BOARD MEETING AGENDA

Embassy Suites Monterey Bay – Seaside
Laguna Grande Room
1441 Canyon Del Rey
Seaside, CA 93955
(831) 393-1115

November 14-15, 2018

Wednesday, November 14, 2018 – 8:00 am Open Session; 9:00 am Board Meeting

1.0 8:00 am Open Session: Staff Presentation to Public (Board Members will not be present):

   1.1 Overview of the Board’s licensure process and process related to applicants reporting convictions.

   1.2 Questions and Answers.

2.0 9:00 am Call to Order, Roll Call, and Establishment of a Quorum

   Members: Trande Phillips, RN, President
             Donna Gerber, Vice President
             Elizabeth A. Woods, MSN, FNP, RN
             Pilar DeLaCruz-Reyes, MSN, RN
             Michael Jackson, RN, MSN
             Imelda Ceja-Butkiewicz
             Barbara Yaroslavsky
             Cynthia Klein, RN

   Executive Officer: Dr. Joseph Morris, PhD, MSN, RN

3.0 Public Comment for Items Not on the Agenda

   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. (Government Code Section 11125 and 11125.7(a)).

4.0 Disciplinary Matters. Hearings on Petitions for:

   Termination/Modification of Probation
   • Traci Harris
   • Melissa Kearsley
   • Yan Liu
   • Ana Pangilinan
   • Amy Perreira

   Reinstatements
   • Monique Garvanian
5.0 Closed Session

5.1 Disciplinary Matters
The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

5.2 Pending Litigation
The Board will convene in closed session pursuant to Government Code section 11126(e)(1) to confer with and receive advice from legal counsel regarding the Frank M. Ifediba, RN v Joseph L. Morris, Executive Officer of the Board of Registered Nursing; California Board of Registered Nursing; and Does 1-10, Los Angeles Superior Court, Case No. BC699596.

6.0 Reconvene in Open Session – Recess until November 15, 2018, at 9:00 a.m.

Thursday, November 15, 2018 – 9:00 am

Notice: This meeting will be Webcast, provided there are no unforeseen technical difficulties or limitations. To view the Webcast, please visit https://thedcapage.wordpress.com/webcasts/

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Members:
- Trande Phillips, RN, President
- Donna Gerber, Vice President
- Elizabeth A. Woods, MSN, FNP, RN
- Pilar De La Cruz-Reyes, MSN, RN
- Michael D. Jackson, MSN, RN
- Imelda Ceja-Butkiewicz
- Barbara Yaroslavsky
- Cynthia Klein, RN

Executive Officer: Dr. Joseph Morris, PhD, MSN, RN

2.0 Public Comment for Items Not on the Agenda

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. (Government Code Section 11125 and 11125.7(a)).

3.0 Review and Vote on Whether to Approve Minutes:

3.1 June 13-14, 2018
3.2 August 15, 2018
3.3 September 12, 2018
3.4 September 27, 2018
3.5 October 10, 2018

4.0 Report on Board Members’ Activities
5.0 Board and Department Activities

5.1 Executive Officer Report
  - Organizational Update
  - Budget Update
  - Technology Update
  - Staffing Update

6.0 Report of the Administrative Committee
Trande Phillips, RN, President, Chairperson

6.1 DCA Budget Staff to provide BRN Budget Update and Status of Budget Change Proposal Process
6.2 Update on SB 799 Report by California Research Bureau to the Legislature Regarding Mandatory Reporting
6.3 Update and Possible Action to Begin Discussions with Senate Business, Professions, and Economic Development Committee to Develop Legislative Solutions for Clinical Capacity
6.4 Update and Possible Action on Comprehensive Plan for Approving/Disapproving Continuing Education Opportunities
6.5 Update and Possible Action to Change Regulatory Proposal to Modify California Code of Regulations, Article 5, Section 1456 (Continuing Education Courses)

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Vote on Whether to Ratify Minor Curriculum Revision
  a. Nursing programs from August 16, 2018 Committee meeting:
     - California Baptist University Baccalaureate Degree Nursing Program
     - California State University, Channel Islands Baccalaureate Degree Nursing Program
     - California State University, East Bay Baccalaureate Degree Nursing Program
     - California State University, Fullerton Baccalaureate Degree Nursing Program
     - California State University, Stanislaus Accelerated Baccalaureate Degree Nursing Program
     - Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program
     - West Coast University Baccalaureate Degree Nursing Program
     - Allan Hancock LVN to RN Associate Degree Nursing Program
     - Chabot College Associate Degree Nursing Program
     - College of Marin Associate Degree Nursing Program
     - College of San Mateo Associate Degree Nursing Program
     - Imperial Valley College Associate Degree Nursing Program
     - Merced College Associate Degree Nursing Program
     - Modesto Junior College Associate Degree Nursing Program
     - Moorpark College Associate Degree Nursing Program
     - Ohlone College Associate Degree Nursing Program
     - Pacific Union College Associate Degree Nursing Program
     - Santa Barbara City College Associate Degree Nursing Program
     - Solano Community College Associate Degree Nursing Program
     - Southwestern College Associate Degree Nursing Program
     - Unitek College Associate Degree Nursing Program
     - Weimar Institute Associate Degree Nursing Program
     - Yuba College Associate Degree Nursing Program
Holy Names University Nurse Practitioner Program
University of California, Irvine Nurse Practitioner Program

**Acknowledge Receipt of Program Progress Report:**
- Unitek College Associate Degree Nursing Program

b. Nursing programs from October 11, 2018 Committee meeting:
- California State University, Chico Baccalaureate Degree Nursing Program
- California State University, Sacramento Baccalaureate Degree Nursing Program
- California State University, Stanislaus Baccalaureate Degree Nursing Program
- Chamberlain University College of Nursing, Baccalaureate Degree Nursing Program
- Concordia University, Irvine Accelerated Baccalaureate Degree Nursing Program
- California Career College Associate Degree Nursing Program
- Carrington College LVN to Associate Degree Nursing Program
- College of the Siskiyou’s LVN to RN Associate Degree Nursing Program
- Gavilan College Associate Degree Nursing Program
- Glendale Career College Associate Degree Nursing Program
- Los Angeles Trade Tech College Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Santa Ana College Associate Degree Nursing Program
- USD Hahn School of Nursing, Advanced Practice Nurse Practitioner Program

**Acknowledge Receipt of Program Progress Report:**
- California Career College Associate Degree Nursing Program
- Career Care Institute Associate Degree Nursing Program
- CNI College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

7.2a Vote on Whether to Approve Education/Licensing Committee Recommendations from August 16, 2018 Committee Meeting

7.2.1 Continue Approval of Prelicensure Nursing Program
- Concordia University, Irvine Accelerated Baccalaureate Degree in Nursing Program
- Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program
- Merced College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program

7.2.2 Defer Continuing Approval of Prelicensure Nursing Program
- Brightwood College Associate Degree Nursing

7.2.3 Continue Approval of Advanced Practice Nursing Programs
- California State University, Los Angeles Nurse Practitioner Program

7.2.4 Approve Major Curriculum Revision-Enrollment Pattern Change
- Glendale Career College Associate Degree Nursing Program

7.2.5 Defer Major Curriculum Revision-Enrollment Pattern Change
- California Baptist University, Baccalaureate Degree Nursing Program
- American Career College Associate Degree Nursing Program

7.2.6 Accept Progress Report for Prelicensure Nursing Program
- American University of Health Science Baccalaureate Degree Nursing Program
- El Camino-Compton College Associate Degree Nursing Program
- Glendale Career College Associate Degree Nursing Program (Shepherd University Cohort report)
- Los Angeles Southwest College Associate Degree Nursing Program
7.2.7 Extend Initial New Program Approval Application Deadline for Pacific College Associate Degree Program

7.2b Vote on Whether to Approve Education/Licensing Committee Recommendations from October 11, 2018 Committee Meeting

7.2.1 Continue Approval of Prelicensure Nursing Program
- Mission College Associate Degree Nursing Program
- Unitek College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

7.2.2 Defer Continuation of Approval of Advanced Practice Nursing Program
- United States University Advanced Practice Family Nurse Practitioner Program

7.2.3 Approve Major Curriculum Revision for Prelicensure Nursing Program
- Santa Monica College Associate Degree Nursing Program

7.3 2017-2018 ELC Goals and Objectives Achievement Report

7.4 NCLEX Pass Rates Update

7.5 Licensing Program Update

8.0 Report of the Legislative Committee
Donna Gerber, Chairperson

8.1 Discuss Bills of Interest to the Board of Registered Nursing (Board) and Recommend that the Board Adopt or Modify Positions on the Bills Introduced During the 2017-2018 Legislative Session

Legislative bills impacting registered nurses, nursing practice, or nursing education

- **AB 334** (Cooper) Sexual assault
- **AB 608** (Irwin) Medical assistants
- **AB 710** (Wood) Cannabidiol
- **AB 1560** (Friedman) Nurse practitioners: certified nurse-midwives; physician assistants: physician and surgeon supervision
- **AB 1627** (Chen) Clinical laboratories: certified phlebotomy technicians: blood withdrawal
- **AB 1752** (Low) Controlled Substances: CURES database
- **AB 1790** (Salas) Valley Fever Education, Early Diagnosis, and Treatment Act
- **AB 1795** (Gipson) Emergency medical services: community care facilities
- **AB 1998** (Rodriguez) Opioids: prescription limitations
- **AB 2086** (Gallagher) Controlled substances: CURES database
- **AB 2140** (Maienschein) Home health agencies: waiver program: nurses
- **AB 2143** (Caballero) Licensed Mental Health Service Provider Education Program: providers
- **AB-2193** (Maienschein) Maternal mental health
- **AB 2315** (Quirk-Silva) Pupil health: health care: telehealth services
- **AB 2324** (Rubio) Elder or dependent adult abuse: public shaming
• AB 2405 (Patterson) Controlled substances: carfentanil
• AB 2444 (Burke) Pupil health: eye and vision health
• AB 2682 (Burke) Nurse-midwives
• AB 2759 (Santiago) Clinics and health facilities: nurses
• AB 2760 (Wood) Prescription drugs: naloxone hydrochloride
• AB 2783 (O’Donnell) Controlled substances: hydrocodone combination products: schedules
• AB 2789 (Wood) Health care practitioners: prescriptions: electronic data transmission
• AB 2850 (Rubio) Nurse assistant training programs: geriatric medication technician
• AB 3115 (Gipson) Community Paramedicine or Triage to Alternate Destination Act
• SB 320 (Leyva) Public health: public postsecondary education: on-campus student health centers: abortion by medication techniques
• SB 349 (Lara) Chronic dialysis clinics: staffing requirements
• SB 562 (Lara) The Healthy California Act
• SB 944 (Hertzberg) Community Paramedicine Act of 2018
• SB 1109 (Bates) Controlled substances: Schedule II drugs: opioids
• SB 1127 (Hill) Pupil health: administration of medicinal cannabis: school sites
• SB 1152 (Hernandez) Hospital patient discharge process: homeless patients
• SB 1240 (Stone) Prescription drugs: CURES database
• SB 1241 (Nguyen) Income taxes: credit: healing arts licensees: volunteers
• SB 1288 (Leyva) Health and care facilities: inspections
• SB 1480 (Hill) Professions and vocations [Omnibus]
• SCR 110  (Wiener) Sex characteristics

Legislative bills impacting the Board
• AB 827 (Rubio) Department of Consumer Affairs: task force: foreign-trained professionals
• AB 1659 (Low) Healing arts boards: inactive licenses
• AB 2087 (Waldron) State government operations: technology modernization
• AB 2138 (Chiu) Licensing boards: denial of application: criminal conviction
• AB 2264 (Brough) Professions and vocations: fees
• AB 2409 (Kiley) Professions and vocations: occupational regulations
• AB 2483 (Voepel) Department of Consumer Affairs: Office of Supervision of Occupational Boards
• AB 2958 (Quirk) State bodies: meetings: teleconference
• SB 641 (Lara) Controlled Substance Utilization Review and Evaluation System: privacy
• SB 715 (Newman) Department of Consumer Affairs: regulatory boards: removal of board members
• SB 762 (Hernandez) Healing arts licensee: license activation fee: waiver
• SB 820 (Leyva) Settlement agreements: confidentiality
• SB 921 (Morrell) State agencies: Internet Web sites: disclosure of financial information
• SB 984 (Skinner) State boards and commissions: representation: women
• SB 1137 (Vidak) Veterans: professional licensing benefits
• SB 1298 (Skinner) The Increasing Access to Employment Act
• SB 1474 (Hill) Anatomical gift

9.0 Report of the Intervention/Discipline Committee
Barbara Yaroslavsky, Chairperson

9.1 Complaint Intake and Investigations Update
9.2 Discipline and Probation Program Update
9.3 Intervention Program Update
9.3.1 Intervention Evaluation Committee Member / New Appointment

10.0 Report of the Nursing Practice Committee
Elizabeth Woods, RN, Chairperson

10.1 Discussion and Possible Action: New Appointments to Advance Practice Registered Nurse (APRN) Committee.

10.2 Discussion and Possible Action: Increasing Nurse-Midwifery Advisory Committee Member Terms of Appointment from two 2 years terms to four 2 year terms.

10.3 Discussion and Possible Action: SB 1109, Approved by Governor on September 22, 2018, Controlled Substances Schedule II: Opioids requires the mandatory continuing education pharmacology course for furnishing nurse practitioners to include the risks of addiction and furnishing nurse-midwives to include the risk of addiction and neonatal abstinence syndrome.

10.4 Discussion and Possible Action: AB 1790, Chapter 338, Approved by Governor on September 11, 2018: Valley Fever Education, Early Diagnosis, Treatment Act: State Department of Public Health to conduct awareness campaign.

10.5 Discussion and Possible Action: AB 2086, Chapter 274, Approved by Governor on September 6, 2018, adding Section 11165.6 to the Health and Safety Code relating to Controlled Substances: CURES database allows prescribers including furnishing nurse practitioners and nurse-midwives to access a list of patients for whom the prescriber is listed as a prescriber in the CURES database.

11.0 Adjournment

NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.
Wednesday, June 13, 2018

1.0 8:00 am Open Session: Staff Presentation to Public
   1.1 Overview of the Board’s licensure process and enforcement process related to applicants reporting convictions.
   1.2 Questions and Answers.

Schools Present: De Anza College

2.0 Call to Order, Roll Call, and Establishment of a Quorum
Donna Gerber, Vice President, called the meeting to order at 9:40 a.m. and established a quorum.

PRESENT: Donna Gerber, Vice President
          Elizabeth A. Woods, MSN, FNP, RN
          Pilar De La Cruz-Reyes, MSN, RN
          Michael D. Jackson, MSN, RN
          Barbara Yaroslavsky
          Cynthia Klein, RN
          Imelda Ceja-Butkiewicz

NOT PRESENT: Trande Phillips, RN, President
Executive Officer:  Dr. Joseph Morris, PhD, MSN, RN

3.0 Public Comment for Items Not on the Agenda

No Public Comment

4.0 Disciplinary Matters. Hearings on Petitions for:
Coren Wong, Administrative Law Judge
Andrew Steinheimer, Deputy Attorney General
Anahita Crawford, Deputy Attorney General

<table>
<thead>
<tr>
<th>Early Termination of Probation:</th>
<th>Reinstatements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Hunt</td>
<td>Denise Borges</td>
</tr>
<tr>
<td>Alexander Kolivayko</td>
<td>Deanna Merz</td>
</tr>
<tr>
<td>Andrew Ku</td>
<td>Joseph Schlitz</td>
</tr>
<tr>
<td>Amber Meyer</td>
<td>Jason Smith</td>
</tr>
<tr>
<td></td>
<td>Attorney-Paul Chan</td>
</tr>
</tbody>
</table>

Donna Gerber, Vice President adjourned open session. Time: 12:45 pm.

Meeting adjourned to closed session. Time: 12:45 pm

5.0 Closed Session

Disciplinary Matters
The Board convened in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Pending Litigation
The Board will convene in closed session pursuant to Government Code section 11126(e)(1) to confer with and receive advice from legal counsel regarding the following:

- **Melani Kent v. California Board of Registered Nursing**, Sacramento Superior Court, Case No. 34-2017-80002595-CU-WM-GDS;
- **Frank M. Ifediba, RN v Joseph L. Morris, Executive Officer of the Board of Registered Nursing; California Board of Registered Nursing; and Does 1-10**, Los Angeles Superior Court, Case No. BC699596;
- **Erwin Simanjuntak v. Board of Registered Nursing, Department of Consumer Affairs, State of California**, Los Angeles Superior Court, Case No. BS169459.

Donna Gerber, Vice President, called the closed session meeting to order at 1:00 pm. The closed session adjourned at 3:56 pm.

6.0 Reconvene in Open Session for purpose of Adjournment
Donna Gerber, Vice President, reconvened the meeting in open session and called the meeting to order at 3:57 pm.

No public comment.

Meeting adjourned at 3:58 pm.
Thursday, June 14, 2018 9:00 am

1.0 Call to Order/ Roll Call and Establishment of a Quorum
Trande Phillips, President called the meeting to order at 9:12 am, had the members introduce themselves and established a quorum.

Members: Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Pilar De La Cruz-Reyes, MSN, RN
Michael D. Jackson, MSN, RN
Barbara Yaroslavsky
Cynthia Klein, RN
Imelda Ceja-Butkiewicz

NOT PRESENT: Trande Phillips, RN, President

Executive Officer: Dr. Joseph Morris, PhD, MSN, RN

Staff Present: Joseph Morris, RN, MSN, Ph.D., Executive Officer
Michael Santiago, DCA Legal Counsel
Stacie Berumen, Assistant Executive Officer
Christina Sprigg, Chief, Licensing and Administrative Services
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Silberling, Chief, Discipline, Probation and Intervention
Janette Wackerly, Supervising NEC
Badrieh Caraway, Supervising NEC
Carol Velas, NEC
Susan Engle, NEC
Kay Weinkam, NEC, RA
Eloisa Zinzun, Administration Services Analyst

2.0 Public Comment for Items Not on the Agenda
No Public Comment

3.0 Review and Vote on Whether to Approve Minutes:
3.1 March 29, 2018 Board Meeting Minutes
3.2 April 11-12, 2018 Board Meeting Minutes
3.3 May 9, 2018 Board Meeting Minutes

No Public Comment

Motion: Michael Jackson motion to approve March 29, 2018 Board Meeting Minutes.
Second: Pilar De La Cruz-Reyes motion to approve.

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Abstain</td>
<td>Y</td>
</tr>
</tbody>
</table>

Motion: Michael Jackson motion to approve April 11-12, 2018 Board Meeting Minutes.
Second: Elizabeth Woods motion to approve.

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
Motion: Barbara Yaroslavsky motion to approve May 9, 2018 Board Meeting Minutes.
Second: Imelda Ceja-Butkiewicz motion to approve.

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Abstain</td>
<td>Y</td>
</tr>
</tbody>
</table>

4.0 Report on Board Members’ Activities

- Pilar De La Cruz-Reyes
- Michael Jackson

5.0 Board and Department Activities

5.1 Executive Officer Report

- Organizational Update
- Budget Update
- Technology Update
- Staffing Update

No Public Comment

Organizational Update

- **Internal Business Process**
  
  The Board continues to review its internal business processes. The Board has submitted the Budget Change Proposal to request additional staffing to meet its operational needs. The additional staff will be used to improve customer service, public protection, and other essential operational needs.

- **Annual School Survey**
  
  The 2017 BRN Annual School Survey and Nurse Practitioner /Certified Nurse Midwife Survey is currently available on the BRN website. UCSF administers the survey on behalf of the BRN. The surveys provide an overview of the trends within advanced nursing practice and nursing education throughout the state of California. For more information regarding the survey, please visit the BRN website.

- **Outreach Efforts**
  
  The BRN Enforcement staff, in collaboration with DCA Marketing, completed the final video recording of the Intervention Program Awareness Media. The outreach video is currently located on the BRNs home webpage. In addition to the Intervention video, the Enforcement staff continue to increase its outreach efforts. On June 1st, the EO and Enforcement Staff (Joe Pacheco and Don Walker) conducted a hybrid presentation to Students, Staff, and Faculty at St. Agnus Medical Center in Fresno, Ca. The presentation focused on the Nursing trends and Enforcement Matters (i.e. Complaint Intake and Intervention Program). Overall, the presentation was well received. The Enforcement Chief will provide a more detailed update on outreach efforts in the Enforcement Report. For more information regarding the Enforcement Unit please visit the BRN website.

- **Clinical Displacement Experiences**
  
  The revised Clinical Displacement/Alliance Survey is currently closed. The survey was distributed to Nursing Program Dean/Directors and Clinical Agencies located throughout California. The data collected is currently being reviewed and analyzed. The outcomes will be shared with stakeholders during several planned regional Summit Meetings and the Nursing Education and Workforce Advisory Committee (NEWAC). The data will be
used to stimulate discussions and potential solutions between Academia and Industry partners regarding clinical capacity matters.

5.2 Public Record Requests
The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of April 2, 2018 to June 4, 2018 the BRN received and processed 24 public record requests.

5.3 Technology Update
- **Fingerprint Requirement**
  As of June 5, 2018, there are 1,307 licensees that remain delinquent on submitting updated fingerprints to the Board. These individuals will be notified and given a total of 60 days from receipt of the initial letter to respond before possible disciplinary actions are taken.

- **Cloud Technology**
  The Board adopted the use of the Cloud technology as a best practice to streamline processes in October 2016. Since then, the Board continues to achieve great success with improving many timelines in the Licensing and Enforcement Unit. In March, the Board expanded the electronic process to Out-of-State licensees planning to endorse into the California. For more information regarding this process please visit the Board’s website.

5.4 Budget Update
- **Fee Increase Regulation**
  On March 29, 2018, the Board of Registered Nursing voted to authorize implementation of statute to increase licensure application and renewal fees. Senate Bill 1039 (Hill, Chapter 799, Statutes of 2016) required that the Board set licensure application and renewal fees within a statutory range, but not lower than a minimum allowed fee. The Board voted to set the licensure and renewal application fees at the minimum required fee, unless a fee contained within the Board’s regulations is within the statutory fee range. The fee change was implemented April 5, 2018. For more information regarding the fee schedule please visit the BRN website under the What’s New heading.

- **Current Year AG Budget**
  The Board is on target to complete the fiscal year with a surplus. The fee increases on April 5, 2018 and the granting of the AG/OAH augmentation are key contributors to having the funds available for the necessary expenditures. The Board will close the 17/18 FY year with a projected 3.5 months of funds in reserve.

- **Current Year Budget**
  Board staff have closely monitored expenditures and cost savings measures in order to operate within the fiscal budget. Staff continue to work closely with the DCA Budget Office to ensure there is transparency and accuracy in spending and fiscal planning. DCA has implemented a Leave Buy-Back program for its employees and the Board will be able to fund their share of requests received from eligible staff. The budget also accounts for the new 12 Call Center positions that are currently being hired.

- **Fund Condition**
  See page 4 for current figures (as of 06/06/2018) of the Board’s Analysis of Fund Condition.

5.5 Staffing Update
There are currently 19 positions which are actively being recruited for hire. For more information regarding the available job postings and how to apply please visit the BRN website.
<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil Smith</td>
<td>Office Technician (Typing)</td>
<td>Administration</td>
<td>Perm</td>
</tr>
<tr>
<td>Jessica Hewitt</td>
<td>Program Technician</td>
<td>Licensing – Support</td>
<td>Perm</td>
</tr>
<tr>
<td>Ravinder Kaur</td>
<td>Office Technician (Typing)</td>
<td>Complaint Intake</td>
<td>Perm</td>
</tr>
<tr>
<td>Steven Wong</td>
<td>Research Program Specialist I</td>
<td>Administration</td>
<td>Perm</td>
</tr>
<tr>
<td>Mary Ann McCarthy</td>
<td>Nursing Education Consultant</td>
<td>NEC – S. CA</td>
<td>Perm</td>
</tr>
<tr>
<td>Donna Schutte</td>
<td>Nursing Education Consultant</td>
<td>NEC – S. CA</td>
<td>Perm</td>
</tr>
<tr>
<td>Samira Moughrabi</td>
<td>Nursing Education Consultant</td>
<td>NEC – S. CA</td>
<td>Perm</td>
</tr>
<tr>
<td>Debra Lewis</td>
<td>Nursing Education Consultant</td>
<td>NEC – N. CA (Enf)</td>
<td>Perm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amiroop Singh</td>
<td>Staff Services Analyst</td>
<td>Licensing – PHN</td>
</tr>
<tr>
<td>Laura McLean</td>
<td>Associate Governmental Program Analyst</td>
<td>Probation</td>
</tr>
<tr>
<td>Kaylee Ha</td>
<td>Staff Services Analyst</td>
<td>Licensing – Eval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shannan Borton</td>
<td>Supervising Special Investigator I</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
<tr>
<td>Ganesh Karungalpalayam</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Gale DeVille</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Linda Sperling</td>
<td>Nursing Education Consultant</td>
<td>NEC – S. CA</td>
<td>Perm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Program</th>
<th>FT/Perm vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Governmental Program Analyst/SSA</td>
<td>Discipline</td>
<td>1</td>
</tr>
<tr>
<td>Associate Governmental Program Analyst</td>
<td>Intervention</td>
<td>1</td>
</tr>
<tr>
<td>Associate Governmental Program Analyst/SSA</td>
<td>Probation</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Education Consultant</td>
<td>NEC - N. CA</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Education Consultant</td>
<td>NEC - S. CA</td>
<td>1</td>
</tr>
<tr>
<td>Office Assistant – General</td>
<td>Renewals</td>
<td>1</td>
</tr>
<tr>
<td>Office Technician – General</td>
<td>Administration</td>
<td>1</td>
</tr>
<tr>
<td>Office Technician – Typing</td>
<td>Administration</td>
<td>1</td>
</tr>
<tr>
<td>Office Technician – Typing</td>
<td>Call Center</td>
<td>1</td>
</tr>
<tr>
<td>Program Technician</td>
<td>Licensing – Support</td>
<td>1</td>
</tr>
<tr>
<td>Program Technician II</td>
<td>Licensing – Eval</td>
<td>1</td>
</tr>
<tr>
<td>Program Technician II</td>
<td>Renewals</td>
<td>1</td>
</tr>
<tr>
<td>Program Technician II</td>
<td>Call Center</td>
<td>3</td>
</tr>
<tr>
<td>Program Technician II</td>
<td>Call Center</td>
<td>1</td>
</tr>
<tr>
<td>Supervising Program Technician I</td>
<td>Licensing – Support</td>
<td>1</td>
</tr>
<tr>
<td>Supervising Program Technician II</td>
<td>Call Center</td>
<td>1</td>
</tr>
<tr>
<td>Supervising Special Investigator I</td>
<td>Enforcement-Inv. (North)</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL:** 19
### Fund Condition

**0761 - Board of Registered Nursing**  
**Analysis of Fund Condition**  
(Costs in Thousands)

#### 2018-19 Governor’s Budget  
FY 2018-19 Estimated Fee Increase  
FY 2017-18 ASIDAH Augmentation

<table>
<thead>
<tr>
<th></th>
<th>ACTUAL 2016-17</th>
<th>CY 2017-18</th>
<th>Governor's Budget BY 2018-19</th>
<th>BY+1 2019-20</th>
<th>BY+2 2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 6,774</td>
<td>$ 6,906</td>
<td>$ 14,067</td>
<td>$ 20,485</td>
<td>$ 43,906</td>
</tr>
<tr>
<td><strong>Prior Year Adjustment</strong></td>
<td>$ 538</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Adjusted Beginning Balance</strong></td>
<td>$ 10,310</td>
<td>$ 9,906</td>
<td>$ 14,067</td>
<td>$ 20,485</td>
<td>$ 43,906</td>
</tr>
<tr>
<td><strong>REVENUES AND TRANSFERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4121200 Delinquent fees</td>
<td>$ 627</td>
<td>$ 603</td>
<td>$ 622</td>
<td>$ 622</td>
<td>$ 622</td>
</tr>
<tr>
<td>4121200 Delinquent fees (estimated revenue increase)</td>
<td>$ -</td>
<td>$ 79</td>
<td>$ 317</td>
<td>$ 317</td>
<td>$ 317</td>
</tr>
<tr>
<td>4127400 Renewal fees</td>
<td>$ 32,283</td>
<td>$ 36,058</td>
<td>$ 36,216</td>
<td>$ 36,216</td>
<td>$ 36,216</td>
</tr>
<tr>
<td>4127400 Renewal fees (estimated revenue increase)</td>
<td>$ -</td>
<td>$ 1,374</td>
<td>$ 4,404</td>
<td>$ 4,404</td>
<td>$ 4,404</td>
</tr>
<tr>
<td>4129200 Other regulatory fees</td>
<td>$ 2,126</td>
<td>$ 1,378</td>
<td>$ 1,352</td>
<td>$ 1,352</td>
<td>$ 1,352</td>
</tr>
<tr>
<td>4135000 Other regulatory fees (estimated revenue increase)</td>
<td>$ -</td>
<td>$ 625</td>
<td>$ 3,700</td>
<td>$ 3,700</td>
<td>$ 3,700</td>
</tr>
<tr>
<td>4139400 Other regulatory fees and permits</td>
<td>$ 7,256</td>
<td>$ 9,382</td>
<td>$ 6,400</td>
<td>$ 6,400</td>
<td>$ 6,400</td>
</tr>
<tr>
<td>4139400 Other regulatory fees and permits (estimated revenue increase)</td>
<td>$ -</td>
<td>$ 2,138</td>
<td>$ 8,563</td>
<td>$ 8,563</td>
<td>$ 8,563</td>
</tr>
<tr>
<td>4143500 Miscellaneous services to the public</td>
<td>$ 84</td>
<td>$ 84</td>
<td>$ 84</td>
<td>$ 84</td>
<td>$ 84</td>
</tr>
<tr>
<td>4163500 Income from surplus money investments</td>
<td>$ 82</td>
<td>$ 15</td>
<td>$ 30</td>
<td>$ 132</td>
<td>$ 172</td>
</tr>
<tr>
<td>4171400 Excess of unclaimed checks and warrants</td>
<td>$ 10</td>
<td>$ 10</td>
<td>$ 10</td>
<td>$ 10</td>
<td>$ 10</td>
</tr>
<tr>
<td>4171500 Excess of unclaimed property</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>4172500 Miscellaneous revenues</td>
<td>$ 9</td>
<td>$ 9</td>
<td>$ 9</td>
<td>$ 9</td>
<td>$ 9</td>
</tr>
<tr>
<td><strong>Totals, Revenues</strong></td>
<td>$ 42,483</td>
<td>$ 40,041</td>
<td>$ 62,868</td>
<td>$ 62,961</td>
<td>$ 63,001</td>
</tr>
<tr>
<td><strong>Transfers from Other Funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals, Revenues and Transfers</strong></td>
<td>$ 42,483</td>
<td>$ 40,041</td>
<td>$ 62,868</td>
<td>$ 62,961</td>
<td>$ 63,001</td>
</tr>
<tr>
<td><strong>Totals, Resources</strong></td>
<td>$ 52,793</td>
<td>$ 59,007</td>
<td>$ 75,935</td>
<td>$ 92,445</td>
<td>$ 105,957</td>
</tr>
</tbody>
</table>

#### EXPENDITURES

**Disbursements:**

<table>
<thead>
<tr>
<th></th>
<th>ACTUAL 2016-17</th>
<th>CY 2017-18</th>
<th>Governor's Budget BY 2018-19</th>
<th>BY+1 2019-20</th>
<th>BY+2 2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)</td>
<td>$ 40,822</td>
<td>$ 40,860</td>
<td>$ 44,293</td>
<td>$ 45,179</td>
<td>$ 46,082</td>
</tr>
<tr>
<td>ASIDAH Budget Augmentation</td>
<td>$ -</td>
<td>$ 1,028</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>8680 Financial Information System for California (State Operations)</td>
<td>$ 53</td>
<td>$ 53</td>
<td>$ 4</td>
<td>$ 4</td>
<td>$ 4</td>
</tr>
<tr>
<td>8692 Supplemental Pension Payments (State Operations)</td>
<td>$ -</td>
<td>$ 308</td>
<td>$ 308</td>
<td>$ 308</td>
<td>$ 308</td>
</tr>
<tr>
<td>9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)</td>
<td>$ 2,152</td>
<td>$ 2,989</td>
<td>$ 2,845</td>
<td>$ 2,889</td>
<td>$ 2,989</td>
</tr>
<tr>
<td><strong>Total Disbursements</strong></td>
<td>$ 42,827</td>
<td>$ 44,340</td>
<td>$ 47,450</td>
<td>$ 48,480</td>
<td>$ 46,883</td>
</tr>
<tr>
<td><strong>FUND BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve for economic uncertainties</td>
<td>$ 9,906</td>
<td>$ 14,067</td>
<td>$ 29,485</td>
<td>$ 43,906</td>
<td>$ 57,584</td>
</tr>
<tr>
<td><strong>Months in Reserve</strong></td>
<td>2.7</td>
<td>3.5</td>
<td>7.3</td>
<td>10.7</td>
<td>13.7</td>
</tr>
</tbody>
</table>

**NOTES:**

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ONGOING  
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING BY+1  
C. ASSUMED INTEREST RATE AT 0.3%

*Dollars in thousands, except in Salary Range. Numbers may not add or match to other statements due to rounding of budget details.*

For more information regarding many of the Boards Activities and available resources (including a copy of the latest Newsletter) please visit [www.rn.ca.gov](http://www.rn.ca.gov).
6.0 Report of the Administrative Committee
Trande Phillips, RN, President, Chairperson

6.1 Presentation to Approve Budget Change Proposal Concepts

BACKGROUND: The Administrative Committee met with DCA Leadership prior to the April 2018 board meeting and continues to work with the Executive Officer and his staff to prepare the budget change proposals for fiscal year 2019-20.

Public Comment:
Judy Corless

Motion: Barbara Yaroslavsky –Move to Approve Budget Change Proposal Concepts
Second: Imelda Ceja-Butkiewicz

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

6.2 DCA Update on Budget Process – Presentation by Mark Ito and Kevin Driscoll

BACKGROUND: Staff from the Department of Consumer Affairs’ Budget Office will present an update on the status of the Board’s budget and answer any questions the Board may have

No Public Comment:

6.3 Update on the Public Health Nurse Initial Application Fee

BACKGROUND: The Board has heard the concerns from the community partners regarding the initial application fee for the Public Health Nurse (PHN). It was learned there was an inadvertent mistake in the PHN section of the Business and Professions Code section 2816(o) which pointed to the Nurse Practitioner initial application fee of $500. The Board approved the PHN initial application to be set between $300 and $1,000 at its December 2016 teleconference board meeting.

Senator Hill recently introduced Senate Bill 1480. The bill would, if approved, make changes to the PHN fees that are currently set forth in Business and Professions Code section 2816(o). At the Board of Registered Nursing Public Board meeting held on March 29, 2018, the Board voted to enforce the $500 minimum statutory fee based on that which was previously approved by the Legislature. Please be advised that the proposed statutory fee changes will not become effective until January 1, 2019 if the bill is approved by the Legislature and signed by the Governor.

The Board urges interested parties to follow the bill as it makes its way through the various legislative committees. Please refer to the Board of Registered Nursing website for the language regarding the proposed fee changes.

No Public Comment:
7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Vote On Whether To Recommend Ratification Of Minor Curriculum Revision and Acknowledge Receipt Of Program Progress Report

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
- Approved Nurse Practitioner program adding a category of specialization

- California Baptist University Entry Level Master’s Degree Nursing Program
- Biola University Baccalaureate Degree Nursing Program
- Loma Linda University Baccalaureate Degree Nursing Program
- West Coast University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Butte College Associate Degree Nursing Program
- CNI College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Los Medanos College Associate Degree Nursing Program
- Merced College Associate Degree Nursing Program

Acknowledged Receipt of Program Progress Report:

- Chamberlain College of Nursing Baccalaureate Degree Nursing Program
- University of San Francisco Baccalaureate Degree and Entry Level Master’s Degree Nursing Programs
- American River College Associate Degree Nursing Program
- Unitek College Associate Degree Nursing Program

No Public Comment

Motion: Michael Jackson made a motion to Ratify Minor Curriculum Revisions.
Second: Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Absent</td>
<td>Y</td>
</tr>
</tbody>
</table>

7.2 Vote on Whether to Approve Education/Licensing Committee Recommendations

BACKGROUND: The Education/Licensing Committee met on May 10, 2018 and makes the following recommendations:

7.2.1 Continue Approval of Prelicensure Nursing Program
- Biola University Baccalaureate Degree Nursing Program
- California State University, Los Angeles Baccalaureate Degree Nursing Program
No Public Comment

Motion: Michael Jackson made a motion to continue Approval of Prelicensure Nursing Program.
Second: Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Absent</td>
<td>Y</td>
</tr>
</tbody>
</table>

7.2.2 Recommend Continuation of Approval of Advanced Practice Nursing Program
- University of California, San Francisco Nurse Practitioner Program
- University of California, San Francisco Nurse-Midwifery Program

No Public Comment

Motion: Michael Jackson made a motion to Continue Approval of Advanced Practice Nursing Program
Second: Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Absent</td>
<td>Y</td>
</tr>
</tbody>
</table>

7.2.3 Approve Major Curriculum Revision
- University of California, Irvine Masters Entry to Nursing Practice Program
- Pasadena City College Associate Degree Nursing Program

No Public Comment

Motion: Michael Jackson made a motion to Continue Approval of Advanced Practice Nursing Program
Second: Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Absent</td>
<td>Y</td>
</tr>
</tbody>
</table>
7.2.4 Change Warning Status with Intent to Close Program to Continuation of Approval Of Prelicensure Nursing Program

- California Career College Associate Degree Nursing Program

**Public Comment**
Susan Naime - California Career College

**Motion:** Michael Jackson made a motion to accept removal of warning status

**Second:** Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
<td>Abstain</td>
<td>Y</td>
</tr>
</tbody>
</table>

7.3 Vote on Whether to Recommend Continuation of Approval of Prelicensure Nursing Program for Los Angeles Southwest College Associate Degree Nursing Program

**BACKGROUND:** Dr. Catherine Azubuike has been the Program Director of the Associate Degree Nursing Program at Los Angeles Southwest (LASW) College since 2008. She has two Assistant Directors, Ms. Indiana McClellan RN, MSN and Dr. Nkonye Ezeobah.

A regularly scheduled continuing approval visit was completed on November 14-16, 2017 by Carol A. Velas, Nursing Education Consultant and Badrieh Caraway, Supervising Nursing Education Consultant. The program was found to be in non-compliance in four areas with related non-compliances, one recommendation was given.

The areas of non-compliance are as follows and detailed in attachment 1 and 2:
1. Administration and Organization of the Nursing Program, CCR 1424(d)(e)(f) with related noncompliance in CCR 1424(h)
2. Faculty Responsibility, CCR 1425.1(a) with related noncompliance in Administration and Organization of the Nursing Program, CCR 1424(a) and Curriculum, CCR 1426(b)(d)
3. Clinical Facilities, CCR 1426(f)
4. Licensing Examination Pass Rate Standard, CCR 1431(a)(b)(c)
5. One recommendation was given: Total Program Evaluation, CCR 1424(b)(1)

During the meeting with administration (Interim President, Dr. Denise Noldon, VP of Academic Affairs, Dr. Bradford, and Rick Hodges, Dean of Nursing Program) concerns about the physical conditions of the classrooms and building were expressed and non-compliances were explained, including possible board actions.

NCLEX Pass rate since the last continuing approval visit have been borderline or below the regulation of 75%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Pass Rate</th>
<th>(Success/Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>76.92%</td>
<td>(39/30)</td>
</tr>
<tr>
<td>2014-2015</td>
<td>70.00%</td>
<td>(30/21)</td>
</tr>
<tr>
<td>2015-2016</td>
<td>76.92%</td>
<td>(39/30)</td>
</tr>
<tr>
<td>2016-2017</td>
<td>69.23%</td>
<td>(39/27)</td>
</tr>
<tr>
<td>2017-2018 1st qtr. Jul-Sept</td>
<td>71.43%</td>
<td>(7/5)</td>
</tr>
<tr>
<td>2017-2018 2nd qtr. Oct-Dec</td>
<td>76.92%</td>
<td>(13/10)</td>
</tr>
<tr>
<td>2017-2018 3rd qtr. Jan-March</td>
<td>73.68%</td>
<td>(19/14)</td>
</tr>
</tbody>
</table>

A follow-up visit was conducted on March 6, 2018 to confirm that the physical condition of the classroom and bathrooms had been resolved (attachment 3).

