Loretta Melby, RN, MSN  
Board Executive Officer

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Signature

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Date

Mitchel Erickson, NP  
APRNAC Chair

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Signature

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Date

Karyn Karp, CRNA  
APRNAC Vice-Chair

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Signature

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Date



## Agenda Item 6.0

### **Discussion and Possible Action Regarding Revisions to Previously Board-Approved Proposed Regulatory Text to Amend California Code of Regulations, Title 16, Section 1427 (Clinical Facilities)**

BRN Board Meeting | June 23, 2022

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

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**AGENDA ITEM: 6.0**  
**DATE: June 23, 2022**

**ACTION REQUESTED:**       **Discussion and Possible Action Regarding Revisions to Previously Board-Approved Proposed Regulatory Text to Amend California Code of Regulations, Title 16, Section 1427 (Clinical Facilities)**

**REQUESTED BY:**           Loretta Melby RN, MSN  
Executive Officer, California Board of Registered Nursing

**BACKGROUND:**

For California Code of Regulations, title 16 (CCR), section 1427, the Board approved proposed regulatory language at its November 2021 board meeting. The regulatory package was noticed on November 12, 2021, and the public comment period ended on December 28, 2021. The Board responded to one comment during its meeting on March 24, 2022. This regulatory package was sent to OAL for its review and approval on March 30, 2022. OAL indicated that the current language as proposed was not acceptable. BRN Management elected to officially withdraw this package on May 12, 2022, and has been working with DCA Legal and OAL to arrive at a solution. BRN Management is now asking for approval of revised language that addresses OAL's concerns on clarity. If this new language is approved by the Board, it will go out for a 15-day public comment period and be posted on the Board's website. If no relevant adverse comments are received during that 15-day public comment period, the package may be re-submitted to OAL to complete the rulemaking process.

**Previously-approved proposed text of CCR 1427(e):**

(e) A nursing program shall report to a designee of the Board in writing any changes the program makes to their use of clinical facilities within ninety (90) calendar days of making a change. By no later than December 31 of each year, a nursing program shall confirm in response to an inquiry from the Board whether the program has made any such changes in addition to those, if any, already reported by the program to the Board within the calendar year. If necessary, the program shall report any additional changes to the Board that have not been reported for that calendar year. As used in this subdivision, "changes" includes changes to the number of students from the program who have been approved for placement at the clinical facility, changes in the annual clinical placement capacity at the clinical facility, and cancellation or alteration of clinical affiliation agreements.

**Proposed Modified Text after Review by OAL (for approval):**

(e) Each nursing program shall electronically report to the Board any changes made to the program's use of clinical facilities within ninety (90) calendar days of making each change. As used in this section, "changes" include, but are not limited to, changes to the number of students from the program who have been approved for placement at the clinical facility, changes in the annual clinical placement capacity at the clinical facility, and cancellation or alteration of clinical affiliation agreements.

(f) On or about December 1 of each year, the Board shall provide each nursing program with a report containing all clinical facility data the Board has on file for their program. By December 31 of each year, each nursing program shall electronically confirm that the clinical facility data in the Board's report is accurate as of the date of the report or, if necessary, electronically notify the Board of any required corrections or additional changes.

**NEXT STEPS:**

Re-Submit the regulatory package to OAL following board approval.

**FISCAL IMPACT, IF ANY:**

Staff estimates that there will be no fiscal impact to the Board.

**PERSON TO CONTACT:**

Ras Siddiqui  
Regulatory Analyst  
California Board of Registered Nursing  
Email: [Ras.Siddiqui@dca.ca.gov](mailto:Ras.Siddiqui@dca.ca.gov)

**Action Requested:**

Staff requests the Board: adopt the regulatory text of CCR section 1427 as modified and delegate to the Executive Officer the authority to make any technical or non-substantive changes required by the control agencies as this regulation is finalized.

**Potential Motion:**

**Approve** the proposed modified regulatory changes to amend section 1427 of Title 16 of the California Code of Regulations to read as shown in the Board meeting materials.

Notice the proposed text for a 15-day comment period; and if, after the 15-day public comment period, no relevant adverse comments have been received.

**Adopt** the proposed regulations as noticed; and

Authorize the Executive Officer to re-submit the rulemaking package to the Office of Administrative Law for review, making any technical or non-substantive changes needed to the proposed regulation to complete the rulemaking process.

Alternatively, if the Board wishes to change any of the proposed text, then once the language is agreed upon, a motion may be made to delegate to the Executive Officer authority to adopt the modified text in the absence of any relevant adverse comments and continue with the process to finalize the regulatory package, including making any technical or non-substantive changes.

## **Reference Material**

Attachment A: Notice of Proposed Rulemaking:  
<https://www.rn.ca.gov/pdfs/regulations/notice-1427.pdf>

Attachment B: Initial Statement of Reasons:  
<https://www.rn.ca.gov/pdfs/regulations/isor-1427.pdf>

Attachment C: Noticed Regulatory Language:  
<https://www.rn.ca.gov/pdfs/regulations/proposedlang-1427.pdf>

Attachment D: Notice of Withdrawal, "Prelicensure Nursing Programs-Clinical Facilities"

**State of California  
Office of Administrative Law**

**In re:**  
**Board of Registered Nursing**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Amend section: 1427**

**NOTICE OF WITHDRAWAL**

**Government Code Section 11349.3(c)**

**OAL Matter Number: 2022-0330-02**

**OAL Matter Type: Regular (S)**

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This notice confirms that your proposed regulatory action regarding Prelicensure Nursing Programs - Clinical Facilities was withdrawn from OAL review pursuant to Government Code section 11349.3(c). We will retain the rulemaking record you submitted in the event that you resubmit this regulatory action prior to the expiration of the one-year notice period.

Please contact me at (916) 322-3761 or [eric.partington@oal.ca.gov](mailto:eric.partington@oal.ca.gov), or the OAL Reference Attorney at (916) 323-6815, if you have any questions about the resubmittal process. You may request the return of your rulemaking record by contacting the OAL Front Desk at (916) 323-6225.

**Date: May 12, 2022**

  
\_\_\_\_\_  
Eric Partington  
Senior Attorney

**For: Kenneth J. Pogue  
Director**

**Original: Loretta Melby, Executive Officer**  
**Copy: Evon Lenerd Tapps**



## Agenda Item 7.0

### **Discussion and Possible Action Regarding Voluntary Pause of BSN and FNP Programs at Holy Names University**

BRN Board Meeting | June 23, 2022

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

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**AGENDA ITEM: 7.0**  
**DATE: June 23, 2022**

**ACTION REQUESTED:** Discussion and Possible Action Regarding Voluntary Pause of BSN and FNP Programs at Holy Names University (HNU)

**REQUESTED BY:** Katie Daugherty, Nursing Education Consultant

**BACKGROUND:** Dr. Pamela Stanley, MSN/MBA, RN DNP, CENP has served as the HNU generic BSN (GBSN) Program Director since Spring 2020. In November 2017 HNU received Board approval to start a full eight semester GBSN degree program (4 semesters of prerequisite general education/other degree coursework and 4 semesters in the nursing major). HNU enrolled the first GBSN class (up to 20 students once per year) in summer 2018. GBSN program curriculum totals 120 units (including 51 nursing units – 33 units of theory and 18 units of clinical). The program costs \$160,000 (for 8 semesters), or \$80,000 if only taking the four semesters of coursework in the nursing major. To date three GBSN cohorts have graduated; the fourth cohort is in the last semester and expects to graduate on August 20, 2022. There are no former GBSN students waiting to re-enter the GBSN program.