On April 18, 2018, a comprehensive action plan was submitted (attachment 5) that includes a more rigorous admission criteria, focused attention and remediation plans for students.
identified “at risk” upon admission as well as students who demonstrate substandard pass rates on exams or in clinical which will help bring CCR 1431 into compliance. The formation of the Attrition and Retention Committee will address student needs through a “Mutual Responsibility Contract (MRC) that will define a remediation plan including the use of Kaplan supplemental tools, tutoring, regularly scheduled meetings with faculty and overall retention coordination which will also help bring CCR 1431 into compliance.

Dr. Azubuike and her staff have worked diligently with the assistance of Assessment Technology Institute (ATI) on a major curriculum revision that will be submitted in the near future. This revision will provide students with current, contemporary nursing concepts that align with the NCLEX blueprint and will benefit their preparation for NCLEX testing. The major curriculum revision will also help bring CCR 1424, 1425.1, and 1426 into compliance.

Dr. Noldon, Interim President has approved the hiring of one full-time faculty and has given one Assistant Director 20% release time to assist the Program Director in administering the program. This additional faculty and release time will help bring CCR 1424 into compliance. There is still one faculty vacancy.

On May 9, 2018, five students attended Los Angeles Community College District (LACCD) Board of Trustee’s Meeting. One student from semester 1, one from semester 2, one from semester 3 and 2 students from semester 4 shared their lived experiences in the Nursing Program at LASW to the Board and the public.

Following the Education and Licensing Committee (ELC) meeting of May 10, 2018, Dr. Morris, EO, contacted the Los Angeles Community College Chancellor’s office on May 14, 2018, and informed Dr. Rodriguez of the committee members concerns regarding the current status of the LASW college.

On May 17, 2018, Dr. Carol Velas, NEC received an email progress report update from Dr. Azubuike which included attendance at an emergency meeting called by Dr. Noldon, Interim College President. On May 16, 2018, toilet seats in the Academic Village portables were changed and a pest control company sprayed the area. On the same day, the IT department installed a stronger WFIF through the Academic Village portables. On May 17, a plumbing team was deployed to the Academic Village portables to work on plumbing issues. Also on May 17, 2018, Dr. Azubuike attended a meeting to discuss the proposed new nursing building with the next meeting scheduled for June 7, 2018.

On May 25, 2018, Dr. Carol Velas, NEC received an email update from Dr. Azubuike stating the nursing students would be moved from the Academic Village to the School of Career and Technical Education (SOCTE) building, using SOCTE classrooms 217, 218, 219, and 220. The summer boot-camp will be held in the SOCTE building. The Nursing Department Administrative and Faculty offices as well as the Skills Lab will remain in the Academic Village at this time.

Public Comment
Dr. Catherine Azubuike, Dr. Denise Noldon, Indiana McClellan

Motion: Michael Jackson made a motion to continue Warning Status with Intent to Close Program for Los Angeles Southwest College Associate Degree Nursing Program.
Second: Pilar De La Cruz-Reyes

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
PROGRAM UPDATE LICENSING:

The Licensing Program evaluators are currently processing the initial review of exam and endorsement applications received in April. The Licensing Chief and Assistant Executive Officer continue to present an overview regarding the application and eligibility process to California students at every board petitioner hearing day.

The board continues to utilize the CloudDrive to receive electronic transcripts from California programs, and is in the process of completing the processing of our Spring graduates. In the attempt to improve the endorsement application process, the board began a pilot program with a several nurse staffing agencies in October 2017 for accepting electronic transcripts from third party vendors for out-of-state applicants. This service was successfully launched on March 15th, 2018, and we have been receiving and processing electronic transcripts for out-of-state endorsement applicants. Endorsement applicants are now able to submit all application requirements completely online, aside from mailing in a fingerprint card if they are located out of state. We have noticed a reduction in the amount of deficiency letters being mailed to applicants, as well as in the amount of status requests from applicants. With the implementation of a number of BreEZe system improvements, application streamlining and online features such as online application status checks, we expect to see a further decrease in application processing times with additional improvements in the future.

The Green Project:

As many of you are aware, the board launched “The Green Project” in September 2017. Since its inception, the staff continue to implement enhancements. The most recent enhancements implemented include:

- Electronic Transcripts from Out of State (US) schools
  - As of March 2018 - This process has been fully implemented and the board is now able to receive electronic transcripts for out-of-state Endorsement applicants.

- Implementation of online only initial applications by exam and endorsements
  - As of April 2018 - The board is increasingly receiving applications that are completely “paperless” and we are currently in a transitional phase as internal business processes are documented and streamlined before the full implementation of online-only applications.

Additional enhancements in process of implementation for back office (BRN staff) BreEZe include:

- Implementation of work Queues for all application types
  - Slated for implementation 2018
  - Work queues will allow supervisory staff to assign work directly to staff and monitor incoming workloads to ensure the board is within statutory processing times.

- Elimination of creating paper file folders for most incoming applications
  - Slated for implementation 2018
  - With the implementation of online only applications and internal BRN BreEZe work queues the need for actual file folders will no longer be necessary to monitor most incoming applications. International applications will continue to be paper files.

- Online Applications
  - The online Exam and Endorsement applications have recently been updated. The applications are now more streamlined, with clear instructions to the applicant. The Board also expects to receive less physical mail in the future, as all application requirements are now able to be submitted online.
The online Advanced Practice applications have also been partially updated and are still in the process of review. All of the Advanced Practice application improvements are scheduled to be implemented by late 2018.

**Consumer Assistance Call Center:**

The board’s call center supports a population of over 435,000 licensees and over 35,000 applicants. The call center supervisor and manager have been monitoring the daily statistical information and have been working with staff to increase the number of calls answered per hour. The call center supervisor has worked directly with call center staff to draft scripts for call agents to use when responding to caller’s questions. The scripts cover a variety of common questions and scenarios that are received by the call center daily. They provide responses based on the type of questions and where in the process the licensure or renewal application may be. The scripts also guide agents when responding to uncommon questions and assist them in locating appropriate information within the BreEZe system to ensure they are providing accurate responses. The scripts also assist call agents with documenting call notes for each call they receive. The call scripts have been fully implementation by all agents and the effectiveness of the scripts is being monitored by supervisors.

We worked with the DCA Budget office to review our current budget and determined we can temporarily fund twelve (12) limited term positions for the call center. We advertised and reviewed all applications received. We begin the interview process and have requested eligibility verification on ten potential hires.

The call center and renewals unit reconfiguration is complete. This reconfiguration added an additional 14 cubicles for staff and supervisors. The size of the cubicles was reduced to accommodate the addition of the 14 cubicles. Staff have been relocated back to our office into their new work areas and are adjusting to the smaller working space. The redesign of the entire area is very functional for the needs of the area. Board members Trande Phillips and Donna Gerber were in the Board’s office in May and toured the newly redesigned area.

**Staffing Updates:**

Currently the Licensing, Administration, Call Center and Renewals units has twelve (12) permanent vacancies due to staff movement and promotions and an additional twelve (12) limited term positions that will be created. Below is a chart outlining the status of each unit’s vacancies:

<table>
<thead>
<tr>
<th>Vacancy</th>
<th>Status</th>
<th>Expected Completion/Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing – Advance Practice &amp; U.S. Evaluations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Program Technician II – US Evaluations</td>
<td>Applications currently being screened.</td>
<td>Position expected to be filled by end of June.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consumer Assistance Call Center, Renewals, Cashiering, Mailroom Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Program Technician II (permanent) – Call Center</td>
</tr>
<tr>
<td>12 Program Technician I/II (limited-term) – Call Center</td>
</tr>
<tr>
<td>1 Office Assistant – Mailroom</td>
</tr>
<tr>
<td>1 Supervising Program Technician II – Call Center</td>
</tr>
</tbody>
</table>
1 Program Technician II - Renewals  
Pending HR approval on selected candidate  
Position expected to be filled by early June

2 Program Technician II (permanent) – Call Center  
Advertised  
Position expected to be filled by July

1 Program Technician II (limited-term) – Call Center  
Advertised  
Position expected to be filled by July

**Administration Unit:**

<table>
<thead>
<tr>
<th>Position</th>
<th>Status</th>
<th>Date Expected to Be Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Office Technician</td>
<td>Advertised</td>
<td>July</td>
</tr>
<tr>
<td>1 Staff Services Analyst</td>
<td>Pending review by HR</td>
<td>Early June</td>
</tr>
</tbody>
</table>

**NEW HIRES/PROMOTIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amiroop Singh</td>
<td>Staff Services Analyst</td>
<td>Licensing – US Evaluations</td>
</tr>
<tr>
<td>Kaylee Ha</td>
<td>Staff Services Analyst</td>
<td>Licensing – International Evaluations</td>
</tr>
</tbody>
</table>

**Licensing – International Evaluations & Technical Support:**

<table>
<thead>
<tr>
<th>Position</th>
<th>Status</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Program Technician I – Technical Support</td>
<td>Offer has been made</td>
<td>Licensing - Support</td>
</tr>
<tr>
<td>1 Supervising Program Technician I – Technical Support</td>
<td>Offer has been made</td>
<td>Licensing - Support</td>
</tr>
</tbody>
</table>

**Call Center, Renewals, Cashiering, Mailroom Units:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicoll Walton</td>
<td>Office Technician</td>
<td>Renewals</td>
</tr>
</tbody>
</table>

**Administration Unit:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Wong</td>
<td>Research Program Specialist I</td>
<td>Administration</td>
</tr>
<tr>
<td>Brazil Smith</td>
<td>Office Technician</td>
<td>Administration</td>
</tr>
</tbody>
</table>

**STATISTICS:**
The board continues to use Quality Business Interactive Report Tool (QBIRT) and can create and run various reports upon request. DCA currently offers a basic introductory class to the QBIRT reporting tool, as well as a more in-depth training that instructs staff on how to develop and run more complex, customized reports. The board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. Below is the total number of applications the board has received by fiscal year:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>14,284</td>
<td>15,777</td>
<td>16,059</td>
<td>16,879</td>
<td>13,771</td>
</tr>
<tr>
<td>Endorsement</td>
<td>9,679</td>
<td>13,534</td>
<td>15,713</td>
<td>20,040</td>
<td>17,146</td>
</tr>
<tr>
<td>Repeat/Reapply</td>
<td>5,716</td>
<td>7,734</td>
<td>6,879</td>
<td>7,043</td>
<td>5,106</td>
</tr>
</tbody>
</table>
8.0 Report of the Legislative Committee
Donna Gerber, Chairperson
Kay Weinkam, NEC
Legislative Liaison

8.1 Discussed Bills of Interest to the Board of Registered Nursing (Board) and Adopt or Modify Positions on the Bills Introduced During the 2017-2018 Legislative Session.

Legislative bills that impact registered nurses, nursing practice, or nursing education

- **AB 334** (Cooper) Sexual assault
- **AB 710** (Wood) Cannabidiol
- **AB 1560** (Friedman) Nurse practitioners: certified nurse-midwives; physician assistants: physician and surgeon supervision
- **AB 1752** (Low) Controlled substances: CURES database
- **AB 1790** (Salas) Valley Fever Education, Early Diagnosis, and Treatment Act
- **AB 1795** (Gipson) Emergency medical services: community care facilities
- **AB 1998** (Rodriguez) Opioids: prescription limitations
- **AB 2086** (Gallagher) Controlled substances: CURES database
- **AB 2140** (Maienschein) Home health agencies: waiver program: nurses
- **AB 2143** (Caballero) Licensed Mental Health Service Provider Education Program: providers
- **AB-2193** (Maienschein) Maternal mental health
- **AB 2315** (Quirk-Silva) Pupil health: health care: telehealth services
- **AB 2324** (Rubio) Elder or dependent adult abuse: public shaming
- **AB 2405** (Patterson) Controlled substances: carfentanil
- **AB 2444** (Burke) Pupil health: eye and vision health
- **AB 2682** (Burke) Nurse-midwives
- **AB 2759** (Santiago) Clinics and health facilities: nurses
- **AB 2760** (Wood) Prescription drugs: naloxone hydrochloride
- **AB 2783** (O’Donnell) Controlled substances: hydrocodone combination products: schedules
- **AB 2850** (Rubio) Nurse assistant training programs: geriatric medication technician
- **SB 320** (Leyva) Public health: public postsecondary education: on-campus student health centers: abortion by medication techniques
- **SB 349** (Lara) Chronic dialysis clinics: staffing requirements
- **SB 562** (Lara) The Healthy California Act
- **SB 944** (Hertzberg) Community Paramedicine Act of 2018
- **SB 1109** (Bates) Controlled substances: Schedule II drugs: opioids
- **SB 1127** (Hill) Pupil health: administration of medicinal cannabis: school sites
Legislative bills that impact the Board

- **AB 827** (Rubio) Department of Consumer Affairs: task force: foreign-trained professionals
- **AB 1659** (Low) Healing arts boards: inactive licenses
- **AB 2087** (Waldron) State government operations: technology modernization
- **AB 2138** (Chiu) Licensing boards: denial of application: criminal conviction
- **AB 2264** (Brough) Professions and vocations: fees
- **AB 2409** (Kiley) Professions and vocations: occupational regulations
- **AB 2483** (Voepel) Department of Consumer Affairs: Office of Supervision of Occupational Boards
- **AB 2958** (Quirk) State bodies: meetings: teleconference

- **SB 641** (Lara) Controlled Substance Utilization Review and Evaluation System: privacy
- **SB 715** (Newman) Department of Consumer Affairs: regulatory boards: removal of board members
- **SB 762** (Hernandez) Healing arts licensee: license activation fee: waiver
- **SSB 921** (Morrell) State agencies: Internet Web sites: disclosure of financial information
- **SB 984** (Skinner) State boards and commissions: representation: women
- **SB 1137** (Vidak) Veterans: professional licensing benefits
- **SB 1298** (Skinner) The Increasing Access to Employment Act
- **SB 1474** (Hill) Anatomical gift

No Public Comment

9.0 Report of the Intervention/Discipline Committee
Barbara Yaroslavsky, Chairperson

9.1 Information Only: Complaint Intake and Investigations Update
Joe Pacheco, Chief, Complaint Intake and Investigations

COMPLAINT INTAKE PROGRAM:

Program Update

Complaint Intake is fully staffed and there are no vacancies. However, the Expert Practice Coordinator is out on an extended leave of absence. Working with DCA’s Office of Human Resources, we filled this critical position by appointing someone to a temporary out-of-class assignment, causing a temporary reduction in Complaint Intake support staff.
On May 7, the BRN coordinated a meeting between the BRN Licensing and Complaint Intake Units, and DCA’s Division of Investigation. During this meeting, clear procedures and information needs were established to swiftly and efficiently address incidents of transcript and education fraud. The new procedures will insure the BRN fully investigates all discoveries of fraud and criminal charges are filed when appropriate.

Fiscal Year 2018 Complaint Intake Workload Volume, as of 05/29/2018

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Complaints Received</td>
<td>3,269</td>
</tr>
<tr>
<td>Licensee Arrest &amp; Conviction Reports</td>
<td>1,312</td>
</tr>
<tr>
<td>Applicant Criminal Conviction Cases</td>
<td>3,405</td>
</tr>
<tr>
<td>Total Complaints Received (FY 17/18)</td>
<td>7,986</td>
</tr>
</tbody>
</table>

Current Complaint Intake Workload, as of 05/29/2018

| Complaint Intake Desk Investigations Pending (CORI and Public Complaints, not-including field investigations) | 783 |
| Desk Investigations Pending > 1 year                                                                 | 110 |
| Cases Pending Expert Review                                                                        | 72  |

| Applicant Desk Investigations Pending | 467 |
| Applicant Cases Pending > 1 year         | 21  |

Three-Year Historical Applicant Workload Numbers

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Exam/Endorsement Applications Received</td>
<td>29,311</td>
<td>31,772</td>
<td>36,919</td>
<td>98,002</td>
</tr>
<tr>
<td>Enforcement Applicant Workload</td>
<td>2,318 (7.9%)</td>
<td>2,970 (9.3%)</td>
<td>3,769 (10.2%)</td>
<td>9,057 (9.2%)</td>
</tr>
<tr>
<td>Initial Denials</td>
<td>170 (7.3%)</td>
<td>172 (5.7%)</td>
<td>97 (2.5%)</td>
<td>439 (4.8%)</td>
</tr>
<tr>
<td>Denials Who Filed Appeals</td>
<td>129 (76%)</td>
<td>133 (77%)</td>
<td>74 (76%)</td>
<td>336 (76%)</td>
</tr>
</tbody>
</table>

Applicant Denial Appeals - Outcomes

Applicants have the right to appeal the Board’s initial denial determination. Appeals are referred to the Attorney General. A Statement of Issues (SOI) is served to the applicant, and the applicant may exercise their right to a hearing. Appeals may also be resolved through stipulated settlement. All final applicant discipline is reviewed and approved by the Board.

INVESTIGATION UNIT PROGRAM UPDATE:

Staff

The BRN Investigation Unit is fully staffed, and there are no vacancies.

Program
EO Dr. Morris, AEO Stacie Berumen and myself met with DCA’s Division of Investigation (DOI) senior management on April 26, where we discussed IDC requested caseload statistics as well as investigative timeframes. BRN expressed our concerns regarding investigative timeframes and the number of cases currently over one year old. DOI openly discussed their plans to address aging cases and decrease the amount of time it takes to conduct BRN’s most Urgent and High Priority field investigations.

BRN and DOI management met again on May 7th and established an agreement to meet monthly to regularly discuss caseload status and other business concerns.

Committee Requested Statistics

At the March 2018 meeting, the Committee requested numbers from the Division of Investigation regarding the number of practice related complaints that resulted in criminal referrals.

The Division of Investigation conducted a full review of their workload from July 2016 to March 2018. Both DOI and BRN agree that current CPEI guidelines are being correctly followed. DOI’s review of the practice related referrals revealed the following statistics:

| DOI referrals for practice related allegations of Wrongful Death, Incompetence and Negligence | 200 |
| Practice related cases returned to BRN without investigation (did not meet CPEI Guidelines) | 55 |
| Practice Related Cases Accepted by DOI | 145 |
| Cases above closed with completed DOI Reports | 65 |
| Number of Criminal Referrals | 1 |

Summary Investigation Workload Statistics

Cumulative Investigation Referrals - Fiscal Year 2018

| No. of Cases | Percent of all Referrals |
| Referred to DOI | 473 | 41% |
| Referred to BRN Investigation Unit | 692 | 59% |

Active Investigation Caseload – June 1, 2018

| No. of Cases | Percent of Active Cases |
| DOI Workload | 417 | 51% |
| BRN Investigation Unit | 404 | 49% |
Cumulative Investigation Closures – Fiscal Year 2018

<table>
<thead>
<tr>
<th>Division of Investigation Closures</th>
<th>Completed Investigation Reports</th>
<th>Average Days Investigation Time</th>
<th>Average Cost Per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRN Investigation Unit Closures</td>
<td>738</td>
<td>243</td>
<td>$2,433</td>
</tr>
</tbody>
</table>

As of June 1, there are 71 DOI investigations and 14 BRN investigation over one year old. Cases over one year old represent 17% and 3% of total workload, respectively.

No public Comment

9.2 Discipline and Probation Program Update - Information only

Shannon Silberling, Chief, Discipline, Probation and Intervention

PROBATION UNIT

Laura McLean was promoted to an Associate Governmental Program Analyst (Probation Monitor) from a Staff Services Analyst (Probation Monitor) within the probation unit effective May 2, 2018. Her vacancy is in the process of being recruited.

The current case load per monitor is approximately 133 cases, which includes tolled probationers. The average case load determined by DCA was 75 cases per monitor.

Once Uniform Standards complete the approval process, analyst monitoring these cases should have a lower caseload, due to the complexity and multifaceted monitoring required.

We continue to reassess our business processes and implement changes to not only reduce our caseloads but streamline the probation process.

* Petitioners for early termination of probation - To date, we have completed 117 via the stipulation process and there are 20 cases pending.
* There are 40 petitions for early terminations and 7 modifications pending a hearing before the Board.

We have teamed with SOLID to instruct the Probation Monitoring Module of DCA’s SOLID Enforcement Academy. The most recent class was held Wednesday, April 4, 2018.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active In-State Probationers</td>
<td>1,095</td>
<td>1,189</td>
<td>1,196</td>
<td>1,028</td>
</tr>
<tr>
<td># of Chemical Dependency Probationers</td>
<td>707</td>
<td>785</td>
<td>787</td>
<td>596</td>
</tr>
<tr>
<td>Tolled Out of State Probationers</td>
<td>290</td>
<td>345</td>
<td>380</td>
<td>394</td>
</tr>
<tr>
<td>Pending Cases at AGO for further discipline of licensure</td>
<td>128</td>
<td>91</td>
<td>130</td>
<td>105</td>
</tr>
<tr>
<td>Total Probationers</td>
<td>1,385</td>
<td>1,534</td>
<td>1,576</td>
<td>1,422</td>
</tr>
</tbody>
</table>
PROBATION UNIT
Laura McLean was promoted to an Associate Governmental Program Analyst (Probation Monitor) from a Staff Services Analyst (Probation Monitor) within the probation unit effective May 2, 2018. Her vacancy is in the process of being recruited.

The current case load per monitor is approximately 133 cases, which includes tolled probationers. The average case load determined by DCA was 75 cases per monitor.

Once Uniform Standards complete the approval process, analyst monitoring these cases should have a lower caseload, due to the complexity and multifaceted monitoring required.

We continue to reassess our business processes and implement changes to not only reduce our caseloads but streamline the probation process.

* Petitioners for early termination of probation - To date, we have completed 117 via the stipulation process and there are 20 cases pending.
* There are 40 petitions for early terminations and 7 modifications pending a hearing before the Board.

We have teamed with SOLID to instruct the Probation Monitoring Module of DCA’s SOLID Enforcement Academy. The most recent class was held Wednesday, April 4, 2018.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active In-State Probationers</td>
<td>1,095</td>
<td>1,189</td>
<td>1,196</td>
<td>1,028</td>
</tr>
<tr>
<td># of Chemical Dependency Probationers</td>
<td>707</td>
<td>785</td>
<td>787</td>
<td>596</td>
</tr>
<tr>
<td>Tolled Out of State Probationers</td>
<td>290</td>
<td>345</td>
<td>380</td>
<td>394</td>
</tr>
<tr>
<td>Pending Cases at AGO for further discipline of licensure</td>
<td>128</td>
<td>91</td>
<td>130</td>
<td>105</td>
</tr>
<tr>
<td>Total Probationers</td>
<td>1,385</td>
<td>1,534</td>
<td>1,576</td>
<td>1,422</td>
</tr>
</tbody>
</table>

CITE AND FINE

We are currently fully staffed with 1 AGPA, 1 SSA and 1 OT.

We began issuing citations for the licensees that have been non-compliant with fingerprints. We anticipate this to be completed by the end of this calendar year. As of 05/30/2018, we have issued 153 fingerprint citations. Of those, we have received full payment on 27 and held 107 appeal conferences and 2 Administrative Hearing Appeals.

<table>
<thead>
<tr>
<th>Citation Information</th>
<th>FY 2015/16</th>
<th>FY 2016/17</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citations Issued</td>
<td>542</td>
<td>366</td>
<td>698</td>
</tr>
<tr>
<td>Amount Ordered</td>
<td>$ 299,638</td>
<td>$ 266,428</td>
<td>$457,033.28</td>
</tr>
<tr>
<td>Amount Received</td>
<td>$ 253,974</td>
<td>$ 202,614</td>
<td>$351,458.28</td>
</tr>
</tbody>
</table>
DISCIPLINE UNIT

We have one (1) analyst vacancy that was recently posted and should be filled by the end of June 2018.

We have been transmitting FastTrack (Out of State Discipline and Convictions) as of July 20, 2017, to the Attorney General’s Office, via the Cloud. We have been approved to roll this out to all AG offices across the state.

<table>
<thead>
<tr>
<th>Default Information</th>
<th>FY 2015/16</th>
<th>FY 2016/17</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Days from Default Decision Preparation to Board Vote</td>
<td>32</td>
<td>34</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases Pending with AG</th>
<th>As of 5/29/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases at AG</td>
<td>1080 (1264 RN’s)</td>
</tr>
<tr>
<td>Pending Board Vote</td>
<td>92</td>
</tr>
<tr>
<td>Final Decision Processing</td>
<td>49</td>
</tr>
<tr>
<td>Pending hearing</td>
<td>119</td>
</tr>
<tr>
<td>Over 2 yrs. at AG</td>
<td>41</td>
</tr>
<tr>
<td>1-2 yrs. at AG</td>
<td>201</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Final Decisions</th>
<th>FY 2015/16</th>
<th>FY 2016/17</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitions to Revoke Probation</td>
<td>87</td>
<td>120</td>
<td>93</td>
</tr>
<tr>
<td>Pleading Served</td>
<td>1067</td>
<td>938</td>
<td>760</td>
</tr>
<tr>
<td>EO Signed Surrenders</td>
<td>255</td>
<td>254</td>
<td>165</td>
</tr>
<tr>
<td>Withdrawals of SOI</td>
<td>15</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Decisions Adopted</td>
<td>1,641</td>
<td>1,282</td>
<td>1013</td>
</tr>
</tbody>
</table>

No public Comment

9.3 Intervention Program Update - Information Only

Shannon Silberling, Chief Discipline, Probation and Intervention

INTERVENTION PROGRAM UPDATE

Staffing

The intervention unit is fully staffed.
**Program Update**

On April 10th in conjunction with the Department of Consumer Affairs (DCA) Office of Public Affairs (OPA), we filmed the last portion of our Intervention Program video. The final version is complete and will be formally presented to the Board at the June 14th Board meeting.

On June 2, 2018, Executive Officer Dr. Joseph Morris, Enforcement Chief Joe Pacheco and Intervention Program Manager Don Henry Walker provided an educational overview of the enforcement process and the Intervention Program to the Sigma Mu Nu Chapter at St. Agnes Medical Center in Fresno Ca. This is a collaborative Summit with the Hispanic Nurses, Black Nursing Association, Filipino Nurses and Central Valley San Joaquin Nursing Leadership Coalition. The presentation was informative and well received.

The Intervention program is currently in the process of preparing for the 2018, Intervention Liaison Committee meeting (ILC). The ILC meeting is held annually to maintain the continuity and integrity of the program in addition to providing a forum to vote on pertinent policy proposals that support the enhancement of the Intervention Program. The Intervention Discipline Committee (IDC) Chairperson, Executive Officer, Assistant Executive Officer, the Chief of Enforcement, Intervention Staff, and the IEC Member Chairs are invited to attend. This year’s meeting will be held in Northern California on September 6, 2018.

In addition to the ILC meeting, the Intervention program staff are also preparing for the Nurse Support Group Facilitator’s Forum. This Forum is conducted to develop greater communication between the facilitators, Board staff and MAXIMUS, the Intervention programs contractor. There will be discussion regarding the facilitator’s role and responsibilities as outlined in the Intervention program contract, guidelines and policies. This year’s meeting will be held in Northern California on September 5, 2018.

**Intervention Evaluation Committees (IEC)**

There are currently four physician member vacancies. One in Oakland (IEC 13), San Jose (IEC 7), Los Angeles (IEC 3) and one in Fresno (IEC 5). There are four public member vacancies. One in San Jose (IEC 7), Orange County (IEC 4), Fairfield (IEC 11) and one in Fairfield (IEC 13). There are four RN member vacancies. One in Fairfield (IEC 2), Los Angeles (IEC 3), Burbank (IEC 8) and Oakland (IEC 13)

**Statistics – Intervention**

The Statistical Summary Report is attached. As of April 26, 2018, there have been 2,292 successful completions.

**No public Comment**

9.3.1 Intervention Evaluation Committee Member/ New Appointment

**BACKGROUND:**

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Intervention Evaluation Committees. Each Committee for the Intervention Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.
APPOINTMENTS
Below is the name of the candidate who is being recommended for appointment to the Intervention Evaluation Committee (IEC). Ms. Newton’s application and résumé is attached. If approved, her term will expire June 30, 2022.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>IEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Newton</td>
<td>RN Member</td>
<td>Burbank</td>
<td>2</td>
</tr>
</tbody>
</table>

REAPPOINTMENTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>IEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Alvy</td>
<td>RN Member</td>
<td>Culver City</td>
<td>3</td>
</tr>
<tr>
<td>Thomas Dosumu-Johnson</td>
<td>MD Member</td>
<td>Riverside</td>
<td>6</td>
</tr>
<tr>
<td>Diane Hambrick</td>
<td>MD Member</td>
<td>Fairfield</td>
<td>2</td>
</tr>
<tr>
<td>Grace Murphy</td>
<td>RN Member</td>
<td>Culver City</td>
<td>3</td>
</tr>
<tr>
<td>Mary Richards</td>
<td>RN Member</td>
<td>San Jose</td>
<td>7</td>
</tr>
<tr>
<td>Dianne Souza</td>
<td>Public Member</td>
<td>San Diego</td>
<td>10</td>
</tr>
</tbody>
</table>

No public Comment

10.0 Report of the Nursing Practice Committee
Elizabeth Woods, RN, Chairperson

10.1 Discuss and Possible Action: Board of Pharmacy’s Emergency Regulatory Action: Compounding Drug Preparations

BACKGROUND: Information from California State Board of Pharmacy obtained from THE SCRIPT March 2018 New Year Brings New Pharmacy Laws for 2018.

To read a compilation of specific new statutes authorized by the bills in the Business and Professions Code and Health and Safety Code visit the Board of Pharmacy website: http://www.pharmacy.ca.gov/laws_regs/new_laws.pdf


The laws and regulations which govern compounding enforced by the California Board of Pharmacy are applied to those sites and individuals licensed by the Board. Compounding includes: altering the dosage form or delivery system of a drug, altering the strength of a drug, combining components or active ingredients, preparing a compounded drug preparation from chemicals or bulk drug substances, and Preparing a compounded drug preparation from chemicals or bulk drug substances.

Compounding “does not include reconstitution of a drug pursuant to a manufacturer’s direction(s), nor does it include the sole act of tablet splitting or crushing, capsule opening, or the addition of flavoring agent(s) to enhance palatability.

1735. Compounding in Licensed Pharmacies
(a) “Compounding” means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:
(1) Altering the dosage form or delivery system of a drug
(2) Altering the strength of a drug
(3) Combining components or active ingredients
(4) Preparing a compounded drug preparation from chemicals or bulk drug substances
(b) “Compounding” does not include reconstitution of a drug pursuant to a manufacturer’s
direction(s), nor does it include the sole act of tablet splitting or crushing, capsule opening, or
the addition of flavoring agent(s) to enhance palatability.
(c) The parameters and requirements stated by Article 4.5 (Section 1735 et seq.) apply to all
compounding practices. Additional parameters and requirements applicable solely to sterile
compounding are stated by Article 7 (Section 1751 et seq.)

Centers for Medicare & Medicaid Services (CMS) has updated the State Operations Manual,
Appendix A, interpretive guidelines for the pharmaceutical services Conditions of
Participation. The revised guidance addresses compounding of medications, particularly
compounded sterile preparations (CSP); determining beyond-use dates; safe and appropriate
storage and use of medications; and policies and procedures related to high-alert medications
and minimizing drug errors. Guidance has also been updated on nursing service requirements
to clarify acceptable standards of practice when CSPs are prepared outside of the pharmacy.
CHA’s Medication Safety Committee is reviewing the document relative to proposed state
regulations due to be finalized early 2016. https://www.calhospital.org/cha-news-article/cms-
releases-revised-hospital-guidance-pharmaceutical-services

What is the immediate-use provision in USP <797>? This is basically an exemption to USP that allows certain sterile products to be prepared
(compounded) without the need for special facilities (e.g., clean room or ISO Class 5 hood)
and practices (e.g., full cleansing or gowning). Two key criteria for immediate-use
exemption are avoidance of touch contamination and administration within 1 hour.
Nevertheless, it is prudent to carry out immediate-use compounding in an area that is kept
clean and orderly. Additionally, common aseptic techniques should be followed.

4173. Dispensing by Registered Nurses
This chapter does not prevent the dispensing of drugs or devices by registered nurses
functioning pursuant to Section 2725.1.

4174. Dispensing by Pharmacist Upon Order of Nurse Practitioner
Notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug
order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-
midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant
functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to
Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or
4052.6.

Revised Hospital Guidance for Pharmaceutical Services and Expanded Guidance Related to
Compounding of Medications https://www.cms.gov/Medicare/Provider-Enrollment-and-

No public Comment

11.0 Election of Officers

Motion: Barbara Yaroslavsky made a motion to maintain the same officers in the current
positions
Second: Michael Jackson
12.0 Discuss and Vote on Whether to Approve Proposed Board Meeting Dates for 2019

Motion: Barbara Yaroslavsky made a motion to approve the Proposed Board Meeting Dates for 2019
Second: Imelda Ceja-Butkiewicz

13.0 Adjournment

The meeting adjourned at 2:10 pm.

Joseph Morris, PhD, MSN, RN
Executive Officer

Donna Gerber
Vice President
5.0 Agenda Item: 5.0  
Date: November 15, 2018

5.1 **Organizational Update**

➢ **Internal Business Process**  
The Board continues to review its internal business processes. The Board has submitted the Budget Change Proposal to request additional staffing to meet operational needs. The additional staff will be used to improve customer service and other essential operations of the Board.

➢ **Outreach Efforts**  
The BRN continues to increase its outreach efforts to academic and clinical partners. The outreach efforts that included presentations to pre-licensure nursing programs regarding the licensing process has now been expanded to include a synopsis of the Enforcement Unit. Recently, the Licensing and Enforcement Chiefs presented at the 2018 Annual Deans and Directors Conference and the presentations were well received. The staff have also presented at several hospitals and continue to receive frequent requests. For more information regarding the Licensing and Enforcement Units please visit the BRN website.

During the month of September and early October, the EO worked closely with Health Impact, Dr. Joanne Spetz and several stakeholders to host 7 regional summits throughout the state of California. The summits included input from clinical practice, academia, legislative branches, labor groups, and many more. The purpose of the summits were to bring creative minds together to discuss the clinical capacity/displacement concerns currently expressed by nursing programs within California with the hopes of offering potential solutions. Overall the summits were a success. The data of the summits is currently being compiled and a report drafted by Health Impact and the planning committee. The data will be used to determine next steps in solving the capacity/displacement concerns. For more information regarding the final summit report, the BRN report, and UCSF regional data please visit HealthImpact.org for more information.

The BRN EO in collaboration with various leaders from the COADN/CACN, CSU and CCC Chancellors Office have met to discuss a pilot dual program enrollment process. The purpose of the pilot is to allow students enrolled in a pre-licensure Associate Degree Nursing (ADN) program to be dually enrolled in the California State University (CSU) nursing degree program(s) with the aim of completing their Bachelors of Science in Nursing (BSN) degree within 1 year or less. The pilot will include the following nursing programs: Riverside Community College (RCC), Cal State University San Bernardino (CSUSB), and Cal State University Fullerton (CSUF). The pilot is scheduled to start Fall 2019. If proven successful, the
plan is to encourage all nursing programs (if not already) to work collaboratively to offer all students enrolled in the ADN programs a dual enrollment option. For more information regarding the pilot program please contact RCC, CSUSB, or CSUF nursing offices for more information.

➢ **Consumer Satisfaction Survey**
Within several weeks, the BRN will release its third annual online Consumer Satisfaction Survey. The purpose of the survey is to solicit input from licensees and various stakeholders regarding the BRN services, processes, and interactions with staff. An email will be sent to stakeholders that have a current email on file with the BRN. Once the data is collected, the information will be used to assess and improve the services provided by the BRN. An update regarding the results will be provided at a later Board meeting.

➢ **2017-2018 Annual School Survey**
On October 11, 2018, the BRN and UCSF jointly conducted its second annual school survey webinar for nursing program deans and directors. The BRN collects data annually on nursing programs, students and faculty. The Webinar provided information to assist deans/directors in the completion of the survey and to answer questions regarding the process. Subsequent the webinar, an email was sent to all California BRN-approved pre-licensure nursing programs to access the survey. The deadline for survey completion and submission is November 15, 2018. If a nursing program did not receive an email with the survey link, please contact Steven Wong at the BRN or their assigned Nursing Education Consultant.

➢ **Continuing Education Provider**
The Board is currently reviewing the Continuing Education Provider (CEP) approval process. The Board was instructed via Senate Business and Professions to conduct a cost benefit analysis of the Board’s continuing education provider (CEP) approval, renewal, and course evaluation process. The completed report is due to the Legislature by January 1, 2019.

➢ **Public Record Requests**
➢ The BRN continues to comply with public record requests (PRA) and responds within the required timeframes that are set in Government Code Section 6250. For the period of June 4, 2018 to November 5, 2018, the Board has processed 56 PRAs.

➢ **Technology Update**
➢ **Online Data Reporting**
   o The Board is in the process of updating its online forms and publication reporting method. Staff is currently working with Dr. Joanne Spetz (UCSF) and DCA’s OIS leadership to explore the use of Tableau to manage, display, and scale data in a more user-friendly format. A pilot use of the software is schedule to be released to the public in December 2018 or early January 2019. For more information about the Tableau software visit [https://www.tableau.com/](https://www.tableau.com/)

➢ **Cloud Technology**
   o The Board continues to achieve great success with implementing the Cloud technology and the submission of electronic documents as part of systems process improvement. As a result of the Cloud implementation, nursing students are testing (i.e. NCLEX pre-licensure exam), licensed, and working must faster as RNs. In fact, recent reports have indicated that the NCLEX pass rates for the State of California pre-licensure nursing programs are at an all-time high (see Licensing Report). In March of 2018, the Board expanded the electronic process to out-of-state endorsers
and thus far being well received. As mentioned in previous reports, the process was also adopted with the Attorney General’s Office which continues to be an ongoing initiative.

**Budget Update**

➢ **Fee Increase Regulation**
   On October 15, 2018, the Board’s Fee Increase regulation became effective. The applicable fees in the regulation took effect October 25, 2018 and a notice and updated fee schedule has been published on the front page of the Board’s website.

➢ **SB 1480 Approval**
   SB 1480 was approved by the Governor on September 19, 2018 and will enact changes on January 1, 2019. This bill amends the nonrefundable fee paid by a registered nurse for an evaluation of his or her qualifications to use the title “public health nurse” from $500 to $300 and requires the Board to refund the difference to those applicants who paid the fee between **April 5, 2018 to December 31, 2018**. Board staff project the refund cost to be approximately $213,000 and will work with appropriate DCA staff on the process. This bill also enacts a penalty fee of $62.50 for failure to renew a public health nurse certificate on time.

➢ **Current Year Budget**
   Board staff are monitoring the budget to ensure the financial health of the Board is maintained throughout the year. Board expenses for the July-October timeframe are on-track based on historical trends. In addition, Board staff began forecasting in-state travel expenses with more granularity to remain laser focused on spending.

➢ **Fund Condition**
   See page 7 for current figures (as of 11/7/18) of the Board’s Analysis of Fund Condition.
Staffing Update

➢ There are currently 16 positions which are actively being recruited for hire throughout the board. For more information regarding the available job postings and how to apply please visit the BRN website.

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Hardy</td>
<td>Program Technician</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Jessica Villanueva</td>
<td>Program Technician</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Brittany Nakagaki</td>
<td>Program Technician</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Sylvia Saenz</td>
<td>Program Technician</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Michelle Zanetta</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Barry Lee</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Deidra Williams</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>LT</td>
</tr>
<tr>
<td>Victor Mercado</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Shavonne Williams</td>
<td>Program Technician</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Faith Gorman</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Angel Quintero</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Anthony Hurst</td>
<td>Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Kirby Khoonsrivong</td>
<td>Program Technician II</td>
<td>Licensing – Evaluations</td>
<td>LT</td>
</tr>
<tr>
<td>Ashveer Nagra</td>
<td>Program Technician II</td>
<td>Licensing – Evaluations</td>
<td>Perm</td>
</tr>
<tr>
<td>Linda Vega</td>
<td>Supervising Program Technician I</td>
<td>Licensing – Support</td>
<td>Perm</td>
</tr>
<tr>
<td>Karli Marszalek</td>
<td>Program Technician</td>
<td>Licensing – Support</td>
<td>Perm</td>
</tr>
<tr>
<td>Leo Marquez</td>
<td>Office Assistant – General</td>
<td>Mailroom</td>
<td>Perm</td>
</tr>
<tr>
<td>Name</td>
<td>Classification</td>
<td>Program</td>
<td>Status</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Shamontay Brady</td>
<td>Office Assistant – General</td>
<td>Mailroom</td>
<td>Perm</td>
</tr>
<tr>
<td>Julie Ensley</td>
<td>Staff Services Analyst</td>
<td>Probation</td>
<td>Perm</td>
</tr>
<tr>
<td>Emoke Csengeri</td>
<td>Special Investigator</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
<tr>
<td>Nyssa Wilson</td>
<td>Special Investigator</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
<tr>
<td>Nicolette Cunningham</td>
<td>Special Investigator</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
</tbody>
</table>

**PROMOTIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Tagtmeier</td>
<td>Office Technician – General</td>
<td>Admin</td>
<td>Perm</td>
</tr>
<tr>
<td>Andrea Tillman</td>
<td>Supervising Program Technician II</td>
<td>Call Center</td>
<td>Perm</td>
</tr>
<tr>
<td>Amiroop Singh</td>
<td>Staff Services Analyst</td>
<td>Licensing – US Eval</td>
<td>LT</td>
</tr>
<tr>
<td>Laura McLean</td>
<td>Associate Governmental Program Analyst</td>
<td>Probation</td>
<td>Perm</td>
</tr>
<tr>
<td>Lisa Lopez</td>
<td>Supervising Special Investigator I</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
<tr>
<td>Natalya Yakuta</td>
<td>Staff Services Analyst</td>
<td>Discipline</td>
<td>Perm</td>
</tr>
<tr>
<td>LaTasha Billoups</td>
<td>Staff Services Analyst</td>
<td>Probation</td>
<td>Perm</td>
</tr>
<tr>
<td>Sabrina Gonzales</td>
<td>Associate Governmental Program Analyst</td>
<td>Discipline</td>
<td>Perm</td>
</tr>
<tr>
<td>Patrice Quinn</td>
<td>Staff Services Analyst</td>
<td>Complaint Intake</td>
<td>Perm</td>
</tr>
<tr>
<td>Angelina Gonzalez</td>
<td>Program Technician II</td>
<td>Licensing - Evaluations</td>
<td>Perm</td>
</tr>
</tbody>
</table>

**SEPARATIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samira Moughrabi</td>
<td>Nursing Education Consultant</td>
<td>NEC – S. CA</td>
<td>Perm</td>
</tr>
<tr>
<td>Name</td>
<td>Classification</td>
<td>Program</td>
<td>Status</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Shannan Borton</td>
<td>Supervising Special Investigator I</td>
<td>Investigations</td>
<td>Perm</td>
</tr>
<tr>
<td>Robin Matson</td>
<td>Staff Services Analyst</td>
<td>Complaint Intake</td>
<td>Perm</td>
</tr>
<tr>
<td>Richard Stephan</td>
<td>Associate Governmental Program Analyst</td>
<td>Discipline</td>
<td>Perm</td>
</tr>
</tbody>
</table>

**RETIREMENTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>None.</td>
</tr>
</tbody>
</table>

**VACANCIES**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Program</th>
<th>FT/Perm vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Governmental Program Analyst</td>
<td>Discipline</td>
<td>1</td>
</tr>
<tr>
<td>Associate Governmental Program Analyst/SSA</td>
<td>Probation</td>
<td>1</td>
</tr>
<tr>
<td>CEA (A)</td>
<td>Office of Legislative Affairs</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Education Consultant (BCP)</td>
<td>N. CA NECs</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Education Consultant</td>
<td>S. CA - NECs</td>
<td>2</td>
</tr>
<tr>
<td>Office Technician – Typing</td>
<td>Complaint Intake</td>
<td>1</td>
</tr>
<tr>
<td>Office Technician – Typing</td>
<td>Discipline</td>
<td>1</td>
</tr>
<tr>
<td>Office Technician – Typing</td>
<td>Probation</td>
<td>1</td>
</tr>
<tr>
<td>Program Technician II</td>
<td>Call Center</td>
<td>2</td>
</tr>
<tr>
<td>Special Investigator</td>
<td>Investigations Unit – Central CA</td>
<td>1</td>
</tr>
<tr>
<td>Staff Services Analyst</td>
<td>Administration</td>
<td>1</td>
</tr>
<tr>
<td>Staff Services Analyst</td>
<td>Discipline</td>
<td>1</td>
</tr>
<tr>
<td>Staff Services Manager III</td>
<td>Enforcement</td>
<td>1</td>
</tr>
<tr>
<td>Supervising Special Investigator</td>
<td>Investigations Unit – Central CA</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
## Fund Condition

### 0761 - Board of Registered Nursing

#### Analysis of Fund Condition

(Dollars in Thousands)

#### 2018 Enacted Budget

<table>
<thead>
<tr>
<th></th>
<th>PY 2017-18</th>
<th>CY 2018-19</th>
<th>BY 2019-20</th>
<th>BY+1 2020-21</th>
<th>BY+2 2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Year Adjustment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Adjusted Beginning Balance</td>
<td>$9,966</td>
<td>$15,838</td>
<td>$24,828</td>
<td>$34,779</td>
<td>$43,963</td>
</tr>
<tr>
<td><strong>REVENUES AND TRANSFERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4121200 Delinquent fees</td>
<td>$686</td>
<td>$733</td>
<td>$733</td>
<td>$733</td>
<td>$733</td>
</tr>
<tr>
<td>4127400 Renewal fees</td>
<td>$36,624</td>
<td>$42,277</td>
<td>$43,403</td>
<td>$43,403</td>
<td>$43,403</td>
</tr>
<tr>
<td>4129200 Other regulatory fees</td>
<td>$2,279</td>
<td>$1,440</td>
<td>$1,456</td>
<td>$1,456</td>
<td>$1,456</td>
</tr>
<tr>
<td>4129400 Other regulatory licenses and permits</td>
<td>$9,001</td>
<td>$11,549</td>
<td>$12,086</td>
<td>$12,086</td>
<td>$12,086</td>
</tr>
<tr>
<td>4143500 Miscellaneous services to the public</td>
<td>$164</td>
<td>$347</td>
<td>$514</td>
<td>$650</td>
<td>$774</td>
</tr>
<tr>
<td>4163000 Income from surplus money investments</td>
<td>$164</td>
<td>$347</td>
<td>$514</td>
<td>$650</td>
<td>$774</td>
</tr>
<tr>
<td>4171400 Escheat of unclaimed checks and warrants</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
</tr>
<tr>
<td>4171500 Escheat of unclaimed property</td>
<td>-</td>
<td>$6</td>
<td>$6</td>
<td>$6</td>
<td>$6</td>
</tr>
<tr>
<td>4172500 Miscellaneous revenues</td>
<td>$9</td>
<td>$9</td>
<td>$9</td>
<td>$9</td>
<td>$9</td>
</tr>
<tr>
<td>Totals, Revenues</td>
<td>$48,804</td>
<td>$56,402</td>
<td>$58,248</td>
<td>$58,384</td>
<td>$58,508</td>
</tr>
<tr>
<td>Transfers from Other Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals, Revenues and Transfers</td>
<td>$48,804</td>
<td>$56,402</td>
<td>$58,248</td>
<td>$58,384</td>
<td>$58,508</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disbursements:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)</td>
<td>$39,890</td>
<td>$44,255</td>
<td>$45,140</td>
<td>$46,043</td>
<td>$46,964</td>
</tr>
<tr>
<td>8880 Financial Information System for California (State Operations)</td>
<td>$53</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
</tr>
<tr>
<td>9802 Supplemental Pension Payments (State Operations)</td>
<td>-</td>
<td>$308</td>
<td>$308</td>
<td>$308</td>
<td>$308</td>
</tr>
<tr>
<td>9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)</td>
<td>$2,989</td>
<td>$2,845</td>
<td>$2,845</td>
<td>$2,845</td>
<td>$2,845</td>
</tr>
<tr>
<td>Total Disbursements</td>
<td>$42,932</td>
<td>$47,412</td>
<td>$48,297</td>
<td>$48,297</td>
<td>$50,121</td>
</tr>
<tr>
<td><strong>FUND BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve for economic uncertainties</td>
<td>$15,838</td>
<td>$24,828</td>
<td>$34,779</td>
<td>$43,963</td>
<td>$52,350</td>
</tr>
<tr>
<td>Months in Reserve</td>
<td>3.9</td>
<td>6.2</td>
<td>8.5</td>
<td>10.5</td>
<td>12.3</td>
</tr>
</tbody>
</table>

*Dollars in thousands, except in Salary Range. Numbers may not add or match to other statements due to rounding of budget details.*
For more information regarding many of the Boards Activities and available resources please visit www.rn.ca.gov.
DATE: August 15, 2018

LOCATION: Millennium Biltmore Hotel  
South Galeria Biltmore Bowl  
506 South Grand Avenue  
Los Angeles, CA 90071  
(213) 624-1011

PRESENT: Donna Gerber, Vice President  
Elizabeth A. Woods, MSN, FNP, RN  
Barbara Yaroslavsky  
Pilar De La Cruz-Reyes, MSN, RN  
Imelda Ceja-Butkiewicz  
Cynthia Klein, RN

NOT PRESENT: Trande Phillips, President  
Michael D. Jackson, MSN, RN

ALSO PRESENT: Stacie Berumen, Assistant Executive Officer  
Ileana Butu, DCA Legal Counsel  
Cindy F. Forman, Administrative Law Judge  
Cristina Felix, Deputy Attorney General  
Lisa Miller, Deputy Attorney General  
Christina Sprigg, Licensing and Administrative Services Chief  
Joseph Pacheco, Complaint & Investigations Chief  
Shannon Silberling, Discipline, Probation & Intervention Chief  
Elizabeth Elias, Staff Services Manager I, Probation  
Kim Ott, Decisions and Appeals Analyst  
Eloisa Zinzun, Administration Services Analyst

Wednesday, August 15, 2018 – 8:00 am Open Session; 9:00 am Board Meeting

1.0 8:00 am Open Session: Staff Presentation to Public (Board Members will not be present):

1.1 Overview of the Board’s licensure process and process related to applicants reporting convictions.

1.2 Questions and Answers.

Schools in attendance:
De Anza Community College, Saddleback College, American Career College

2.0 Call to Order, Roll Call and Establishment of a Quorum
Donna Gerber, Vice President called the meeting to order at 9:17 am, had the members introduce themselves and established a quorum.

3.0 Public Comment for Items Not on the Agenda

No public comment.
4.0 Disciplinary Matters. Hearings on Petitions For:

Cindy F. Forman, Administrative Law Judge  
Cristina Felix, Deputy Attorney General  
Lisa Miller, Deputy Attorney General

Termination/Modification of Probation
Evangelina Carrozza  
Vittoria Crescenzo  
Suguna Jaikumar

Reinstatements
Pamela Baker  
Cindaleen Binswanger-Cummings  
Sharon Noormand  
Julie Staggs-Atty Kevin Murphy  
Quiana Young

Meeting adjourned for lunch between: 12:09 – 2:30 pm.

Donna Gerber, Vice President, reconvened the meeting in open session for purposes to adjourn to closed session time: 2:41 pm.

Meeting adjourned to closed session at Time: 2:42 pm

5.0 Closed Session

Disciplinary Matters
The Board convened in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Pending Litigation
The Board will convene in closed session pursuant to Government Code section 11126(e)(1) to confer with and receive advice from legal counsel regarding the following:

- Melani Kent v. California Board of Registered Nursing, Sacramento Superior Court, Case No. 34-2017-80002595-CU-WM-GDS.
- Nora McNeill v. Office of Administrative Hearings, Board of Registered Nursing and Deputy Attorney General Brian Turner, Sacramento Superior Court, Case No. 34-2016-80002470-CU-WM-GDS.

Trande Phillips, President, called the closed session meeting to order at 3:02 pm. The closed session adjourned at 6:56 pm.

6.0 Reconvene in Open Session for Purposes of Adjournment
Donna Gerber, Vice President, reconvened the meeting in open session and called the meeting to order at 6:57 pm.

No public comment.

Meeting adjourned at 6:58 pm.

Joseph Morris, PhD, MSN, RN     Donna Gerber  
Executive Officer     Vice President
DATE: September 27, 2018

LOCATION: Board of Registered Nursing
1747 N. Market Blvd. Ste. 100
HQ-2 North Market Pearl Room
Sacramento, CA 95834

PRESENT: Trande Phillips, President
Elizabeth A. Woods, MSN, FNP, RN
Barbara Yaroslavsky
Pilar De La Cruz-Reyes, MSN, RN
Imelda Ceja-Butkiewicz
Michael D. Jackson, MSN, RN

Teleconference sites:

<table>
<thead>
<tr>
<th>173 Vineyard Circle</th>
<th>Central California Center for Excellence in Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonoma, CA 95476</td>
<td>1625 E Shaw Ave, Suite 146</td>
</tr>
<tr>
<td></td>
<td>Fresno, CA 93710</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1832 Redwood Dr</th>
<th>1309 L Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, CA 94553</td>
<td>Bakersfield, CA 93301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Saban Community Clinic</th>
<th>Chula Vista Public Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>8405 Beverly Blvd</td>
<td>Otay Ranch Town Center Library</td>
</tr>
<tr>
<td>Los Angeles, CA 90048</td>
<td>2015 Birch Rd, Chula Vista, CA 91915</td>
</tr>
</tbody>
</table>

NOT PRESENT: Donna Gerber, Vice President
Cynthia Klein, RN

ALSO PRESENT: Joseph Morris, Executive Officer
Stacie Berumen, Assistant Executive Officer
Spencer Walker, DCA Legal Counsel
Ann Salisbury, DCA Legal Counsel
Joseph Pacheco, Complaint & Investigations Chief
Shannon Silberling, Discipline, Probation & Intervention Chief
Janette Wackerly, Supervising NEC
Kay Weinkam, NEC
Jessica Hardwick, Decisions and Appeals Analyst
Dean Fairbanks, Budget & Regulatory Analyst
Eloisa Zinzun, Administration Services Analyst

Thursday, September 27, 2018 Open Session; 11:00 am Board Meeting

1.0 Call to Order, Roll Call and Establishment of a Quorum
Donna Gerber, Vice President called the meeting to order at 11:02 am, had the members introduce themselves and established a quorum.
2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Report of the Legislative Committee presented by Stacie Berumen and Kay Weinkam

3.1 Discuss Bills of Interest to the Board of Registered Nursing (Board) and Recommend that the Board Adopt or Modify Positions on the Bills Introduce During the 2017-2018 Legislative Session

Legislative bills that impact the Board

- **AB 2958** (Quirk) State bodies: meetings: teleconference

  **Motion:** Trande Phillips made a motion to watch AB 2958
  **Second:** Imelda Ceja-Butkiewicz

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Absent</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
</tr>
</tbody>
</table>

- **SB 1137** (Vidak) Veterans: professional licensing benefits

  No action taken bill was chaptered.

4.0 Information Only: Presentation by Janette Wackerly-SNEC

Effective October 2, 2018, the Controlled Substance Utilization Review and Evaluation System (CURES) mandates Furnishing Nurse Practitioners and Nurse-Midwives consult CURES prior to prescribing, ordering, administering or furnishing a Schedule II-IV Controlled Substances.

5.0 Discussion and Possible Action Regarding the Advanced Practice Registered Nurses Rulemaking to Adopt Sections 1483.1, 1483.2 and 1486 and Amend Sections 1417, 1480, 1481, 1482, 1483 and 1484 of Title 16, Division 14, of the California Code of Regulations.

  **Motion:** Michael Jackson made a motion to adopt
  **Second:** Elizabeth Woods

<table>
<thead>
<tr>
<th>Votes</th>
<th>MJ</th>
<th>EW</th>
<th>BY</th>
<th>DG</th>
<th>IC-B</th>
<th>TP</th>
<th>CK</th>
<th>PD-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Absent</td>
<td>Y</td>
<td>Y</td>
<td>Absent</td>
</tr>
</tbody>
</table>

Trande Phillips, President adjourned open session. Time: 11:37 am.

Meeting adjourned to closed session. Time: 11:41 am.

6.0 Closed Session

**Disciplinary Matters**
The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on disciplinary matters including stipulations and proposed decisions.

**Pending Litigation**
The Board will convene in closed session pursuant to Government Code section 11126(e)(1) to confer with and receive advice from legal counsel regarding the following: *Melani Kent v. California Board of Registered Nursing*, Sacramento Superior Court, Case No. 34-2017-80002595-CU-WM-GDS
Trande Phillips, President, called the closed session meeting to order at 11:42 am. The closed session adjourned at 12:01 pm.

7.0 **Reconvene in Open Session for Purposes of Adjournment**
Trande Phillips, President, reconvened the meeting in open session and called the meeting to order at 12:01 pm.

No public comment.

Meeting adjourned at 12:02 pm.

---

Joseph Morris, PhD, MSN, RN  
Executive Officer

Donna Gerber  
Vice President
**STATE OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**BOARD OF REGISTERED NURSING**
**BOARD MEETING MINUTES**

**DATE:** October 10, 2018

**LOCATION:** Radisson Hotel Fresno Conference Center  
Sierra Grand Ballroom  
1055 Van Ness Avenue  
Fresno, CA 93721  
(559) 233-6650

**PRESENT:** Trande Phillips, President  
Donna Gerber, Vice President  
Elizabeth A. Woods, MSN, FNP, RN  
Barbara Yaroslavsky  
Pilar De La Cruz-Reyes, MSN, RN  
Imelda Ceja-Butkiewicz  
Cynthia Klein, RN  
Michael D. Jackson, MSN, RN

**ALSO PRESENT:** Joseph Morris, Executive Officer  
Stacie Berumen, Assistant Executive Officer  
Ileana Butu, DCA Legal Counsel  
Ann Salisbury, DCA Legal Counsel  
Danette Brown, Administrative Law Judge  
Andrew Steinheimer, Deputy Attorney General  
Christina Sprigg, Licensing and Administrative Services Chief  
Joseph Pacheco, Complaint & Investigations Chief  
Shannon Silberling, Discipline, Probation & Intervention Chief  
Kim Ott, Decisions and Appeals Analyst  
Eloisa Zinzun, Administration Services Analyst  
Lisa Hall, Probation Monitor

**Wednesday, October 10, 2018 – 8:00 am Open Session; 9:00 am Board Meeting**

1.0 **8:00 am Open Session: Staff Presentation to Public (Board Members will not be present):**

   1.1 Overview of the Board’s licensure process and process related to applicants reporting convictions.  
   1.2 Questions and Answers.

**Schools in attendance:**  
De Anza Community College, CSU Fresno, Madera Community College, College of the Sequoias, Fresno City College

2.0 **Call to Order, Roll Call and Establishment of a Quorum**  
Trande Phillips, President called the meeting to order at 9:18 am, had the members introduce themselves and established a quorum.

3.0 **Public Comment for Items Not on the Agenda**
4.0 Disciplinary Matters. Hearings on Petitions For:

Danette Brown, Administrative Law Judge
Andrew Steinheimer, Deputy Attorney General

**Termination/Modification of Probation**

Remedios Babanto
Henry Gittler
Kelly Neil
Krystal Pampliega
Michael Randall

**Reinstatements**

Judith Austin

Meeting adjourned for lunch between: 11:48 – 12:22 pm.

Trande Phillips, President, reconvened the meeting in open session for purposes to adjourn to closed session time: 12:23 pm.

Meeting adjourned to closed session at Time: 12:26 pm

5.0 Closed Session

**Disciplinary Matters**
The Board convened in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

**Pending Litigation**
The Board will convene in closed session pursuant to Government Code section 11126(e)(1) to confer with and receive advice from legal counsel regarding the following:

- *Melani Kent v. California Board of Registered Nursing*, Sacramento Superior Court, Case No. 34-2017-80002595-CU-WM-GDS.
- *Nora McNeill v. Office of Administrative Hearings, Board of Registered Nursing and Deputy Attorney General Brian Turner*, Sacramento Superior Court, Case No. 34-2016-80002470-CU-WM-GDS.

Trande Phillips, President, called the closed session meeting to order at 12:27 pm. The closed session adjourned at 3:00 pm.

6.0 Reconvene in Open Session for Purposes of Adjournment

Donna Gerber, Vice President, reconvened the meeting in open session and called the meeting to order at 3:01 pm.

No public comment.

Meeting adjourned at 3:02 pm.

---

Joseph Morris, PhD, MSN, RN  
Executive Officer

Donna Gerber  
Vice President
AGENDA ITEM: 6.1
DATE: November 15, 2018

ACTION REQUESTED: DCA Budget Staff to provide BRN Budget Update and Status of Budget Change Proposal Process

REQUESTED BY: Trande Phillips, RN, President Chairperson, Administrative Committee

BACKGROUND:
Staff from the Department of Consumer Affairs’ Budget Office will present an update on the status of the Board’s budget and budget change proposal process to answer any questions the Board may have.

NEXT STEPS: Follow board’s direction.

FISCAL IMPACT, IF ANY: Unknown at this time.

PERSON TO CONTACT: Dr. Joseph Morris, PhD, MSN, RN Executive Officer (916) 574-7600
AGENDA ITEM: 6.2
DATE: November 15, 2018

ACTION REQUESTED: Update on SB 799 Report by California Research Bureau to the Legislature Regarding Mandatory Reporting

REQUESTED BY: Trande Phillips, RN, President
Chairperson, Administrative Committee

BACKGROUND:
An update will be provided on the status of the California Research Bureau’s upcoming report due to the Legislature on January 1, 2019 regarding Mandatory Reporting.

NEXT STEPS: Follow board’s direction.

FISCAL IMPACT, IF ANY: Unknown at this time.

PERSON TO CONTACT: Dr. Joseph Morris, PhD, MSN, RN
Executive Officer
(916) 574-7600
AGENDA ITEM: 6.3
DATE: November 15, 2018

ACTION REQUESTED: Update and Possible Action to Begin Discussions with Senate Business, Professions, and Economic Development Committee to Develop Legislative Solutions for Clinical Capacity

REQUESTED BY: Trande Phillips, RN, President Chairperson, Administrative Committee

BACKGROUND:
An update will be provided on the Clinical Capacity Summits and possible legislative solutions.

NEXT STEPS: Follow board’s direction.

FISCAL IMPACT, IF ANY: Unknown at this time.

PERSON TO CONTACT: Dr. Joseph Morris, PhD, MSN, RN Executive Officer (916) 574-7600
AGENDA ITEM: 6.4
DATE: November 15, 2018

ACTION REQUESTED: Update and Possible Action on Comprehensive Plan for Approving/Disapproving Continuing Education Opportunities

REQUESTED BY: Trande Phillips, RN, President Chairperson, Administrative Committee

BACKGROUND:
An update will be provided by the Continuing Education Ad-Hoc Committee regarding the Comprehensive Plan for Approving/Disapproving Continuing Education Opportunities due to the Legislature on January 1, 2019, as required by SB 799.

NEXT STEPS: Follow board’s direction.

FISCAL IMPACT, IF ANY: Unknown at this time.

PERSON TO CONTACT: Dr. Joseph Morris, PhD, MSN, RN Executive Officer (916) 574-7600
COMPREHENSIVE PLAN FOR APPROVING AND DISAPPROVING CONTINUING EDUCATION OPPORTUNITIES
January 1, 2019
Board Members
Trande Phillips, RN, Direct Patient Care Member, President
Donna Gerber, Public Member, Vice President
Pilar De La Cruz-Samoulian, MSN, RN, Nurse Administrator Member
Cynthia Cipres Klein, BSN, RN, Direct Patient Care Member
Elizabeth (Betty) Woods, RN, FNP, MSN, Advanced Practice Member
Imelda Ceja-Butkiewicz, Public Member
Barbara Yaroslavsky, Public Member
Michael Deangelo Jackson, MSN, RN, CEN, MICN, Nurse Educator Member

Board of Registered Nursing
Dr. Joseph Morris, Executive Officer
Stacie Berumen, Assistant Executive Officer

State of California
Edmund G. Brown Jr., Governor
Alexis Podesta, Secretary, Business, Consumer Services and Housing Agency
Dean Grafilo, Director, Department of Consumer Affairs

Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834-1924
(916) 322-3350
# Table of Contents

Mission ................................................................................................................. 4  
Vision .................................................................................................................. 4  
Values .................................................................................................................. 4  
Strategic Plan: 2018-2021 ............................................................................... 4  
Purpose of the Plan ........................................................................................... 5  
Proposed 2019 Timeline ................................................................................... 6  
Nursing Practice Act .......................................................................................... 7  
Rules and Regulations Related to Continuing Education and Continuing Education Providers ........................................................................................................... 7  
Business and Professions Code Division 2 Chapter 6 Nursing Article 6 Revenue .... 7  
California Code of Regulations (CCR) Title 16. Professional and Vocational Regulations Division 14. Board of Registered Nursing Article 5: Continuing Education Sections 1420-1459.1 .................................................................................................................. 7  
Continuing Education Providers Survey Results .............................................. 12  
California Board of Registered Nursing Approved Providers ....................... 17  
SECTION 1 CURRENT PROCESS ....................................................................... 18  
Continuing Education Provider Initial Approval Process ................................ 19  
Continuing Education Provider Renewal Process ............................................ 20  
Continuing Education Provider Audit Process ............................................... 20  
SECTION 2: PROPOSED PROCESS .................................................................. 21  
Steps for Continuing Education Opportunities: Approval, Disapproval, & Appeal Process .................................................................................................................. 22  
Use of Content Evaluators to Approve or Disapprove Continuing Education Opportunities ........................................................................................................... 27  
Continuing Education Provider Application .................................................... 28  
Continuing Education Provider Application .................................................... 29  
Continuing Education Provider Continuing (Renewal) Approval Process ........ 36  
Audit Process of Continuing Education Providers ............................................ 36  
Continuing Education Provider Fees ................................................................ 39  
Audit Fees ........................................................................................................... 39  
Process When Continuing Education Provider Number is Delinquent, Expired, or Cancelled ........................................................................................................... 40  
Technology Needs ............................................................................................... 40
Mission

The California Board of Registered Nursing (BRN) protects and advocates for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California.

Vision

The California Board of Registered Nursing’s mission is to be the country’s premier board of nursing, protecting patient advocacy, consumers, and high-quality nursing education.

Values

Consumer Protection
Customer Service
Effectiveness
Integrity
Trust

Strategic Plan: 2018-2021

- Increase RN renewal auditing percentages for increased consumer protection.
- Establish a regular schedule of continuing education (CE) provider audits to take place for increased consumer protection and comply with the 5-year audit requirement.
- Evaluate the quality of existing CE credits being issued by providers by topic to monitor relevancy to the nursing profession.
- Identify and advocate for additional staffing needs in technology, Nursing Education Consultant, and other areas to meet the auditing goals.
- Support subcommittee’s efforts to work with staff and Board members to analyze and plan the program and provide the required report to the legislature in 2019 and 2020.
- Evaluate need for a designated CE unit within the staff organization of the Board. If established, monitor the designated CE unit for consistency, knowledge, and meeting audit goals.
- Explore options for the Board to become a CE provider for information that can only be provided by the BRN such as how discipline occurs; how to access the Intervention Program, understanding the Nursing Practice Act, scope of practice, consequences of violating the act, and substance abuse and impairment.
Purpose of the Plan

The purpose of this plan is to provide the legislative policy committee with a comprehensive plan detailing the approving and disapproving of continuing education opportunities as addressed in Senate Bill 799 Chapter 520 authored by Senator Gerald “Jerry” Hill was approved by the Governor, Edmund Gerald Brown Jr., on October 5, 2017. The bill reads that the California Board of Registered Nursing is to:

(1) By January 1, 2019, deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving continuing education opportunities.
(2) By January 1, 2020, report to the appropriate legislative committees on its progress implementing this plan.

The plan provides background information such as the rules and regulations that give the California Board of Registered Nursing the authority to approve, disapprove, and audit Continuing Education Providers. The plan includes proposed changes to the process for “initial” and continuing approval of Continuing Education Providers. The plan provides a proposal for the Board to hire Content Evaluators to assist in the process of approving and disapproving Continuing Education Providers based on the regulation. The plan includes a proposed process for continuing approval and auditing of Continuing Education Providers. There is also a proposal to be considered, to establish a Continuing Education and Assessment & Research Unit including preliminary staffing needs, technology requirements, proposed fees, and regulatory changes.
# Proposed 2019 Timeline

## Proposed Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **January** | • Submit plan to Legislative committee  
• Submit BreEZe ticket to start the design process for the online Continuing Education Provider application |
| **February** | • Work with BreEZe team to ensure that existing Continuing Education Providers can update license profiles to add email addresses  
• Work with BreEZe team to re-build online Continuing Education Provider application  
• Notify existing providers to update profiles to add email addresses |
| **March** | • Prepare Legislative Budget Change Proposal (BCP)  
• Monitor status of legislative changes  
• Notify Stakeholders of new changes for existing Continuing Education Providers and new applicants seeking to be an approved continuing education provider  
• Inform Board staff about changes made to the Continuing Education Provider approval, continuing approval, delinquent status, and audit processes  
• Continue working with BreEZe team on re-building of online Continuing Education Provider application |
| **April** | • Continue working with BreEZe team on re-building of online continuing education provider application |
| **May** | • Create Content Evaluator application  
• Create Content Evaluator recruitment brochure  
• Create Content Evaluator database |
| **June** | • Board staff testing of online Continuing Education Provider application |
| **July** | • Go live with online BreEZe Continuing Education Provider application. |
| **August** | • Market Content Evaluator opportunity  
• Post content evaluator application on Board’s website |
| **September** | • Recruit Content Evaluators  
• Start writing report to be sent to Legislative Committee January 2020 |
| **October** | • Per legislative approval, implement new audit process  
• Select Content Evaluators |
| **November** | • Start sending Continuing Education Provider applications to Content Evaluators |
| **December** | • Finalize progress report to be sent to Legislative Committee January 2020 |
Nursing Practice Act

The Nursing Practice Act (NPA, 2017) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for Registered Nurses. The Nursing Practice Act is extracted from Business & Professions Code Division 2 Healing Arts Chapter 6 Nursing and California Code of Regulations Title 16 Professional and Vocational Regulations Division 14 Board of Registered Nursing.

Rules and Regulations Related to Continuing Education and Continuing Education Providers

Business and Professions Code Division 2 Chapter 6 Nursing Article 6 Revenue

Business & Professions Code Section 2811.5 reads in part “(1) By January 1, 2019, deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving continuing education opportunities. (2) By January 1, 2020, report to the appropriate legislative committees on its progress implementing this plan. (d) The board shall audit continuing education providers at least once every five years to ensure adherence to regulatory requirements, and shall withhold or rescind approval from any provider that is in violation of the regulatory requirements.”

Section 2811.6. Providers of continuing education programs approved by the board pursuant to Section 2811.5 shall make available for board inspection records of continuing education courses given to registered nurses.

California Code of Regulations (CCR) Title 16. Professional and Vocational Regulations Division 14. Board of Registered Nursing Article 5: Continuing Education Sections 1420-1459.1

CCR 1450 Definitions.
(a) For purposes of this Article:
(1) “Continuing Education” means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, academic studies, in service education, institutes, seminars, workshops, extension studies, and independent/home study programs undertaken by registered nurses for relicensure. These learning experiences are meant to enhance the knowledge of the registered nurse in the practice of nursing in direct and indirect patient care.
(2) “Course” means a systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of knowledge, skills, and information in direct and indirect patient care.
(3) “Content Relevant to the Practice of Nursing” means content related to the development and maintenance of current competency in the delivery of nursing care as specified in Section 1456.
(4) “Independent/Home Study Courses” means continuing education courses offered for individual study by an approved provider.
(5) “Hour” means at least fifty (50) minutes of participation in an organized learning experience; 
(6) “Approved Providers” means those individuals, partnerships, corporations, associations, organizations, organized health care systems, educational institutions, or governmental agencies offering continuing education as approved by the Board.

**CCR 1451.2 Continuing Education Courses.**
(a) Continuing Education course credit may be given for the following continuing education courses:
(1) Courses offered by an approved Provider as specified in Section 1454. In addition to classroom courses, courses may be designed by an approved Provider for participation in activities which include nursing practice, publishing and/or research, provided that such courses meet the requirements of Section 1456.
(2) Out of state courses which have been approved for voluntary or mandatory continuing education by Registered Nurse licensing agencies of other states and/or state nurses' associations, as well as offerings by nationally recognized health associations and/or their regional subdivisions provided that such courses meet the requirements of Section 1456.
(3) Out of state academic courses in an accredited post-secondary institution which are related to the specific knowledge and/or technical skills required for the practice of nursing.
(4) Other courses as may be approved by the Board at its sole discretion.

**CCR 1454 Approved Providers**
(a) For the purpose of this Article, the title “approved provider” can only be used when an individual, partnership, corporation, association, organization, organized health care system, educational institution or governmental agency, having committed no act which would lead to disciplinary action pursuant to Section 1459.1, has submitted a provider application on forms supplied by the Board, remitted the appropriate fee and has been issued a provider number.
(b) An individual, partnership, corporation, association, organized health care system, governmental agency, educational institution and other organizations may be issued only one provider number; provided, however, that any autonomous entity within such organization may be issued one provider number.
(c) An approved provider shall have a written and published policy, available on request, which provides information on:
(1) refunds in cases of non-attendance
(2) time period for return of fees
(3) notification if course is cancelled.
(d) The approved provider is required to accept full responsibility for each and every course, including, but not limited to recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor qualifications. When two or more providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor(s') qualifications.
(e) Providers may not grant partial credit for continuing education.
(f) Approved providers shall keep the following records for a period of four years in one location within the State of California, or in a place approved by the Board:
(1) course outlines of each course given
(2) record of time and places each course given
(3) course instructor vitaes or resumes
(4) name and license number of registered nurses taking any approved course and a record of any certificate issued to them.
(g) Approved providers must notify the Board, within thirty (30) days, of any changes in organizational structure of a provider and/or the person(s) responsible for the provider's continuing education course(s), including name and address changes.
(h) Provider approval is non-transferable.
(i) The Board shall audit records, courses, instructors and related activities of a provider.

**CCR 1455 Continuing Education Hours.**
The Board will accept hours of approved continuing education on the following bases:
(a) Each hour of theory shall be accepted as one hour of continuing education.
(b) Each three hours in course-related clinical practice will be accepted as one hour of continuing education.
(c) Courses less than one (1) hour in duration will not be approved.
(d) One (1) CEU (continuing education unit) is equal to ten (10) continuing education contact hours.
(e) One (1) academic quarter unit is equal to ten (10) continuing education hours.
(f) One (1) academic semester unit is equal to fifteen (15) continuing education hours.

**CCR 1456 Continuing Education Courses.**
The content of all courses of continuing education must be relevant to the practice of nursing and must:
(a) be related to the scientific knowledge and/or technical skills required for the practice of nursing, or
(b) be related to direct and/or indirect patient/client care.
(c) Learning experiences are expected to enhance the knowledge of the Registered Nurse at a level above that required for licensure. Courses related to the scientific knowledge for the practice of nursing include basic and advanced courses in the physical, social, and behavioral sciences, as well as advanced nursing in general or specialty areas. Content which includes the application of scientific knowledge to patient care in addition to advanced nursing courses may include courses in related areas, i.e., human sexuality; death, dying, and grief; foreign languages (conversational); therapeutic interpersonal relationship skills; pharmacology; management, education, research, or other functional areas of nursing relating to indirect patient/client care would be acceptable.
Courses which deal with self-improvement, changes in attitude, financial gain, and those courses designed for lay people are not acceptable for meeting requirements for license renewal.

**CCR 1457 Instructor Qualifications.**
(a) It is the responsibility of each approved provider to use qualified instructors.
Instructors teaching approved continuing education courses shall have the following minimum qualifications:

(1) The registered nurse instructor, shall
(A) hold a current valid license to practice as a registered nurse and be free from any disciplinary action by this Board, and
(B) be knowledgeable, current and skillful in the subject matter of the course as evidenced through:
1. holding a baccalaureate or higher degree from an accredited college or university and validated experience in subject matter; or
2. experience in teaching similar subject matter content within the two years preceding the course; or
3. have at least one year's experience within the last two years in the specialized area in which he/she is teaching.

(2) The non-nurse instructor, shall
(A) be currently licensed or certified in his/her area of expertise if appropriate, and
(B) show evidence of specialized training, which may include, but not be limited to a certificate of training or an advanced degree in given subject area, and
(C) have at least one year's experience within the last two years in the practice of teaching of the specialized area in which he/she teaches.

(3) Nothing in this Section exempts an individual from the legal requirements of the California Nursing Practice Act.

CCR 1458. Course Verification.
(a) Approved providers shall issue a document of proof, i.e., gradeslip, or transcript to each licensee to show that the individual has met the established criteria for successful completion of a course.
(b) A certificate or diploma documenting successful completion shall contain the following information:
(1) Name of student and registered nurse license number or other identification number.
(2) Course title.
(3) Provider name (as approved by the Board), address, and provider number.
(4) Date of course.
(5) Number of continuing education contact hours.
(6) Signature of instructor and/or provider, or provider designee.
(7) This document must be retained by the licensee for a period of four years after the course concludes.
(c) Course verification must be issued within a reasonable length of time after the completion of the course, not to exceed ninety days.

CCR 1459 Advertisement.
Information disseminated by approved providers publicizing continuing education shall be true and not misleading and shall include the following:
1. The statement “Provider approved by the California Board of Registered Nursing, Provider Number ______ for ______ contact hours.”
2. Provider's policy on refunds in cases of non-attendance by the registrant.
3. A clear, concise description of the course content and/or objectives.
4. Provider name as officially on file with the Board.

**CCR 1459.1 Withdrawal of Approval.**

(a) The Board may withdraw its approval of a provider or deny a provider application for causes which include, but are not limited to, the following:

1. Conviction of a felony or any offense substantially related to the activities of a provider.
2. Failure to comply with any provision of Chapter 6, Division 2, of the Business and Professions Code and/or Chapter 14 of Title 16 of the California Code of Regulations.

(b) Any material misrepresentation of fact by a continuing education provider or applicant in any information required to be submitted to the Board is grounds for withdrawal of approval or denial of an application.

(c) The board may withdraw its approval of a provider after giving the provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to be heard by the board or its designee after thirty (30) days written notice of the specific charges to be heard.

(d) Should the BRN deny the provider approval, applicant has the opportunity to formally appeal the action to the Board within a thirty (30) day period.
Continuing Education Providers Survey Results

Continuing Education Survey Results from Other State Boards of Nursing Jurisdictions

In April 2017, the California Board of Registered Nursing conducted a survey of other state board jurisdictions to obtain information about practices related to continuing education and continuing education providers. The National Council of State Board of Nursing (NCSBN) distributed the survey to the fifty-six (56) NCSBN member boards. Thirty-three of fifty-six (56) (N=33, 59%) Registered Nursing and Practical Nursing board jurisdictions responded to the survey. Sixteen (N=33, 49%) state boards of nursing reported that they approve continuing education providers while the remainder responded that they did not approve providers. State boards of nursing provided written responses on how they examine providers. One (1) such response was that the application for designation as an educational provider requests extensive information regarding qualifications of all education providers, plan of educational presentations, accurate record keeping, and identification of target audiences. Another respondent shared that the continuing education provider chosen by the licensee providers be nationally accredited to provide continuing education hours. This was consistent with another respondent where they have a list of credentialing agencies and providers who have met nationally predetermined criteria to approve programs and provider of continuing nursing education or have substantively equivalent process in place. Still another state board of nursing responded that continuing education must be in the area to improve the licensee’s practice. There must be objectives, instructor with credentials, dates, title, attendance verification, and must be currently in practice. Providers are encouraged to include a statement that the activity was designed to meet the respondent’s board of nursing rules. Another board of nursing has established guidelines through third party agencies. All continuing education providers must apply through third party agencies for approval. In addition, if they do not have national accreditation from organizations such as American Nurses Credentialing Center (ANCC) or Continuing Medical Education, they must also submit their courses for approval. Another respondent stated that they do not approve providers but they accept continuing education approved by other state boards. A Continuing Education committee approves continuing education providers were from another respondent. The respondent stated that the applicant is allowed three attempts, or a year, whichever occurs first, to be approved. The approved continuing education provider then approves the programs that occur in that state. A number of respondents provided links to their boards of nursing continuing education provider application and approval process.