NCLEX pass rate data:

- Cohort #1, graduated summer 2019 NCLEX pass rate=100%
- Cohort #2, graduated summer 2020 NCLEX pass rate=100%
- Cohort #3, graduated summer 2021 NCLEX pass rate=90.91%
- Cohort #4 (14 students) will graduate August 20, 2022

HNU is requesting Board approval for the substantive changes for the GBSN program as listed below:

- Teach out the final semester of the 14 GBSN students by August 20, 2022.
- Pause entire GBSN program for at least one year to hire a new GBSN program director, assistant director, faculty, staff, etc. See executive summary details for hiring timelines for planned new Program Director, faculty, and staff.
- Transfer HNU's planned summer 2022 first semester cohort of 15 HNU students that did not start first semester at HNU in summer 2022 to another local BSN degree program for a fall 2022 first semester start.
- Return to the Board February 2023 to request program re-start for May 2023 or thereafter upon showing full compliance with all Board rules and regulations.

Additionally, HNU is requesting approval for some changes for the FNP program at this time.

**BACKGROUND for FNP Program:** HNU has two FNP Program Tracks: a FNP-MSN, and a FNP Post Masters Certificate Program. Dr. Aimee Paulson has been the FNP program director since spring 2018. HNU offers a FNP-MSN (48 units) program and a PMC-FNP (33 units) program, with a total of 641 clinical hours in each track. Dr. Paulson reports there are sufficient faculty and clinical placement resources to continue instruction for the two current

enrolled FNP cohorts of students. The FNP faculty have committed to continue teaching at HNU through December 2023. Current FNP enrollment totals 21 students in the second year (expected graduation in December 2022) and 14 students in the first year of the FNP program (expected graduation in December 2023). Total enrollment is 35 students. Typical annual enrollment is 41-44 students or more if there are sufficient preceptors available. There are five FNP students that are expected to start HNU in Fall 2022. Dr. Paulson and other HNU staff have been working with two neighboring FNP programs to take these five FNP students so the students will be able to start an FNP program at one of the other schools in fall 2022.

HNU requests Board approval for the two FNP program tracks to:

- Continue FNP program instruction for currently enrolled FNP students with completion of instruction/teach out of the first year (14 FNP students) by December 2023, and second year (21 students) by December 2022.
- Pause HNU FNP fall 2022 and spring 2023 admissions of new FNP students.
- Transfer the five students accepted to HNU FNP program this fall 2022 to another local FNP program.
- Return to the Board May 2023 to request program re-start fall 2023 or thereafter upon showing full compliance with all Board rules and regulation.

Pertinent HNU Nursing Programs Background Information:

HNU is located in the Oakland Hills in California. HNU is a private Roman Catholic university affiliated with Sisters of Holy Names of Jesus and Mary. Current institutional enrollment based on a fall 2021-22 census headcount as provided by HNU totals 1,014 students (544 undergraduate and 470 graduate students). HNU's enrollment target goal for fall 2022 is 1,565 students.

- From August 2010 to the present, HNU has had three college presidents. Michael Groener became the president in November 2017 after serving as HNU's chief financial officer for a little over a year.
- Current Interim Provost, VP of Academic Affairs, Dr. K. Bowers has been in her position since about July 2021.
- Dr. J. Hawk became the HNU VP of Finance and Administration in April 2022 replacing Mr. R. Kinnard (November 2017-March 2022).
- The prior HNU Dean for Nursing and BSN program director led the program from 2014-2020; Dr. Stanley served as assistant program director.
- In February 2020, as part of HNU's continuing approval visit, HNU President Groener, CFO R. Kinnard and the former BSN Program Director spoke with the full Board regarding HNU's implementation of the HNU five-year strategic business plan to ensure HNU's financial stability and sustainability. The presentation included HNU's targeted goals/needs to achieve a total institutional enrollment of 1,116 students in fall 2020, 1,329 students in fall 2021, and 1,565 for fall 2022. After speaking with the HNU team/representatives the Board granted continuing approval for the GBSN and FNP programs.
- As part of the Board's initiative to align CCNE and BRN continuing approval visits, a March 9-11, 2022, joint CCNE/BRN GBSN continuing approval visit was conducted. During the March 2022 continuing approval site visit, the NEC met with HNU leadership, faculty, staff, and students and there was no indicated that HNU had insufficient

resources, including financial resources, to continue the GBSN program. This included interviews with HNU administration representatives (President, Provost, former CFO). Based on information provided, the BRN NEC determined the GBSN program was in full compliance with all the Board's regulations. There was one BRN recommendation made for HNU to continue the implementation of student retention strategies that increase on-time program completion/retention rates.

- On April 28-29, 2022, GBSN Program Director, Dr. P. Stanley notified the Board's NEC by telephone of HNU's potential financial instability/sustainability changes. Dr. Stanley informed the Board NEC that she had no prior knowledge of these issues. She indicated she had concerns about admitting a first semester GBSN cohort of 15 first semester students in May 2022. Dr. Stanley also made the NEC aware that she planned to resign by summer 2022.
- On May 2, 2022, HNU provided the Board's NEC staff a copy of HNU's most recent U.S. Department of Education (DOE) letter dated June 23, 2020, notifying HNU of a DOE-determined composite score of 1.0 out of a possible 3.0. The letter stated HNU failed to meet the standards of financial responsibility as described in 34 C.F.R. § 668.172, Financial Ratios. HNU was informed it would be able to continue to participate in Title IV, HEA programs by HNU choosing one of two options. In a letter dated July 16, 2020, HNU College President Groener informed DOE Senior Financial Analyst M. Green that HNU was selecting the Zone Alternative option. The following link provides the most current DOE Heightened Cash Monitoring (HCM) listing as of March 1, 2022, showing HNU in HCM 1 status: <https://studentaid.gov/data-center/school/hcm>. HNU's letter provided at the May Board meeting indicates that the DOE has not required any additional action by HNU in relation to the DOE-calculated composite score of 1.0. HNU's VP of Finance and Administration Dr. J. Hawk, MBA, Ed.D. indicates HNU remains financially stable and states "the school is meeting all of its financial obligations and is current on all debt payments." Dr. Hawk indicates HNU holds endowments in excess of \$63 million that support institutional aid for students including students enrolled in the nursing programs. The executive summary documents provided by Dr. Hawk include the BRN's requested five years (2022-2027) of institutional, GBSN, and FNP budgets.
- At present, HNU views securing a viable financial partner as the appropriate course of action for HNU to continue implementation of its strategic business initiatives that focus on improving HNU's infrastructure, academic programs/program developments, and IT systems that support state of the art course delivery. HNU indicates that the partnership arrangements will yield long term financial benefits for HNU and its partner. HNU reports that they are in progress to secure a suitable financial partnership, with more specific details/arrangements yet to be determined.

NEXT STEP: Place on Board agenda.

PERSON TO CONTACT: Katie Daugherty, MN, RN, NEC  
Nursing Education Consultant



June 2<sup>nd</sup>, 2022  
Katie Daugherty  
Board of Registered Nursing  
1747 North Market Boulevard, Suite 150  
Sacramento, CA 95834  
Executive Summary Sent electronically via email attachments

### HNU Executive Summary

HNU is submitting the requested executive summary prepared by Dr. Pamela Stanley Director of GBSN and Dr. Aimee Paulson Director of FNP that describes it requests for changes in the GBSN and FNP programs and the required financial summary and attachments submitted by Dr J. Hawk. Dr Hawk's summary report documents include a letter, institutional 5-year budget, 5-year GBSN budget and 5 Year budget for the FNP for the period 2022-2027.

This includes the narrative for the GBSN Teachout and pause and the FNP completion of current first- and second-year students and the pause request in FNP enrollment for fall 2022 and spring 2023.