Challenges the state boards of nursing experienced when approving providers included the following:

- Applications are received that do not demonstrate compliance with the regulations such as instructors do not meet the minimum qualifications, courses are not appropriate for continuing nursing education, no evidence of nursing input or evaluation in course development, and the use of references that are no longer current.
- A lack of understanding of what the regulation requires.
- Not meeting regulatory requirements or the content not meeting the statutory definition of continuing nursing education.
• The approval of the different types of courses.
• The approved providers must have RN consultant and licensed by that state board of nursing. This is sometimes a challenge for out of state providers.
• Workload, expected quick turnaround times, incomplete or unacceptable applications which require multiple phone calls and time to gather missing information.
• The content not being nursing focused or practice related.
• Applicants submitting the same application multiple times as a result of not following the instructions.

The majority of State Boards of Nursing do not review all continuing education courses offered by a continuing education provider approved by their board of nursing. In addition, 27 (N=30, 90%) responded that their state board of nursing do not require that all continuing education courses be evidence-based. For those state boards of nursing that require that all courses are evidence-based, the board determines that the course(s) must be evidence-based by requiring providers to list current references (within 5 years); requiring providers to provide an evaluative method for ensuring that courses are relevant, current, and evidence-based. In addition, courses must be applicable to nursing practice, the faculty has current knowledge to teach the subject matter, and course content must be peer reviewed by a university professor or a Registered Nurse.

When a continuing education provider application does not meet the approval guidelines established by the board of nursing, the following actions below are taken by the respective state board of nursing:

• Applicants are required to resolve outstanding issues within twelve (12) months of the initial filing date. Applications that remain incomplete with outstanding issues expire after one (1) year.
• The entity is notified of the denial of the providership and reasons for the denial.
• An audit is performed if the board receives a complaint or if the provider is randomly chosen for an audit. The provider has to submit to the board of nursing every four (4) years a continuous provider application that includes specific information. The application is reviewed and if guidelines are not being followed, the provider is notified and corrections have to be made before the provider is granted “Continuous Approval”.
• The associate director of continuing education contacts the approved provider to discuss any issues that are reported by attendees or the public. When the providers renew every five years, they send in one of their course examples. If a policy or procedure does not meet requirements, the providers are given thirty (30) days to correct the issues. Any issues that cannot be resolved by the associate director may be escalated to the full board to discuss.
• Nursing education consultant determines non-compliant content and determines if only the specific class will not be accepted for continuing education credit by the board or if the provider will lose approval status based on numerous/egregious non-compliance issues. Loss of provider approval status would be determined in agreement with the supervising nursing education consultant.
When board jurisdictions were asked “what qualifications are required for state board of nursing staff responsible for reviewing continuing education provider courses and conducting audits,” the most frequent responses were Registered Nurses, Nursing Education Consultants, Board members, Board staff familiar with requirements, and or Executive Director. Several board of nursing jurisdictions stated that a Bachelor of Science in Nursing or a Master of Science in Nursing degree were required review and approve the course content. Majority of the respondents (N=33, 67%) do not use an audit tool to audit continuing education provider course offerings. Of those who responded “yes,” one (1) board responded that they use the same checklist that encompasses the rules used for initial approval. Another respondent noted that they use a self-made tool to check hours, verification of practice and continuing education certificates.

In summary, out of the 33 (N=56, 59%) Boards that responded to the survey, the results suggested that there is insufficient evidence of a standardized process of approving Continuing Education Providers, approving or disapproving continuing education courses, and conducting audits of continuing education providers.
In 2016, the Board of Registered Nursing sent a survey to its approved Continuing Education Providers that had valid email addresses on file with the Board. Of the approximately 700 California Board of Registered Nursing approved Continuing Education Providers that were sent the survey, 367 (N=700, 52%) responded to the survey. Ninety percent (N=332, 90%) reported that they offered courses using a California BRN approved Continuing Education Provider number. The majority of the respondents (N=176, 53%) taught between 1 and 20 courses. Meanwhile, fifteen or five percent (N=332, 5%) of the respondents offered 500+ courses during the 12-month survey period.

The survey included questions about the course content, number of continuing education units, cost per course, and number of RNs in California that completed the courses. Listed below are the results of the survey:

1. **Course Content** (if the course included more than one content area, they were asked to choose the content area that best applied to the course) to the top seven (7) courses offered between January 1, 2016 and December 31, 2016. The top three content areas were patient-centered care (N=41, 16.2%), research/education (N=22, 8.7%) followed by interprofessional education (N=20, 7.9%). Continuing Education Providers also offered other practice related courses (N=57, 22.5%).

2. **Number of continuing education units** (conversions were provided, if necessary, as 1 Continuing Education (CE) unit = 10 contact hours, 1 academic quarter unit = 10 contact hours and 1 academic semester unit = 15 contact hours): There were 267 responses regarding the number of CE units. The majority of the providers offered one (1) CE unit (N=72, 27%), followed by 2 CE units (N=29, 11%) and six (6) CE units (N=24, 9%). Twenty-one courses (N=267, 79%) were 30+ CE units.

Table 1 Course Content Areas

<table>
<thead>
<tr>
<th>Course Content</th>
<th>#</th>
<th>%</th>
<th>Percent</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional education</td>
<td>20</td>
<td>7.9</td>
<td>Management</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Research/Education</td>
<td>22</td>
<td>8.7</td>
<td>Population health management</td>
<td>10</td>
<td>4.0</td>
</tr>
<tr>
<td>Primary Care</td>
<td>15</td>
<td>5.9</td>
<td>Transcultural nursing</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Psychiatric/mental health care</td>
<td>17</td>
<td>6.7</td>
<td>Teamwork and collaboration</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Quality Control/Improvement</td>
<td>6</td>
<td>2.4</td>
<td>Nursing Practice Act</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Patient-centered care</td>
<td>41</td>
<td>16.2</td>
<td>Advanced Pharmacology</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Leadership</td>
<td>16</td>
<td>6.3</td>
<td>Hospice and palliative care</td>
<td>12</td>
<td>4.7</td>
</tr>
<tr>
<td>Legal-ethical issues</td>
<td>4</td>
<td>1.6</td>
<td>Safety/Risk reduction</td>
<td>18</td>
<td>7.1</td>
</tr>
<tr>
<td>Care across the lifespan</td>
<td>5</td>
<td>2.0</td>
<td>Other Nursing practice related courses</td>
<td>57</td>
<td>22.5</td>
</tr>
<tr>
<td>Informatics</td>
<td>3</td>
<td>1.2</td>
<td>TOTAL</td>
<td>253</td>
<td>100</td>
</tr>
</tbody>
</table>
3. **Cost of Course:** There were 267 responses regarding the cost of courses. The most frequently reported cost of a course was $0 (N=130, 49%), followed by $201 to $500 (N=38, 14%) and $101 to $200 (N=27, 10%). Very few courses were reported at more than $1,001 cost.

4. **Number of RNs licensed in California who completed the course:** There were 267 responses regarding the number of RNs licensed in California who completed the course. The majority of providers (N=190, 71%) reported 1 to 50 RNs completed their course in 2016.

There were a total 266 responses from Continuing Education Providers who responded to the question if they are a continuing education provider approved or accredited by a third-party accrediting agency. Of those who responded, sixty-six (66) (25%) responded that they were approved or accredited by a third-party accrediting agency. The remaining 200 (75%) responded that they were not approved or accredited by a third-party accrediting agency.

Of those that responded (that they were approved or accredited by other third-party accrediting agencies, (N=19, 25%) reported that they were approved by their State Board of Nursing and the California BRN. Other entities that approve them as continuing education providers included Continuing Medical Education (N=15, 23%), American Nurses Credentialing Center (N=14, 22%), or Accreditation Council for Pharmacy Education (N=5, 8%).

Respondents (52%) reported that that their continuing education courses are developed by content experts in the health care field who are nationally certified by American Nurses Credentialing Center (31.8%), American Association of Nurse Practitioners (22.5%), American Association of Critical Care Nurses (21.7%), National Certification Corporation (7.8%) and Pediatric Nursing Certification Board (4.7%). There were a variety of other agencies that were also reported under “other” as a selection. One hundred and twenty-four (N=245, 51%) responded that the courses offered by their organizations are taught by, nationally certified by a credentialing organization, content experts in the health care field. The majority (84.5%) of respondents reported that each course is supported by evidence-based research that is reinforced by peer-reviewed journals.
In 1975, the California Board of Registered Nursing was given the authority to approve continuing education providers. The California Code of Regulations Section 1450 Definitions (6) reads that “Approved Providers” means those individuals, partnerships, corporations, associations, organizations, organized health care systems, educational institutions, or governmental agencies offering continuing education as approved by the Board. According to the California Code of Regulations Section 1454, the title “approved provider” can only be used when an individual, partnership, corporation, association, organization, organized health care system, educational institution or governmental agency, having committed no act which would lead to disciplinary action pursuant to Section 1459.1, has submitted a provider application on forms supplied by the Board, remitted the appropriate fee and has been issued a provider number. As of September 30, 2018, there are 2,761 approved Continuing Education Providers by the BRN. Seventy-two percent of the providers are located in California.

Table 2 Total Number of Continuing Education Providers

<table>
<thead>
<tr>
<th>Type</th>
<th>Total CEPs</th>
<th>CEPs in CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSOCIATION</td>
<td>285</td>
<td>205</td>
</tr>
<tr>
<td>CORPORATION</td>
<td>1,159</td>
<td>834</td>
</tr>
<tr>
<td>GOVERNMENT AGY</td>
<td>143</td>
<td>103</td>
</tr>
<tr>
<td>HEALTH FAC</td>
<td>475</td>
<td>342</td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>402</td>
<td>289</td>
</tr>
<tr>
<td>PARTNERSHIP</td>
<td>62</td>
<td>45</td>
</tr>
<tr>
<td>UNIV or SCHL</td>
<td>235</td>
<td>169</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,761</td>
<td>1,988</td>
</tr>
</tbody>
</table>

Number of providers as of 9/30/18. Source: Quality Business Interactive Reporting Tool (QBIRT)
SECTION 1 CURRENT PROCESS

Continuing Education Provider Initial Approval
Continuing Education Provider Renewal
Continuing Education Provider Audit
Applicants seeking approval to become a Continuing Education Provider are required to complete a paper application. The applicant submits the application along with a fee of $750.00 by mail (B&P Code 2815). This fee is considered an earned (non-refundable) fee. Applicants are required to submit demographic information, course content, instructor qualifications, a sample copy of certificate of completion and course advertisement. All applicants are required to review the regulations pertaining to continuing education provider prior to submitting an application. The prospective provider(s) are allowed to submit one (1) course for review with the “initial” application. Under the current process, the course that is submitted with the initial application can have an unlimited number of contact hours. In addition, providers are able to offer unlimited courses. The Board does not approve the additional courses offered by the provider(s) and or charge subsequent fees.

Prior to 2014, Continuing Education Provider applications were approved by Board staff. After 2014, a Nursing Education Consultant reviews all applications. The Nursing Education Consultant reviews the application to ensure compliance with the regulations. If there is sufficient information to make a determination that the application meets the regulatory requirements, the Board staff issues a continuing education provider number. If there is insufficient evidence or areas of non-compliance, the Board staff notifies the applicant with the area(s) of non-compliance by mail.

Examples of non-compliance may include:

- Course information is incomplete
- Course content does not meet CCR 1456
- Instructor information does not meet CCR 1457
- Sample course verification does not meet CCR 1458
- Sample advertisement does not meet CCR 1459

The prospective Continuing Education Provider is given an opportunity to provide sufficient evidence to allow the Nursing Education Consultant to determine if the application materials meet the regulatory requirements. The Nursing Education Consultant may contact the applicant to discuss and or clarify any or all of the materials submitted as indicated. If there are areas of non-compliance, the applicant has up to two years from the initial application submission date to correct the non-compliance or the application is considered “abandoned.”

Currently, the Continuing Education Provider is required to self-monitor every course offered. In accordance to California Code of Regulations Section 1454 (d) the approved provider is required to accept full responsibility for each and every course, including, but not limited to recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor qualifications. When two or more providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor(s’) qualifications.
Continuing Education Provider Renewal Process

The Continuing Education Providers are required to renew their provider number issued by the Board every two (2) years. The provider is sent a courtesy renewal reminder notice, by mail, three months prior to the expiration date. Providers are asked to update the contact information and remit the appropriate renewal fee. The providers can submit the renewal notice with a payment (check or money order) by mail or online via credit card using the BreEZe portal. If the provider does not remit payment by the expiration date, they are placed in a “delinquent” status which is then followed by a cancellation of provider number. Currently, the provider is able to renew their delinquent number up to two years after the expiration date. The approval status of the continuing education provider is posted on the BreEZe portal. The public is able to verify the continuing education provider approval status by using the license search through the BreEZe portal.

Continuing Education Provider Audit Process

Currently, Business and Professions Code Section 2811.5 (d) states that the board shall audit continuing education providers at least once every five years to ensure adherence to regulatory requirements, and shall withhold or rescind approval from any provider that is in violation of the regulatory requirements. In 2016, an audit process was initiated. Continuing Education Providers were randomly selected. Letters were sent to the Continuing Education Provider asking for them to submit course content, instructor curricula vitae, a copy of the certificate of completion issued to Registered Nurses, and a copy of the course advertisement for all courses offered using the Continuing Education Provider number issued by the BRN. To better ensure that the providers are being audited per B&P C 2811.5(d) the board will require additional staff and resources to meet this demand.
SECTION 2: PROPOSED PROCESS

Steps for Continuing Education Opportunities:
Approval, Disapproval, & Appeal Process
Continuing Education Provider Initial Application Approval
Content Evaluators
Continuing Education Provider Application
Continuing Education Provider Continuing Approval Process
Audit Process of Continuing Education Providers
Continuing Education Provider Fees
Audit Fees
Process When Continuing Education Provider Number is Delinquent, Expired, or Cancelled
Technology Needs
Preliminary Staffing Needs to Effectively Support the Plan
Changes to Regulations for Continuing Education and Continuing Education Providers
Steps for Continuing Education Opportunities: Approval, Disapproval, & Appeal Process

STEP 1: The applicant seeking approval to become a continuing education provider will require a BreEZe account. The applicant will be required to submit an online fillable application supplied by the Board. The applicant is to remit the appropriate fee with the Continuing Education Provider Application based on the current fee schedule.

When submitting the “initial” application, the applicant will be able to submit courses for up to six (6) contact hours. The courses submitted by the applicant will be reviewed by a Content Evaluator or Nursing Education Consultant to ensure compliance with the continuing education regulations. Only those courses that have been approved by the Board can be offered using the continuing education provider number. However, if the provider wants to submit additional contact hours beyond the initial six (6) contact hours, a fee will be assessed for review and approval of each additional contact hour. There is no limit on the number of courses that can be submitted. If the applicant submits less than six contact hours with the initial application and the applicant wants to offer additional courses, the applicant will be assessed a fee for each additional contact hour for courses that are not submitted with the initial application. The approved provider can offer the courses that were reviewed and approved with the “initial” application for a period of two years. After which time, the course or courses must be renewed and approved.

STEP 2: The Board staff will retrieve the application from the online BreEZe portal. The Board staff will review the materials to ensure that they are complete. A sample certificate and advertisement is verified by staff to ensure that the required elements (CCR 1458, 1459) are included. In addition, staff must verify that all Registered Nurse instructors hold a valid Registered Nurse license issued by the Board of Nursing jurisdiction in which the license is issued. For non-nurse instructors, Board staff will ensure that the license or certification information, if appropriate, is included in the application.

If the application materials are compliant with the regulations, Board staff will move the application to STEP 3. During STEP 3 (see page 24), the course content, instructor qualifications, and course hours will be reviewed.

If the application is found to be in non-compliance related to CCR 1458 Course Verification or 1459 Course Advertisement, the staff will notify the applicant accordingly. The applicant will be required to upload additional materials through the BreEZe portal. The applicant will have seven (7) days to correct the areas of non-compliance. Once received, staff will review the materials to ensure compliance with the regulations. If the application meets CCR 1458 and CCR 1459, the application is moved to STEP 3.
If the application remains in non-compliance, staff will document the area(s) of non-compliance and send the application to the Nursing Education Consultant. The Nursing Education Consultant will review the materials to verify the area(s) of non-compliance. If it has been determined that the applicant remains in non-compliance, the Nursing Education Consultant or designee will notify the applicant, in writing, that the applicant is denied approval as a Continuing Education Provider. Notification will include the regulation in which the applicant is non-compliant or in violation of the Nursing Practice Act. A copy of the “Request to Appeal” will be included with the denial letter. Refer to CCR 1459.1. for withdrawal of approval.

According to the current BRN regulations, CCR 1459.1 Withdrawal of Approval, the Board may withdraw its approval of a provider or deny a provider application for causes which include, but are not limited to, the following:

1. Conviction of a felony or any offense substantially related to the activities of a provider.
2. Failure to comply with any provision of Chapter 6, Division 2, of the Business and Professions Code and/or Chapter 14 of Title 16 of the California Code of Regulations.
3. Any material misrepresentation of fact by a continuing education provider or applicant in any information required to be submitted to the Board is grounds for withdrawal of approval or denial of an application.
4. The board may withdraw its approval of a provider after giving the provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to be heard by the board or its designee after thirty (30) days written notice of the specific charges to be heard.
5. Should the BRN deny the provider approval, applicant has the opportunity to formally appeal the action to the Board within a thirty (30) day period.

A “Request to Appeal” will be included with the denial letter that is sent to the applicant. The applicant will be required to submit the appeal request, in writing, along with additional materials as determined by the applicant.

**Appeal Process for Denial of an Application (CCR 1458 and or CCR 1459)**

The informal appeal will be conducted by the Nursing Education Consultant. If it is determined that the applicant is in non-compliance with CCR 1458 and or CCR 1459, the applicant will be notified that the decision stands and the applicant is denied approval as a Continuing Education Provider. The applicant may file a formal appeal request. The applicant that requests a formal appeal will be required to submit any additional materials to the Board of Registered Nursing. Board staff will send the materials to the Supervising Nursing Education Consultant. The Supervising Nursing Education Consultant will make a determination, based on the written materials, if the application is in compliance with CCR 1458 or CCR 1459. If it is determined that the application is not compliant with the regulations, the Supervising Nursing Education Consultant or designee will notify the applicant, in writing, that the decision stands and that the applicant is denied approval to be a Continuing Education Provider.
STEP 3: The Board staff will inform the Nursing Education Consultant assigned to receive the continuing education provider application that the application is ready for review in the BreEZe portal. The Nursing Education Consultant or Content Evaluator will review the course content to determine if the continuing education opportunity meets the regulatory requirements. The review will also include a review of the instructor information and course hours to ensure they meet the regulatory requirements. If the materials need further review, the application will be forwarded to a Content Evaluator (see STEP 4). However, if the application is complete, the application will be returned to the Board staff to issue a Continuing Education Provider number.

STEP 4: The Content Evaluator will approve or not approve the continuing education opportunity based on the regulations for continuing education. When the Content Evaluator completes their review of the continuing education opportunity, the instructor qualifications, and contact hours to ensure compliance with the Continuing Education Provider regulations, the Content Evaluator will document their review and return the application to the Nursing Education Consultant using the BreEZe portal (see STEP 5).

STEP 5: If the application meets the regulatory requirements, the application is returned to the staff. The staff will follow the procedure for issuance of a continuing education provider number.

If the application is found to be non-compliant with CCR 1455, CCR 1456, or CCR 1457, the Nursing Education Consultant will notify the applicant, in writing, that they have thirty (30) days to correct the area(s) of non-compliance. The applicant will be required to upload the new materials to correct the non-compliance in the BreEZe portal. Staff will send the application with the new materials to the Nursing Education Consultant. The Nursing Education Consultant will then send the application to the Content Evaluator for further review as indicated.

If the Content Evaluator makes a determination that the application meets the regulatory requirements, the Content Evaluator will document their findings and return the application to the Nursing Education Consultant. The Nursing Education Consultant will mark the application “approved” and return the application to staff for issuance of a continuing education provider number. If the application is found to be non-compliant with the regulatory requirements, the application moves to STEP 6.

STEP 6: When the continuing education opportunity is not approved by the Content Evaluator, the Nursing Education Consultant in consultation with the Supervising Nursing Education Consultant will affirm that the application is not in compliance with the regulations. The Nursing Education Consultant or designee will notify the applicant, in writing, that they are denied approval as a Continuing Education Provider. A Request to Appeal will be included with the denial letter that will be sent to the applicant. The applicant will be required to submit the appeal request, in writing, along with additional materials.

If the applicant requests an informal appeal, the appeal will be conducted by the Supervising Nursing Education Consultant. The Supervising Nursing Education Consultant will make a determination, based on the materials submitted by the applicant, if the application is in compliance with the regulations. If it is determined that the application is not in compliance with
the regulations, the Supervising Nursing Education Consultant or designee will notify the applicant, in writing, that the applicant is denied approval to be a Continuing Education Provider. The applicant can then request, in writing, a formal appeal. The applicant can submit additional materials as they determine to be necessary. The formal appeal will be conducted by the Executive Officer or designee to make a determination to approve or not approve the Continuing Education Provider application. The determination will be based on the written materials submitted by the applicant. If it is determined by the Executive Officer to deny approval, the Supervising Nursing Education Consultant or designee will notify the applicant, in writing, that the applicant is denied approval to be a Continuing Education Provider.
Steps for Continuing Education Opportunities: Approval, Disapproval, & Appeal Process

STEP 1 Applicant establishes Breeze account and submits application with fee

- **YES** Move to STEP 3
- **NO** Request and review additional materials from applicant

STEP 2 Staff reviews application

- Compliant
  - **YES** Move to STEP 3
  - **NO** Request Additional materials

STEP 3 Nursing Education Consultant approve or refer to Content Evaluator

- Approve or Not Approve
  - **Approve** Move to STEP 3
  - **Not Approve** Request Additional materials

STEP 4 Content Evaluator

STEP 5 Staff to issue Continuing Education Provider Number

- **Approve** Move to STEP 3
- **Not Approve** Request Additional materials

STEP 3 Appeal CCR 1458, 1459

STEP 6 Appeal CCR 1455, 1456, 1457
Use of Content Evaluators to Approve or Disapprove Continuing Education Opportunities

The Board plans to recruit Content Evaluators to enter into a contract with the Board to review the prospective Continuing Education Provider course content. Content Evaluators will be responsible for reviewing continuing education opportunities to ensure that the course content is relevant to the practice of nursing and is at the appropriate level to enhance the knowledge of Registered Nurses completing the course in order to ensure the highest quality of registered nurses in the State of California. The Content Evaluator will be responsible for approving or disapproving continuing education content. They will also ensure that the instructor(s) meet CCR 1457 for nurse instructors and non-nurse instructors.

The Content Evaluators will need to meet the following qualifications:

- A valid and active California RN license or
- A licensed professional with a valid and active license and
- California resident and
- Ten (10) or more years of experience as a Registered Nurse or
- Ten (10) or more years as a licensed professional and
- Five (5) years of clinical practice experience in the area of expertise within the last ten (10) years and
- Bachelor degree or higher is preferred and
- No prior or current charges of discipline against any healthcare-related license in California or in any other place of licensure and
- Must be able to write complete and concise reports

The Board of Registered Nursing plans to recruit qualified Content Evaluators using the same recruitment method that the Enforcement Unit uses to recruit Expert Practice Consultants. Content Evaluators will be paid $75.00 per hour. A brochure created by Department of Consumer Affairs Marketing will be used to assist with recruiting efforts. Applications will be available online for prospective Content Evaluators to complete. Content Evaluators will need to possess the skills, knowledge, and abilities to be able to make a determination whether the continuing education opportunities should be approved or not approved.

Prospective applicants will be asked to select the applicable area(s) for which they have ten (10) or more years as a licensed professional and five (5) years of clinical practice experience in the area of expertise within the last ten years:

Table 3 Clinical Practice Experience

<table>
<thead>
<tr>
<th>Administration/Leadership</th>
<th>Corrections</th>
<th>Cosmeti/Botox/Laser</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care-Adult/Pediatrics</td>
<td>Dialysis</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>Experimental Medical Procedures</td>
<td>Experimental Medical Treatments</td>
<td>Holistic</td>
</tr>
</tbody>
</table>
Continuing Education Provider Application

All applicants to be considered for issuance of a Continuing Education Provider number will be required to complete an online application provided by the Board. The applicant will remit the appropriate fee. The prospective Continuing Education Provider will be required to provide a business name, a mailing address, an email address, a phone number, and the location where the records will be stored. Applicants will be able to submit courses up to six (6) contact hours with the initial application.

In addition, applicants will be required to complete a knowledge gap analysis for each course submitted as part of the initial application. The knowledge gap analysis conducted by the prospective Continuing Education Provider will provide the Board and staff justification as to why the course is needed for Registered Nurses. The applicant will be required to provide a summary of the course or courses that demonstrates how the course is relevant to the practice of nursing and is related to the scientific knowledge or technical skill required for the practice of nursing or is related to direct or indirect patient or client care. Applicants who submit experimental medical procedures or treatment courses will be required to submit the knowledge gap analysis and the course summary. In addition, the applicant will be required to provide two Peer-reviewed, publicly available, scientific journal or study, published in medical and scientific literature and validation from the medical community that the procedure or treatment is generally accepted as effective.
Continuing Education Provider Application

Remit appropriate fee with application

<table>
<thead>
<tr>
<th>Provider/Business Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business:</td>
</tr>
<tr>
<td></td>
<td>Home:</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>ZIP Code:</td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

Provider is a/an:
- [ ] Association
- [ ] Corporation
- [ ] Government Agency
- [ ] Individual
- [ ] Non-Profit Corporation
- [ ] Partnership
- [ ] Organized Health Care System
- [ ] University, College or School

Contact Person
- Name: [ ]
- Physical Address: [ ]
- Phone Number: [ ]
- Email address: [ ]

Individual(s) Responsible for Record Keeping
- Name: [ ]
- Email address: [ ]
- Phone number: [ ]

Address of physical location where records will be stored:

Tax ID Number: Select the one that applies and enter that number:
- [ ] Social Security Number or Individual Tax ID Number (SSN/ITIN):
- [ ] Federal Employer Identification Number (FEIN):

Have you ever been a provider of continuing education for Registered Nurses in California?
- [ ] Yes
- [ ] No

If yes, Provider Name:
- Provider Number:

Are you an approved provider to offer continuing education courses to Registered Nurses by other State Boards of Nursing?
- [ ] No
- [ ] Yes

Are you an approved provider by a national nursing approving or accrediting agency to offer continuing education courses to Registered Nurses?
- [ ] No
- [ ] Yes

Are you an approved provider of continuing education courses by any other organization or association?
- [ ] No
- [ ] Yes

Was a Registered Nurse in clinical practice, education, research, administration that holds a baccalaureate degree or higher in nursing and is knowledgeable about the subject matter involved in the development of this course?

29
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the course related to experimental medical procedures or treatments?</td>
<td>☐ No ☐ Yes</td>
<td>Course content is relevant to the practice of nursing related to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ scientific knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ technical skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ experimental medical procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ experimental medical treatments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treatments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ direct patient or client care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ indirect patient or client care</td>
</tr>
<tr>
<td>Does the course deal with self-improvement, changes in attitude, financial gain, or is the course designed for lay people?</td>
<td>☐ No ☐ Yes</td>
<td>Course learning experiences will enhance the knowledge of the Registered Nurse at a level above that required for licensure in the following areas:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(IE) Interprofessional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(L) Nursing Administration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(M) Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R) Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(I) Informatics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(S) Safety/Risk Reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(PHM) Population Health Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(P) Primary Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(H) Holistic Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(C) Care Across the Lifespan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(T) Transcultural Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(P) Psychiatric/Mental Health Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(H) Hospice or Palliative Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TC) Teamwork and Collaboration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Q) Quality Control/Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(L) Legal-Ethical Issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(N) Nursing Practice Act</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(PC) Patient-Centered Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(A) Pharmacology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(EOL) End of Life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(FL) Foreign Language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(O) Other Registered Nursing Practice Related Courses</td>
</tr>
<tr>
<td>Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country?</td>
<td>☐ Yes ☐ No ☐ Not Applicable</td>
<td>If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.</td>
</tr>
<tr>
<td>Have you ever been convicted of any offense other than minor traffic violations?</td>
<td>☐ Yes ☐ No ☐ Not Applicable</td>
<td>If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You must include misdemeanor as well as felony convictions. ☐ Yes ☐ No ☐ Not applicable</td>
</tr>
<tr>
<td>Have you ever been denied an RN or any other health-care related license in any state/territory?</td>
<td>☐ Yes ☐ No ☐ Not Applicable</td>
<td>If yes, please provide comment</td>
</tr>
<tr>
<td>State/Territory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been denied approval as a continuing education provider (CEP) issued by the BRN, or had approval as a CEP withdrawn by the BRN?</td>
<td>☐ No ☐ Yes</td>
<td>If yes, please provide comment</td>
</tr>
</tbody>
</table>
I,______ certify under penalty of perjury under the laws of the State of California that I have read and understand the regulations in Article 5, Title 16, California Code of Regulations, and that all information submitted meet the requirements of those regulations.

I,______ certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of issuance of a continuing education provider number during the approval review process.

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>Credentials</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>
## Course Information

*California Code of Regulations, Title 16, Section 1456*

<table>
<thead>
<tr>
<th>Provider/Business Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
<td></td>
</tr>
<tr>
<td>Learning Objectives (minimum 3) are clear and concise statements that describe what you intend your students to learn by the end of the course. Objectives are specific and measurable, attainable and realistic.</td>
<td></td>
</tr>
<tr>
<td>Learning Outcomes (minimum 3) are detailed descriptions of what a student must be able to do at the end of the course using terms such as using terms such as list, describe, recite, write, identify, compute, discuss, explain, predict, apply, demonstrate, prepare, use, analyze, design, select, utilize, compile, create, plan, revise, assess, compare, rate, critique:</td>
<td></td>
</tr>
<tr>
<td>Type of Offering</td>
<td>☐ Academic course ☐ Workshop ☐ Self-study ☐ Other</td>
</tr>
<tr>
<td>Course delivery method:</td>
<td>☐ In person ☐ Online ☐ Live distance-learning technologies (teleconference) ☐ Other</td>
</tr>
<tr>
<td>Number of Contact Hours (describe methodology used to determine number of contact hours):</td>
<td></td>
</tr>
<tr>
<td>Didactic/theory:</td>
<td></td>
</tr>
<tr>
<td>Clinical:</td>
<td></td>
</tr>
<tr>
<td>Combination theory/clinical:</td>
<td></td>
</tr>
<tr>
<td>Content (outline):</td>
<td></td>
</tr>
<tr>
<td>Method of Evaluation</td>
<td>☐ knowledge acquisition posttest (preferred) ☐ competency skills validation ☐ end of course evaluation ☐ other</td>
</tr>
</tbody>
</table>
Knowledge Gap Analysis

The purpose of the gap analysis is for you to provide the Board and staff justification as to why the course is needed for Registered Nurses.

Course Summary

The purpose of the course summary is to provide the Board and staff a summary of the course that demonstrates how the course is relevant to the practice of nursing and is related to the scientific knowledge or technical skill required for the practice of nursing or is related to direct or indirect patient or client care. Include a list of references within the previous six (6) years that were used to develop this course. The references to be considered should be from evidence-based resources (i.e.: healthcare publications, governmental resources). Limit summary to 500 words.

*Experimental Medical Procedures or Treatment Courses

For purposes of this section, the content of a course is not relevant to the practice of nursing if it relates to an experimental medical procedure or treatment, unless the efficacy of the procedure or treatment is supported by at least two peer-reviewed, publicly available, scientific journal or study, published in medical and scientific literature, and the procedure or treatment is generally accepted as effective by the medical community.

A medical procedure or treatment is experimental if it relates to a drug that the United States Food and Drug Administration approved, but the drug is used for a purpose other than that for which it was approved. A medical procedure or treatment is also experimental if peer-reviewed scientific journals or studies show that the procedure or treatment is the subject of on-going clinical trials or under study.

*New language under review and consideration

Knowledge Gap Analysis

The purpose of the gap analysis is for you to provide the Board and staff justification as to why the course is needed for Registered Nurses.

Course Summary

The purpose of the course summary is to provide the Board and staff a summary of the course that demonstrates how the course is relevant to the practice of nursing and is related to the scientific knowledge or technical skill required for the practice of nursing or is related to direct or indirect patient or client care.

Submit the two (2) Peer-reviewed, publicly available, scientific journal or study, published in medical and scientific literature.

Submit letters from the medical community that validates the procedure or treatment is generally accepted as effective.
Registered Nurse Instructor Information

(California Code of Regulations, Title 16, Section 1457)

<table>
<thead>
<tr>
<th>Name as it appears on RN license</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>RN license number</td>
</tr>
<tr>
<td>Licensing State</td>
</tr>
<tr>
<td>Expiration Date</td>
</tr>
<tr>
<td>Link to license verification site</td>
</tr>
</tbody>
</table>

Education: include baccalaureate or higher degree from an accredited college or university and validated experience in subject matter.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Major</th>
<th>Degree</th>
<th>Area of Preparation</th>
<th>Year Degree Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Experience: (Start with most recent experience) have at least one year's experience within the last two years in the specialized area

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
<th>Clinical Area</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teaching Experience: experience in teaching similar subject matter content within the two years preceding the course

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>Description</th>
<th>Location</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If course has more than one instructor, submit a separate form for each instructor.
## Non-Nurse Instructor Information

Name as it appears on license or certification  
Mailing Address  
Email address  
Phone number  
Non-RN license number  
Licensing state  
Expiration date  
Link to license or certification verification

**Education:** include specialized training, which may include, but not be limited to a certificate of training or an advanced degree in given subject area

<table>
<thead>
<tr>
<th>College/University</th>
<th>Major</th>
<th>Degree or certificate</th>
<th>Area of Preparation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Experience:** (Start with most recent experience) have at least one year's experience within the last two years in the specialized area

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
<th>Clinical Area</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Teaching Experience:** have at least one year's experience within the last two years in the practice of teaching of the specialized area in which he/she teaches

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>Description</th>
<th>Location</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If course has more than one instructor, submit a separate form for each non-nurse instructor.
Continuing Education Provider Continuing (Renewal) Approval Process

The renewal process will be known as the continuing approval process. All new providers approved, using the new approval process, will be asked to submit the following information (additional information as determined by the board):

- Describe any changes that were made to the approved course or courses
- Submit a copy of the course where changes were made
- Copies of content outlines
- Copies of instructor resumes or CV
- Copy of the advertisement for each course
- Describe any changes made to contact hours
- Submit a copy of the course verification (certificates) issued to participants
- Describe any changes made to the delivery method
- Include a summary of the analysis of the course evaluation
- Include the fees paid by the participant for each course
- Include a list of references for each course offered

All existing Continuing Education Providers will be subject to the new changes. As part of this plan, the existing providers will be required to submit an initial continuing education provider application including the current fee(s). The existing Continuing Education Providers can submit up to six (6) contact hours with the initial application to be considered for approval. However, Continuing Education Providers who want to offer additional contact hours, additional fees will be assessed per contact hour for the review and approval of the course content. Once completed and approved, a new provider number will be issued.

It is proposed that all active CEPs in good standing will have an active link to their website posted on the Board of Registered Nursing’s website.

Audit Process of Continuing Education Providers

Currently, the Board’s authority to audit continuing education providers is found in Business and Professions Code section 2811.5 (d) which states, “The board shall audit continuing education providers at least once every five years to ensure adherence to regulatory requirements, and shall withhold or rescind approval from any provider that is in violation of the regulatory requirements.”

Continuing Education Providers shall be audited at least once every five years to ensure adherence to regulatory requirements. The Board will withhold or rescind approval from any provider that is in violation of the regulatory requirements. According to Business & Professions Code Article 6. Revenue Section 2811.6, providers of continuing education programs approved by the board pursuant to Section 2811.5 shall make available for board inspection records of continuing education courses given to registered nurses. The providers will be required to submit information regarding the continuing education opportunities offered using the Continuing Education Provider number issued by the Board. The provider will receive a letter
that includes details about the audit. The provider will be required to submit the audit materials within thirty (30) days from the date posted on the audit letter. The Board will use the audit materials to determine if the provider is compliant with the Continuing Education Provider rules and regulations.

The Board anticipates that twenty percent (20%) of the Continuing Education Providers should be audited annually. The Board staff will consider developing an automated notification process and tracking system to ensure that all Continuing Education Providers are audited at least every five (5) years.

The Nursing Education Consultant or the Content Evaluator will be responsible for reviewing the audit materials to make a determination that the course materials, including the course content, meet the regulatory requirements. When the audit is completed, the Continuing Education Provider will be sent a letter from the Board staff. The letter will state that the audit is closed and what the findings were. The findings will be compliance or non-compliance with the regulations.

If the Continuing Education Provider has been found to be in non-compliance with the regulations, the Continuing Education Provider will be required to correct the area(s) of non-compliance within forty-five (45) days. The Continuing Education Provider will be required to submit evidence of compliance using the BreEZe portal.

If the Continuing Education Provider is found to be non-compliant as determined by the Nursing Education Consultant, the Content Evaluator, and or other Board staff, the Continuing Education Provider will be notified that the Board is withdrawing approval and they will no longer be able to offer continuing education courses using the number issued by the Board. The authority for the Board to withdraw approval is found in CCR 1459.1.

**CCR 1459.1 Withdrawal of Approval.**

(a) The Board may withdraw its approval of a provider or deny a provider application for causes which include, but are not limited to, the following:

(1) Conviction of a felony or any offense substantially related to the activities of a provider.

(2) Failure to comply with any provision of Chapter 6, Division 2, of the Business and Professions Code and/or Chapter 14 of Title 16 of the California Code of Regulations.

(b) Any material misrepresentation of fact by a continuing education provider or applicant in any information required to be submitted to the Board is grounds for withdrawal of approval or denial of an application.

(c) The board may withdraw its approval of a provider after giving the provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to be heard by the board or its designee after thirty (30) days written notice of the specific charges to be heard.

(d) Should the BRN deny the provider approval, applicant has the opportunity to formally appeal the action to the Board within a thirty (30) day period.
### Table 4 Total Continuing Education Providers by Expiration Year

<table>
<thead>
<tr>
<th>Type</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association</td>
<td>58</td>
<td>146</td>
<td>104</td>
<td>308</td>
</tr>
<tr>
<td>Corporation</td>
<td>276</td>
<td>550</td>
<td>428</td>
<td>1,254</td>
</tr>
<tr>
<td>Government Agency</td>
<td>24</td>
<td>71</td>
<td>58</td>
<td>153</td>
</tr>
<tr>
<td>Health Facility</td>
<td>104</td>
<td>230</td>
<td>180</td>
<td>514</td>
</tr>
<tr>
<td>Individual</td>
<td>124</td>
<td>215</td>
<td>120</td>
<td>459</td>
</tr>
<tr>
<td>Partnership</td>
<td>21</td>
<td>35</td>
<td>19</td>
<td>75</td>
</tr>
<tr>
<td>University or School</td>
<td>65</td>
<td>105</td>
<td>95</td>
<td>265</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>672</strong></td>
<td><strong>1,352</strong></td>
<td><strong>1,004</strong></td>
<td><strong>3,028</strong></td>
</tr>
</tbody>
</table>

*Number of Total Continuing Education Providers by Expiration Year. Source: Quality Business Interactive Reporting Tool (QBIRT)*

### Table 5 Estimated Number of Audits Based on Renewals by Year

<table>
<thead>
<tr>
<th>Continuing Approval Audits</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Providers</td>
<td>1,352</td>
<td>1,004</td>
</tr>
<tr>
<td>Twenty percent (20%)</td>
<td>270</td>
<td>201</td>
</tr>
</tbody>
</table>
Continuing Education Provider Fees

The current continuing education renewal and delinquent fees are found in Business & Professions Code Section 2815 (g) and (h) as follows:

(g) The biennial fee to be paid upon the filing of an application for renewal of provider approval shall be fixed by the board at not less than seven hundred fifty dollars ($750) nor more than one thousand dollars ($1,000).

(h) The penalty fee for failure to renew provider approval within the prescribed time shall be fixed at not more than 50 percent of the regular renewal fee, but not less than one hundred twenty-five dollars ($125) nor more than five hundred dollars ($500).

The delinquent fee is $150.00. The total fee to renew a delinquent number is $900.00 ($750 renewal fee plus $150 delinquent fee for a total of $900.00).

Audit Fees

Every five years, the Board is required to audit all the continuing education providers approved by the California Board of Registered Nursing. To ensure the high quality of audit processes, the Board may need to consider a fee for auditing providers. The audit fee may need to be based on the number of continuing education units the individual provider offers. The proposed audit fee will be assessed per unit.

A sample formula to assess an audit fee may be considered as follows:

Total Contact Hours x hourly rate of a Content Evaluator plus administrative fee = audit fee.

**Example:** 2 contact hours X ($75.00 + $10.00) = $170.00.

<table>
<thead>
<tr>
<th>Total Contact Hours</th>
<th>Assessed Audit Fee per Contact Hour</th>
<th>Total Fee by Contact Hour to be Remitted from Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 contact hour X $85.00</td>
<td>$85.00</td>
</tr>
<tr>
<td>5</td>
<td>5 contact hours X $85.00</td>
<td>$425.00</td>
</tr>
<tr>
<td>15</td>
<td>15 contact hours X $85.00</td>
<td>$1,275.00</td>
</tr>
<tr>
<td>25</td>
<td>25 contact hours X $85.00</td>
<td>$2,125.00</td>
</tr>
<tr>
<td>50</td>
<td>50 contact hours X $85.00</td>
<td>$4,250.00</td>
</tr>
<tr>
<td>100</td>
<td>100 contact hours X $85.00</td>
<td>$8,500.00</td>
</tr>
</tbody>
</table>
Process When Continuing Education Provider Number is Delinquent, Expired, or Cancelled

The continuing education provider number is to be renewed every two (2) years. The Continuing Education Provider status will be posted in the BreEZe as current, delinquent, expired, or cancelled. Delinquent fees will be accepted as long as the renewal fee ($750.00) and the delinquent fee ($375.00) are paid online within forty-five (45) days from expiration date. The provider number will be cancelled if fees are not paid timely. The delinquent, expired, or cancelled Continuing Education Provider number cannot be used to offer contact hours. The Board will explore statutory/regulatory authority to address Continuing Education Provider violations such as issuing contact hours using an expired number.

When the provider number is cancelled, the previously approved continuing education provider will need to submit a new application. The new application process will be required to be followed to be considered for approval and issuance of a new provider number. The previous approved application and course content may not be approved based on the new process.

Technology Needs

The proposed changes in this plan will require technological enhancements and support from Department of Consumer Affairs to ensure this proposed plan will be successful.

- Develop a mechanism to track Continuing Education Providers course offerings
- Provide staff trainings to ensure that staff has the knowledge, skills, and abilities to optimize the functions and usage of the different technological platforms
- Evaluate databases (BreEZe) to ensure that materials can be uploaded and has adequate storage space availability
- Evaluate databases to ensure that data can be retrieved for analysis
- Create online fillable application
- Create a systematic process for website maintenance for approved and cancelled providers
- Ability to track and monitor Content Evaluators
Preliminary Staffing Needs to Effectively Support the Plan

The identified preliminary staffing needs to effectively support this plan are listed below. The Board intends to meet its mission by establishing a Continuing Education & Research Unit. The Continuing Education & Research Unit will be developed to ensure that the structure of the plan is implemented.

Table 7 Positions/Classification and Scope of work

<table>
<thead>
<tr>
<th>Position / Classification</th>
<th>Total</th>
<th>Scope of Work</th>
<th>Year 1*</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Nursing Education Consultant (SNEC)</td>
<td>1</td>
<td>Provide direction to NEC; review and act on difficult applications and decisions</td>
<td>$140,670</td>
<td>$139,303</td>
<td>$146,268</td>
</tr>
<tr>
<td>Nursing Education Consultant (NEC)</td>
<td>2</td>
<td>Review and approve/deny CEP applications; review content expert applications for approval to become CE Content Experts for the Board</td>
<td>$260,826</td>
<td>$257,068</td>
<td>$269,921</td>
</tr>
<tr>
<td>Staff Services Analyst (SSA)</td>
<td>2</td>
<td>Review and refer CEP applications to NEC, and conduct CEP audits</td>
<td>$151,122</td>
<td>$141,879</td>
<td>$148,972</td>
</tr>
<tr>
<td>Office Technician (Typing) (OT)</td>
<td>2</td>
<td>Provide support duties for CEP applications, audits and Content Expert applications (includes receipt, tracking, routing, correspondence, etc.)</td>
<td>$126,494</td>
<td>$116,018</td>
<td>$121,819</td>
</tr>
<tr>
<td>Program Technician II (PT II)**</td>
<td>2**</td>
<td>Conduct CE RN Audits</td>
<td>Use Existing</td>
<td>Use Existing</td>
<td>Use Existing</td>
</tr>
<tr>
<td>Total Positions Needed</td>
<td>7</td>
<td></td>
<td>$679,112</td>
<td>$654,267</td>
<td>$686,981</td>
</tr>
</tbody>
</table>

* Note: Salary includes health & benefits with standard 5% MSA (Merit Salary Adjustment) on-going. One-time set up cost of $8,000 in year one.
** Note: The BRN will utilize two existing Program Technician II (PT II) positions for this scope of work.
<table>
<thead>
<tr>
<th>Workload Measure for Continuing Education Unit Nursing Education Consultant</th>
<th>Estimated to Process</th>
<th>Processing Time (in minutes)</th>
<th>Total (in minutes)</th>
<th>Divided by PY needed</th>
<th>Total (in hours)</th>
<th>PY needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial/Continuing Application Processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensures Continuing Education Provider (CEP) applications comply with regulatory and statutory requirements by conducting random file audits.</td>
<td>100</td>
<td>X</td>
<td>20</td>
<td>= 2,000</td>
<td>60</td>
<td>33</td>
</tr>
<tr>
<td>Discusses with NEC, reviews materials submitted by CEPs, and makes decisions regarding complex continuing approval application.</td>
<td>100</td>
<td>X</td>
<td>30</td>
<td>= 3,000</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>Provide guidance and training regarding CE program and consult with EO and AEO as needed.</td>
<td>200</td>
<td>X</td>
<td>30</td>
<td>= 6,000</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Audit Processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consults with content experts during CEP audit reviews to ensure CE is conducting adequate audits that comply with board rules and regulations.</td>
<td>140</td>
<td>X</td>
<td>30</td>
<td>= 4,200</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Consults with NEC regarding audit appeals to include directing staff to gather additional information for review and possible response.</td>
<td>60</td>
<td>X</td>
<td>30</td>
<td>= 1,800</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Consults with NEC and EO regarding second level audit appeals to include directing staff to gather additional information for review and possible response.</td>
<td>30</td>
<td>X</td>
<td>60</td>
<td>= 1,800</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Content Evaluators *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consults with NEC regarding Content Expert writing samples and any other written exercise to help determine approval/disapproval of CE.</td>
<td>100</td>
<td>X</td>
<td>30</td>
<td>= 3,000</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>Consults with SSA and NEC regarding recruitment information for posting to BRN website and dissemination to interested parties and stakeholders. Regularly reviews recruitment materials to ensure they are current.</td>
<td>12</td>
<td>X</td>
<td>30</td>
<td>= 360</td>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>Consults with NEC and/or SSA regarding CE course evaluations that may not provide clear decision regarding course approval. Direct NEC and/or SSA to obtain clarifying information from CE regarding course approval/disapproval.</td>
<td>280</td>
<td>X</td>
<td>30</td>
<td>= 8,400</td>
<td>60</td>
<td>140</td>
</tr>
<tr>
<td>Audits CE course reviews and provides guidance regarding CEP/course disapproval.</td>
<td>100</td>
<td>X</td>
<td>60</td>
<td>= 6,000</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Consults with the Content Evaluator to provide additional information, direction, or answer questions during the review.</td>
<td>300</td>
<td>X</td>
<td>20</td>
<td>= 6,000</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Other Duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Training and Development - Monthly</td>
<td>12</td>
<td>X</td>
<td>180</td>
<td>= 2,160</td>
<td>60</td>
<td>36</td>
</tr>
<tr>
<td>Staff Hiring, Application review, Interviewing - Per occurrence</td>
<td>18</td>
<td>X</td>
<td>480</td>
<td>= 8,640</td>
<td>60</td>
<td>144</td>
</tr>
<tr>
<td>Supervisor oversight - Daily</td>
<td>240</td>
<td>X</td>
<td>60</td>
<td>= 14,400</td>
<td>60</td>
<td>240</td>
</tr>
<tr>
<td>Staff oversight; workload auditing; workflow - Daily</td>
<td>240</td>
<td>X</td>
<td>60</td>
<td>= 14,400</td>
<td>60</td>
<td>240</td>
</tr>
<tr>
<td>Statistical Reports - create, review and monitor - Weekly</td>
<td>52</td>
<td>X</td>
<td>120</td>
<td>= 6,240</td>
<td>60</td>
<td>104</td>
</tr>
<tr>
<td>Business Process Improvements - Daily/As needed</td>
<td>100</td>
<td>X</td>
<td>120</td>
<td>= 12,000</td>
<td>60</td>
<td>200</td>
</tr>
<tr>
<td>Staff Probation Reports - Annual IDPs - Per occurrence</td>
<td>12</td>
<td>X</td>
<td>180</td>
<td>= 2,160</td>
<td>60</td>
<td>36</td>
</tr>
<tr>
<td>Consults with SSA and/or NEC regarding complaint investigations and provides guidance regarding outcome.</td>
<td>25</td>
<td>X</td>
<td>60</td>
<td>= 1,500</td>
<td>60</td>
<td>25</td>
</tr>
<tr>
<td>Ensure NEC, SSA, and OT CEP procedure manuals are maintained and up to date.</td>
<td>12</td>
<td>X</td>
<td>60</td>
<td>= 720</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>Attends and presents at events to promote the content evaluator program.</td>
<td>12</td>
<td>X</td>
<td>480</td>
<td>= 5,760</td>
<td>60</td>
<td>96</td>
</tr>
<tr>
<td>TOTALS</td>
<td>111,200</td>
<td></td>
<td>1,853</td>
<td></td>
<td>1.04</td>
<td></td>
</tr>
</tbody>
</table>

*Content Evaluators will be under contract to perform evaluations of courses and review audits

PY needed 1

Current PY 0

PY Request 1
<table>
<thead>
<tr>
<th>Workload Measure for Continuing Education Unit</th>
<th>Nursing Education Consultant</th>
<th>Estimated to Process (in minutes)</th>
<th>Processing Time (in minutes)</th>
<th>Total (in minutes)</th>
<th>Divided by Total (in hours)</th>
<th>PY needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial/Continuing Application Processing</td>
<td></td>
<td>190 X 30 = 5,700</td>
<td></td>
<td>95</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Ensures Continuing Education Provider (CEP) applications comply with regulatory and statutory requirements and reviews SSA Content Evaluator (CE) recommendations to ensure appropriateness.</td>
<td></td>
<td>280 X 60 = 16,800</td>
<td></td>
<td>280</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Reviews materials submitted by CEPs and makes decisions regarding continuing approval application.</td>
<td></td>
<td>200 X 30 = 6,000</td>
<td></td>
<td>100</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Provide staff and CE training regarding CE program and consult with the SNEC as needed.</td>
<td></td>
<td>280 X 60 = 16,800</td>
<td></td>
<td>280</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Audit Processing</td>
<td></td>
<td>60 X 60 = 3,600</td>
<td></td>
<td>60</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Reviews materials submitted by CEPs and makes initial decisions regarding audit pursuant to BCP 2811.5(d).</td>
<td></td>
<td>30 X 60 = 1,800</td>
<td></td>
<td>30</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>Regularly consults with content experts during CEP audit reviews to ensure CE is conducting adequate audits that comply with board rules and regulations.</td>
<td></td>
<td>280 X 60 = 16,800</td>
<td></td>
<td>280</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Consults with SNEC regarding audit appeals to include gathering additional information for review and possible response.</td>
<td></td>
<td>60 X 60 = 3,600</td>
<td></td>
<td>60</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Consults with SNEC and EO regarding second level audit appeals to include gathering additional information for review and possible response.</td>
<td></td>
<td>30 X 60 = 1,800</td>
<td></td>
<td>30</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>Content Evaluators *</td>
<td></td>
<td>560 X 60 = 33,600</td>
<td></td>
<td>560</td>
<td>0.32</td>
<td></td>
</tr>
<tr>
<td>Reviews Content Expert (CE) writing samples and any other written exercise to determine approval/disapproval of CE. Provides written feedback to CE if remediation is needed.</td>
<td></td>
<td>12 X 45 = 540</td>
<td></td>
<td>9</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Works with SSA to prepare recruitment information for posting to BRN website and dissemination to interested parties and stakeholders. Regularly updates and maintains up to date recruitment materials.</td>
<td></td>
<td>280 X 60 = 16,800</td>
<td></td>
<td>280</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Discusses CE course evaluations that may not provide clear decision regarding approval with SSA. Work with SSA to obtain clarifying information from CE regarding course approval/disapproval.</td>
<td></td>
<td>100 X 60 = 6,000</td>
<td></td>
<td>100</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Evaluates CE course reviews and provides CEP/course disapproval justification to SSA to notify applicant/provider.</td>
<td></td>
<td>200 X 30 = 9,000</td>
<td></td>
<td>150</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>Consults with the Content Evaluator to provide additional information, direction, or answer questions during the review.</td>
<td></td>
<td>52 X 60 = 3,120</td>
<td></td>
<td>52</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Other Duties</td>
<td></td>
<td>25 X 60 = 1,500</td>
<td></td>
<td>25</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Analyzes statistical data provided by the SSA and presents findings to SNEC, EO, and Board members.</td>
<td></td>
<td>24 X 30 = 720</td>
<td></td>
<td>12</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Reviews, conducts investigations, and discusses complaints with SSA in order to prepare response to complaints received via mail and email.</td>
<td></td>
<td>10 X 120 = 1,200</td>
<td></td>
<td>20</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Routinely works with SSAs and OT’s to evaluate the application, continuing application, audit, content expert processes to create efficiencies.</td>
<td></td>
<td>12 X 480 = 5,760</td>
<td></td>
<td>96</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Revise, update and maintain NEC CEP procedure manual.</td>
<td></td>
<td>60 X 60 = 3,600</td>
<td></td>
<td>60</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Attends and presents at events to promote the content evaluator program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend unit meetings and trainings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>216,540</strong></td>
<td></td>
<td>3,609</td>
<td>2.03</td>
<td></td>
</tr>
</tbody>
</table>

*-Content Evaluators will be under contract to perform evaluations of courses and review audits

PY needed 2
Current PY 0
PY Request 2
### Table 10 Staff Services Analyst Workload

<table>
<thead>
<tr>
<th>Workload Measure for Continuing Education Unit</th>
<th>Estimated to Process</th>
<th>Processing Time (in minutes)</th>
<th>Total (in minutes)</th>
<th>Divided by PY needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application Processing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews Continuing Education Provider (CEP) applications for course content and instructor qualifications for compliance with the Board’s rules and regulation. Makes recommendations to the NEC on which Content Evaluator the application should go to.</td>
<td>190 X 180 = 34,200</td>
<td>60 570 0.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once the NEC gives approval of which Content Evaluator the application goes to, the SSA forwards the application to the Content Evaluator for review. After review from the Content Evaluator, the SSA receives the application application back and determines outcome of the application and process accordingly.</td>
<td>190 X 60 = 11,400</td>
<td>60 190 0.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon approval, submit the approved application for the Office Technician to create a computer file for the new provider and request a computer generated certificate.</td>
<td>140 X 15 = 2,100</td>
<td>60 35 0.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If incomplete, prepare correspondence to advise CE applicant of deficiencies and instruct how to remediate.</td>
<td>45 X 60 = 1,350</td>
<td>60 23 0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revise and update CEP application for accuracy of information regarding changes to the rules and regulations pertinent to CEP.</td>
<td>5 X 180 = 900</td>
<td>60 15 0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audit Processing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate letter asking CEPs for documentation of courses for audit that need further information.</td>
<td>300 X 30 = 9,000</td>
<td>60 150 0.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon receipt of the additional documentation from CEPs, organizing, preliminary review and possible approval before sending to the NEC.</td>
<td>300 X 90 = 27,000</td>
<td>60 450 0.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Content Evaluators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews CEP audit files for transmittal to Content Evaluator by determining the type of course to be evaluated.</td>
<td>560 X 60 = 33,600</td>
<td>60 560 0.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directs and monitors all caseload activities for course files sent to Content Evaluators, which includes delegating application assignments, monitoring application completion time frames, and following up with experts regarding case completion timeframes.</td>
<td>560 X 45 = 25,200</td>
<td>60 420 0.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processes completed Content Evaluator reports, prepares completed Content Evaluator files for staff review, updates complaint tracking and expert referral databases.</td>
<td>560 X 45 = 25,200</td>
<td>60 420 0.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently identifies the most appropriate Consultant Evaluator with the pertinent education, training and expertise to evaluate courses. Assembles and prepares the application for shipping to the Content Evaluator. Consists with the Content Evaluator to provide them with any additional information or answer their questions during the review.</td>
<td>560 X 30 = 16,800</td>
<td>60 280 0.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creates, updates and maintains recruitment information for posting to BRN website and coordinates with OT to disseminate to interested parties and stakeholders.</td>
<td>24 X 90 = 2,160</td>
<td>60 36 0.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consists with NEC regarding creating, updating, and maintaining recruitment materials.</td>
<td>12 X 45 = 540</td>
<td>60 9 0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Duties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revise, update and maintain SSA CEP procedure manual.</td>
<td>10 X 120 = 1,200</td>
<td>60 20 0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect post and maintain data regarding CEP for statistical analysis by the NEC.</td>
<td>52 X 60 = 3,120</td>
<td>60 52 0.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review, analyze and respond to complaints through mail and email.</td>
<td>300 X 30 = 9,000</td>
<td>60 150 0.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend unit meetings and trainings.</td>
<td>60 X 60 = 3,600</td>
<td>60 60 0.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide training regarding CE program and consult with the NEC as needed.</td>
<td>200 X 15 = 3,000</td>
<td>60 50 0.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td>209,370</td>
<td>60 3,490 1.96</td>
<td></td>
</tr>
</tbody>
</table>

*Content Evaluators will be under contract to perform evaluations of courses and review audits

PY needed 2
Current PY 0
PY Request 2
<table>
<thead>
<tr>
<th>Workload Measure for Continuing Education Unit</th>
<th>Office Technician</th>
<th>Estimated to Process</th>
<th>Processing Time (in minutes)</th>
<th>Total (in minutes)</th>
<th>Divided by PY needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive Continuing Education Provider (CEP) applications. Ensures that all of the necessary documentation is provided.</td>
<td>190</td>
<td>X</td>
<td>90</td>
<td>=</td>
<td>17,100</td>
</tr>
<tr>
<td>Review application to determine status and process accordingly.</td>
<td>190</td>
<td>X</td>
<td>60</td>
<td>=</td>
<td>11,400</td>
</tr>
<tr>
<td>Upon approval, create a computer file for the new provider and request a computer generated certificate.</td>
<td>140</td>
<td>X</td>
<td>30</td>
<td>=</td>
<td>4,200</td>
</tr>
<tr>
<td>Assist walk-in CEP applicants at the public counter regarding all aspects CEP applications.</td>
<td>25</td>
<td>X</td>
<td>15</td>
<td>=</td>
<td>375</td>
</tr>
<tr>
<td>Answer routine application questions via telephone and or e-mail.</td>
<td>380</td>
<td>X</td>
<td>5</td>
<td>=</td>
<td>1,900</td>
</tr>
<tr>
<td>Audit Processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate letter asking CEPs for documentation of courses for audit.</td>
<td>560</td>
<td>X</td>
<td>30</td>
<td>=</td>
<td>16,800</td>
</tr>
<tr>
<td>Upon receipt of the documentation from CEPs, organizing and distribute to appropriate staff.</td>
<td>560</td>
<td>X</td>
<td>60</td>
<td>=</td>
<td>33,600</td>
</tr>
<tr>
<td>Follow up with CEP regarding missing or delayed audit information.</td>
<td>168</td>
<td>X</td>
<td>15</td>
<td>=</td>
<td>2,520</td>
</tr>
<tr>
<td>Answer routine audit questions via telephone and or e-mail.</td>
<td>700</td>
<td>X</td>
<td>5</td>
<td>=</td>
<td>3,500</td>
</tr>
<tr>
<td>Content Evaluators*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepares CEP audit files for transmittal to Content Evaluator by copying appropriate materials, verifying CEP history by typing information into computer databases.</td>
<td>560</td>
<td>X</td>
<td>60</td>
<td>=</td>
<td>33,600</td>
</tr>
<tr>
<td>Processes completed Content Evaluator reports, prepares completed Content Evaluator files for staff review, updates complaint tracking and expert referral databases.</td>
<td>550</td>
<td>X</td>
<td>30</td>
<td>=</td>
<td>16,800</td>
</tr>
<tr>
<td>Prepares files to be sent by electronic means or by certified mail by typing mailing labels and information into computer databases and programs for cases referred to Content Evaluator review.</td>
<td>560</td>
<td>X</td>
<td>30</td>
<td>=</td>
<td>16,800</td>
</tr>
<tr>
<td>Utilizing various electronic computer databases and paper records, reviews Content Evaluator contract fund balances, prepares task orders for all Content Evaluator CEP audits, and annotates databases to track Content Evaluator contract payments.</td>
<td>560</td>
<td>X</td>
<td>30</td>
<td>=</td>
<td>16,800</td>
</tr>
<tr>
<td>Prepares completed invoices for payment of Content Evaluator services. Communicates via phone with Content Evaluator and DCA Accounting to resolve invoice and/or shipping issues.</td>
<td>560</td>
<td>X</td>
<td>15</td>
<td>=</td>
<td>8,400</td>
</tr>
<tr>
<td>Send contract materials to Content Evaluators for review and approval. Process contract materials with DCA. Update database as needed.</td>
<td>50</td>
<td>X</td>
<td>10</td>
<td>=</td>
<td>500</td>
</tr>
<tr>
<td>Answer routine Content Evaluator questions via telephone and or e-mail.</td>
<td>1,000</td>
<td>X</td>
<td>5</td>
<td>=</td>
<td>5,000</td>
</tr>
<tr>
<td>Other Duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revise, update and maintain Office Technician CEP procedure manual.</td>
<td>10</td>
<td>X</td>
<td>120</td>
<td>=</td>
<td>1,200</td>
</tr>
<tr>
<td>Collect post and maintain data regarding CEP for statistical analysis by the NEC and SNEC.</td>
<td>52</td>
<td>X</td>
<td>60</td>
<td>=</td>
<td>3,120</td>
</tr>
<tr>
<td>Type correspondence in response to written inquiries from CEPs, registered nurses and the public regarding the rules and regulations of the CE program.</td>
<td>2,000</td>
<td>X</td>
<td>5</td>
<td>=</td>
<td>10,000</td>
</tr>
<tr>
<td>Receive, log, distribute and track complaints.</td>
<td>300</td>
<td>X</td>
<td>15</td>
<td>=</td>
<td>4,500</td>
</tr>
<tr>
<td>Attend unit meetings and trainings.</td>
<td>60</td>
<td>X</td>
<td>60</td>
<td>=</td>
<td>3,600</td>
</tr>
<tr>
<td>Provide training regarding CE program and consult with the SSA, NEC, and SNEC as needed.</td>
<td>200</td>
<td>X</td>
<td>15</td>
<td>=</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>214,715</strong></td>
<td>60</td>
<td>3,579</td>
<td>2.01</td>
<td></td>
</tr>
</tbody>
</table>

*-Content Evaluators will be under contract to perform evaluations of courses and review audits

<table>
<thead>
<tr>
<th>PY needed</th>
<th>Current PY</th>
<th>PY Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
### Table 12 Content Evaluator Scope of Work

<table>
<thead>
<tr>
<th>Recruit Position</th>
<th>Total</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Evaluator (CE)</td>
<td>24</td>
<td>Review course content for compliance and be responsible to approve or disapprove continuing education opportunities.</td>
</tr>
</tbody>
</table>

*Assumptions: Recruit 1 Content Evaluator per category. Audit 6 Contact Hours at each CEP renewal. Cost calculation includes the Content Evaluator rate of $75.00 per hour and a $10.00 per hour administrative fee to the Board.
Changes to Regulations for Continuing Education and Continuing Education Providers (Proposed Language)

The California Board of Registered Nursing’s mission is to protect and advocate for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California. The laws regarding continuing education regulations have not been revised for over two decades. There will be a need to update the CCR 1450-1459.1 regulations to ensure that they are aligned with the current practice of nursing and proposed new continuing education application and audit process. In addition, the Board will require new statutory authority to implement this proposed CEP process.

The California Board of Registered Nursing is currently promulgating a rulemaking proposal for CCR 1456 and the specific language of proposed changes reads as follows:

Proposed changes are designated by single underline.

California Code of Regulations Section 1456. Continuing Education Courses.

The content of all courses of continuing education must be relevant to the practice of nursing and must:

(a) be related to the scientific knowledge and/or technical skills required for the practice of nursing, or
(b) be related to direct and/or indirect patient/client care.
(c) Learning experiences are expected to enhance the knowledge of the Registered Nurse at a level above that required for licensure. Courses related to the scientific knowledge for the practice of nursing include basic and advanced courses in the physical, social, and behavioral sciences, as well as advanced nursing in general or specialty areas. Content which includes the application of scientific knowledge to patient care in addition to advanced nursing courses may include courses in related areas, i.e., human sexuality; death, dying, and grief; foreign languages (conversational); therapeutic interpersonal relationship skills; pharmacology; experimental medical procedures or treatments; and those related to specialty areas of nursing practice. Courses in nursing administration, management, education, research, or other functional areas of nursing relating to indirect patient/client care would be acceptable.

Courses which deal with self-improvement, changes in attitude, financial gain, and those courses designed for lay people are not acceptable for meeting requirements for license renewal.

(d) For purposes of this section, the content of a course is not relevant to the practice of nursing if it relates to an experimental medical procedure or treatment, unless the efficacy of the procedure or treatment is supported by at least two peer-reviewed, publicly available, scientific journals or studies, published in medical and scientific literature, and the procedure or treatment is generally accepted as effective by the medical community.

A medical procedure or treatment is experimental if it relates to a drug that the United States Food and Drug Administration approved, but the drug is used for a purpose other than that for which it was approved. A medical procedure or treatment is also experimental if peer-reviewed scientific journals or studies show that the procedure or treatment is the subject of on-going clinical trials or under study.

Glossary

“Audit” is an official inspection of an approved continuing education provider records by the Board staff to ensure compliance with the CCR 1450-1459 regulations.

“Content Evaluator” is a professional person that is responsible for approving or disapproving continuing education opportunities.

“Continuing approval” is the ongoing approval of a continuing education provider approved by the Board.

“Initial approval” is the first approval given to an individual, partnership, corporation, association, organization, organized health care system, educational institution, or governmental agency to offer continuing education as approved by the Board.

References

AGENDA ITEM:  6.5
DATE:  November 15, 2018

ACTION REQUESTED: Update and Possible Action to Change Regulatory Proposal to Modify California Code of Regulations, Article 5, Section 1456 (Continuing Education Courses)

REQUESTED BY: Trande Phillips, RN, President Chairperson, Administrative Committee

BACKGROUND:
Continuing education has been a long-standing issue that the Board has been working to address. The Board created a Continuing Education Ad-hoc committee that has been meeting since mid-2017. In addition, SB 799 requires the Board by January 1, 2019, to deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving continuing education opportunities, and, by January 1, 2020, to report to the appropriate legislative committees on its progress implementing this plan.

DCA legal counsel drafted proposed regulatory language which was approved by the board at its February 2018 board meeting. DCA legal counsel has made a suggested revision to the previous proposed regulatory language which is now before the board for review and possible action.

NEXT STEPS: Follow board’s direction.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Dr. Joseph Morris, PhD, MSN, RN Executive Officer (916) 574-7600
§ 1456. Continuing Education Courses.
The content of all courses of continuing education must be relevant to the practice of nursing and must:
(a) be related to the scientific knowledge and/or technical skills required for the practice of nursing, or
(b) be related to direct and/or indirect patient/client care.
(c) Learning experiences are expected to enhance the knowledge of the Registered Nurse at a level above that required for licensure. Courses related to the scientific knowledge for the practice of nursing include basic and advanced courses in the physical, social, and behavioral sciences, as well as advanced nursing in general or specialty areas. Content which includes the application of scientific knowledge to patient care in addition to advanced nursing courses may include courses in related areas, i.e., human sexuality; death, dying, and grief; foreign languages (conversational); therapeutic interpersonal relationship skills; pharmacology; experimental medical procedures or treatments; and those related to specialty areas of nursing practice.
Courses in nursing administration, management, education, research, or other functional areas of nursing relating to indirect patient/client care would be acceptable.
Courses which deal with self-improvement, changes in attitude, financial gain, and those courses designed for lay people are not acceptable for meeting requirements for license renewal.
(d) For purposes of this section, the content of a course is not relevant to the practice of nursing if it relates to an experimental medical procedure or treatment, unless the efficacy of the procedure or treatment is supported by at least two peer-reviewed, publicly available, scientific journals or studies, published in medical and scientific literature, and the procedure or treatment is generally accepted as effective by the medical community.
A medical procedure or treatment is experimental if it relates to a drug that the United States Food and Drug Administration approved, but the drug is used for a purpose other than that for which it was approved. A medical procedure or treatment is also experimental if peer-reviewed scientific journals or studies show that the procedure or treatment is the subject of on-going clinical trials or under study.

ACTION REQUESTED: Vote On Whether To Recommend Ratification Of Minor Curriculum Revision and Acknowledge Receipt Of Program Progress Report

REQUESTED BY: Michael D. Jackson, RN, MSN
Chairperson, 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. These minor curriculum revisions and progress reports were presented at the August 16, 2018 Education and Licensing Committee meeting.

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
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:
- California Baptist University Baccalaureate Degree Nursing Program
- California State University, Channel Islands Baccalaureate Degree Nursing Program
- California State University, East Bay Baccalaureate Degree Nursing Program
- California State University, Fullerton Baccalaureate Degree Nursing Program
- California State University, Stanislaus Accelerated Baccalaureate Degree Nursing Program
- Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program
- West Coast University Baccalaureate Degree Nursing Program
- Allan Hancock LVN to RN Associate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- College of Marin Associate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Merced College Associate Degree Nursing Program
- Modesto Junior College Associate Degree Nursing Program
- Moorpark College Associate Degree Nursing Program
- Ohlone College Associate Degree Nursing Program
- Pacific Union College Associate Degree Nursing Program
- Santa Barbara City College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program
- Unitek College Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- Holy Names University Nurse Practitioner Program
- University of California, Irvine Nurse Practitioner Program

Acknowledged Receipt of Program Progress Report:
- Unitek College Associate Degree Nursing Program
NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Carol A. Velas, EdD, MSN, RN
Nursing Education Consultant
Education and Licensing Committee Liaison
<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Baptist University Baccalaureate Degree Nursing Program</td>
<td>C. Velas</td>
<td>06/21/2018</td>
<td>University is adding ANT 315 Holistic Health Healing as a social science elective to allow students flexibility in meeting required curriculum content. This does not change the unit requirements for nursing or graduation. 30 unit option physiology requirement corrected to Bio163 Anat/PhysioII with lab for 4 units. No change in unit total for this non-degree option.</td>
</tr>
<tr>
<td>California State University, Channel Islands Baccalaureate Degree Nursing Program</td>
<td>L. Melby</td>
<td>05/31/2018</td>
<td>CSU Channel Islands is in process of revising its general education requirements to align with an Executive Order from the CSU Chancellor’s Office. As a result of the general education revision, three (3) units were removed from the nursing program. The three (3) units that were removed were NRS 352 Health Promotion and Patient Education (2 units) and NRS 401 Advanced Health Assessment (1 unit). The content from NRS 352 Health Promotion and Patient Education was already embedded in the core theory and lab courses and the content from NRS 401 Advanced Health Assessment naturally fit into NRS 420/421 Nursing Care of the Complex Client – Across the Continuum theory and lab. These changes will start Fall 2018</td>
</tr>
<tr>
<td>California State University, East Bay Baccalaureate Nursing Program</td>
<td>S. Engle</td>
<td>07/10/2018</td>
<td>Updated LVN 30 unit option from 34 quarter units to 30 semester units. EDP-P-06 updated to reflect change.</td>
</tr>
<tr>
<td>California State University, Fullerton Baccalaureate Degree Nursing Program</td>
<td>L. Melby</td>
<td>06/27/2018</td>
<td>Correction of EDP-P-05 and 06 forms from 08/31/2017 to correctly show the 120 units for graduation by including the 1 unit Capstone Clinical Course taking during the last semester prior to graduation.</td>
</tr>
<tr>
<td>California State University, Stanislaus Accelerated Baccalaureate Nursing Program</td>
<td>S. Engle</td>
<td>07/19/2018</td>
<td>With input from students and faculty, program requests to remove 1 unit (1 unit = 45 hours) from the 3 unit Community Health Clinical NURS 4410 to the 4 unit Practicum course NURS 4830 making it 5 units and the Community Health Clinical course 2 units (90 hours). No change in course content. Updated EDP-P-05 and EDP-P-06 to reflect change.</td>
</tr>
</tbody>
</table>
| Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program | L. Melby | 07/28/2018 | Mount Saint Mary’s University Traditional BSN track of their approved BSN program are changing two of their GE courses from SPR85 1 unit to FYS1 2 units and SPR10 2 units to FYS2 2 units. They have also removed NUR10 Into to nur 0.5 unit and added this 0.5 unit to NUR186 that was 4.5 units and is not
<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Coast University Baccalaureate Nursing Program</td>
<td>W. Boyer</td>
<td>06/26/2018</td>
<td>5 units. This did not change the content in the courses or any other sequencing. Other degree requirement units have been adjusted to reflect the 1 unit change. This does not affect ABSN. This minor curriculum change is backdated to Fall of 2017 to reflect current curriculum. During the routine continuing approval visit, the Total Curriculum Plan (EDP-P-05) and The Required Curriculum (EDP-P-06) forms were revised from 15-week semesters with two 10-week terms to 20-week semesters with two 10-week terms to be aligned with the University semesters and to reflect the information published in the University Catalog. Units remain the same.</td>
</tr>
<tr>
<td>Allan Hancock LVN to RN Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>06/26/2018</td>
<td>Effective Spring 2019, further integrate, align and level QSEN, Massachusetts Nurses of the Future, and NLN and Giddens’ Concepts of Nursing Practice throughout the curriculum, and map course objectives to total program objectives more clearly. Update the CRL/TCP forms to reflect minor course re-titling, calculation corrections and small unit changes/redistribution in Bio 128(Micro) from 5 to 4.5 units; increasing N109 (M/S 3 &amp;N110 (MH) from 2.5 to 3 units each; N111(RNSkills1) from .5 unit to 1 unit; and decreasing N106(L/Mgmt) from 2 units to 1.5 units. No substantive content additions/deletions or course re-sequencing. Total CRL decreased from 62 units to 61.5 units; other degree changed from 16-19 units to 16 units, and total units for graduation now 77.5 units.</td>
</tr>
<tr>
<td>Chabot College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>07/11/2018</td>
<td>Program requested to: delete N75 (Fluids and Electrolytes 1 unit) Content moved to N64 Pharmacology and add 0.5 units to change N64 from 2.5 units to 3.0 units; delete N69 (Gerontology 1 unit) Content goes to N77 Physical Assessment and all other core courses; delete N58 (Blood Borne Pathogens 1 unit) Content goes to core courses; delete N61 (Clinical Nutrition 1.5 units) Content goes to core courses; N88L is currently a 3 hour lab: Cut down to 1.5 hours and this course will decrease from 1 unit to 0.5 units. Also change the N88L to N77 as it has no connection to N88 (pathophysiology); N55 Fundamental of Nursing Practice add 0.5 units to absorb the content from N75,</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
<td>SUMMARY OF CHANGES</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>College of Marin Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>06/25/2018</td>
<td>Updated EDP-P-05 and EDP-P-06 to reflect change.</td>
</tr>
<tr>
<td>College of San Mateo Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>06/05/2018</td>
<td>Jane McAteer retired. Dr. Enna E. Trevathan, DNP, MSN, RN, MBA, CNL has been appointed Director of Nursing.</td>
</tr>
<tr>
<td>Imperial Valley College Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>05/27/2018</td>
<td>Ms. Justina Aguirre, Program Director, is retiring and Ms. Roberta Webster will be Program Director beginning July 1, 2018. She was previously Assistant Director of the program.</td>
</tr>
<tr>
<td>Merced College Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>05/16/2018</td>
<td>To better align pediatric content and clinical schedules in third semester, the program will move one lecture from second (M/S-immunizations) to third semester to enhance integration of content with teaching of developmental stages; the associated clinical rotation will occur at Golden Valley in third instead of second semester. There will be no changes in the CRL/TCP forms needed.</td>
</tr>
<tr>
<td>Modesto Junior College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>05/16/2018</td>
<td>Lisa Riggs, Program Director, is retiring June 1, 2018 at which time Kelly Butler will assume the Director position. Program submitted a request to change course name Nursing Process: Maternal-Child Nursing and Nursing Process: Geriatric Nursing to Nursing Process: Maternal-Child Nursing and Nursing Process: Geriatrics. Remove the option of Communication (COMM 106) for verbal communication; this course does not meet A.2 category for articulation. Change The LVN Transition: Role Change Preparation to new course title Transition into the RN role. College added English 100: Intensive Reading, Writing, &amp; Reasoning (5 units) to fulfill A.2. for CSU GE pattern as...</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
<td>SUMMARY OF CHANGES</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Moorpark College Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>05/27/2018</td>
<td>an option. This option changes the Total Units for Graduation to a range of 65.5-67.5. Curriculum forms updated.</td>
</tr>
<tr>
<td>Ohlone College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>05/15/2018</td>
<td>Sally Scofield, Program Director is retiring May 19, 2018 at which time Carrie Dameron will assume the Director position.</td>
</tr>
<tr>
<td>Pacific Union College Associate Degree Nursing Program</td>
<td>S. Ward</td>
<td>05/1/2018</td>
<td>The program and College intend to inactivate use of the Travis Air Force Base campus location with completion of graduates in the LVN-RN option at this location in June 2018. The program has alternated use of this campus location for LVN-RN cohort instruction annually with the Napa campus location. Total program evaluation decisions related to the complexities of providing base access with ongoing changing security procedures for non-military students, and classroom resource considerations in part led to this determination. The program will continue to evaluate plans for future use of the Travis AFB campus, and will notify the BRN if a decision is made to reactivate use. No</td>
</tr>
</tbody>
</table>
## MINOR CURRICULUM REVISIONS
### Education/Licensing Committee
**DATE:** November 15, 2018

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara City College, Associate Degree Nursing Program</td>
<td>C. Velas</td>
<td>05/04/2018</td>
<td>Faculty decided for students to meet course objectives, they need more time to cover theory content in NURS 162, Intro to MSI which also includes fundamental. Shift 0.5 units of clinical units to theory course, so students have more theory time to meet course objectives. In the NURS 166-MSIII, shift 0.5 units from theory to clinical, so student has more time in the clinical setting to meet course objectives. No change to total nursing or graduation units.</td>
</tr>
<tr>
<td>Solano Community College, Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>05/25/2018</td>
<td>College changed English 001 from a 3 unit course to a 4 unit course. Humanities (3 units) course double counted in the past not reflected on approved forms; Currently double counted course not offered replaced with 3 unit Comm 15. Math 104 is replaced with Math 112- remains 4 units- no lab. Total units required for licensure 96 from 93 (increase of 3 units). EDP-P-05a and EDP-P-06 forms updated to reflect changes.</td>
</tr>
<tr>
<td>Southwestern College, Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>05/16/2018</td>
<td>Ms. Zaydie Feria-Bataller has been Interim Program Director while a search was conducted for a new Program Director. Dr. Geoffrey Schroeder will assume the position June 13, 2018.</td>
</tr>
<tr>
<td>Unitek College, Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>07/03/2018</td>
<td>During a program visit, a tour of the newly constructed 1664 square foot RN Simulation Center was conducted. The center includes high-fidelity/mid-fidelity patient simulators and sim view technology consisting of two furnished patient rooms: (1) Pediatrics with Infant and Child high-fidelity simulators, crib and youth bed (2) Private Obstetric Room with a birthing-mom human simulator, with ability to convert to ICU/M/S, and has a bassinet for the newborn, and delivery bed. There is a separate control room with one-way mirrors, recording devices, debriefing room. Faculty and Lab Assistants attended Simulation Lab Training sessions. Computer Charting Program will be available in the center. This is in addition to the 3-bed Medical Surgical Nursing Intensive Care Unit (ICU), a Pediatric and an Obstetrics/Labor and Delivery simulation lab.</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
<td>SUMMARY OF CHANGES</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Weimar Institute Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>07/06/2018</td>
<td>Effective Fall 2018 institute minor changes in course objectives/learning activities for N302 Health Promotion based on evaluative feedback from program students and faculty. Integrate interprofessional concepts and select guest lectures by expert physicians in the course. No change in total nursing, CRL, degree or graduation requirements.</td>
</tr>
<tr>
<td>Yuba College Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>06/25/2018</td>
<td>Add Health 10 to list of acceptable nutrition course requirements. No other change in CRL, other degree or graduation requirements. CRL/TCP forms updated to reflect this change.</td>
</tr>
<tr>
<td>Holy Names University Nurse Practitioner Program</td>
<td>K. Daugherty</td>
<td>05/23/2018</td>
<td>Effective Fall 2018, increase the Advanced Pathophysiology theory course (N243) from a 2 to 3 units course in both the MSN-FNP degree and the Post Master’s FNP Certificate (PMC-FNP) options. Curriculum forms updated accordingly to reflect this change. FNP-MSN will now total 48 instead of 47 units and PMC-FNP option will total 33 instead of 32 units.</td>
</tr>
<tr>
<td>University of California, Irvine Nurse Practitioner Program</td>
<td>C. Velas</td>
<td>06/06/2018</td>
<td>The Sue &amp; Bill Gross School of Nursing will sunset their MSN/FNP program in July 2018. A DNP/FNP program will begin accepting students in AY 2019-2020. The delay in opening the DNP/FNP, originally slated to open in September 2018, is due to the UC and WASCU approval and accreditation processes. In the interim, the School is preparing a major curriculum revision detailing the move from an MSN/FNP program to a DNP/FNP program with submission to the BRN projected in December 2018. Applications for AY 2019-2020 will commence fall 2018 with selection of candidates in Spring 2019.</td>
</tr>
</tbody>
</table>
## MINOR CURRICULUM REVISIONS
### Education/Licensing Committee
**DATE:** November 15, 2018

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>PROGRESS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unitek College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>05/22/2018</td>
<td>Program submitted 3rd progress report that addresses CCR 1431. Licensing Examination Pass Rate Standard. Plan is to continue strategies: NCLEX testing within 3 months of graduation; use of computer adaptive testing (Elsevier) and standardized testing (ATI); admission and selection criteria.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>07/17/2018</td>
<td>Received 4th quarter progress report that addressed CCR 1431. Licensing Examination Pass Rate Standard. 1st quarter 81.82%, 2nd quarter 93.75%, 3rd quarter 83.33%, 4th quarter 92.86% 2017/18 155/136 87.74%. Continue plan.</td>
</tr>
</tbody>
</table>

---

Page 1 of 1
BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1b
DATE: November 15, 2018

ACTION REQUESTED: Vote On Whether To Recommend Ratification Of Minor Curriculum Revision and Acknowledge Receipt Of Program Progress Report

REQUESTED BY: Michael D. Jackson, RN, MSN
Chairperson, 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. These minor curriculum revisions and progress reports were presented at the October 11, 2018 Education and Licensing Committee meeting.