It also includes supporting program compliance document evidence, attachments 1 through 8:

- Attachment 1: GBSN Nursing Curriculum and clinical facilities EDP-P-11
- Attachment 2: GBSN Content Experts Listing
- Attachments 3 and 4: GBSN Curriculum EDP-P- 05a & EDP-P- 06
- Attachment: 5: FNP program Clinical placement Senior student listing
- Attachment 6: FNP program Clinical placement Junior student listing
- Attachment 7: FNP Senior Student Course faculty and placement list Teach Out
- Attachment 8: FNP Junior Student Course faculty and placement list Teach Out
- Attachment 9: Financial Report and Summary

#### Executive Summary Narrative:

HNU's Generic BSN (GBSN) program course work in the nursing major is completed in 15-months, (four semesters). The GBSN program is approved to admit up to 20 students once a year each summer semester (May). The program enrolled its first cohort in May 2018 and has graduated three cohorts, with only one graduating student from these cohorts not passing the NCLEX on the first attempt. Currently, cohort number 4 has 14 students in their final semester due to graduate August 20<sup>th</sup>, 2022. No first semester 5<sup>th</sup> cohort was admitted in May 2022, although 15 students were

accepted/registered but were notified May 13<sup>th</sup> that they would not begin classes on May 16<sup>th</sup>.

As stated at the May 18<sup>th</sup> BRN board meeting, there are sufficient resources including faculty, staff, clinical placements etc. to complete the 14 GBSN students who are in their final semester for their on-time graduation from the program. This includes the program Director, Dr. Pamela Stanley, and the assistant director Emelyn Lacayo who will remain in their roles until September 2<sup>nd</sup>, 2022. The program is in compliance with all the BRN regulations and will remain in compliance through September 2<sup>nd</sup>, 2022. Dr. Stanley will provide Dr. Paulson with training on how to complete all PHN certification requests from students post RN licensure until the new GBSN Program Director is hired. After this date any GBSN program or student documents needed for licensing or other will be directed to HNU registrar Stephen Sticka via email at [Sticka@hnu.edu](mailto:Sticka@hnu.edu).

The HNU GBSN Nursing program is requesting BRN board approval to voluntarily teach-out the 14 students due to graduate August 20<sup>th</sup>. The HNU submission includes attachments 1-4 that describe the evidence of sufficient resources including faculty and clinical sites for the final semester of instruction and program completion.

HNU's GBSN program is also requesting to pause the GBSN program for one year. HNU is anticipating restarting the GBSN program in May 2023. HNU understands they will need to submit a request to the BRN by November 1<sup>st</sup>, 2022, to restart the program. HNU understands to restart the program it must in compliance with all the BRN regulations including sufficiency of resources and hiring of a new program Director, and Assistant Director.

This is to inform the BRN that HNU is fully aware that the GBSN faculty are actively pursuing employment with Samuel Merritt University and may also need to be replaced prior to reopening the program. HNU plans to begin recruitment for the program Director in August 2022, with hiring completion in October 2022. All future GBSN faculty recruitment, advertising, and hiring will be managed through the Human Resources (HR) department. This may also include any needed GBSN support staff replacements.

Once the director is in place, recruitment for faculty and staff positions will begin in December 2022. All staff required to restart and support the GBSN program would need to be identified by January 2023 to present to the BRN and hired/onboarded by the University in March 2023, prior to the program restart in May 2023 if approved by the BRN.

#### Timeline of Reopening GBSN Program:

- Advertise and recruit Director of GBSN position, internally and externally: August 2022
- Hire Director of GBSN Program: September/October 2022
- Start recruitment and interview for all faculty and support staff positions needed in September/October

- Submit request to BRN to reopen GBSN program, with supporting financial documentation and full compliance documentation by November 1<sup>st</sup>, 2022
- Receive BRN approval to restart GBSN program in May 2023 no later than February 2023 BRN full board meeting

HNU Nursing Program, Dr. Stanley, President Groener, Elizabeth Mihopoulos VP of Enrollment have already voluntarily been working with Samuel Merritt University in relation to transferring the HNU's 15 first semester accepted students to Samuel Merritt BSN program with a fall 2022 start date. To assist Samuel Merritt in transferring and admitting these 15 students the HNU GBSN faculty are in the interview and hiring process at Samuel Merritt University.

HNU is also assisting Samuel Merritt with securing additional clinical mental health placement for fall 2022 for the transferring students. HNU is working with Zuckerberg San Francisco General Hospital to transfer the pre-approved clinical rotations for HNU to Samuel Merritt. Dr. Jin Lee, currently site faculty at HNU, plans to be hired and teach this course and clinicals for Samuel Merritt University in the fall 2022.

#### HNU FNP Program Information

HNU's FNP program is a two-year, (six semester, 48-unit, 641 clinical hour) degree program. The program is BRN approved to admit 35 students in the fall and 35 students in the spring. Based on current availability of clinical placements and sufficiency of faculty resources to support higher enrollment numbers, the HNU FNP program plans to admit up to 22 new students.

Currently there are 21 second year FNP students that are anticipated to graduate December 10<sup>th</sup>, 2022. There are 14 first year students who are anticipated to complete the program, no later than December 2023. As program director Dr. Aimee Paulson has determined there are sufficient faculty and clinical site resources to graduate all enrolled students, the FNP program remains in full compliance with all BRN regulations. Dr. Paulson has provided this evidence in supporting documents attachments 5 through 8 materials. All FNP faculty (3 full-time, 2 part-time/adjunct) are committed to remain with the program until December 2023 to deliver the required curriculum and instruction to all students currently enrolled to graduate on time.

The FNP program is requesting to pause new student enrollment for the fall of 2022 and spring of 2023 and will seek BRN approval to resume new program admissions for fall 2023 no later than November 1<sup>st</sup>, 2022. The BRN determination is anticipated at either the January or February 2023 BRN meetings.

The FNP program officially accepted five students to begin August 24<sup>th</sup>, 2022. These students still need to be officially notified by the University that we will no longer be admitting in fall 2022 or spring 2023. Currently, Dr. Paulson has conveyed this information to three of the five students. Additionally, she is in conversation with both

Samuel Merritt University and University of San Francisco to accept these students if they are interested.

Dr. Paulson will be sending emails and meeting individually with the 5 accepted FNP students to inform them of our inability to admit them in fall 2022 or spring 2023. At these meetings with the students, students will be informed that both USF and Samuel Merritt University have agreed to extend their application deadlines to accommodate these students.

The second part of the executive summary includes the financial stability and sustainability documents submitted by Dr J. Hawk with the assistance of the recently hired HNU consultant and the former HNU Dean for Nursing and GBSN program director.

Financial Report and Summary Submitted by: Dr. Jeanine Hawk VP of Finance and Administration-Attachment 9 includes

- Letter from Dr. Hawk dated June 1, 2022, describing HNU financial stability
- HNU Institutional 5-year Budget 2022-2027
- GBSN 5-year Budget 2022-2027
- FNP 5-year Budget 2022-2027



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Dr. Pamela Stanley  
Director of GBSN



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Aimee Paulson  
Director of FNP

#### CURRENT ENROLLMENT (FALL 21-22 CENSUS HEADCOUNT)

	NEW	CONT	TOTAL
UG	172	372	544
GRAD	131	339	470
TOTAL	303	711	1014

Holy Names University

5-year Financial Projection – Continued

6/1/22



HOLY NAMES  
UNIVERSITY  
*Since 1868*

June 1, 2022

Katie Daugherty  
Board of Registered Nursing  
1747 North Market Boulevard, Suite 150  
Sacramento, CA 95834

Re: Holy Names University Request to Pause GBSN and FNP

The following are pertinent facts related to Holy Names University's recent and current financial state as they relate to the request to pause admission of new students to the GBSN and FNP programs.