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
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:
- California State University, Chico Baccalaureate Degree Nursing Program
- California State University, Sacramento Baccalaureate Degree Nursing Program
- California State University, Stanislaus Baccalaureate Degree Nursing Program
- Chamberlain University College of Nursing, Baccalaureate Degree Nursing Program
- Concordia University, Irvine Accelerated Baccalaureate Degree Nursing Program
- California Career College Associate Degree Nursing Program
- Carrington College LVN to Associate Degree Nursing Program
- College of the Siskiyous LVN to RN Associate Degree Nursing Program
- Gavilan College Associate Degree Nursing Program
- Glendale Career College Associate Degree Nursing Program
- Los Angeles Trade Tech College Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Santa Ana College Associate Degree Nursing Program
- USD Hahn School of Nursing, Advanced Practice Nurse Practitioner Program

Acknowledged Receipt of Program Progress Report:
- California Career College Associate Degree Nursing Program
- Career Care Institute Associate Degree Nursing Program
- CNI College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Carol A. Velas, EdD, MSN, RN
Nursing Education Consultant
Education and Licensing Committee Liaison
## MINOR CURRICULUM REVISIONS
### Education/Licensing Committee
**November 15, 2018**

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>California State University, Chico Baccalaureate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>09/14/2018</td>
<td>The nursing program offices relocated to another suite within the same building. The new office and mailing address is 400 W 1st Street, Trinity Hall Room 121, Chico, CA 95929-0200.</td>
</tr>
<tr>
<td>California State University, Sacramento Baccalaureate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>08/31/2018</td>
<td>Effective Spring 2019 implement the updated mission and values statement to include core values of caring, integrity, advocacy, collaboration, inclusion, equity, and leadership. The program has deleted the old set of lengthy definitions and references. Program purposes, objectives, outcomes, and curriculum units, hours, and course sequence are unchanged.</td>
</tr>
<tr>
<td>California State University, Stanislaus Baccalaureate Degree Nursing Program</td>
<td>S. Engle</td>
<td>07/19/2018</td>
<td>With input from students and faculty, program requests to remove 1 unit (1 unit = 45 hours) from the 3 unit Community Health Clinical NURS 4410 to the 4 unit Practicum course NURS 4830 making it 5 units and the Community Health Clinical course 2 units (90 hours). No change in course content. Updated EDP-P-05 and EDP-P-06 to reflect change.</td>
</tr>
<tr>
<td>Chamberlain University, College of Nursing, Baccalaureate Degree Nursing Program</td>
<td>S. Engle</td>
<td>08/02/2018</td>
<td>To be in compliance with Title IV funding regulations and the U.S. Department of Education definition of regular student, beginning with the Fall 2018 session, students will be accepted conditionally pending receipt of unofficial documents required for admission. Reference Higher Education Act Sec. 484(a)(1), (b)(3), (4); 34 CFR 668.32(a)(1), and 34 CFR 668.24(c)(iii)</td>
</tr>
<tr>
<td>Concordia University, Irvine Accelerated Baccalaureate Degree Nursing Program</td>
<td>M. McCarthy</td>
<td>09/05/2018</td>
<td>Change in course description for NUSA 400 Preceptorship due to need to assign students to facilities and units instead of student ability to choose. Student requests are no longer feasible.</td>
</tr>
<tr>
<td>California Career College Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>09/14/2018</td>
<td>CCC has requested a minor curriculum revision to reflect changes in the course sequencing of the nursing program. NSG 250 Child / Adolescent / Family Nursing currently taught in 5th semester to move to the 6th semester and NSG 254 Advance Medical Surgical Nursing currently taught in the 6th semester to move to the 5th semester. The total program content, course objectives, and credit hours (70) will remain the same. The change will affect students taking NSG 250 (Child/Adolescent/Family Nursing) scheduled in November 2018.</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
<td>SUMMARY OF CHANGES</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Carrington College LVN to Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>08/31/2018</td>
<td>Carrington College (CC) has provided timely notification related to a transfer of ownership from Adtalem Global Services to San Joaquin College Inc. The transfer of ownership will not result in a merger with San Joaquin Valley College which is owned by San Joaquin Valley College, Inc. CC and San Joaquin Valley College will continue to operate as distinct postsecondary institutions with independent boards, governance structures and management. The Accrediting Commission for Community and Junior Colleges (ACCJC) approved the transfer of ownership on 8/24/18. Carrington will maintain its existing accreditations and retain the same Office of Postsecondary Education Identification (OPEID) with the US Department of Education. Pending approval by the US Department of Education, the final transfer is expected to occur on the November 1, 2018. Notification included an updated organization chart. Carrington College reports all aspects of existing CC’s administrative structures, scopes of accreditation, mission, offerings, curriculum, length or methods of instructional delivery.</td>
</tr>
<tr>
<td>College of the Siskiyous LVN to RN Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>09/15/2018</td>
<td>Effective October 1, 2018 remove PE degree requirement and revise Math course requirements to include Statistics (Math 1050) or higher and Intermediate Algebra (Math 0980). This decreases other degree requirements from a total of 7 units to 6 units. Graduation units will therefore decrease from 75 to 74 units. CRL/TCP updated to reflect these changes.</td>
</tr>
<tr>
<td>Gavilan College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>08/03/2018</td>
<td>Effective August 1, 2018, Allied Health programs will be moved from Dean of Career Technical Education (Sherrean Carr) to Dean of Kinesiology/Athletics (Ron Hannon). Susan Turner, Interim program director will resume faculty assignments. Rosalind Hartman, MS, RN has been appointed Interim Director of Nursing and Allied Health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>08/17/2018</td>
<td>Effective August 1, 2018 Rosalind Hartman was hired as Interim Allied Health Director. She will serve for two months while the District undergoes recruitment for a new program director. The District and interim director are reviewing the structure of the program and assessing needed changes to ensure</td>
</tr>
</tbody>
</table>
### SCHOOL NAME

<table>
<thead>
<tr>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glendale Career College Associate Degree Nursing Program</td>
<td>C. Velas</td>
<td>08/07/2018</td>
</tr>
<tr>
<td>Los Angeles Trade Tech College Associate Degree Nursing Program</td>
<td>L. Melby</td>
<td>07/19/2018</td>
</tr>
<tr>
<td>Mendocino College Associate Degree Nursing Program</td>
<td>S. Ward</td>
<td>09/04/2018</td>
</tr>
<tr>
<td>Santa Ana College Associate Degree Nursing Program</td>
<td>L. Melby</td>
<td>07/27/2018</td>
</tr>
<tr>
<td>USD Hahn School of Nursing Advanced Practice Nurse Practitioner Program</td>
<td>L. Melby</td>
<td>06/19/2018</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>California Career College Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>08/09/2018</td>
</tr>
<tr>
<td>Career Care Institute Associate Degree Nursing Program</td>
<td>C. Velas</td>
<td>09/10/2018</td>
</tr>
<tr>
<td>SCHOOL NAME</td>
<td>APPROVED BY NEC</td>
<td>DATE APPROVED</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>CNI College Associate Degree Nursing Program</td>
<td>W. Boyer</td>
<td>09/17/2018</td>
</tr>
<tr>
<td>San Joaquin Valley College Associate Degree Nursing Program</td>
<td>S. Engle</td>
<td>09/04/2018</td>
</tr>
</tbody>
</table>
AGENDA ITEM: 7.2a
DATE: November 15, 2018

ACTION REQUESTED: Vote On Whether To Approve Education/Licensing Committee Recommendations

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

BACKGROUND: The Education/Licensing Committee met on August 16, 2018 and makes the following recommendations:

7.2.1 Continue Approval of Prelicensure Nursing Program
- Concordia University, Irvine Accelerated Baccalaureate Degree in Nursing Program
- Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program
- Merced College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program

7.2.2 Defer Continuing Approval of Prelicensure Nursing Program
- Brightwood College Associate Degree Nursing

7.2.3 Continue Approval of Advanced Practice Nursing Programs
- California State University, Los Angeles Nurse Practitioner Program

7.2.4 Approve Major Curriculum Revision-Enrollment Pattern Change
- Glendale Career College Associate Degree Nursing Program

7.2.5 Defer Major Curriculum Revision-Enrollment Pattern Change
- California Baptist University, Baccalaureate Degree Nursing Program
- American Career College Associate Degree Nursing Program

7.2.6 Accept Progress Report for Prelicensure Nursing Program
- American University of Health Science Baccalaureate Degree Nursing Program
- El Camino-Compton College Associate Degree Nursing Program
- Glendale Career College Associate Degree Nursing Program (Shepherd University Cohort report)
- Los Angeles Southwest College Associate Degree Nursing Program

7.2.7 Extend Initial New Program Approval Application Deadline for Pacific College Associate Degree Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify programs of Board action.

PERSON TO CONTACT: Carol A. Velas, EdD, MSN, RN
Nursing Education Consultant
Education and Licensing Committee Liaison
The Education/Licensing Committee met on August 16, 2018 and makes the following recommendations:

7.2.1 CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Concordia University, Irvine Accelerated Baccalaureate Degree in Nursing Program.** Cheryl Smythe-Padgham, DNP, RN, WHNP-BC was appointed to the position of Program Director on April 1, 2017 at Concordia University, Irvine (UCI). Dr. Smythe-Padgham oversees the Accelerated Baccalaureate in Science Degree program, the RN-BSN program, and the MSN program. Terry Cottle, DNP, RN is the Assistant Director for the ABSN and RN-BSN program. Dr. Cottle was has been the Assistant Director since 2008. Dr. Cathleen Caston is the program director for the MSN program reporting to Dr. Smythe-Padgham. A regularly schedule continuing approval visit was conducted on April 17-18, 2018 by Dr. Carol Velas, Nursing Education Consultant. The program was found to be in full compliance with all Board rules and regulations. Two recommendations were rendered in Section 2: Total Program Evaluation, CCR 1424(b)(1) and Section 6: Clinical Facilities, CCR 1426(f).

**ACTION:** Continue Approval of Concordia University, Irvine Accelerated Baccalaureate Degree in Nursing Program

- **Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program**
  Marie Seitz, MSN, RN, NP, AOCN is the Program Director. On April 10-11, 2018 a regularly scheduled board approval visit was conducted at Mount Saint Mary’s University Los Angeles Chalon and Doheny campuses for their Baccalaureate Degree in Nursing Program by Loretta Melby and Wayne Boyer Nursing Education Consultants. There were no areas of non-compliance and 2 areas of recommendations.

**ACTION:** Continue Approval of Mount Saint Mary’s University, Los Angeles Baccalaureate Degree Nursing Program

- **Merced College Associate Degree Nursing Program**
  Ms. Kitty Cazares, MSN, RN has served as the Program Director (PD) since 2009. A continuing approval visit was made by K. Daugherty, NEC May 1-3, 2018. Two areas of non-compliance CCR 1424 (d) Resources: Faculty and Program Administrative Support staff and CCR 1425/1425.1 Faculty/Faculty Qualifications and one recommendation, CCR 1426 (d) Curriculum were made as described in the attached continuing approval documents. Following the May 2018 visit, PD Cazares, Dr. Anderson, the Area Dean, and the college’s senior administrative team, including the college President worked to correct the areas of non-compliance and address the recommendation. The program submitted sufficient evidence correcting the areas of non-compliance and addressing the recommendation.

**ACTION:** Continue Approval of Merced College Associate Degree Nursing Program

- **Shasta College Associate Degree Nursing Program**
  Linda Thomas MSN, RN is the Program Director. A continuing approval visit was made by Katie Daugherty, NEC on March 27-29, 2018.Two areas of non-compliance, CCR 1424 (d), (e) Program Administration/Resources/Sufficient of assigned time for Program Director and CCR 1425 and 1425.1 Faculty/Faculty Qualifications were identified along with three recommendations, CCR 1424 (b)(1), (d), (e), Program Administration/Program Evaluation/Resources/Sufficiency of Assistant Director Time; CCR 1426 (d) and (f) Curriculum, and 1427 (c) Clinical Facilities as attached. The program submitted evidence of correcting the two areas of non-compliance and addressing the recommendations.

**ACTION:** Continue Approval of Shasta College Associate Degree Nursing Program

- **Yuba College Associate Degree Nursing Program**
  Mr. Clark Smith, MN, RN has served as the RN program director since 2016 and Director of Allied Health and Public Safety, an administrative position, since 2017. The Allied Health division is made of four primary programs including the Associate Degree RN Program, a Radiology Technician, a
Psychiatric Technician program, and a Human Services program of study. Mr. Smith, as Director for these programs distributes his administrative oversight time with ~ 80% of his assigned time used to manage all aspects of the RN program. Ms. Lynette Garcia, MSN, RN is the program’s appointed assistant director since 2016. A continuing approval visit was conducted April-16-18, 2018 by Katie Daugherty, NEC. The program was found to be in compliance with the Board regulations and policies. Three areas of recommendations (CCR 1424 (d), (e), (f) Administration, CCR 1425 and 1425.1 Faculty, and CCR 1426 (b), (d), (e) Curriculum), were made as described in the attached documents. The program provided a satisfactory written response to the recommendations as attached and there is sufficient evidence of compliance with the Board’s regulations and policies.

**ACTION:** Continue Approval of Yuba College Associate Degree Nursing Program

### 7.2.2 DEFER CONTINUING APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Brightwood College Associate Degree Nursing Program**
  
  Dr. Deborah Chow RN, DNP Program Director, Lori Rankin, RN MSN, NE, Assistant Director, Tracy Frye, MSN, RN Assistant Dean/Assistant Director, and David Movsesian, Campus President represented the program.

  Loretta Melby, NEC presented the report. Dr. Deborah Chow was appointed program director (Dean of Nursing) May 30, 2017. Lori Rankin RN, MSN, NE was appointed assistant program director (Assistant Dean of Nursing) November 2017 additionally Tracy Frye RN, MSN was appointed as assistant program director (Assistant Dean of Nursing) in February 2018. The program has had frequent changes in leadership since the last continuing approval visit performed in 2014. Deborah Chow has now been in this position greater than one year and has appointing 2 ADONs to provide additional program oversight, new faculty mentoring, and to work on student success outcomes. An interim continuing approval visit was conducted May 1, 2018 after having 2 consecutive years of NCLEX RN first time pass rates below 75%. The program was found to be non-compliant in two areas, the first is NCLEX -RN first time pass rate mentioned above (1431 The nursing program shall maintain a minimum pass rate of 75% for first time licensing examination candidates). The second area of non-compliance is 1424 (d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program objectives. They also had 2 areas of recommendations 1430 and 1424 (f). At the time of this visit the pass rates were as follows:

  - 2012-2013 = 75.44%
  - 2013-2014 = 63.91%
  - 2014-2015 = 78.10%
  - 2015-2016 = 73.51%
  - 2016-2017 = 74.05%
  - 2017-2018 = Final annual rate is pending

  qtr. One 33/19 (57.58%), qtr. Two 51/42 (82.35%), qtr. Three 54/41 (75.93%), current Annual pass rate without qtr. Four is 73.91%. Since the visit the 2017-2018 annual pass rate was reported at 71.93% with 171 students taking the exam and 123 passing the exam.

  **ACTION:** Continue to Defer Continuing Approval for Prelicensure Nursing Program at Brightwood College Associate Degree Nursing Program. Regularly scheduled 5-year continuing approval visit scheduled February 2019 with return to ELC in May 2019 for Progress Report and return to ELC in October 2019 for NCLEX full year report.

### 7.2.3 CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

- **California State University, Los Angeles Nurse Practitioner Program**
Att to Board agenda item 7.2a  
ELC Recommendations  
From August 16, 2018 meeting

Nnenna Weathers, PhD, RN, FNP, PMHNP-BC is the program director. A regularly scheduled continuing approval visit was conducted at the California State University, Los Angeles Nurse Practitioner Program on March 19-21, 2018, by Shelley Ward, NEC and Dr. Linda Sperling, NEC. There were no findings of non-compliance identified with required statute, regulation or policy. Two recommendations were rendered. The recommendations were in the areas of CCR Section 1484(b) (6) - Administration, and CCR Section 1484 (c) (4) - Faculty. The program provided a progress report addressing the two recommendations.

**ACTION:** Continue Approval of Advanced Practice Nursing Program for California State University, Los Angeles Nurse Practitioner Program

7.2.4 APPROVE MAJOR CURRICULUM REVISION-ENROLLMENT PATTERN CHANGE

- **Glendale Career College Associate Degree Nursing Program**

Gloria M. Blatti, RN, EdD, FNP, is the Program Director (PD), and Molly Hahm PhD, MPH, RN is the Assistant Program Director and are representing the program.

Carol Velas, NEC presented the report. Glendale Career College (GCC) was approved as a new prelicensure program on June 16, 2016 with an enrollment of sixty students each year. The initial enrollment pattern was to admit 30 students twice year. The historical and current enrollment pattern is as follows:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Admission Date</th>
<th>Number of Students Admitted into Gen Ed courses</th>
<th>Number of Students Admitted into Nursing courses</th>
<th>Current Number of Students from original Gen Ed cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/22/2016</td>
<td>48</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>12/12/2016</td>
<td>42</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>5/1/2017</td>
<td>40</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>8/28/2017</td>
<td>45</td>
<td>33</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>1/2/2018</td>
<td>41</td>
<td><strong>projected 30 moving into Nursing in August 2018</strong></td>
<td>35</td>
</tr>
<tr>
<td>6</td>
<td>4/30/2018</td>
<td>44</td>
<td><strong>projected 30 moving into Nursing in January 2019</strong></td>
<td>43</td>
</tr>
<tr>
<td>7*</td>
<td>8/27/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As you see by this chart, GCC has maintained their enrollment pattern with two cohorts each year. In 2018 GCC admitted students in January and April, a similar pattern as in the past. To maintain faculty workload, current clinical placements, and provide students who fail the ability to gain access to courses in a timely manner, GCC is asking for the ability to enroll one more cohort of 30 students for 2018 and to continue this enrollment pattern in the future. The program reports the increase in enrollment would not impact clinical placements for this cohort because of prior August enrollments. As per ELC directions for enrollment increases, GCC contacted 21 schools by email with a second email or phone call. Of the 21 schools, eight support the enrollment increases, four oppose the increase and there were nine schools that did not respond. Of the nine schools that did not respond, NEC emailed all nine program directors asking them if the enrollment increase for GCC could/would cause displacement of their students. Of the nine schools emailed, 3 supported the increase, while 2 opposed and 4 did not respond. In summary, the themes of opposition centered on “an increase in enrollment at GCC would be felt and surely impact clinical placements, we are challenged with new and existing student placements across all semesters, facilities have indicated they are impacted and overwhelmed with the number of students/school requests, some facilities are denying affiliation because they are only accepting BSN students. Mt. San Antonio College A.D.N. program reports in Spring 2018, their program was displaced while on the unit of a busy acute care hospital. Ten students and the instructor were told to leave as another school had unexpectedly shown up. During this investigative process, there is evidence that actual students had been, and could
potential be displaced by the increase in enrollment request from GCC. The cost of the six-semester Associate Degree Nursing Program at Glendale Career College is $70,000.00. Simulation is used for 20% of clinical practicum in all content areas.

**ACTION:** Approve Major Curriculum revision-enrollment pattern change to include an additional enrollment increase of a 30-student cohort in August for a total program enrollment of 60 annually.

### 7.2.5 DEFER MAJOR CURRICULUM REVISION-ENROLLMENT PATTERN CHANGE
- **California Baptist University Baccalaureate Degree Nursing Program**
  Juliann Perdue, DNP, RN, FNP, CHAIS is the Undergraduate Program Director and with Dr. Karen Bradley, Dean is representing the program.

Carol Velas, NEC presented the report. A proposal for Major Curriculum Revision-Enrollment Pattern Change was received on June 8, 2018. California Baptist University (CBU) offers two prelicensure nursing options; the Baccalaureate and Entry Level master’s Degrees. Currently, the Baccalaureate Degree program admits 80 students each fall and spring semester for a total annual program enrollment of 160 students. CBU is requesting to increase their annual enrollment by 32 students, sixteen students each fall and spring semester to bring their annual enrollment to 196 students. The new cohort of 96 would be divided into two sub-cohorts of 48 students in theory courses and ten groups of 8-10 students in clinical groups, increasing the clinical groups by two. The request for enrollment pattern change focuses on three main areas of need;

1) In response to the February 28, 2018 California Healthcare Workforce Policy Commission Memorandum identifying San Bernardino county as a Registered Nurse Shortage Areas (RNSA). Based on 2016 data on long-term care and general acute care patient census data and number of RNs in the county, RNSA designation was given to a county with a ratio greater than 39.19. The ratio for Riverside was 38.95, San Bernardino was 50.87, Orange was 44.98, Los Angeles was 72.67 and San Diego was 45.31. CBU enrolls students from both Riverside and San Bernardino Counties.

2) According to recent communication with service partners, there is a shortage of Public Health Nurses in the Inland Empire.

3) For the last five-year average, 28% of qualified applicants are not admitted to CBU. CBU is currently the only Baccalaureate Degree Program in Riverside County, retaining the majority of their graduates in the area. CBU has transition and dual enrollment agreements with Riverside Community College. In summary, the themes of opposition centered on the “crisis point in California for clinical placements with hospitals decreasing the number of students and site availability, placements are fewer and more difficulty to find, and clinical sites are being denied because of the increased demands on staff. There was no evidence during this investigative process that actual students had been or are going to be displaced by the increase in enrollment request from CBU.

The total cost of tuition for CBU is $141.52. Simulation is across the curriculum at 25%, less in some courses.

**ACTION:** Defer recommendation for enrollment pattern change-increase in enrollment until after the Regional Summit Meetings and more is understood about clinical capacity. Return to Education and Licensing Committee at that time.

- **American Career College Associate Degree Nursing Program**
  Ellen M. Lewis, MSN, RN, FAAN is the Program Director and representing the program.

Dr. Wayne Boyer presented the report. On April 10, 2018, Ms. Lewis sent a letter of request for an enrollment increase of 30 students, four times a year (February, April, September, and November) from the current 33 students twice a year (February and September) for a total enrollment of 120 students annually. This increase would be phased in as follows: 2018 Thirty (30) additional students would be admitted in November 2018. 2019 Thirty (30) students would be admitted in February, April, September,
and November 2019. The program has sufficient classroom space, laboratory space, computer access, and technology to support student success. A full-time Masters Prepared Retention Specialist is in place and has been an asset for the program. The program retention is 96%. FTEs for the program are expected to increase from 13.1 to 23.8 to assist in hiring additional full-time and part-time faculty and support staff. Since the initial program approval six (6) cohorts have taken the NCLEX-RN exam with passing rates ranging from 64.00% (Oct-Dec 2017) to 100.00% (Jan-Mar 2018). In total 153 graduates have taken the NCLEX-RN exam for a cumulative pass rate of 77.72%. Fourteen clinical facilities utilized by ACC were notified of the program’s intent to request an enrollment increase. ACC did not ask the clinical facilities for any additional days of the week but asked to utilize the day/days currently allocated to the ACC program on a more frequent basis, i.e., every quarter or every other quarter depending on course sequencing for the ten (10) week term. The sites provide for clinical experience in all content areas. Letters from these facilities were received expressing approval for the enrollment increase, ability to accommodate the additional students, and validating no displacement of other nursing programs that utilize the sites. Letters were sent to eleven prelicensure nursing programs that currently have students in clinical sites utilized by ACC. Five (5) schools support the enrollment increase (Charles R. Drew University of Medicine and Science Entry Level Master’s Program, California State University Northridge Baccalaureate Degree Nursing Program, El Camino College Associate Degree Nursing Program, Santa Monica City College Associate Degree Nursing Program, West Coast University Baccalaureate Nursing Program). Five programs oppose the proposed enrollment increase (American University of Health Sciences Baccalaureate Nursing Program, Cerritos College Associate Degree Nursing Program, Los Angeles Trade Tech College Associate Degree Nursing Program, Mount Saint Mary’s University Associate Degree Nursing Program, Mount Saint Mary’s University Baccalaureate Degree Nursing Program). Reasons for opposing the proposed enrollment increase pertain to actual or potential clinical displacement.

**ACTION:** Defer recommendation for enrollment pattern change-increase in enrollment until after the Regional Summit Meetings and more is understood about clinical capacity. Return to Education and Licensing Committee at that time.

### 7.2.6 ACCEPT PROGRESS REPORT FOR PRELICENSURE NURSING PROGRAMS

- **American University of Health Sciences Baccalaureate Degree Nursing Program**
  
  Myrna Dial, PhD, RN, Dean, School of Nursing is the Program Director and Susan, Morrison, MSN, RN Assistant Director along with Dr. Navarro, Vice President of Operation and John Minchin, DSc, Provost are representing the program.

  Badrieh Caraway, SNEC presented the report. On September 28, 2017, Badrieh Caraway, SNEC conducted the focus site visit, interviewed students and faculty, and obtained feedback on the program’s action plan in resolving issues relevant to course scheduling, sufficiency of resources, faculty orientation/development, and the impact of changes in leadership. SNEC discussed the identified issues with Dr. Myrna Dial, Dean, Nursing Program Director and the members of the leadership team. At the ELC meeting on January 11, 2018, recommendations were made to grant the program Continuing Approval, and SNEC to receive a quarterly progress report from the Nursing Program Director. On July 12, 2018, the Program Director submitted an updated progress report, which addressed the issues identified during September 28, 2017, focus visit and was presented at the ELC meeting on January 11, 2018. The purpose of this report is to provide an update on the action taken and progress made in resolving the issues that were identified and addressed with the Program Director, faculty and members of the administration team at the September 28, 2017 focus site visit included:

  1. Clinical Placement- Students Scheduling Issues: Program is to continue planning on establishing a back-up plan to avoid changes in clinical placement schedules as much as possible. Detailed update
information on establishment of a back-up plan has been requested, and SNEC will do the follow-up with Dr. Dial.
2. Faculty Workload Schedule: Program has a total of 34 faculty (7 Full Time-FT and 27 Part Time-PT). The faculty workload for 2018 has been reviewed at the beginning of the first quarter of 2018 during a faculty meeting, and the necessary revisions have been made as needed. The search for two additional full-time faculty is still ongoing to increase the total number of full time faculty from seven (7) to the total nine (9) full time faculty by Fall 2018.
3. Faculty Simulation Training: All full-time faculty will be required to complete the 6-day education training for use of the new simulation mannequins. The Laerdal company will conduct this training per purchasing agreement.
4. CCR Section 1424 (d) Sufficiency of Resources: Program has made major progress with Simulation and Skills Laboratories: Room 204 has seven (7) Hill Rom hospital beds, and three mannequins (two adult and one infant). Room 209 has been designated as the Simulation Laboratory that will be equipped with three new medium-high-fidelity simulation mannequins. To complement the simulation products from Laerdal, the program has purchased computer-based simulation products such as ATI Real Life and Nurses touch. Kaplan review includes evidence-based scenarios for simulation activities. The program has a designated faculty as Simulation Lab Coordinator, Professor Bobby Carter, who completed a 4-day conference on Simulation skills development and is seeking certification by 2019.
5. Enrollment Increase Issues: On June15, 2018, program quested advice from SNEC regarding seven (7) returning students facing challenges with re-entry to the program. The seven (7) students were to enroll in the Fundamentals N250 course, which exceeds the BRN approved enrollment number of 60 students twice/year admission. After several phone conference calls and review of various options to be made available to students, the program solicited student volunteers to sit out for the quarter by offering them a scholarship and guarantee of enrollment in the winter quarter 2019. Five students who volunteered to wait and elected to take GE courses were all given a onetime scholarship for the nursing N250 Theory/Laboratory courses and guarantee of enrollment in the winter quarter 2019. The remaining two students were deferred due to non-payment of tuition for the current quarter. The Program was directed to review and update the readmission policy procedure and to develop re-entry policy to avoid future problem for students, and to submit a major curriculum revision for increased enrollment.

ACTION: Accept Progress Report for Prelicensure Nursing Program at American University of Health Science Baccalaureate Degree Nursing Program.

- **El Camino-Compton College Associate Degree Nursing Program**
  Wanda Morris, RN, CNS, MN, EdD, is the Director of Nursing for the Associate Degree Nursing (ADN) Program and representing this program.
Badrieh Caraway, SNEC presented the report. The purpose of this report is to provide an update on the separation status of the El Camino College Compton Education Center Nursing (hereafter CEC) program from the El Camino College District (hereafter ECCD). The ECCD offers an Associate Degree Nursing program at two different sites; the main campus is located in Torrance, CA, and the secondary CEC site is located in Compton, CA. Although the Nursing Program operates on two different campuses, they presently operate as one Nursing Program. On Wednesday, June 7, 2017, Compton College became the 114th community college in the California Community College system. Compton College is scheduled to become an independent standalone accredited college on June 10, 2019. The dates below reflect the activities that have occurred since the award of the initial accreditation:
  - In July 2017 Compton Community College District (hereafter CCCD) held a retreat to discuss the next phase of the partnership planning.
• On August 11, 2017, the nursing department faculty, staff and college administrators held their first open forum to discuss and develop a strategic plan related to separating the two Associate Degree Nursing Programs.

• On September 14, 2017, CCD began monthly meetings to discuss the separation of the ECCD and the CCCD. CCCD/ECCD Transition Subcommittee meetings continue to occur regularly on the first Tuesday of every month.

The Nursing Program update includes a progress report on the following areas:

1. Hiring status of the Director of Nursing/Assistant Director positions at Compton College:

   During the past seven (7) months, the CCCD has actively recruited from both within and outside the District work force to attract qualified applicants for the Director of Nursing position. The CCCD anticipates the appointment of a permanent Director of Nursing by the fall 2018 semester, which begins August 27, 2018. In the event the applicant pool does not render a viable qualified applicant to meet the requirement from the outside, then the following two identified inside qualified faculty members who have served as the Assistant Director may be considered to fill the Director of Nursing position: Zenaida Mitu was Assistant Director from 8-25-2014 to 6-1-2016 and Dr. Shirley Thomas has been the Assistant Director from September 6, 2013 to present.

2. FACULTY VACANCIES AT THE COMPTON COLLEGE:

   The faculty at the Compton College campus consists of seven (7) full-time tenure track faculty and 18 part-time faculty members. The program recently lost two (2) full-time faculty members at the end of the fall 2017 semester and one at the beginning of the spring 2018 semester. Over the past two (2) years, the college has experienced a problem with attracting individuals to fulfill the full-time faculty slots, and that increased the need to hire additional part-time faculty in order to continue to be able to enroll qualified students into the program.

   2. RESOURCES: During the fall 2015 Continuing Approval site visit for Compton College, the program was non-compliant in two areas:

   A. Staffing for the simulation/skills labs and support staff were the two identified areas. Over the past two and one-half years, one of the full-time faculty members was assigned to the skills labs as the Skills Lab Coordinator. Due to the recent loss of two full-time faculty members, this position is currently vacant.

   B. The support staff at the Compton College campus consists of a Sr. Administrative Assistant to provide support to the Division Dean and to assist with administrative support for the six (6) departments within the division. There is an identified need for hiring clerical support staff to assist with maintenance of nursing program data.

3. NCLEX-RN REPORT:

   The NCLEX-RN Pass Rates for first time testers over the last seven (7) years fluctuated up and down. Integration of the Assessment Technologies Institute (ATI) supplemental instruction throughout the curriculum was an effort to improve students’ performance while enrolled in the program and to increase readiness for the NCLEX-RN exam upon completion. Upon graduation, students have the option of attending a 3-4-day Kaplan NCLEX-RN review funded by grant funds. The recent pass rates range from 71.67% (2016-2017) to 82.81% (2017-2018).

**ACTION:** Accept Progress Report for Prelicensure Nursing Program at El Camino-Compton College Associate Degree Nursing Program with quarterly reports to NEC.
• Glendale Career College Associate Degree Nursing Program (Shepherd University cohort report)

Gloria M. Blatti, RN, EdD, FNP, is the Program Director (PD), and Molly Hahn PhD, MPH, RN is the Assistant Program Director, both are here representing the program.

Carol Velas, NEC presented the report. Assistant Director Molly Hahn was the prior Program Director of Shepherd University (SU) Associate Degree Nursing Program. At the November 9, 2017 the Board rendered an action to “Withdraw program approval for Shepherd University Associate Degree Nursing Program with implementation of teach-out plan.” On January 12, 2018 the Board rendered an action for Glendale Career College to “Approve major curriculum revision for Glendale Career College Associate Degree Nursing Program for a one-time enrollment increase to absorb Shepherd University students. Provide a progress report to Nursing Education Consultant for students with international visas and quarterly reports for each cohort until the last cohort graduates.” A total of 40 students were enrolled in the SU program at the beginning of the Spring 2018 Semester. At the end of the Spring 2018 semester, 39 students continued. The current number of students in each semester is as follows (att1).

• Semester 4: Eleven (11) students graduated on July 13, 2018 and are waiting for appointments to test (NCLEX)
• Semester 3: Thirteen (13) students will graduate in December 2018 (Out of 21 students at the beginning of Spring 2018 Semester 3, one student dropped, and seven students failed)
• Semester 2: Fifteen (15) students will graduate in June 2019 (eight students from the initial cohort and seven that failed)

A summer remediation plan was initiated for the seven students who failed. The students will continue to be tutored through the next semester. The students continue to be taught the current approved SU ADN curriculum and earn all of the course credits as taken at SU (att1). SU students used the previously secured clinical sites for the 2018 Spring Semester. All prior SU faculty were hired by GCC and continue to teach (att1). On May 10, 2018 GCC received approval from the U. S. Immigration and Customs Enforcement’s Student and Exchange Visitor Program (SEVP) and now has SEVIS (Student and Exchange Visitor Information System) access to accommodate international students. The total cost of the program is $70,000.00. There is 10% simulation across the curriculum.

ACTION: Accept Progress Report for Prelicensure Nursing Program at Glendale Career College Associate Degree Nursing Program with progress reports until all previous Shepherd University students graduate.

• Los Angeles Southwest College Associate Degree Nursing Program

Dr. Catherine Azubuike is the Program Director and Ms. Indiana McClellan RN, MSN is the Assistant Director and along with Dr. Awan, College President and Mr. Tom Hall, Operations are representing the program.

Carol Velas, NEC presented the report. A regularly scheduled continuing approval visit was completed on November 14-16, 2017 by Carol A. Velas, Nursing Education Consultant and Badrieh Caraway, Supervising Nursing Education Consultant. Four areas of noncompliance were rendered with related noncompliances, one recommendation was given.

The areas of non-compliance are as follows with details in att1 and att2:

1) Administration and Organization of the Nursing Program, CCR 1424(d)(e)(f) with related noncompliance in CCR 1424(h) Faculty

2) Faculty Responsibility, CCR 1425.1(a) with related noncompliance in Administration and Organization of the Nursing Program, CCR 1424(a) and Curriculum, CCR 1426(b)(d)
3) Clinical Facilities, CCR 1426(f)
4) Licensing Examination Pass Rate Standard, CCR 1431(a)(b)(c)
5) One recommendation was given: Total Program Evaluation, CCR 1424(b)(1)

During this visit student meetings were conducted, and students expressed their frustration with the physical building and classrooms, stating lack of air conditioning and WIFI and infestation of ants and cockroaches, as well as bathrooms that were not regularly maintained. During the administrative meeting, Dr. Bradford reported the Academic Village portables had a life expectancy of five years, the nursing program has been housed in the portables for the past eight years. A follow-up visit was conducted on March 6, 2018 with confirmation that the physical condition of the classroom and bathrooms had been resolved. At the May 10, 2018 ELC meeting the committee members recommended to place the program on Warning Status with Intent to Close the Program due to the areas of noncompliance and unsafe conditions of students and faculty in the nursing department including faculty offices, reception area, classrooms, skills lab, and restrooms in the Academic Village. On June 14, 2018 the Board action for LASW was to:

“Place Los Angeles Southwest College Associate Degree Nursing Program on Warning Status with Intent to Close Program. Program will provide monthly progress reports related to the physical plant safety, safety of the students, faculty, administrative assistants, Program Director and Assistant Directors, and reasonable resources. The college will have a reasonable amount of time to complete these requests:

1) Students will be placed in classrooms that are clean and maintained, climate controlled, have WIFI connectivity, and suitable for learning. College will have 30 days from the receipt of this letter to implement this request.
2) Students will have access to bathrooms that are clean and maintained with supplies for hand hygiene. College will have 30 days from the receipt of this letter to implement this request.
3) Students will have access to a functioning skills lab including running water, so they can meet the objectives of their courses. College will have 30 days from the receipt of this letter to implement this request.
4) The Program Director, Assistant Directors, Faculty, and Administrative Assistants and staff will be housed in a building that is safe, clean, climate controlled, has WIFI connectivity and suitable for their needs to assist students in meeting the course and program objectives. College will have 30 days from the receipt of this letter to implement this request. Program will return to the August 2018 Education and Licensing Committee meeting with a progress update.”