Holy Names University, like many relatively small, private, not-for-profit educational institutions like us, have faced financial challenges due to declining numbers of college-age students. There has not been a sudden and dramatic change in HNU's financial condition. Rather, HNU has been operating under a multi-year Strategic Business Plan formally adopted by the Board of Trustees in 2018 to address issues of financial sustainability, exacerbated by the Covid 19 Pandemic.

A key element of the Plan was borrowing \$49 million in the form of long-term tax-exempt bond financing to be repaid over 30 years. The borrowing was needed to invest in infrastructure improvements, improvements to the University's academic programs, and support state-of-the-art course delivery. After a thorough financial review by and approval from the California State Municipal Finance Authority, the Bonds were issued in September 2019. This financing has appeared on both our independently audited financial statements as well as filed 990 tax returns. Please note that this type of financing is commonplace in the education sector. Recent examples also approved by the California State Municipal Finance Authority include Azusa Pacific University for \$137 mil., Biola University for \$101 mil. and Westmount College for \$65 mil. In addition, HNU's bonds were purchased by one investor, signifying financial confidence of the marketplace.

Given the impact of COVID-19, and in order to attain long-term financial sustainability—HNU Trustees determined that the University should also seriously explore potential partnerships that would result in long-term financial benefits to both HNU and the

partner. A formal process was put in place in January 2022 to seek and vet potential partners. That process is currently underway in concert with budgetary discipline as evidenced by the attached 2022-2023 Board Approved Preliminary Budget. This budget provides full support for continuing nursing students. If there were concerns by the auditors as to the ability of the university to continue operations, there would have been a “going concern” note to the 2020-2021 financials. Please note there were no notes or findings to this effect within these financial statements. HNU currently holds endowment funds in excess of \$63 mil. that support institutional aid for students, including students enrolled in nursing programs.

Lastly, HNU has been improving their financial position and as a result has increased it’s DOE composite score by almost 60%. While still hovering near the 1.0 mark the Department of Education has not required any additional action by HNU. It should be noted that composite scores are only one of several factors that the Department uses to assess an institution's financial responsibility compliance. The other factors include sufficient institutional cash reserves to make the required refunds, including the return of Title IV funds (these requirements are known as the refund reserve standards); the school is meeting all of its financial obligations, and the school is current in its debt payments.

In addition to the 2022-2023 budget, five-year university-wide projected budgets are also provided. These budgets assume conservative growth of 3-5% annually on both the revenue and expenditure areas. Of course, external economic factors may impact these projections and will be revised over time as necessary. Attached also find the 5-year Projected Budgets for the GBSN and FNP programs (Attachments 1 and 2). These budgets assumes a restart of the paused programs in May 2023 for the BSN program and August 2023 for the FNP program. Work is currently underway, via grant funding, to update the simulation lab in support of the GBSN program. These program restarts will be dependent on HNU’s ability to obtain qualified faculty in the areas required.

Sincerely,

A handwritten signature in black ink that reads "Jeanine Hawk". The signature is written in a cursive style with a large, looping initial "J".

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Jeanine Hawk, EdD, MBA  
Vice-President, Finance & Administration

Holy Names University  
 5-year Financial Projection  
 6/1/22

	2021-2022 Projection	2022-2023 Board Approved Preliminary	2023-2024 Projection
Tuition	\$30,254,925	\$30,760,200	\$33,113,549
Institutional Student Financial Aid	(16,337,659)	(16,267,388)	(17,371,218)
Net Tuition Revenue	\$13,917,265	\$14,492,811	\$15,742,331
Student Room/Board Revenue	3,186,344	\$4,455,134	\$5,436,125
Student Fees and Music	550,000	983,152	1,017,456
Gifts	1,500,000	1,600,000	1,700,000
Grants / Sponsored Programs	4,005,370	2,631,112	2,683,734
Raskob	2,392,000	2,487,680	2,587,187
Net Other Operating Revenue & Support	\$11,633,714	\$12,157,078	\$13,424,503
Endowment Spending Distribution	\$3,605,000	\$4,240,479	\$4,000,000
Total Endowment Revenue	\$3,605,000	\$4,240,479	\$4,000,000
Total Revenues & Support	\$29,155,979	\$30,890,368	\$33,166,834
Total Operating Expenses	\$33,004,538	\$33,936,256	\$33,894,382
Change in Net Assets From Operations	(\$3,848,558)	(\$3,045,888)	(\$727,548)

Holy Names University

5-year Financial Projection –  
Continued

6/1/22

	2024-2025 Projection	2025-2026 Projection	2026-2027 Projection
Tuition	\$34,769,226	\$36,507,687	\$38,333,072
Institutional Student Financial Aid	(18,066,067)	(18,608,049)	(19,166,290)
Net Tuition Revenue	\$16,703,159	\$17,899,639	\$19,166,782
Other Operating Revenue	\$5,707,932	\$5,993,328	\$6,292,995
Gifts	\$1,068,329	\$1,121,745	\$1,177,833
Grants / Sponsored Programs	\$1,785,000	\$1,874,250	\$1,967,963
Raskob	\$2,817,921	\$2,958,817	\$3,106,758
Net Other Operating Revenue & Support	\$2,716,547	\$2,852,374	\$2,994,993
	\$14,095,728	\$14,800,515	\$15,540,540
Endowment Revenue			
Endowment Spending Distribution			
Total Endowment Revenue	\$4,200,000	\$4,410,000	\$4,630,500
	\$4,200,000	\$4,410,000	\$4,630,500
Total Revenues & Support			
	\$34,998,887	\$37,110,153	\$39,337,822
Total Operating Expenses	\$34,921,774	\$34,886,629	\$35,942,287
Change in Net Assets From Operations	\$77,114	\$2,223,524	\$3,395,535

5-year Budget Projections for the Entry-Level, Year-Round GBSN Program

	2022-23		2023-24		2024-25		2025-26		2026-27	
	Enrollment		Enrollment		Enrollment		Enrollment		Enrollment	
Term	Fall	82	Fall	152	Fall	146	Fall	126	Fall	130
	Spring	90	Spring	162	Spring	140	Spring	120	Spring	122
	GBSN.		GBSN.	15	GBSN.	20	GBSN.	15	GBSN.	20
Tuition per term		\$19,788		\$20,381		\$20,992		\$21,621		\$22,270
Fall Term		1,622,616		3,097,912		3,064,832		2,724,246		2,895,100
Spring Term		1,780,920		3,301,722		2,938,880		2,594,520		2,716,940
GBSN				305,715		314,880		324,315		445,400
Total Revenue		3,403,536		6,705,349		6,318,592		5,643,081		6,057,440
Salaries & Benefits		840,799		1,432,362		1,503,980		1,579,179		1,658,138
Operation Expense		100,000		200,000		200,000		200,000		200,000
Total Expenses		\$940,799		\$1,652,362		\$1,703,980		\$1,779,179		\$1,858,138
Net Income		\$2,462,737		\$5,052,987		\$4,614,612		\$3,863,902		\$4,199,302

Enrollment figures for 22-23 reflect enrollment of pre-nursing students only while the BSN is on pause. Subsequent years include both pre-nursing and nursing students.

Instructional & operational expenses reflect only the GBSN program.

Tuition estimated @ \$19,788 per semester in 2022. Subsequent years include a 3% inflation factor.





## Agenda Item 8.0

### **Discussion and Possible Action Regarding Request From Samuel Merritt University for One-Time Enrollment Increase**

BRN Board Meeting | June 23, 2022

**BOARD OF REGISTERED NURSING  
Education/Licensing Committee  
Agenda Item Summary**

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**AGENDA ITEM: 8.0  
DATE: June 23, 2022**

**ACTION REQUESTED:** Discussion and Possible Action Regarding Samuel Merritt Request for One-Time Request for Enrollment Increase

**REQUESTED BY:** Kimberly Knight, Nursing Education Consultant

**BACKGROUND:** Samuel Merritt University is requesting a one-time temporary enrollment increase to their Baccalaureate Degree Nursing Program in the Fall of 2022. This request is to assist Holy Names University by taking Holy Names next cohort of new students. With this increase SMU will absorb 15 nursing students who were unable to begin the HNU program in Summer 2022. All courses offered by HNU will align with the courses offered by SMU. The courses differ by semester offered but the curriculum is the same. The increased enrollment of the BSN Fall cohort will be accomplished through utilizing HNU clinical sites, incorporating HNU faculty into the SMU teaching structure as instructors, using remote teaching for didactic instruction, adding additional simulation slots for newly absorbed students, including HNU faculty in SMU faculty orientation, mentoring, and on-going education and development.

Samuel Merritt University is regionally accredited through Spring 2031 by the WASC Senior College and University Commission (WSCUC). They are accredited by Commission on Collegiate Nursing Education (CCNE) until 2030.

The current BSN enrollment is 64 students. The program is a 4-semester, 2-year program. The new proposed enrollment with the temporary increase will be 79. Samuel Merritt has plans to add 4 additional faculty to accommodate new students. Adequate faculty and facility placement are being established.

The last BRN Continuing Approval Visit (CAV) was conducted March 2017 and was found to be in compliance with BRN rules and regulations.

Annual NCLEX Pass Rates	2019-2020	93.4%		
	2020-2021	84.88%		
	Q1 = 88.82%	Q2 = 88.68%	Q3 = 87.74%	

Attrition Rate - Annual Survey Report	2018-2019	4.1%
	2019-2020	3.1%

Total Cost of Programs \$123,679.

**NEXT STEP:** Notify Programs of Board Action

**PERSON TO CONTACT:** Kimberly Knight, RN, MSN, FNP, PHN  
Nursing Education Consultant



# Samuel Merritt University

Lorna Kendrick, PhD, APRN, PMHCNS-BC Dean,  
College of Nursing  
Samuel Merritt University

BRN application for temporary increase in enrollment

Dear Ms. Knight:

Samuel Merritt University College of Nursing would like to request a Temporary Increase in Enrollment of the BSN program for the Fall Cohort of 2022. We are asking for approval to absorb 15 nursing students, who were scheduled to start their nursing program at Holy Names University in the fall. Due to future uncertainty at Holy Names, we would like to help these students continue their nursing education and continue their career path.

A curriculum sequencing cross-walk was developed to assure the education provided would align. The classes are listed in the below table.

TABLE 1

Fall SMU Junior 1 and Holy Names Junior 1 Curriculum Crosswalk

SMU Class		Holy Names	Units
NURSG 111 Pathopharmacology	3	NSRG 100 Pathophysiology	3
NURSG 125 Health Assessment	3	NSRG 110 Pharmacology	3
NURSG 125 L	1	NSRG 031 Health Assessment	2
NURSG 129 Psychiatric/Ment al Health Nursing	3	NSRG 031L Health Assessment Clinical	1
NURSG 129L Psychiatric/Ment al Health Nursing	2	NSRG 009 Fundamentals of Nursing	3
NURSG 137 Intro to Professional Nursing	3	NURSG 9L Fundamentals of Clinical	2
		NSRG 001 Transition to Role of Professional Nurse	2

All courses offered by Holy Names will align with the courses offered by SMU. The courses may differ by semester offered (ie: SMU offers second semester Pathopharmacology II ) but the curriculum is the same.

The increased enrollment of our BSN Fall cohort will be accomplished through the following strategy:

- Continuing to utilize requested Holy Names clinical sites (requests are required in April for fall term)
- Incorporating Holy Names faculty into the SMU teaching structure for clinical and didactic instruction.
- Utilizing remote teaching for didactic instruction allowing larger audience
- Adding additional simulation slots for newly absorbed students
- Including Holy Names faculty in SMU faculty orientation, mentoring, and on-going education and development

TABLE 2

Holy Names Instructors Becoming SMU Faculty/Instructors Ranking and BRN Approved Content

Instructor	Rank	BRN Approved	Content Expert
Nora Chavez	Instructor-Assistant Director	OB	OB
Emelyn Lacayo	Instructor-Assistant director	Peds, Medical Surgical Geriatrics	Peds, Medical Surgical, Geriatrics
Jin Lee	Instructor	Mental Health	Mental Health
Glen Morimoto	Assistant Instructor Eligible for instructor next semester	Medical Surgical, Geriatrics	
Pamela Stanley	Instructor-Director	OB, Medical Surgical, Geriatrics	OB, Medical Surgical, Geriatrics
Haesook Kim	Instructor	Geriatrics	Geriatrics

This enrollment increase is requested for Fall. Decisions about future and continued partnership have not been announced.

#### Additional Information Requested

Enrollment Pattern -- SMU admits one BSN cohort in the Fall and one in the Spring. The Generic BSN program is offered only on the Oakland Campus. The program is a 4 semester, 2 year program.

Current Enrollment –SMU offers several prelicensure programs throughout the year. The total enrollment is 975. The BSN enrollment is outlined below with the proposed addition of the Holy Names students.

SMU Current and Proposed BSN Enrollment for Fall 2022.

Table 3

Program	Current Enrollment	Proposed Enrollment	Additional Faculty	Term
BSN Semester J1	64	79	4	Fall

Accredited by – <https://www.samuelmerritt.edu/academic-affairs/accreditation>

WASC Senior College and University Commission (WSCUC) February 19, 2021 for a term of 10 years.

Commission on Collegiate Nursing Education (CCNE) May 14, 2021 granted accreditation to the baccalaureate program for a term of 10 years.

California Board of Registered Nursing Last  
Accreditation Visit –  
WASC October 14-16, 2020  
CCNE November 2-4, 2020

Consortium –  
Health Impact Consortiums

Collaboration Agreements – Kaiser  
Health Systems Sutter  
Health  
Northern California Veterans Administration Dignity  
Health  
John Muir Health Total Cost  
of BSN Program –  
**Bachelor of Science in Nursing (BSN)**  
Full-time (10+ units per term) \$55,354/annual  
Part-time \$1,653/unit

Sincerely,



Lorna Kendrick, PhD, APRN, PMHCNS-BC Dean,  
College of Nursing  
Samuel Merritt University



## Agenda Item 9.0

### **Legislative Update and Discussion of Bills Relevant to the Board from the 2021-2022 Legislative Session**

BRN Board Meeting | June 23, 2022

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

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**AGENDA ITEM: 9.0**  
**DATE:** June 23, 2022

**ACTION REQUESTED:** Legislative Update

**REQUESTED BY:** Dolores Trujillo, RN, Chairperson

**BACKGROUND:** Presentation of amended and not previously considered bills for the Board to review and take a position through vote.

**NEXT STEPS:** Continued tracking and analysis of BRN relevant bills  
  
[2022 Legislative Calendar](#)  
  
[California Legislative Process](#)

**FINANCIAL IMPLICATIONS, IF ANY:** Typically, only for direct impact bills, if any, as reflected by the proposed legislation and contained in bill analysis (available upon request).