On July 5, 2018, Carol Velas, NEC was invited to visit the new physical space of the Nursing Department (att4). The Nursing Department has been moved to the School of Career and Technical Education (SOCTE) building on the northeast corner of the first floor with additional space on the second floor. The SOCTE building was constructed in 2015 and holds LEEP Platinum Certification. Private offices are available for the Program Director and Assistant Director, Full-time faculty will share offices and adjunct faculty with share a space with desks and computers. There is a conference room available for private meeting with students. Four classrooms are dedicated to the nursing program, all state-of-the-art with projectors, SMART boards, and seating capacity for the current enrollment. One large classroom with also have two hospital beds and supplies for the skills taught in the fundamental course. There is a large simulation lab with three hospital beds and high-fidelity mannequins. The area around the beds are set up similar to a hospital ward with headboards, cabinets next to the bed, and overbed tables. At one end of the room there are tables, chairs and computers for 10-12 students. Equipment and supplies are stored in the simulation lab. Square footage building plan. In summary, LASW has met the Board’s request to move the students from the Academic Village and provide a learning environment that is conducive to meeting course and program learning outcomes. The program continues to address the other noncompliant areas of the initial school visit from November 2017. The most recent 2017-2018 NCLEX pass rates for
the program were 76.09% (46/35) bringing the program into compliance for CCR 1431. The program has completed their curriculum revision and it is now under college curriculum review process and then Chancellor’s Office for review. I expect to have the major curriculum revision by the new year.

**ACTION:** Accept Progress Report for Prelicensure Nursing Program at Los Angeles Southwest College Associate Degree Nursing Program with return to Education and Licensing Committee when all non-compliances are rectified.

### 7.2.7 EXTEND INITIAL NEW PROGRAM APPROVAL APPLICATION DEADLINE FOR PACIFIC COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Kathleen Winston, PhD is the program director and representing the program. Carol Velas, NEC presented the report. The Board approved the Pacific College Feasibility Study on November 5, 2015 with an anticipated enrollment November 5, 2017. Pacific College hired Dr. Donna Beuk, who was approved on May 23, 2016 as Director of the ADN program to complete Self Study phase of the initial program approval process. Dr. Beuk abruptly resigned due to family and personal circumstances. Dr. Kathleen Winston was hired as the Program Director on July 1, 2017. Board’s policy for new program Application for approval CCR 1421(a)(4) allows two years from acceptance of the Feasibility study to initial enrollment of students. When this timeline is missed, and unless the program is granted an extension, the school is required to restart the approval process from the beginning, submitting a letter of intent. Pacific College’s two-year period for completion of the new program approval process will end on November 5, 2017. Pacific College submitted a request for extension to delay their initial start of program until October 2018 (att1). Dr. Winston completion the self-study phase of the initial program approval process and submitted it to Dr. Linda Sperling on March 21, 2018. Dr. Sperling has since resigned and Carol Velas, NEC was assigned the program for evaluation of the Self Study and Site Visit. Due to the late change in NEC and school assignments, I am asking for another extension to complete the analysis of the Self Study and to conduct a two-day school visit to ensure the program meets the resource needs of the enrollment request of 45 students twice a year for a total program enrollment of 90 students annually. I request the extension for a two-month period with submission to ELC at the October 2018 meeting.

**ACTION:** Recommend Extension of Initial Program Approval Application Deadline for Pacific College Associate Degree Nursing Program and return to Education and Licensing Committee after the Regional Summit Meetings but no later than January 2017.
AGENDA ITEM: 7.2b
DATE: November 15, 2018

ACTION REQUESTED: Vote On Whether To Approve Education/Licensing Committee Recommendations

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

BACKGROUND: The Education/Licensing Committee met on August 16, 2018 and makes the following recommendations:

7.2.1 Continue Approval of Prelicensure Nursing Program
   ➢ Mission College Associate Degree Nursing Program
   ➢ Unitek College Associate Degree Nursing Program
   ➢ San Joaquin Valley College Associate Degree Nursing Program

7.2.2 Defer Continuation of Approval of Advanced Practice Nursing Program
   ➢ United States University Advanced Practice Family Nurse Practitioner Program

7.2.3 Approve Major Curriculum Revision
   ➢ Santa Monica College Associate Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify programs of Board action.

PERSON TO CONTACT: Carol A. Velas, EdD, MSN, RN
Nursing Education Consultant
Education and Licensing Committee Liaison
The Education/Licensing Committee met on October 11, 2018 and makes the following recommendations:

7.2.1 CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Mission College Associate Degree Nursing Program**
  Judith C. Berkley APRN-FNP was approved as program director in November 2016 and is serving in this capacity on an interim basis. A regularly scheduled continuing approval visit was conducted at the Mission College Associate Degree Nursing Program on April 4-5, 2018, by Shelley Ward, NEC. The program had findings of non-compliance in four areas. Three recommendations were provided. Findings of non-compliance were in the areas of: CCR Section 1424(e) – Sufficient time for the administration of the program; CCR Section 1425(f) - Content Expert Qualifications; CCR Section 1425.1(d) - Faculty Clinical Competence; and CCR Section 1431 - Licensing Examination Pass Rate Standard. The program submitted two progress reports resolving the areas of non-compliance and addressing the recommendations.

**ACTION:** Continue Approval of Prelicensure Nursing Program for Mission College Associate Degree Nursing Program

- **Unitek College Associate Degree Nursing Program**
  Dr. Susan Engle presented the report. Dr. Abdel Yosef, Chief Academic Officer, Dean, Unitek College appointed October 28, 2016. At the November 9, 2017 Board voted to approve Education/Licensing Committee recommendations meeting to defer action to continue approval of Unitek College Prelicensure Associate Degree Nursing Program. A regularly scheduled continuing approval visit was conducted March 28-30, 2017. The program was found to be in non-compliance with California Code of Regulations (CCR) Section 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. For 2015/2016 (June 1-July 30), the NCLEX pass rates for the program was 73.58% (n=106). The findings of the assessment and the plan for increasing the pass rate included specific corrective measures to be taken, resources, and timeframe. Variables that contributed to the non-compliance included: admission & selection criteria, diversity, academic performance, and NCLEX testing timeline and the need for stable leadership. The program implemented the multicriteria screening January 2017. The NCLEX pass rate for 2016-2017 was 72.34% (n=188). The program submitted quarterly progress reports. CCR 1431 reads in part “(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.” On March 29, 2018, a visit was conducted to determine whether an effective corrective action plan was implemented. It was determined that the plan was implemented. NCLEX pass rates for 2017-2018 for first time testers was 87.74%.

**ACTION:** Continue Approval of Prelicensure Nursing Program at Unitek College Associate Degree Nursing Program

- **San Joaquin Valley College Associate Degree Nursing Program**
  Dr. Susan Engle presented the report. On November 7, 2017, the Board placed San Joaquin Valley College on deferred action to continue approval of prelicensure nursing program due to six areas of non-compliance: CCR 1424(b)(1) Total Program Evaluation; CCR 1432 Changes to an Approved Program; CCR 1424(h) Faculty Qualifications; CCR 1425.1(a) Faculty Responsibilities; CCR 1426(a) Curriculum. The program submitted quarterly progress reports with corrective actions to address the areas of non-compliance. A visit was conducted to the program July 25, 2018 to meet with the program director,
leadership, students, and faculty representatives from both the Visalia and Ontario campuses. The program implemented use of a comprehensive total program evaluation plan. The program has a plan in place to notify the BRN regarding changes to an approved program – changes in the location of classrooms. All faculty teaching in the program are approved to teach the designated content area. The approved curriculum is being taught across both campuses (Visalia & Ontario), and the total number of clinical course hours in three courses were corrected. Evidence of faculty collaboration between campuses is evident in the Joint Faculty Meeting Minutes and verbally affirmed by faculty present at the meeting. All general education (GE) courses are being offered at both campus locations for science classes and general education core classes (online or on ground).

**ACTION: Continue Approval of Prelicensure Nursing Program at San Joaquin Valley College Associate Degree Nursing Program.**

### 7.2.2 DEFER CONTINUATION OF APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

- **United States University Advanced Practice Family Nurse Practitioner Program**

Jennifer Billingsley, DNP, FNP is the newly appointed FNP Program Director, replacing Dr. Maria Luisa Ramira who had been the FNP Program Director for the previous five years. Dr. Billingsley has been very active in all program functions since February 2018 and participated in the school visit and development of the action plan written in response to the report of findings. Dr. Billingsley reports to Dr. Dianne Sherlin, newly appointed Dean after the resignation of Dr. Anne McNamara. A regularly scheduled continuing approval visit was conducted on April 25-26, 2018 by Dr. Linda Sperling and Katie Daugherty, NECs. After Dr. Sperling’s resignation from the BRN, Dr. Carol Velas was assigned as the NEC. A second visit to the school took place on July 12, 2018 with Dr. Velas, Katie Daugherty, NECs and Badrieh Caraway, SNEC. The FNP program was rendered three areas of non-compliance and four recommendations. The areas of non-compliance are explained in detail on the Report of Findings (att1), but in brief consisted of a lack of a systematic evaluation plan, inadequate number of qualified faculty for the recent enrollment increase from 60 students annually to 420 students as the current annual enrollment (70 students every other month). Also, faculty teaching the APRN curriculum were not APRNs licensed in California. The program was also using a different formula for their curriculum theory and clinical hours. Recommendations included considerations to widen the search for Nurse Practitioners as Preceptors, revision to the immersion section of the curriculum to include all advanced skills for students prior to their clinical practicum, review and revision of the Job Description for the Program Director to include the authority, responsibility and accountability to administer the program, and revision of the Student Handbook to reflect the BRN regulation that the program has the responsibility for arranging clinical instruction (finding preceptors). USU has submitted a very comprehensive plan of action to correct the areas of noncompliance including the revision of the systematic program evaluation and integration of data collection, analysis, and discussion in faculty and curricular meetings, new faculty have been hired with California licensure, correction to the Student Handbook, and the program continues to seek nurse practitioners as preceptors for their clinical practicums.

**ACTION: Defer Continuation of Approval of United States University Nurse Practitioner Program with Progress Report and return to the ELC in January 2019.**
7.2.3 APPROVE MAJOR CURRICULUM REVISION FOR PRELICENSURE NURSING PROGRAM

Santa Monica College Associate Degree Nursing Program
Eve Adler was appointed to the position of Program Director on July 6, 2017 upon the retirement of Dr. Ida Danzy. The program submitted a major curriculum revision proposal to be implemented Spring 2018. This process started in response to a recommendation to continue the development of a curriculum plan that demonstrates congruency between program objectives and course content from the 2013 BRN continuing approval visit and recommendations received by the Accreditation Commission for Education in Nursing (ACEN) during an April 6, 2015 accreditation visit addressing a lack of evidence the curriculum incorporates established professional standards, guidelines, and competencies. The change will support the educational needs of the students by better aligning with the rapidly changing healthcare environment and the knowledge, skills, and attitudes needed for the student to safely transition into practice as an entry level nurse.

The proposed changes to the curriculum include:

- Eliminating the Physical Assessment course and threading the content throughout the Medical Surgical courses.
- Eliminating the Community Health course and threading the content throughout the Medical Surgical courses.
- Decreasing the length of the Obstetric and Pediatric courses from five weeks to four weeks.
- Increasing the unit value of the Fundamentals Medical Surgical theory and clinical courses.
- Increasing the unit value of the Medical Surgical theory and clinical courses.
- Implementing a more concept-based curriculum that is more student-centered and outcomes based.
- Changing the program philosophy
- Changing the program terminal objectives.
- Changing all course objectives and descriptions.

The revised units: Nursing theory units increased from 21.5 units to 22.0 units. Nursing clinical units decreased from 18.5 units to 18.0 units. Total nursing units remained the same at 40.0 units. Units for Licensure remained the same at 68 units. No changes to Communication or Science units, or other Degree Requirements. Total Units for Graduation remained at 71.0 units. These changes provide the students with an uninterrupted medical surgical clinical experience, improved opportunity for skill acquisition, clinical judgement and clinical reasoning skills.

ACTION: Approve Major Curriculum Revision for Santa Monica College Associate Degree Nursing Program.
AGENDA ITEM: 7.3
DATE: November 15, 2018

ACTION REQUESTED: 2017-2019 ELC Goals and Objectives Achievement Report

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

BACKGROUND: The Education/Licensing Committee annually reviews and reports the achievements relative to the ELC goals and objectives. At the end of the first year a comprehensive report of achievements is submitted. The attached report presents the achievements for the period of July 1, 2017 – June 30, 2018 relative to the ELC Goals and Objectives 2017-2019 which were Board approved on April 5, 2017.

Nursing program education activities reported for the period include:

- Scheduled continuing approval visits are conducted for prelicensure and advanced practice nursing programs every five years. Nursing Education Consultant (NEC) continuing approval visit reports were reviewed by Education/Licensing Committee (ELC) for 44 prelicensure programs; 26 ADN programs, 15 BSN programs, and 3 ELM programs and 7 Advanced Practice programs with approval status recommendations made to the Board.

- Ten letters of intent (LOI) for new prelicensure programs were received with one school, Xavier College, moving to the Feasibility Phase. Two new Associate Degree in Nursing Programs (Gurnick Academy of Medical Arts and Career Care Institute) and one new Baccalaureate Degree (Vanguard University) prelicensure nursing programs were granted initial program approval. Brandman University approval was deferred secondary to lack of pediatric clinical sites. Self-Study phase was extended until April 2019. Pacific College, a new program proposal, received an extension for the Self-Study phase.

- ELC reviewed and made recommendations regarding 15 major curriculum revision proposals. Of these 15 major curriculum revisions, five were requesting enrollment pattern changes-increases. One program (Western Governors University) enrollment increase was denied secondary to displacement of students in one clinical site where the increase in students would take place.

- Teach out plans and final progress reports were reviewed Shepherd University Associate Degree Nursing Program that closed in December 2017.

- Two prelicensure programs were placed on “Warning Status With Intent to Close the Program” with one remaining so at the time of this report (Los Angeles Southwest College ADN Program). This status is noted on the BRN website homepage and on the BRN approved programs list per policy of the Board to inform consumers.
For the annual period July 1, 2017 through June 30, 2018 the aggregated total of 11,655 NCLEX first-time testers for California is 90.79% as compared to the aggregated national rate of 156,966 first-time testers and a pass rate of 87.80%.

BRN Staff is working with Nursing Education Consultants and Dr. Morris to analyze Clinical Capacity.

The Nursing Education and Workforce Advisory Committee NUWAC, formally the Education Issue Workgroup held meetings on October 12, 2017 and February 12, 2018. The focus of these meetings was to review the Annual School Survey instrument and make edits as needed. Other issues discussed included an overview of clinical displacement and BRN survey, clinical simulation, the APRN BRN survey and forecasting report, and the BRN Intervention/Probation programs.

Licensing Unit has implemented business process improvements for California applicants to streamline the application evaluation and processing enabling processing time for California graduates to be reduced within 2-4 weeks of receipt of transcripts.

A systematic process is being developed to conduct audits every five years of the approximately 3,000 CEPs approved by the Board.

These achievements in addition to others related to goals of the committee are presented in the report attached to this agenda item summary.

PERSON(S) TO CONTACT:  Carol A. Velas EdD, MSN, RN  Nursing Education Consultant  Education and Licensing Committee Liaison
BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE

2017-2019 GOALS AND OBJECTIVES

GOAL ACHIEVEMENT REPORT July 1, 2017 – June 30, 2018

GOAL 1

Ensure that nursing education programs meet regulatory requirements, and that the curriculum content addresses contemporary political, technical, economic, healthcare and nursing practice developments.

1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if content reflects current trends in healthcare and nursing practice.

1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.

1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725), Standards for Competent Performance (CCR 1443.5), and Substantial Relationship Criteria (CCR 1444) in their curriculum, and that advanced practice education program curriculum additionally includes instruction on standardized procedures and furnishing authority.

1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.

1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.

1.6 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.

1.7 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists, and advanced practice nurses to meet changing healthcare needs.

1.8 Monitor prelicensure programs for compliance with regulations regarding credit for military experience/education.

1.9 Work collaboratively with advanced nursing education programs to implement new advanced practice regulations.

ACHIEVEMENTS:

- Prelicensure and advanced practice nursing education programs are reviewed on a five-year cycle to ensure they meet regulatory requirements including curriculum content addressing contemporary, political, technical, economic, healthcare and nursing practice developments. Policies and procedures are reviewed to ensure they comply with the most current regulation regarding credit for military veterans, inclusion of BPC 2725 and CCR 1443.5 content.

- Nursing Education Consultants conduct continuing approval visits for prelicensure and advanced practice nursing programs with findings reviewed by the ELC and full Board. Continuing approval visit reports were reviewed by Education/Licensing Committee (ELC) for 44 prelicensure programs; 26 ADN programs, 15 BSN programs, and 3 ELM programs and 7 Advanced Practice programs with approval status recommendations made to the Board.
- Ten letters of intent (LOI) for new prelicensure programs were received with one school, Xavier College, moving to the Feasibility Phase. Two new Associate Degree in Nursing Programs (Gurnick Academy of Medical Arts and Career Care Institute) and one new Baccalaureate Degree (Vanguard University) prelicensure nursing programs were granted initial program approval. Brandman University approval was deferred secondary to lack of pediatric clinical sites. Self-Study phase was extended until April 2019. Pacific College, a new program proposal, received an extension for the Self-Study phase.

- ELC reviewed and made recommendations regarding 15 major curriculum revision proposals. Of these 15 major curriculum revisions, five were requesting enrollment pattern changes-increases. One program (Western Governors University) enrollment increase was denied secondary to displacement of students in one clinical site where the increase in students would take place.

- Two prelicensure programs (Napa Valley College and Los Angeles Southwest College Associate Degree Nursing Programs) were placed on “Warning Status With Intent to Close the Program” with one program remaining so at the time of this report. This status is noted on the BRN website homepage and on the BRN approved programs list per policy of the Board to inform consumers. Three prelicensure programs (Napa Valley College A.D.N. program, Charles R. Drew University of Medicine and Science, Mervyn M. Dymally School of Nursing ELM Program and East Los Angeles College A. D. N.) on Warning Status With Intent to Close the Program regained Continuing Approval. Shepherd University Associate Degree Nursing Program was rendered a Board action to Withdraw Program Approval and implement teach-out plan. Glendale Career College and American Career College were granted a one-time enrollment increase to absorb the Shepherd University students. The majority of students were admitted to Glendale Career College where they are completing their education. Eleven students completed the Shepherd University curriculum at Glendale Career College and are awaiting NCLEX testing.

- BRN NEC staff regularly participated in regional and statewide nursing program Deans/directors meetings and conferences, NCSBN education and practice workgroup tele meetings, HealthImpact (formerly CINHC) meetings, Health Professions Education Foundation meetings, APRN Coalition tele meetings, CA Interagency Council on Veterans tele meetings, Institute of Medicine on-line workshops, and other events as appropriate or requested to maintain awareness and provide input.

- Prelicensure nursing program deans and directors were sent monthly e-mail reminders of BRN Board discipline hearings to encourage student attendance.

- Legislation affecting nursing education was addressed as part of the BRN Legislative Committee agendas.

**GOAL 2**

2.1 Encourage creative approaches to theory and clinical curriculum and instruction, and strategic partnerships between nursing education programs, healthcare industry and the community, to ensure registered nurses are prepared to meet current nursing and community needs.

2.2 Review Nursing Practice Act regulations for congruence with current prelicensure and advanced practice nursing education practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will promote high quality nursing
education.

2.3 Explore issues regarding displacement of nursing students from clinical sites and expanded use of simulation for clinical instruction in prelicensure nursing programs, to identify potential solutions and determine whether regulatory revision is needed.

2.4 Support and encourage professional development opportunities for nursing educators and directors in service and academia.

2.5 Evaluate the use and effectiveness of technology in the delivery of didactic and clinical nursing instruction, including use of distance education modalities, simulation, telehealth, and interprofessional care, consistent with Board regulations and requirements.

2.6 Encourage and support programs’ development of articulation agreements and other Practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.

2.7 Encourage programs to evaluate curriculum for inclusion of objectives and content to support learning emerging nursing roles of care coordinator, faculty team leader, informatics specialist, nurse/family cooperative facilitator, and primary care partner.

2.8 Encourage nursing programs to consider ambulatory settings and other alternatives for clinical sites when appropriate and in compliance with CCR 1424(i).

ACHIEVEMENTS:

- The Nursing Education and Workforce Advisory Committee NUWAC, formally the Education Issue Workgroup held meetings on October 12, 2017 and February 12, 2018 at BRN headquarters in Sacramento. Workgroup participants include nursing program directors, University of California San Francisco research center, representatives from HealthImpact, OSHPD, UNAC/UHCP, SEIU, CAN unions, Assessment Technologies Institute, employer stakeholder representatives, BRN EO Dr. Joseph Morris and Board Member Pilar De La Cruz-Reyes, Janette Wackerly, Supervising Nurse Education Consultant and Nurse Practice Liaison, and the Community College Chancellor’s Office. The focus of these meetings was to review the Annual School Survey instrument and make edits as needed. Other issues discussed included an overview of clinical displacement and BRN survey, clinical simulation, the APRN BRN survey and forecasting report, and the BRN Intervention/Probation programs.

- Information regarding registered nursing scholarship and loan repayment programs available through The Health Professions Education Foundation is provided via the BRN website homepage.

- Programs visited for continuing approval and proposed new programs were evaluated for compliance of new laws for assessing military veteran medical education and practical experience for admission and placement into prelicensure nursing programs and the use of technology including simulation lab. The BRN Annual Survey includes questions which capture data regarding prelicensure programs’ use of simulation.

- The rulemaking process was begun to implement nursing education provisions of SB466 regarding awarding of credit for military coursework/experience to prelicensure nursing program applications. Initial guidance was provided to programs regarding policy requirements in anticipation of regulatory revision and a guideline has been drafted for publication once the rulemaking process is complete and regulations are adopted.
GOAL 3
Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.

3.1 Collaborate with the BRN contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, communicate with prelicensure programs regarding the survey and annual instructional webinar, and publish survey results on the BRN Website.

3.2 Maintain, analyze and disseminate systematic data sources related to prelicensure and advanced nursing education.

3.3 Maintain information related to each prelicensure program and provide information about nursing programs to the public.

3.4 Provide data to assist nursing programs in making grant or funding applications.

3.5 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice and other evidence-based sources, to evaluate the effectiveness of their nursing education programs in preparing graduates for competent entry-level practice.

ACHIEVEMENTS:
- Staff worked with the UCSF Consultant to prepare surveys and reports which will be presented at meetings of ELC and the Board, published on the BRN website, and provided to other stakeholders as requested. Surveys conducted in collaboration with UCSF and other organizations and reported to ELC included: 2017-18 Annual School Survey Report.
- A database was developed/reformatted to provide Nursing Education Consultants with updated dates for site visits for all approved Nursing Programs in California.
- BRN Staff is working with Nursing Education Consultants and Dr. Morris to analyze Clinical Capacity.
- BRN Staff is working with BRN Information Technology to develop webinars informing the Public, Nurses, and Nursing Applicants about the BRN including comparative performance of CA Nurses in various areas on the NCLEX.
- Nursing program information has been maintained on the BRN website and includes lists of approved prelicensure and advanced practice nursing programs by type of program with hyperlink to school website, address and phone contact information. Information was updated annually and as changes were reported by programs.
- Nursing Education Consultants and other BRN staff responded to phone (via BRN call center and direct calls) and e-mail (via DCA webmaster and direct) inquiries from nurses, general public, legislators and other stakeholders regarding nursing education.
- Annual attrition/retention data, and school & program accreditation for each prelicensure program is now posted on the BRN website and will be annually updated.

GOAL 4
Facilitate and maintain an environment of collegial relationships with deans/directors of nursing education programs and other customers to ensure effective communication, service and protection. Conduct an annual orientation and update for new and continuing prelicensure program directors.
4.1 Maintain open communication and provide consultation and support services to
prelicensure and advanced practice nursing programs in California.
4.2 Convene or participate in meetings, workgroups and other forums as needed with
prelicensure and advanced practice program directors and other stakeholders to seek
input, provide updates and foster discussion relevant to nursing education.
4.3 Ensure consumer complaints related to nursing education programs are managed
systematically and timely, including communications and coordination with other
agencies as appropriate.

ACHIEVEMENTS:
- The second BRN Annual School Survey Overview Webinar was conducted to provide
programs deans/directors easy access to instruction regarding completion of the survey.
- The Annual BRN Update for nursing education program deans and directors was
presented in Fall 2017 to provide orientation for new directors and provide instruction for
both new and continuing directors regarding prelicensure program administration,
continuing approval visit preparation of self-study, instruction regarding licensure
application, and interactive question/answer opportunity. Updated Directors Handbook
was distributed to all prelicensure program directors prior to the Annual BRN Update
using the Cloud. Deans and Directors were sent a link to the BRN Cloud with instructions
to download the 2017 Director’s Handbook to their computers.
- Each BRN approved prelicensure and advanced practice nursing program had an
assigned NEC who provided guidance to the program through written correspondence,
phone contact, and visits to the nursing program sites.
- SNECs and NECs attended meetings of CACN, COADN, CINHC, ICV, NCSBN and
other groups to provide BRN activity updates and clarification of BRN regulations,
policy and procedure.

GOAL 5

Monitor and evaluate the NCLEX-RN examination construction, process and test-taker
outcomes, and maintain a collaborative relationship with the National Council of State
Boards of Nursing.
5.1 Participate in periodic review of the NCLEX-RN examination process to ensure established
security, test administration procedures and other testing standards are met.
5.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination
panels to ensure consistent representation from California.
5.3 Participate in NCSBN committees and conferences to maintain representation from
California.
5.4 Monitor and report California and national NCLEX-RN first time pass rates of California
candidates, including results for internationally educated candidates.
5.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as
requested or appropriate.

ACHIEVEMENTS:
- Since the last Goal Achievement report submitted to the ELC committee in August 2017,
California successfully achieved annual (July 1-June 30) NCLEX-RN exam pass rate results
at or above the national rate, including rates for similar size state board of nursing
jurisdictions with a comparable number of first-time exam testers. For the annual period July
1, 2017 through June 30, 2018 the aggregated total of 11,655 first-time testers for California is 90.79% as compared to the aggregated national rate of 156,966 first-time testers and a pass rate of 87.80%.

- The Nursing Education Consultant (NEC) NCLEX staff liaison collaborates with BRN licensing/administrative staff and NCSBN/PearsonVUE to ensure effective processes and the timely distribution of NCLEX-RN pass rate results to the Board, California schools and other interested stakeholders occurs.

- NEC NCLEX liaison and another NEC participated in NCSBN NCLEX Exam Review at a California Pearson VUE Professional Center in November 2017. Each NEC reviewed over 350 test items to validate testing consistent with the California Nursing Practice Act and entry in to practice competencies.

- EO and NECs provided the opportunity to review and commented on the 2017 RN Practice Analysis and the proposed 2019 NCLEX-RN Test Plan that will be voted on by the NCSBN Delegate Assembly in August 2018 and implemented April 1, 2019.

- The BRN Executive Officer attends the annual August NCSBN Delegate Assembly meeting and votes on any national NCLEX RN examination matters as needed.

- Quarterly, annual and trended NCLEX-RN exam results are reported to the Board as results become available from NCSBN/PearsonVUE.

- Board processes ensure accurate NCSBN/PearsonVUE and CA NCLEX-RN databases and statistics are available and published.

- NECs monitor NCLEX-RN exam first time candidate pass rate results for their assigned programs and initiate timely/follow up when a program performs below the required annual (July 1-June 30) 75% or higher pass rate per CCR 1431. Program failure to attain/maintain the required annual pass rate may result in a program approval status change as a result of full Board review/action. Program approval status changes may include “deferred action on continuing approval and being placed on “Warning Status With Intent to Close the Program”.

- NECs, BRN staff and California pre-licensure programs receive updated NCSBN NCLEX-RN exam information as it becomes available.

- Each BRN Report publication includes California and National annual and trended NCLEX-RN exam pass rate information.

- NECs participate in NCSBN and other state board of nursing generated online NCLEX-RN exam related surveys and webinars each year.

- Over the past couple of years, the EO and NEC NCLEX liaison have worked with the NCSBN Examination Department to enhance NCLEX-RN quarterly and individual program education summary reports to meet California’s needs.

- NECs participate in NCSBN education committee and practice committee tele-meetings several times a year.

GOAL 6

Maintain licensure and certification application processes in compliance with regulation and to ensure applicants meet all licensure and certification requirements.

6.1 Monitor licensure/certification activities to ensure compliance with regulations and policy, and implement improvements as needed.

6.2 Track and trend areas of concern regarding application/certification and communicate significant findings to the Board and stakeholders as appropriate.
6.2 Continue work on implementation and improvement of the online licensure and tracking system to ensure timely, efficient and accurate processing of applications, and capability for data retrieval in report formats.

6.3 Provide instructions to licensure/certification applicants regarding application requirements and process.

ACHIEVEMENTS:

- Licensing Unit implemented monthly one-hour live license application information sessions presented just prior to monthly disciplinary hearings so that students and other attendees can benefit from both.
- Licensing Unit reports were presented at ELC meetings.
- Licensing Unit has implemented business process improvements for California applicants to streamline the application evaluation and processing enabling processing time for California graduates to be reduced within 2 - 4 weeks of receipt of transcripts.
- Licensing Unit has implemented a cloud-based system to allow California programs the opportunity to submit graduate transcripts electronically to the Board eliminating the need for paper transcripts.
- With implementation of a cloud-based system this has allowed the Licensing unit to implement process changes which include:
  - Elimination of the California Roster process
  - Elimination of deficiency letters due to the former Roster process
  - Issuance of an RN license within days of an applicant taking and passing the NCLEX exam
- Licensing Unit has decreased the timeframe for applicants to apply online from 4 weeks to 2 weeks prior to graduation, thus reducing the overall timeframe to review and make applicants eligible to exam.
- Licensing unit has streamlined internal business process to be in line with Online applications eliminating the need for paper documents.
- Licensing unit created a specific email address for program directors to allow timely communication and responses to questions.
- Licensing Analysts implemented a system of providing notice to program directors regarding disposition of program roster applications.
- Licensing Unit conducts presentations on a request basis from nursing programs and stakeholders regarding program updates, online application submission and electronic transcripts.
- Implemented electronic transcript process for US graduates which now accommodates both US exam and endorsement applicants.
- Licensing Unit has implemented updates to all online applications including clarifications to application instructions.
- Provided additional training to call center staff regarding the application process to ensure callers receive accurate information.
- Conducted staff re-training for all licensing unit staff to ensure most current process changes have been implemented.
- Created various QBIRT reports to track applications timeliness to ensure compliance with regulations and policy.
- Licensing Unit scans any paper documents that are sent to the BRN and immediately attaches the documents to the applicants BreEZe record.
- Created an additional online transaction for applicants to submit electronic documents after submission of an application. The new transaction is assisting to eliminate the need for paper documents to be sent to the BRN.

GOAL 7
Provide ongoing monitoring of the Continuing Education (CE) Program and verify compliance with BRN requirements by licensees and providers.

7.1 Review and consider for approval CE provider applications to ensure regulatory compliance.
7.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
7.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.
7.4 Review existing continuing education regulation, policy and guidelines in regards to allowable continuing education topics and other identified concerns, and propose revision as needed.

ACHIEVEMENTS:
- Renewal Unit staff conduct systematic random audits of Registered Nurses to ensure compliance with renewal requirements. Registered Nurses who are found to be non-compliant with the renewal requirements are provided an opportunity to submit additional evidence of compliance. If the Registered Nurse is found to be in non-compliance, they are referred to the Enforcement Unit. As of May, NEC reviews files that are referred to the Enforcement Unit. Some of the issues that require referrals include: Registered Nurse selected for audit is unable to produce certificate of course completion. The auditee submitted insufficient number of CEs. The certificates submitted did not include the contact hours. The certificates submitted were for courses in which the provider determined that the course content did not receive contact hours.
- A systematic process is being developed to conduct audits every five years of the approximately 3,000 CEPs approved by the Board.
- Revisions to CCR 1456 language has been proposed.
- There are ongoing discussions with leadership regarding the resources necessary to support the work of the BRN continuing nursing education such as technology.
AGENDA ITEM: 7.4
DATE: November 15, 2018

ACTION REQUESTED: Information Only: NCLEX Pass Rate Update

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

BACKGROUND: 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.

### NCLEX RESULTS–FIRST TIME CANDIDATES
July 1, 2017-June 30, 2018*/**

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*/**</td>
<td>11,655</td>
<td>90.79</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>156,966</td>
<td>87.80</td>
</tr>
</tbody>
</table>

### CALIFORNIA NCLEX RESULTS–FIRST TIME CANDIDATES
By Quarters and Year July 1, 2017-June 30, 2018*/**

<table>
<thead>
<tr>
<th>Year</th>
<th>7/01/17-9/30/17</th>
<th>10/01/17-12/31/17</th>
<th>1/01/18-3/31/18</th>
<th>4/01/18-6/30/18</th>
<th>7/01/17-6/30/18</th>
</tr>
</thead>
<tbody>
<tr>
<td># cand.</td>
<td>% pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
</tr>
<tr>
<td>4,616</td>
<td>92.09</td>
<td>1,714</td>
<td>87.63</td>
<td>3,328</td>
<td>91.74</td>
</tr>
<tr>
<td>1,997</td>
<td>88.88</td>
<td></td>
<td>1,997</td>
<td></td>
<td>88.88</td>
</tr>
<tr>
<td>11,655</td>
<td>90.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes (2), (2), (1) and (0) “re-entry” candidates

**2016 NCLEX-RN Test Plan and Passing Standard: The detailed versions (Candidate and Educator) of the 2016 NCLEX-RN Test Plan are now available on the NCSBN website at www.ncsbn.org. The 2016 NCLEX-RN Test Plan is effective April 1, 2016 through March 31, 2019. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted April 1, 2013. This passing standard will remain effective through 3.31. 2019. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.

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.

NEXT STEP(s): Continue to monitor results

PERSON(S) TO CONTACT: Katie Daugherty, MN, RN
(916) 574-7685
California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type
Academic Year July 1, 2017-June 30, 2018

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>July-Sept #Tested</th>
<th>% Pass</th>
<th>Oct-Dec #Tested</th>
<th>% Pass</th>
<th>Jan-Mar #Tested</th>
<th>% Pass</th>
<th>April-June #Tested</th>
<th>% Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>National/US Educated; All degree types *</td>
<td>46,809</td>
<td>(86.7)</td>
<td>14,317</td>
<td>(79.7)</td>
<td>42,695</td>
<td>(89.2)</td>
<td>53,190</td>
<td>(89.7)</td>
</tr>
<tr>
<td>CA Educated; All degree types*</td>
<td>4,615</td>
<td>(92.0)</td>
<td>1,716</td>
<td>(87.5)</td>
<td>3,327</td>
<td>(91.7)</td>
<td>1,998</td>
<td>(88.8)</td>
</tr>
<tr>
<td>National-Associate Degree rates**</td>
<td>22,898</td>
<td>(84.3)</td>
<td>7,486</td>
<td>(73.3)</td>
<td>22,155</td>
<td>(87.0)</td>
<td>26,720</td>
<td>(86.7)</td>
</tr>
<tr>
<td>CA-Associate Degree rates**</td>
<td>2,411</td>
<td>(91.6)</td>
<td>634</td>
<td>(82.8)</td>
<td>1,915</td>
<td>(92.0)</td>
<td>955</td>
<td>(86.1)</td>
</tr>
<tr>
<td>National-BSN+ELM rates**/***</td>
<td>22,903</td>
<td>(88.9)</td>
<td>6,592</td>
<td>(86.7)</td>
<td>20,127</td>
<td>(91.7)</td>
<td>26,012</td>
<td>(92.9)</td>
</tr>
<tr>
<td>CA-BSN+ELM rates**/***</td>
<td>2,201</td>
<td>(92.5)</td>
<td>1,080</td>
<td>(90.5)</td>
<td>1,410</td>
<td>(91.3)</td>
<td>1,043</td>
<td>(91.3)</td>
</tr>
</tbody>
</table>

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight-year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

^Note: Cumulative totals in this report may vary from quarterly totals due to quarter by quarter NCSBN corrections. Typically, the NCSBN corrections have not significantly changed from previously reported quarterly pass rate info. The 2016 NCLEX RN Test Plan and Passing Standard of 0.00 logit will be effective through 3/31/19.

Source: National Council of State Boards Pass Rate Reports
AGENDA ITEM: 7.4  
DATE: November 15, 2018

ACTION REQUESTED: Information Only: NCLEX Pass Rate Update

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

BACKGROUND: 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.

**NCLEX RESULTS—FIRST TIME CANDIDATES**  
October 1, 2017-September 30, 2018

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*/**</td>
<td>11,986</td>
<td>91.46</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>162,038</td>
<td>88.56</td>
</tr>
</tbody>
</table>

**CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES**  
By Quarters and Year October 1, 2017-September 30, 2018

<table>
<thead>
<tr>
<th>Quarter</th>
<th># cand.</th>
<th>% pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/17-12/31/17</td>
<td>1,714</td>
<td>87.63</td>
</tr>
<tr>
<td>01/01/18-03/31/18</td>
<td>3,328</td>
<td>91.74</td>
</tr>
<tr>
<td>04/01/18-06/30/18</td>
<td>1,998</td>
<td>88.89</td>
</tr>
<tr>
<td>07/01/18-09/30/18</td>
<td>4,946</td>
<td>93.63</td>
</tr>
<tr>
<td>10/01/17-09/30/18</td>
<td>11,986</td>
<td>91.46</td>
</tr>
</tbody>
</table>

*Includes (2), (1), (0) and (3) “re-entry” candidates  
**2016 NCLEX-RN Test Plan and Passing Standard: The detailed versions (Candidate and Educator) of the 2016 NCLEX-RN Test Plan are now available on the NCSBN website at www.ncsbn.org. The 2016 NCLEX-RN Test Plan is effective April 1, 2016 through March 31, 2019. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted April 1, 2013. This passing standard will remain effective through 3.31. 2019. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.

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.

**NEXT STEP(s):** Continue to monitor results

**PERSON(S) TO CONTACT:** Katie Daugherty, MN, RN  
(916) 574-7685
# NCLEX-RN Pass Rates First Time Candidates
## Comparison of National US Educated and CA Educated Pass Rates
### By Degree Type
#### Academic Year July 1, 2018-June 30, 2019

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>July-Sept</th>
<th>Oct-Dec</th>
<th>Jan-Mar</th>
<th>April-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1-June 30&lt;sup&gt;^&lt;/sup&gt;</td>
<td>#Tested</td>
<td>% Pass</td>
<td>#Tested</td>
<td>% Pass</td>
</tr>
<tr>
<td>National/US Educated; All degree types&lt;sup&gt;*&lt;/sup&gt;</td>
<td>51,830</td>
<td>(89.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA Educated; All degree types&lt;sup&gt;*&lt;/sup&gt;</td>
<td>4,964</td>
<td>(93.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National-Associate Degree rates&lt;sup&gt;**&lt;/sup&gt;</td>
<td>25,177</td>
<td>(86.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-Associate rates&lt;sup&gt;**&lt;/sup&gt;</td>
<td>2,546</td>
<td>(93.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National-BSN+ELM rates&lt;sup&gt;<strong>/</strong>*&lt;/sup&gt;</td>
<td>25,843</td>
<td>(91.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-BSN+ELM rates&lt;sup&gt;<strong>/</strong>*&lt;/sup&gt;</td>
<td>2,397</td>
<td>(93.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight-year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

<sup>^</sup>Note: Cumulative totals in this report may vary from quarterly totals due to quarter by quarter NCSBN corrections. Typically, the NCSBN corrections have not significantly changed from previously reported quarterly pass rate info. The 2016 NCLEX RN Test Plan and Passing Standard of 0.00 logit will be effective through 3/31/19.

Source: National Council of State Boards Pass Rate Reports
AGENDA ITEM: 7.4
DATE: November 15, 2018

ACTION REQUESTED: Information Only: Adopted NCSBN 2019 NCLEX-RN Test Plan
REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Every three years, the National Council of State Boards of Nursing (NCSBN) Examination Committee recommends proposed revisions for the NCLEX-RN Test Plan and Passing Standard according to the timelines in the attached documents and based on the results of the most recent (2017) NCSBN NCLEX-RN Practice Analysis report, entitled 2017 RN Practice Analysis Linking the NCLEX-RN Examination to Practice. This report is available at www.ncsbn.org.