**PERSON TO CONTACT:** Marissa Clark  
Chief of Legislative Affairs  
[Marissa.Clark@dca.ca.gov](mailto:Marissa.Clark@dca.ca.gov)  
916-574-7438

**Bills to be Presented at the June 23, 2022 Board Meeting**

As of June 10, 2022

**Bills amended or not previously presented:**

**Direct Impact**

1. Assembly Bill 657 (Cooper), Not previously presented
2. Assembly Bill 2684 (Business and Professions), Amended 4/27/2022
3. Senate Bill 1375 (Atkins), Amended 5/19/2022

**Indirect Impact**

1. Assembly Bill 1914 (Davies), Amended 6/6/2022
2. Assembly Bill 2790 (Wicks); Amended 5/23/2022
3. Senate Bill 1134 (Melendez); Not previously presented

## 2021-2022 Legislative Session

### BRN Bills of Interest: Summaries

(Click on bill title for link to the text; Bill information/status as of June 10, 2022)

#### **DIRECT IMPACT BILLS**

1. [AB 562 \(Low\), Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services](#)

Requires the Department of Consumer Affairs (DCA) director to establish a program to provide mental health services to specified frontline health care licensees treating patients with COVID-19.

Makes mental health services available to Board of Registered Nursing (BRN) licensees who provide or have provided direct care healthcare services to COVID-19 patients. It also requires notification to licensees by the BRN and solicitation of applications from licensees.

*Board Position:* Support

*Status:* Senate Appropriations Committee, Suspense File (Two Year Bill)

2. [AB 646 \(Low\), Department of Consumer Affairs: Boards: Expunged Convictions](#)

Requires a professional licensing board to update or remove information posted on its online license search system about a revoked license within 90 days of receiving an expungement order related to the conviction as specified. It, also, requires the board to charge a fee of \$25 to cover the reasonable regulatory cost.

*Board Position:* Support if Amended (Medical Board of California's Business and Professions Code (BPC) 2027 carve-out for the BRN and not removing conviction information, but posting expungement order with date)

*Status:* Senate Business, Professions, and Economic Development Committee (Two Year Bill)

3. [AB 657 \(Cooper\), Healing arts: expedited licensure process: applicants providing abortion services](#)

This bill would require the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortion services within their scope of practice.

*Board Position:* Not Determined Yet

*Status:* Senate Rules Committee

4. AB 852 (Wood), Health Care Practitioners: Electronic Prescriptions: Nurse Practitioner Scope of Practice: Practice Without Standardized Procedures

Adds the new category of nurse practitioners (NPs) who are authorized to practice independently starting January 1, 2023, to provisions of law that include physician and surgeons and other relevant health care licensees; corrects a drafting error related to the conditions when an independent NP must refer to a physician and surgeon; adds the new independent NPs to pharmacy definitions for prescribers; and makes other technical and clarifying changes.

Authorizes the board to issue a certificate to practice pursuant to BPC Section 2837.103 for a fee in an amount sufficient to cover the reasonable regulatory cost. The bill would specify that the provisions are not intended to encourage a county government to replace an existing physician and surgeon or any county-administered services provided by a physician and surgeon. The bill would require a county to follow a specified recruitment procedure if a county physician and surgeon position becomes vacant and would prohibit a county from filling an open physician and surgeon position with a nurse practitioner until the open position has been unfilled for a period of at least 3 months, as specified.

Prohibits a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill would permit a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996. With respect to health care practitioners who are required to issue a prescription as an electronic data transmission prescription, the bill would make additional exceptions to that requirement, including for a prescriber who registers with the California State Board of Pharmacy and states that they satisfy one or more criteria, including that they issue 100 or fewer prescriptions per calendar year. The bill would make specified exceptions to the requirement for a pharmacy to immediately transfer an electronic prescription to an alternative pharmacy.

It would take effect immediately as an urgency statute.

*Board Position:* Support

*Status:* Senate Business, Professions and Economic Development Committee (Two Year Bill)

5. AB 858 (Jones-Sawyer), Employment: Health Information Technology: Clinical Practice Guidelines: Worker Rights

Prohibits a general acute care hospital (GACH) from limiting a worker providing direct patient care from exercising independent clinical judgement, as specified; authorizes a

worker who provides direct patient care at a GACH to override health information technology and clinical practice guidelines, as specified; and prohibits a GACH from retaliating against a worker providing direct patient care for overriding health information technology and clinical practice guidelines.

*Board Position:* Support

*Status:* Senate Floor – Inactive File (Two Year Bill)

6. AB 1604 (Holden), The Upward Mobility Act of 2022: Boards and Commissions: Civil Service: Examinations: Classifications

Same as AB 105 (Holden), which was vetoed by Governor Newsom in October, 2021, with the recommendation that the bill costs be considered through the annual state budget process.

Modifies certain state civil service employment processes, including those related to job announcements, examinations and classifications; requires state boards and commissions that have at least one volunteer member to have at least one member from an underrepresented community; makes changes to departmental upward mobility programs; and adds a new demographic category for data collection by state agencies, among other provisions.

*Board Position:* Support

*Status:* Senate Labor, Public Employment and Retirement Committee

7. AB 1662 (Gipson), Licensing Boards: Disqualification from Licensure: Criminal Conviction

Requires a board to establish a process by which prospective applicants may request a preapplication determination as to whether their criminal history could be cause for denial of a completed application for licensure by the board. The bill would provide that the preapplication determination, among other things, may be requested by the prospective applicant at any time prior to the submission of an application and would require the board to include specified written information regarding the criteria used to evaluate criminal history and how the prospective applicant may challenge a denial by the board. The bill would provide that a preapplication determination does not constitute a denial or disqualification of an application and would prohibit requiring a preapplication determination for licensure or for participation in any education or training program. The bill would require a board to publish information regarding its process for requesting a preapplication determination on its internet website and authorize a board to charge a fee, as specified, to be deposited by the board into the appropriate fund and available only upon appropriation by the Legislature.

*Board Position:* Oppose

*Status:* Senate Business, Professions, and Economic Development Committee

8. AB 1711 (Seyarto), Privacy: Breach

Requires an agency to post a notice on the agency's internet website when a person or business operating a system on behalf of the agency is required to issue a security breach notification for that system pertaining to licensee personal information as per Civil Code Section 1798.29.

*Board Position:* Watch

*Status:* Senate Judiciary Committee

9. AB 2188 (Quirk), Discrimination in Employment: Use of Cannabis

Amends the California Fair Employment and Housing Act to make it unlawful for an employer to discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, if the discrimination is based upon the person's use of cannabis off the job and away from the workplace or, with prescribed exceptions, upon an employer-required drug screening test that has found the person to have non-psychoactive cannabis metabolites in their urine, hair, or bodily fluids.

*Board Position:* Support

*Status:* Senate Judiciary Committee

10. AB 2626 (Calderon), Medical Board of California: Licensee Discipline: Abortion

Prohibits the Medical Board of California and the Osteopathic Medical Board of California from suspending or revoking the certificate of a physician and surgeon solely for performing an abortion so long as they performed the abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act.

The bill would also prohibit the Board of Registered Nursing and the Physician Assistant Board from suspending or revoking the certification or license of a nurse practitioner, nurse-midwife, or a physician assistant for performing an abortion so long as they performed the abortion in accordance with the provisions of the Nursing Practice Act or the Physician Assistant Practice Act, as applicable, and the Reproductive Privacy Act.

*Board Position:* Support

*Status:* Senate Business, Professions, and Economic Development Committee

11. AB 2684 (Committee on Business and Professions), Nursing

Rescinds the Governor's power to remove any member of the Board of Registered Nurses for cause, except for those members appointed by the Governor as well other non-substantive changes.

This bill would create within the board a Nursing Education Advisory Committee, which the bill would require to solicit input from approved nursing programs to study and recommend nursing education standards to the board.

It would require that the executive officer shall develop a uniform method for evaluating requests and granting approvals pursuant to BPC Section 2786 pertaining to approval and regulation of nursing schools/programs. The executive officer may revise the uniform method developed pursuant to subdivision (e) of BPC 2786, as necessary. The development or revision of the uniform method shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code). The board's nursing education consultants shall use the uniform method to evaluate requests and grant approvals pursuant to this section. The board shall post the approved method and any revisions on the board's website.

The board shall post the approved method and any revisions on the board's website pertaining to COVID 19 emergency provisions, extended to the 2022-23 academic year, for nursing schools/programs in the non-availability of facilities for their students.

The bill prohibits an institution of higher education or a private postsecondary school of nursing subject to BPC Section 2786 from paying any clinical agency or facility for clinical experience placements for students enrolled in a nursing program offered by that school of nursing, as specified.

BRN sunset extension language to be added.

*Board Position:* Support, If Amended

*Status:* Senate Business, Professions, and Economic Development Committee

#### 12. SB 1237 (Newman), Licenses: Military Service

Defines the phrase "called to active duty" to include active duty in the United States Armed Forces and on duty in the California National Guard, as specified. This bill would also make non-substantive changes to those provisions.

*Board Position:* Support

*Status:* Assembly Business and Professions Committee

#### 13. SB 1375 (Atkins), Nursing: Nurse Practitioners

Allows a nurse practitioner practicing pursuant to a standardized procedure, a qualified nurse practitioner functioning pursuant to BPC Section 2837.103 or 2837.104, to perform an abortion by aspiration techniques pursuant to BPC Section 2253 upon completing training provided by any of the following.

- A board-approved nurse practitioner program or in a course offered by an accredited nurse practitioner program.
- A course offered by a board-approved continuing education provider that reflects evidence-based curriculum and training guidelines or a course approved for Category I continuing medical education.
- A course offered by a state or national health care professional or accreditation organization.

- Training based on the competency-based training protocols established by the Health Workforce Pilot Project No. 171 through the Office of Statewide Health Planning and Development.
- Training and verification of clinical competency, performed at a clinic or hospital, on performing abortion by aspiration techniques provided by a physician, surgeon, nurse practitioner or certified nurse midwife authorized to perform abortion by aspiration techniques pursuant to this section, or a physician assistant authorized to perform abortion by aspiration techniques pursuant to BPC Section 3502.4.

A nurse practitioner who has completed training required in this section and is functioning pursuant to BPC Section 2837.103 or 2837.104 may perform an abortion by aspiration techniques pursuant to BPC Section 2253 without supervision by a physician or surgeon.

Allows a certified nurse-midwife to perform an abortion by aspiration techniques pursuant to BPC Section 2253 upon completing training provided by any of the following:

- A board-approved nurse-midwifery program or in a course offered by an accredited nurse-midwifery program.
- A course offered by a Board-approved continuing education provider that reflects evidence-based curriculum and training guidelines or a course approved for Category I continuing medical education.
- A course offered by a state or national health care professional or accreditation organization.
- Training based on the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development.
- Training and verification of clinical competency at a clinic or hospital on performing abortion by aspiration techniques provided by a physician, surgeon, nurse practitioner or certified nurse midwife authorized to perform abortion by aspiration techniques pursuant to this section, or a physician assistant authorized to perform abortion by aspiration techniques pursuant to Section 3502.4.

A violation of the above provisions by a nurse practitioner or certified nurse midwife would constitute unprofessional conduct.

It also removes the requirement of AB 890 (Wood, Chapter 256, Statutes of 2020) that the BRN shall, by regulation, define minimum standards for transition to practice, and that clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board. Instead, it requires that a nurse practitioner who has been practicing a minimum of three full-time equivalent years or 4,600 hours as of January 1, 2023, shall satisfy the transition to practice requirement. Clinical experience may include experience obtained before January 1, 2023, and be counted towards the three full-time equivalent years or 4,600 hours.

*Board Position:* Support

*Status:* Assembly Business and Professions Committee

14. SB 1424 (Nielsen), Consumer Affairs: The Department of Consumer Affairs

Currently, makes non-substantive changes. Place-holder bill.

*Board Position:* None Taken

*Status:* Senate Rules Committee

15. SB 1451 (Borgeas), Department of Consumer Affairs

Currently, makes non-substantive changes. Place-holder bill.

*Board Position:* None Taken

*Status:* Senate Rules Committee

**INDIRECT IMPACT BILLS**

1. AB 1105 (Rodriguez), Hospital Workers: COVID-19 Testing

This bill requires general acute care hospital employers to develop and implement a program to offer COVID-19 screening testing for health care personnel, as defined.

Requires general acute care hospital employers to test patients for COVID-19 prior to being admitted, with specified conditions and exceptions.

*Board Position:* Support

*Status:* Senate Appropriations Committee, Suspense File (Two Year Bill)

2. AB 1120 (Irwin), Clinical Laboratories: Blood Withdrawal

This bill expands the scope of practice of certified phlebotomists to include the collection of blood through a peripheral venous catheter using blood collection devices approved by the United States Food and Drug Administration, as specified.

*Board Position:* Oppose

*Status:* Senate Business, Professions, and Economic Development Committee (Two Year Bill)

3. AB 1810 (Levine), Pupil Health: Seizure Disorders

This bill would, if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency anti-seizure medication by the pupil's health care provider, authorize the pupil's local educational agency, upon receipt of a request from the pupil's parent or guardian, to designate one or more volunteers at the pupil's school to receive initial and annual refresher training regarding the emergency use of anti-seizure medication. The bill would require the Superintendent of Public Instruction to establish minimum standards of training for the administration of emergency anti-seizure medication, as provided. The bill would authorize a school nurse or, if the school does not have a school

nurse or the school nurse is not onsite or available, a volunteer who has been designated and received training regarding the emergency use of anti-seizure medication, to administer emergency anti-seizure medication to a pupil diagnosed with seizures, a seizure disorder, or epilepsy if the pupil is suffering from a seizure.

The bill would require any local educational agency or school upon receipt of a parent or guardian's request to distribute a related notice at least once per school year to all staff. Before administering emergency anti-seizure medication or therapy prescribed to treat seizures in a pupil diagnosed with seizures, a seizure disorder, or epilepsy, the bill would require a local educational agency to obtain from the pupil's parent or guardian a seizure action plan that includes specified information. of education, and charter schools, the bill would impose a state-mandated local program.

*Board Position:* Support

*Status:* Senate Education Committee

#### 4. AB 1914 (Davies), Resource Family Approval: Training

This bill exempts a resource family member that has an active and unrestricted license issued by the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, the Physician Assistant Board, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Respiratory Care Board of California, or the Emergency Medical Services Authority from any requirement to complete, or show proof of completing, CPR or first aid training.

Under this bill, counties would be responsible for ensuring that resource families complete CPR and first aid training, or demonstrate equivalent certification, no later than 90 days following resource family approval.

The bill would exempt from the CPR training requirement a resource family parent who has a life support-related certificate of completion. The bill would exempt from the first aid training requirement a resource family parent who has active and unrestricted licensure as a health care professional. The bill would also require counties to be responsible for ensuring that resource families obtain training to remain certified in CPR and first aid and submit copies of the certificates.

*Board Position:* Support if Amended (show proof of being current with CPR)

*Status:* Senate Human Services Committee

#### 5. AB 2107 (Flora), Department of Consumer Affairs

This bill would, for a rapid antigen or point-of-care molecular infectious disease test classified as waived under CLIA, authorize an adult who has received appropriate training and is acting under the direction of the laboratory director and ordering physician for testing in a non-health care congregate setting to collect anterior nasal swabs, if the person to be tested is unable to self-swab, and to perform the test on the collected sample.

Authorizes a person licensed as a clinical molecular biologist to engage in, or to supervise others engaged in, molecular biology related to diagnosis of human genetic abnormalities

within the specialty of genetics, specifically molecular biology within the specialty of microbiology.

This bill would declare that it is to take effect immediately as an urgency statute.

*Board Position:* Watch

*Status:* Senate Business, Professions, and Economic Development Committee

6. AB 2548 (Nazarian) Healthier Homes – Age in Place Nursing Homes

This bill would require the Department of Aging to establish and administer a 3-year Healthier Homes - Age in Place Nursing Pilot Program in the Counties of Contra Costa, Fresno, Orange, Riverside, Sacramento, San Diego, Shasta, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse and one full-time community health worker to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents. The bill would require the department to submit a report to specified legislative committees and state agencies-at the completion of the program or before January 1, 2028, whichever is later, and would repeal the program as of January 1, 2029.

*Board Position:* Not Determined Yet

*Status:* Senate Human Services Committee

7. AB 2790 (Wicks), Reporting of Crimes: Mandated Reporters

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct.

The bill would instead require a health care practitioner, who in their professional capacity or within the scope of their employment, knows or reasonably suspects that their patient is experiencing any form of domestic violence or sexual violence, to provide brief counseling and offer a referral and warm handoff to domestic violence or sexual violence advocacy services before the end of treatment, to the extent that it is medically possible.

The bill would allow for reporting of assaultive or abusive conduct when a patient requests and would also give health care practitioners immunity from criminal or civil liability arising from any required or authorized report.

*Board Position:* Oppose

*Status:* Senate Public Safety Committee

8. SB 213 (Cortese), Workers' Compensation: Hospital Employees

Defines "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would include the novel coronavirus 2019

(COVID-19), among other conditions, in the definitions of infectious and respiratory diseases.

It would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment.

*Board Position:* Support

*Status:* Assembly Insurance Committee (Two-Year Bill)

9. SB 441 (Hurtado), Health Care Workforce Training Programs: Geriatric Medicine

Requires the Department of Health Care Access and Information (DHCAI) to include students and professionals with training in geriatrics in its administration of health professions workforce programs. This bill would provide access to loan repayment programs to nurse practitioners and certified nurse midwives practicing as geriatric professionals in underserved areas.

*Board Position:* Support

*Status:* Assembly Appropriations Committee, Suspense File (Two Year Bill)

10. SB 637 (Newman), Health Facility Reporting: Staffing

Requires a general acute care hospital to report specified information to CDPH (department) on a form and schedule determined by the department, and would require the department to publicly post the information on a weekly basis during any health-related state of emergency in California proclaimed by the President of the United States or by the Governor, and on a monthly basis at all other times. The bill would require that the reports contain information on staffing, including, until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, on matters relating to COVID-19 cases.

If the hospital fails to comply with the above requirement, the bill would authorize the department to impose fines or other penalties, and to suspend, revoke, or refuse to renew the license of, the hospital, as specified.

It would require a health facility to post any approval for program flexibility granted by the department immediately adjacent to the facility's license and on the facility's internet website, as specified.

*Board Position:* Support

*Status:* Assembly Floor - Inactive File (Two Year Bill)

11. SB 731 (Durazo), Criminal Records: Relief

Permits additional relief by way of withdrawing a plea and deleting arrest records for the purpose of most criminal background checks. Expands automatic arrest record and conviction relief to additional felony offenses, as specified. Expands discretionary expungement relief to include felonies where the defendant was sentenced to state prison, rather than just realigned felonies, as specified.

*Board Position:* Watch

*Status:* Assembly Floor - Inactive File (Two Year Bill)

12. SB 1134 (Melendez) Substance use disorder counselors: Allied Behavioral Health Board

This bill would create the Allied Behavioral Health Board within the Department of Consumer Affairs and would transfer the responsibility to oversee those certifying organizations from the State Department of Health Care Services to the board. The bill would require the board to establish regulations and standards for the licensure of substance use disorder counselors.

*Board Position:* Not Determined Yet

*Status:* Assembly Health Committee

13. SB 1334 (Bradford), Meal and Rest Periods: Hospital Employees

Entitles employees who provide direct patient care or support direct patient care in a general acute care hospital, clinic, or public health setting directly employed by specified public sector employers to one unpaid 30-minute meal period on shifts over 5 hours and a 2nd unpaid 30-minute meal period on shifts over 10 hours, as provided by specified existing law. The bill would entitle these employees to a rest period based on the total hours worked daily at the rate of 10 minutes net rest time per 4 hours or major fraction thereof, as provided. The bill would require these employers, if they fail to provide an employee a meal period or rest period in accordance with the bill, to pay the employee one hour of pay for each meal period violation and one hour of pay for each rest period violation at the employee's regular rate of compensation for each workday that the meal or rest period is not provided. The bill would exempt employees who are covered by a valid collective bargaining agreement that provides for meal and rest periods and, if the employee does not receive a meal or rest period as required by the agreement, includes a prescribed monetary remedy.

*Board Position:* Support

*Status:* Assembly Committee on Labor and Employment

14. SB 1475 (Glazer), Blood Banks: Collection

Authorizes blood collection at a blood bank when a physician or surgeon is not physically present if the medical director and their medical advisory committee approve and if the employee placed in charge, is a registered nurse. The bill would authorize the registered nurse placed in charge to be physically present or available via telehealth, so long as the method of telehealth used is synchronous.

*Board Position:* Oppose

*Status:* Assembly Health Committee

## **NOT ADVANCING BILLS**

### **Not Advancing - Direct Impact**

1. AB 1756 (Smith), Department of Consumer Affairs

Currently, makes non-substantive changes. Place-holder bill.

*Board Position:* None Taken

2. AB 1996 (Cooley), State Government: Administrative Regulations: Review

Requires each state agency to, on or before January 1, 2026, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2027.

*Board Position:* Support

3. SB 1031 (Ochoa Bogh), Healing Arts Boards: Inactive License Fees

Requires the renewal fee for an inactive license to be  $\frac{1}{2}$  of the amount of the fee for a renewal of an active license unless the board establishes a lower fee.

*Board Position:* Support

4. SB 1365 (Jones), Licensing Boards: Procedures

Requires each board within the DCA to publicly post on its internet website a list of criteria used to evaluate applicants with criminal convictions so that potential applicants for licensure may be better informed about their possibilities of gaining licensure before investing time and resources into education, training, and application fees. The bill would require DCA to establish a process to assist each board in developing its internet website, as specified.

Also, requires DCA to develop a process for each board to use in verifying applicant information and performing background checks of applicants, and would require that process to require applicants with convictions to provide certified court documents instead of listing convictions on application documents. The bill would further require the board to develop a procedure to provide for an informal appeal process that would occur between an initial license denial and an administrative law hearing.

*Board Position:* Support

## **Not Advancing - Indirect Impact**

### 1. AB 2055 (Low), Controlled Substances: CURES Database

As of April 1, 2023, transfers the responsibility for administration of the CURES database from the Department of Justice to the California State Board of Pharmacy.

*Board Position:* Support

### 2. SB 962 (Jones), Healing Arts: Clinical Laboratory Technology: Moderate-Complexity Laboratories

For purposes of a moderate-complexity laboratory, this bill would expand the definition of a “laboratory director” to include an individual who meets the College of American Pathologists guidelines. The bill would authorize an individual who meets the College of American Pathologists guidelines to operate as a technical consultant in a moderate-complexity laboratory. With respect to the above-specified exceptions concerning a laboratory director for a clinical laboratory of an acute care hospital, the bill would expand those exceptions, as specified.

*Board Position:* Watch