Empirical evidence from the practice analysis, feedback from the member State Boards of Nursing including California, legal counsel, and the professional judgment of the NCSBN NCLEX Examination Committee provided support for the NCSBN Exam Committee’s recommendation to request the NCSBN Delegate Assembly adopt the proposed 2019 NCLEX-RN Test Plan at its Annual meeting in August 2018.

Attached is the Strikethrough copy of the adopted 2019 NCLEX-RN Test Plan slated for implementation effective April 1, 2019. Deleted test plan language is indicated by the strike through/lined through edits and new additions are underlined in the attached document.

There are only minor changes/edits and no significant substantive changes in the 2019 NCLEX-RN Test Plan when compared with the 2016 Test Plan. The 2016 NCLEX-RN Test Plan remains effective through March 31, 2019 along with the current Passing Standard of 0.00 logit.

The current NCLEX-RN Passing Standard has been in place the last 6 years. Along with the NCLEX-RN Test Plan, the NCLEX-RN Passing Standard decided upon by the NCSBN Board of Directors reflects the knowledge, skills, and abilities (KSAs) that are required for safe, effective entry level registered nurse practice.

The NCSBN uses multiple sources of information to guide evaluation and discussion regarding changes in the NCLEX-RN Passing Standard. This includes convening an expert panel of nurses to perform criterion-referenced standard setting procedures in September 2018. The expert panel’s recommendation related to the Pass Standard will be forwarded to the NCSBN Board of Directors for evaluation in December 2018.

Any decision to change the current Passing Standard will be made by the NCSBN Board of Directors in December 2018 and released to the public in January 2019 via a NCSBN Press/News Release. Any change in the NCLEX-RN Passing Standard will be effective April 1, 2019 at the same time the 2019 NCLEX-RN Test Plan becomes effective. The 2019 NCLEX-RN Test Plan and Passing Standard will be effective through March 31, 2022. When officially published by NCSBN, the 2019 NCLEX-RN Test Plan including the detailed versions for educators and examination candidates will be available on the NCSBN website at www.ncsbn.org.

NEXT STEP(s): Update the Board as additional information is available from NCSBN

PERSON(S) TO CONTACT: Katie Daugherty, MN, RN Nursing Education Consultant
Attachment A

Proposed 2019 NCLEX-RN® Test Plan – Strikethrough Copy

1. 2019 NCLEX-RN® Test Plan

2. National Council Licensure Examination for Registered Nurses

3. (NCLEX-RN® EXAMINATION)

4. Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions and most Canadian nursing regulatory bodies to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (Report of Findings from the 2017 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, NCSBN, 2018). Twelve thousand newly licensed registered nurses are asked about the frequency and importance of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety, and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and behaviors to be tested.

The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills and abilities that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-RN Test Plan.

5. Beliefs

Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individual, family or group, including significant others and populations) achieve an optimal level of health in a variety of settings. For the purpose of the NCLEX Examination, a client is defined as the individual, family, or group which includes significant others and populations.
Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on knowledge of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications; protecting, promoting, restoring, and facilitating comfort and health and dignity in dying.

The registered nurse provides a unique, comprehensive assessment of the health status of the client. The registered nurse applies, applying principles of ethics, client safety, health promotion and the nursing process to develop and implement, the nurse then develops and implements, an explicit plan of care that reflects considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations instructions. The nurse assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and support the right to a dignified death. The registered nurse is accountable for abiding by all applicable member board jurisdiction statutes and regulations/rules related to nursing practice.

Classification of Cognitive Levels
Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure
The framework of Client Needs was selected for the examination because it provides a universal structure for defining entry-level nursing actions and competencies, and focuses on clients in all settings.

Client Needs
The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories:

- Safe and Effective Care Environment
  - Management of Care
  - Safety and Infection Control

- Health Promotion and Maintenance

- Psychosocial Integrity

- Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological and Parenteral Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation
Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:

- **Nursing Process** – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.

- **Caring** – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.

- **Communication and Documentation** – verbal and nonverbal interactions between the nurse and the client, the client’s significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.

- **Teaching/Learning** – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

- **Culture and Spirituality** – interaction of the nurse and the client (individual, family or group, including significant others and populations) which recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal instructions.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN Test Plan is based on the results of the *Report of Findings from the 2017 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2018), and expert judgment provided by members of the NCLEX Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items From Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>▪ Management of Care</td>
<td>17-23%</td>
</tr>
<tr>
<td>▪ Safety and Infection Control</td>
<td>9-15%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Promotion And Maintenance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-12%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-12%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>▪ Basic Care and Comfort</td>
<td>6-12%</td>
</tr>
<tr>
<td>▪ Pharmacological and Parenteral Therapies</td>
<td>12-18%</td>
</tr>
<tr>
<td>▪ Reduction of Risk Potential</td>
<td>9-15%</td>
</tr>
<tr>
<td>▪ Physiological Adaptation</td>
<td>11-17%</td>
</tr>
</tbody>
</table>
NCLEX-RN® examinations are administered adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.

Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients and health care personnel.

- Management of Care – providing and directing nursing care that enhances the care delivery setting to protect clients and health care personnel.

Related content includes but is not limited to:

- Advance Directives/Self-Determination/Life Planning
- Advocacy
- Assignment, Delegation and Supervision
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality/Information Security
- Continuity of Care
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (Quality Improvement)
- Referrals
Safety and Infection Control – protecting clients and health care personnel from health and environmental hazards.

Related content includes but is not limited to:

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles; prevention and early detection of health problems and strategies to achieve optimal health.

Related content includes but is not limited to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- Health Screening
- High Risk Behaviors
- Lifestyle Choices
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

Related content includes but is not limited to:

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies/Substance Use Disorder
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness/Cultural Influences on Health
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Substance Use and Other Disorders and Dependencies
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

- **Basic Care and Comfort** - providing comfort and assistance in the performance of activities of daily living.

  Related content includes but is not limited to:

  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Personal Hygiene
  - Rest and Sleep

- **Pharmacological and Parenteral Therapies** - providing care related to the administration of medications and parenteral therapies.

  Related content includes but is not limited to:

  - Adverse Effects/Contraindications/ Side Effects/Interactions
  - Blood and Blood Products
  - Central Venous Access Devices
  - Dosage Calculation
  - Expected Actions/Outcomes
  - Medication Administration
  - Parenteral/Intravenous Therapies
  - Pharmacological Pain Management
  - Total Parenteral Nutrition

- **Reduction of Risk Potential** - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

  Related content includes but is not limited to:

  - Changes/Abnormalities in Vital Signs
  - Diagnostic Tests
  - Laboratory Values
  - Potential for Alterations in Body Systems
  - Potential for Complications from Diagnostic Tests/Treatments/Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - System Specific Assessments
  - Therapeutic Procedures

- **Physiological Adaptation** - managing and providing care for clients with acute, chronic or life threatening physical health conditions.

  Related content includes but is not limited to:

  - Alterations in Body Systems
  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Medical Emergencies
  - Pathophysiology
  - Unexpected Response to Therapies
Administration of the NCLEX-RN® Examination

The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered multiple choice items as well as items written in alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia such as charts, tables, graphics, sound, and video. All items go through an extensive review process before being used as items on the examination.

More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin, and Web tutorials can be found on the NCSBN website: http://www.ncsbn.org.

Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.

Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends, family, or others.


Attachment C

Timeline for Implementation of the 2019 NCLEX-RN® Test Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2017</td>
<td>NCLEX® Examination Committee reviews 2017 RN Practice Analysis® results and makes recommendations for the proposed 2019 NCLEX-RN Test Plan</td>
</tr>
<tr>
<td>January 2018</td>
<td>Proposed 2019 NCLEX-RN Test Plan is sent to Member Boards for feedback</td>
</tr>
<tr>
<td>April 2018</td>
<td>NCLEX Examination Committee reviews Member Board feedback on the test plan and submits recommendations to the Delegate Assembly</td>
</tr>
<tr>
<td>July 2018</td>
<td>NCSBN Board of Directors review proposed 2019 NCLEX-RN Test Plan</td>
</tr>
<tr>
<td>August 2018</td>
<td>Delegate Assembly action is provided</td>
</tr>
<tr>
<td>September 2018</td>
<td>Panel of Judges meet to recommend the 2019 NCLEX-RN Passing Standard</td>
</tr>
<tr>
<td>December 2018</td>
<td>NCSBN Board of Directors evaluates the 2019 NCLEX-RN Passing Standard</td>
</tr>
<tr>
<td>January 2019</td>
<td>The approved 2019 NCLEX-RN Test Plan is published and placed on the NCSBN website</td>
</tr>
<tr>
<td>April 1, 2019</td>
<td>Approved 2019 NCLEX-RN Test Plan and the 2019 NCLEX-RN Passing Standard are effective</td>
</tr>
</tbody>
</table>
AGENDA ITEM: 7.4  
DATE: November 15, 2018

ACTION REQUESTED: Information Only: Next Generation NCLEX-RN Research
REQUESTED BY: Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

BACKGROUND: The attached information is being presented to keep the Board members and other interested parties informed about the important role the NCSBN continues to play in relation to public protection by maintaining an NCLEX-RN examination that is comprehensive, reflects current RN level nursing practice, and remains a psychometrically sound, valid and reliable measurement of entry-level registered nurse competence.

NCSBN’s research supports the development and validation of the knowledge, skills and abilities (KSAs) required for entry-level RNs. This research focuses on job related duties, tasks, knowledge, skills, and abilities(KSAs), personal characteristics, tools and equipment, health care trends, key judgments (clinical judgments, problem solving, and critical thinking), and consequences of error. NCSBN has developed a multi-layer assessment model of nursing clinical judgment as attached. The Next Generation NCLEX (NGN) research currently underway supports development of new NCLEX-RN innovative test questions/items that reliably and validly measure content knowledge and enhance more direct measurement of the critical thinking, decision making, and clinical judgment skills required to deliver safe client care as entry-level RNs. The new question/item types include extended multiple response, extended drop and drag, CLOZE items, enhanced hot spots, dynamic exhibit, constructed response type questions and answers. It is expected that the new item types will more accurately and directly measure the clinical judgment and decision making skills required for entry level RNs. Clinical judgment skills such as the ability to recognize cues, generate hypotheses, judge hypotheses, take action and evaluate outcomes are the skills the new item types are designed to measure.

Toward this end, since July 2017, NCSBN has presented a “Special Research Section” to NCLEX-RN test candidates with the NCLEX-RN administration. NCLEX candidates are randomly selected to participate in the “Special Research Section” as previously reported to the Board in 2017. The Special Research Section will continue as a voluntary part of NCLEX Exam administration for the next several quarters (through April 2018) to provide NCSBN information related to question types, scoring rules, and other evidence to support further Next Generation NCLEX research.

According to the attached NCSBN Winter 2018 publication of the Next Generation NCLEX News, 79.1% of the NCLEX-RN candidates invited to participate in the Special Research Section, have voluntarily participated in answering special research section questions. These participants completed 17 out of the 20 test questions/items and spent an average of 19.6 minutes to complete this section. NCSBN’s website at www.ncsbn.org now has five overview and update news publications available about the Next Generation NCLEX (NGN), NGN Resources, and NGN FAQs. Attached is a copy of the Winter 2018 quarterly update.

NEXT STEP(s): Continue to update the Board as additional information is available from NCSBN
PERSON(S) TO CONTACT: Katie Daugherty, MN, RN, Nursing Education Consultant
The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations. In this issue, you will find information related to the Strategic Practice Analysis and Item Type Data Collection (ITDC) findings from the Special Research Section that is part of the NCLEX-RN® Examinations.

Summary of the Strategic Practice Analysis

An important component of NCSBN’s role in supporting the work of nurse regulatory bodies in ensuring public protection is the development of a valid and reliable measure of entry-level nurse competence. A key element of this activity is ensuring the NCLEX is comprehensive and reflects current nursing practice.

Continued on next page
To aid in the identification of a comprehensive list of current aspects of nursing practice, NCSBN conducted a strategic practice analysis of entry-level registered nurses (RNs). The study focused on collecting both qualitative and quantitative data from a diverse set of RN job experts about the requirements of the job, leveraging multiple data collection methods and focusing on essential aspects of the RN practice.

The purpose of the study was to support the development and validation of the knowledge, skills and abilities required of entry-level RNs. To help ensure a comprehensive analysis of the full scope of entry-level RN practice, the study focused on the following job-related information:

- Duties;
- Tasks;
- Knowledge;
- Skills;
- Abilities;
- Other personal characteristics;
- Tools and equipment;
- Health care trends;
- Key judgments; and
- Consequences of error.

Continued on next page
The following definitions/descriptions were used throughout each component of the study to help ensure reliability of the study participants' responses:

**Clinical Judgment** is defined by the skill of recognizing cues about a clinical situation, generating and weighing hypotheses, taking action and evaluating outcomes for the purpose of arriving at a satisfactory clinical outcome. Clinical judgment is the observed outcome of two unobserved underlying mental processes, critical thinking and decision making.

**Problem Solving** includes developing and evaluating interventions to resolve complex problems within the context of nursing.

**Critical Thinking** involves the skill of using logic and reasoning to identify the strengths and weaknesses of alternative health care solutions, conclusions or approaches to clinical or practice problems.

The findings from the Strategic Practice Analysis confirmed the importance of sound clinical judgment skills to a significant number of tasks performed by entry-level nurses. The research found that clinical judgment, problem solving and critical thinking were reported among the top five skills required of entry-level RNs.

Clinical judgment was linked directly to more than 46 percent of tasks performed by entry-level nurses, while problem solving and critical thinking were linked to more than 30 percent of tasks performed by entry-level nurses.

These initial findings provided evidence of the importance of clinical judgment, problem solving and critical thinking to competent practice of entry-level nurses and the necessity to measure these skills within the NCLEX. Based on these findings, the focus of the Next Generation NCLEX research is developing innovative item types that can validly and reliably measure clinical judgment and decision making in nursing practice. The Strategic Practice Analysis Executive Summary (PDF) can be downloaded here.

Continued on next page
Item Type Data Collection (ITDC) Preliminary Analysis from Special Research Section

Beginning in July 2017, NCSBN presented a Special Research Section with the NCLEX-RN administration. The Special Research Section is offered to select candidates taking the NCLEX-RN, participation is voluntary and does not count towards the candidate's score. The Special Research Section is intended to collect data on new item types (ITDC) that could expand or enhance the measurement of entry-level nursing competence, including clinical judgment. The initial ITDC results from the July 2017 exam provided the following findings:

- 79.1 percent of NCLEX candidates who received the Special Research Section participated;
- Candidates completed an average of 17 out of 20 items; and
- Candidates spent an average of 19.6 minutes to complete the entire Special Research Section.

The following analyses focused on several key variables including ethnicity, gender, educational program type and NCLEX exam repeater status. The demographics remained consistent among participating and nonparticipating candidates.

The Special Research Section will continue for the next several quarters and will provide valuable data to aid in developing innovative item types and scoring rules, and gathering evidence of item characteristics that support and drive further research for the NGN project. Additional information about the Special Research Section can be found on the NGN resource page.
NGN Project Web Pages Now Available!

This section of the NCSBN website includes overview and updates about the Next Generation NCLEX Project, NGN Resources and NGN FAQs.

Looking for updates about the NGN Project?
Sign up for the email list to receive future issues of this publication.
The Figure 1 schematic below depicts the NCSBN’s Multilayer Assessment Model of Nursing Clinical Judgment. The model provides a framework to assess the complex higher order cognitive information processing operations/layers involved in nursing clinical decision making and nursing clinical judgment and the possible measurement opportunities.
NCSBN Extends NCLEX Exam Delivery Agreement with Pearson VUE

NEWS RELEASE

NCSBN Extends NCLEX Exam Delivery Agreement with Pearson VUE

POSTED 9/19/2018

NCSBN has awarded a multiyear contract extension to Pearson VUE for the global delivery of its NCLEX-RN and NCLEX-PN Examinations. This extension will run through 2024.

FOR IMMEDIATE RELEASE

Media Contact: Dawn M. Koppel
Director, Marketing & Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

CHICAGO - NCSBN has awarded a multiyear contract extension to Pearson VUE for the global delivery of its NCLEX-RN and NCLEX-PN Examinations. This extension will run through 2024.

The NCLEX-RN and NCLEX-PN Examinations are nationwide examinations designed to measure entry-level nursing competence utilized in both the U.S and Canada as part of the licensing process. Recognized globally as preeminent nursing examinations, the exams are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

As part of this new agreement, NCLEX test development will transition to NCSBN directly in January 2020. Additionally, Pearson VUE and NCSBN will explore advanced alternatives for assessment types and test delivery through research and development activities. "Our agreement with Pearson VUE will continue driving the industry and NCSBN’s exam and assessment programs forward," comments Philip D. Dickison, PhD, RN, NCSBN chief officer, Operations and Examinations.

The NCLEX examinations will continue to be delivered at the Pearson Professional Centers located throughout the U.S. and its territories. For candidates abroad pursuing domestic nurse licensure in the U.S. and its territories, the NCLEX is available at Pearson Professional Centers in Australia, Canada, Hong Kong, India, Japan, Mexico, the Philippines, Taiwan and the United Kingdom.

About NCSBN

NCSBN marks its 40th anniversary milestone in 2018 with the inspiring theme of "Regulatory Excellence Surging Toward the Future." Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 28 associate members that are either...
nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.8 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

###
ACTION REQUESTED: Licensing Program Update

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

PROGRAM UPDATE

LICENSING:

The Licensing Program evaluators are currently processing the initial review of CA/US exam and endorsement applications received in October. The Licensing and Enforcement Chiefs continue to present an overview regarding the application, eligibility process and reporting of arrest and conviction information to California students at every board petitioner hearing day.

The Licensing Program is preparing for the California fall graduates. Thus far we have received notification from approximately 30 schools with over 1,000 potential graduates. We anticipate we will receive over 4,000 applications during the Fall graduation season. We continue to utilize the CloudDrive to receive electronic transcripts from California programs and currently we receive electronic transcripts from 99% of our California nursing programs. Additional, we have been successful with the third-party vendor electronic transcripts process for out of state applicants as well. The board consistently receives US electronic transcripts daily. With the implementation of several BreEZe system improvements, application streamlining and online features such as online application status checks, we expect to see a further decrease in application processing times.

The Green Project:
When the board launched “The Green Project” in September 2017 we had a number of projects to be implemented. Since its inception, the staff continue to implement enhancements with the most recent enhancements including:

- Scanning documents and transcripts from Out of State (US) schools
  - All incoming paper documents/transcripts are being converted to digital copies and stored in virtual suspense.
- All online applicants are now required to input a phone number and e-mail address
  - This new requirement will not allow the applicant to move forward in the online application process until the information is provided.
  - This new requirement on the initial application will have lasting effects as it will funnel over to the licensure record once the applicant becomes licensed. This will assist the board in the future with potential renewal notifications via email.

Additional enhancements in process of implementation for back office (BRN staff) BreEZe include:

- Elimination of creating paper file folders for most incoming applications
  - With the implementation of online only applications and internal BRN BreEZe work queues, the need for actual file folders will no longer be necessary to monitor most incoming applications. International applications will continue to be housed in paper files.
The licensing unit is currently fully staffed in all its areas. The additional staff have helped to implement the current business process changes to improve process times. Licensing staff have also been busy working on special clean-up projects within the file room and within BreEZe. These projects are necessary as business processes are updated and enhancements are implemented in BreEZe.

I attended the annual California Organization of Associate Degree Nursing Program Directors conference on October 24, 2018 and gave a presentation regarding the licensure process. The presentation outlined the licensing updates that were made to the 2018 Director’s Handbook, the process of submitting electronic transcripts, the process on how to apply online for the examination application, the new deficiency statements viewable on BreEZe, and our processing timeframes. Joseph Pacheco and Shannon Johnson provided an overview on the reporting of prior convictions, discipline and the enforcement process. The presentation was well received by the nursing program deans and directors. The feedback has been positive regarding the processing of California applications. All were happy with the electronic transcript submission process and how quickly applications are processed after receipt of those transcripts.

**Consumer Assistance Call Center:**
The Board’s call center supports a population of over 435,000 licensees and over 35,000 applicants. The call center has 12 permanent and 7 limited term positions. Currently 3 of the permanent positions are vacant.

The call center supervisors Andrea Tillman and Christina Lane created and conducted a new training program for call center staff. The training is a three-week long program which consisted of classroom style and hands on training on the BreEZe system, overviews of all the boards units, the handling of licensee questions related to renewals, name and address changes, employer verifications, and applicant questions regarding the licensure application process and licensure requirements for exam, endorsement and advance practice certification. The training also focused on customer service skills and provided staff with tips on handling difficult callers, verifying the identity of a caller and ensuring staff are providing detailed information. Throughout the training program staff had the opportunity to test what they learned through trivia games designed specifically for the call center staff training.

Supervisors work daily with staff to ensure they are provided with the most up to date information regarding process changes, processing times and new laws and regulations that affect the board. Additional training happens throughout the month with focused training modules that give staff the opportunity to work through subject specific areas to gain additional knowledge regarding the subject so that they can provide even better customer service. The call center supervisors have done a wonderful job bringing the staff together even incorporating staff morale games into their daily job functions. These team building activities include prizes, such as picking their break or lunch time, that staff can win by answering questions correctly and advancing forward in the trivia game.

The Licensing, Administration and Licensee Services management team in conjunction with SOLID Training and Planning Solutions recently conducted an employee engagement survey with staff. The management team wanted to open the lines of communication with staff and allow them the opportunity to provide their feedback to the management team. SOLID compiled the survey results and discussed the identified areas of staff concern at group meetings. Management were not present at these meetings as we wanted staff to feel comfortable discussing the survey results. The areas of concern and solution suggestions were compiled and discussed with the management team. The management team is currently working to implement some suggested changes regarding communication and staff training & development.

I along with my management team have also implemented quarterly all staff meetings for the Licensing, Administration and Licensee Services units. We conducted our first quarterly meeting in July 2018 and
are working on scheduling the next meeting for early December 2018. At the first quarterly meeting the management team identified staff nominations from each of their assigned units to be awarded a “Shining Star Award”. This award was given to staff members who have gone above and beyond in not only completing their assigned duties, but also in providing assistance to their co-workers, always being willing to learn new processes, providing suggestions for improvements at the board and for providing all around excellent customer service. The managers prepared written statements describing why the employee received the award and the employee was presented with Shining Star certificates and a special treat. For the next quarterly meeting staff will be the ones nominating their co-workers and are also asked to provide a written statement as to why that person was being nominated for the award.

**Staffing Updates:**

Currently the Licensing, Administration, Call Center and Renewals units have four (4) permanent vacancies due to staff movement and promotions. Since June 2018 we have hired twenty-two (22) new staff across the Administration, Licensing and Call Center units. Below is a chart outlining the status of each unit’s vacancies and new hires:

<table>
<thead>
<tr>
<th>Vacancy</th>
<th>Status</th>
<th>Expected Completion/Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer Assistance Call Center, Renewals, Cashiering, Mailroom Units:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Program Technician II – Call Center</td>
<td>Interviews being conducted.</td>
<td>Positions expected to be filled by end of December</td>
</tr>
<tr>
<td>1 Staff Services Analyst – Administration</td>
<td>DCA HR final approval of hiring documents</td>
<td>Expected start date by end of November</td>
</tr>
<tr>
<td>CEA (A)- Office of Legislative Affairs</td>
<td>DCA HR pending final approval</td>
<td>Expected start date by January 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NEW HIRES/PROMOTIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>John Tagtmeier</td>
</tr>
<tr>
<td>Andrea Tillman</td>
</tr>
<tr>
<td>Victor Mercado</td>
</tr>
<tr>
<td>Angel Quintero</td>
</tr>
<tr>
<td>Faith Gorman</td>
</tr>
<tr>
<td>Anthony Hurst</td>
</tr>
<tr>
<td>Barry Lee</td>
</tr>
<tr>
<td>Deidra Williams</td>
</tr>
<tr>
<td>Michelle Zanetta</td>
</tr>
<tr>
<td>Shavonne Williams</td>
</tr>
</tbody>
</table>
STATISTICS:

The board continues to use Quality Business Interactive Report Tool (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. Below is the total number of applications the board has received by fiscal year:

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Licensing Applications Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>15,777</td>
</tr>
<tr>
<td>Endorsement</td>
<td>13,534</td>
</tr>
<tr>
<td>Repeat/Reapply</td>
<td>7,734</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td>8,084</td>
</tr>
<tr>
<td>Total</td>
<td>45,129</td>
</tr>
</tbody>
</table>

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

PERSON TO CONTACT: Christina Sprigg
Chief, Licensing and Administrative Services
(916) 574-7600
AGENDA ITEM:  8.1
DATE:  November 15, 2018

ACTION REQUESTED:  Discuss Bills of Interest to the Board of Registered Nursing (Board) and Adopt or Modify Positions on the Bills Introduced during the 2017-2018 Legislative Session

REQUESTED BY:  Donna Gerber, Chair

BACKGROUND:  Bills of interest for the 2017-2018 legislative session are listed on the attached tables.

Bills that have become law and the Governor’s veto messages are included for the Board’s reference and are in chronological order.

NEXT STEPS:  As directed by the Board

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

PERSON TO CONTACT:  Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant/Legislative Liaison  (916) 574-7600
# BOARD OF REGISTERED NURSING
## ASSEMBLY BILLS 2017-2018

### Bills that Impact Registered Nurses, Nursing Practice, or Nursing Education

**November 15, 2018**

<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/ BILL SPONSOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS as of Nov 2, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 40</td>
<td>Santiago/ California ACEP</td>
<td>CURES database: health information technology system</td>
<td>Watch (8/9/17)</td>
<td>Watch (9/7/17)</td>
<td>Chapter 607, Statutes of 2017</td>
</tr>
<tr>
<td>HR 6</td>
<td>Burke</td>
<td>Relative to women’s reproductive health</td>
<td></td>
<td></td>
<td>Adopted January 30, 2017</td>
</tr>
<tr>
<td>AB 334</td>
<td>Cooper/ California Clinical Forensic Medical Training Center</td>
<td>Sexual assault</td>
<td>Watch (8/9/17)</td>
<td>Watch (9/7/17)</td>
<td>Senate Pub S</td>
</tr>
<tr>
<td>AB 391</td>
<td>Chiu/ California Pan Ethnic Health Network &amp; others</td>
<td>Medi-Cal: asthma preventive services</td>
<td>Oppose (8/9/17)</td>
<td>Oppose (9/7/17)</td>
<td>Vetoed</td>
</tr>
<tr>
<td>AB 422</td>
<td>Arambula/ California State University</td>
<td>California State University: Doctor of Nursing Practice Degree Program</td>
<td>Watch (3/8/17)</td>
<td>Watch (4/5/17)</td>
<td>Chapter 702, Statutes of 2017</td>
</tr>
<tr>
<td>AB 608</td>
<td>Irwin/ CSD&amp;DS</td>
<td>Medical assistants</td>
<td></td>
<td></td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td>AB 710</td>
<td>Wood/ Epilepsy Foundation of Greater Los Angeles</td>
<td>Cannabidiol</td>
<td>Watch (5/10/18)</td>
<td>Watch (6/14/18)</td>
<td>Chapter 62, Statutes of 2018</td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
| Bill Number | Sponsor | Description | Watch Date 1 | Watch Date 2 | Action
|-------------|---------|-------------|--------------|--------------|--------|
| AB 882 | Arambula/CSNO | Pupil health care services: School Nursing and Pupil Health Care Services Task Force | 5/10/17 | 4/5/17 | Assembly APPR
| AB 1048 | Arambula/CMA | Health care: pain management and Schedule II drug prescriptions | 8/9/17 | 9/7/17 | Chapter 615, Statutes of 2017
| AB 1102 | Rodriguez/California State Council of SEIU; CNA | Health facilities: whistleblower protections | 5/10/17 | 6/8/17 | Chapter 275, Statutes of 2017
| AB 1110 | Burke/California Board of Optometry | Pupil health: eye and vision examinations | 3/8/17 | 4/5/17 | Assembly APPR
| AB 1560 | Friedman/California Association for Nurse Practitioners | Nurse practitioners: certified nurse-midwives: physician assistants: physician and surgeon supervision | 8/9/17 | 9/7/17 | Senate Inactive File
| AB 1612 | Burke/CNMA | Nursing: certified nurse-midwives: supervision | 5/10/17 | 4/5/17 | Assembly APPR
| AB 1627 | Chen | Clinical laboratories: certified phlebotomy technicians: blood withdrawal | | | Senate APPR
| AB 1650 | Maienschein/California Ambulance Association | Emergency medical services: community paramedicine | 5/10/17 | | Assembly APPR
| AB 1752 | Low/Board of Pharmacy | Controlled substances: CURES database | 8/16/18 | 6/14/18 | Senate APPR
| AB 1790 | Salas | Valley Fever Education, Early Diagnosis, and Treatment Act | 8/16/18 | | Chapter 338, Statutes of 2018
| AB 1795 | Gipson/Los Angeles County et al | Emergency medical services: behavioral health facilities and sobering centers | 5/10/18 | 2/15/18 | Assembly APPR
| AB 1998 | Rodriguez | Opioids: safe prescribing policy | 8/16/18 | 6/14/18 | Senate APPR
| AB 2086 | Gallagher | Controlled substances: CURES database | 5/10/18 | 6/14/18 | Chapter 274, Statutes of 2018
| AB 2140 | Maienschein/CAHSAH | Home health agencies: waiver program: nurses | 3/15/18 | 4/12/18 | Assembly Health
| AB 2143 | Caballero/CPS | Mental health: Licensed Mental Health Service Provider Education Program | 5/10/18 | 6/14/18 | Vetoed

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Sponsor/Description</th>
<th>Subject</th>
<th>Action Date</th>
<th>Committee</th>
<th>Action Date</th>
<th>Action Date</th>
<th>Original Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 2193</td>
<td>Maienschein/2020 Mom</td>
<td>Maternal mental health</td>
<td>Support (8/16/18)</td>
<td>Support (6/14/18)</td>
<td>Chapter 755, Statutes of 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2315</td>
<td>Quirk-Silva</td>
<td>Pupil health: mental and behavioral health services: telehealth-technology: guidelines.</td>
<td>Watch (5/10/18)</td>
<td>Watch (6/14/18)</td>
<td>Chapter 759, Statutes of 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2324</td>
<td>Rubio</td>
<td>Elder or dependent adult abuse: disorderly conduct: mandated reporters</td>
<td>Watch (5/10/18)</td>
<td>Watch (4/12/18)</td>
<td>Assembly APPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2405</td>
<td>Patterson</td>
<td>Controlled substances: carfentanil</td>
<td>Watch (3/15/18)</td>
<td>Watch (4/12/18)</td>
<td>Assembly Pub S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2444</td>
<td>Burke/California Board of Optometry</td>
<td>Pupil health: eye and vision health</td>
<td>Watch (3/15/18)</td>
<td>Watch (4/12/18)</td>
<td>Assembly ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2682</td>
<td>Burke/CNMA</td>
<td>Nurse-midwives: naturopathic doctors</td>
<td>Support (5/10/18)</td>
<td>Watch (6/14/18)</td>
<td>Senate BP&amp;ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2759</td>
<td>Santiago/CNA/NNU</td>
<td>Clinics and health facilities: nurses</td>
<td>Watch (3/15/18)</td>
<td>Watch (4/12/18)</td>
<td>Assembly Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2760</td>
<td>Wood</td>
<td>Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs</td>
<td>Watch (8/16/18)</td>
<td>Watch (4/12/18)</td>
<td>Chapter 324, Statutes of 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2783</td>
<td>O'Donnell</td>
<td>Controlled substances: hydrocodone combination products: schedules</td>
<td>Watch (6/14/18)</td>
<td>Chapter 589, Statutes of 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2789</td>
<td>Wood</td>
<td>Health care practitioners: prescriptions: electronic data transmission</td>
<td>Information (8/16/18)</td>
<td>Chapter 438, Statutes of 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2850</td>
<td>Rubio/CAHF</td>
<td>Nurse assistant training programs: online and distance learning</td>
<td>Watch (8/16/18)</td>
<td>Watch (4/12/18)</td>
<td>Chapter 769, Statutes of 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 3115</td>
<td>Gipson/California Professional Firefighters</td>
<td>Community Paramedicine or Triage to Alternate Destination Act (Incorporates SB 944 provisions)</td>
<td>SB 944: Oppose (6/14/18)</td>
<td>Vetoed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/BILL SPONSOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS as of Nov 2, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 227</td>
<td>Monning/the ALS Association Golden West Chapter</td>
<td>Vocational nurse: feeding tube services: neurodegenerative conditions</td>
<td>Watch (3/8/17)</td>
<td>Watch (4/5/17)</td>
<td>No longer applicable as amended</td>
</tr>
<tr>
<td>SB 320</td>
<td>Leyva/ACCESS Women's Health Justice et al</td>
<td>Public university student health centers: medication abortion readiness: abortion by medication techniques: College Student Health Center Sexual and Reproductive Health Preparation Fund</td>
<td>Watch (5/10/18)</td>
<td>Watch (6/14/18)</td>
<td>Vetoed</td>
</tr>
<tr>
<td>SB 349</td>
<td>Lara/UNAC/UHCP; SEIU California</td>
<td>Chronic dialysis clinics: staffing requirements</td>
<td>Support (5/10/18)</td>
<td>Support (6/14/18)</td>
<td>No longer applicable as amended</td>
</tr>
<tr>
<td>SB 419</td>
<td>Portantino</td>
<td>Medical practice: pain management</td>
<td>Watch (5/10/17)</td>
<td>Watch (4/5/17)</td>
<td>No longer applicable as amended</td>
</tr>
<tr>
<td>SB 562</td>
<td>Lara/CNA-National Nurses United</td>
<td>The Healthy California Act</td>
<td>Support (8/9/17)</td>
<td>Support (9/7/17)</td>
<td>Assembly Desk</td>
</tr>
<tr>
<td>SB 944</td>
<td>Hertzberg/California Professional Firefighters</td>
<td>Community Paramedicine Act of 2018</td>
<td>Oppose (5/10/18)</td>
<td>Oppose (6/14/18)</td>
<td>Assembly APPR</td>
</tr>
<tr>
<td>SB 1109</td>
<td>Bates/Office of the San Diego District Attorney</td>
<td>Controlled substances: Schedule II drugs: opioids</td>
<td>Watch (5/10/18)</td>
<td>Watch (6/14/18)</td>
<td>Chapter 693, Statutes of 2018</td>
</tr>
<tr>
<td>SB 1127</td>
<td>Hill</td>
<td>Pupil health: administration of medicinal cannabis: school sites</td>
<td>Support (5/10/18)</td>
<td>Support (6/14/18)</td>
<td>Vetoed</td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>Bill</th>
<th>Sponsor/Coalition</th>
<th>Description</th>
<th>Position 1</th>
<th>Position 2</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 1152</td>
<td>Hernandez/</td>
<td>Hospital patient discharge process:</td>
<td>Support</td>
<td>Support</td>
<td>Chapter 981, Statutes of 2018</td>
</tr>
<tr>
<td></td>
<td>CPEHN; SEIU</td>
<td>homeless patients</td>
<td>(8/16/18)</td>
<td>(6/14/18)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 1240</td>
<td>Stone</td>
<td>Prescription drugs: CURES database</td>
<td>Watch</td>
<td></td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(4/12/18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 1288</td>
<td>Leyva/</td>
<td>Health and care facilities: inspections</td>
<td>Support</td>
<td>Support</td>
<td>Vetoed</td>
</tr>
<tr>
<td></td>
<td>UNAC;UHCP</td>
<td></td>
<td>(8/16/18)</td>
<td>(6/14/18)</td>
<td></td>
</tr>
<tr>
<td>SB 1480</td>
<td>Hill</td>
<td>Professions and vocations</td>
<td>Support</td>
<td>Support</td>
<td>Chapter 571, Statutes of 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(8/16/18)</td>
<td>(6/14/18)</td>
<td></td>
</tr>
<tr>
<td>SCR 110</td>
<td>Wiener/interACT</td>
<td>Sex characteristics</td>
<td>Information</td>
<td>Information</td>
<td>Chapter 225, Statutes of 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(3/15/18)</td>
<td>(4/12/18)</td>
<td></td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/ BILL SPONSOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS as of Nov 2, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 12</td>
<td>Cooley</td>
<td>State government: administrative regulations: review</td>
<td>Watch (2/8/17)</td>
<td>Assembly APPR</td>
<td></td>
</tr>
<tr>
<td>AB 77</td>
<td>Fong</td>
<td>Regulations: effective dates and legislative review</td>
<td>Watch (2/8/17)</td>
<td>Assembly APPR</td>
<td></td>
</tr>
<tr>
<td>AB 208</td>
<td>Eggman/ ACLU et al</td>
<td>Deferred entry of judgment: pretrial diversion</td>
<td>Oppose (3/8/17)</td>
<td>Watch (9/7/17)</td>
<td>Chapter 778, Statutes of 2017</td>
</tr>
<tr>
<td>AB 241</td>
<td>Dababneh</td>
<td>Personal information: privacy: state and local agency breach</td>
<td>Watch (5/10/17)</td>
<td>Assembly APPR</td>
<td></td>
</tr>
<tr>
<td>AB 703</td>
<td>Flora</td>
<td>Professions and vocations: licenses: fee waivers</td>
<td>Support (5/10/17)</td>
<td>Assembly B&amp;P</td>
<td></td>
</tr>
<tr>
<td>AB 710</td>
<td>Wood</td>
<td>Department of Consumer Affairs: boards: meetings. Amended 1/18/18: Cannabidiol</td>
<td>Support (5/10/17)</td>
<td>Support (6/8/17)</td>
<td>Refer to this bill in the Nursing table</td>
</tr>
<tr>
<td>AB 827</td>
<td>Rubio/ Coalition for Humane Immigrant Rights</td>
<td>Department of Consumer Affairs: task force: foreign-trained individuals</td>
<td>Watch (4/5/17)</td>
<td>No longer applies to the BRN</td>
<td></td>
</tr>
<tr>
<td>AB 1005</td>
<td>Calderon</td>
<td>Professions and vocations: fines: relief</td>
<td>Watch (4/5/17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 1659</td>
<td>Low</td>
<td>Healing arts boards: inactive licenses</td>
<td>Support (5/10/18)</td>
<td>Support (6/14/18)</td>
<td>Chapter 249, Statutes of 2018</td>
</tr>
<tr>
<td>AB 2087</td>
<td>Waldron</td>
<td>State government operations: technology modernization</td>
<td>Watch (8/16/18)</td>
<td>Watch (6/14/18)</td>
<td>Senate APPR</td>
</tr>
<tr>
<td>AB 2138</td>
<td>Chiu/ AC; EBCLC; LPCR &amp; R</td>
<td>Licensing boards: denial of application: revocation or suspension of license: criminal conviction</td>
<td>Oppose unless amended (8/16/18)</td>
<td>Oppose unless amended (6/14/18)</td>
<td>Chapter 995, Statutes of 2018</td>
</tr>
<tr>
<td>AB 2264</td>
<td>Brough</td>
<td>Professions and vocations: fees</td>
<td>Watch (4/12/18)</td>
<td>Assembly B&amp;P</td>
<td></td>
</tr>
<tr>
<td>AB 2409</td>
<td>Kiley</td>
<td>Professions and vocations: occupational regulations</td>
<td></td>
<td>Assembly B&amp;P</td>
<td></td>
</tr>
<tr>
<td>AB 2483</td>
<td>Voepel</td>
<td>Indemnification of public officers and employees: antitrust awards</td>
<td>Support (5/10/18)</td>
<td>Support (6/14/18)</td>
<td>Senate JUD</td>
</tr>
<tr>
<td>AB 2958</td>
<td>Quirk</td>
<td>State bodies: meetings: teleconference</td>
<td>Oppose (8/16/18)</td>
<td>Support (9/27/18)</td>
<td>Chapter 881, Statutes of 2018</td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/BILL SPONSOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS as of Nov 2, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 27</td>
<td>Morrell</td>
<td>Professions and vocations: licenses: military service</td>
<td>Watch (2/8/17)</td>
<td>Senate APPR</td>
<td></td>
</tr>
<tr>
<td>SB 54</td>
<td>De León/Immigrant Legal Resource Center</td>
<td>Law enforcement: sharing data</td>
<td>Chapter 495, Statutes of 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 181</td>
<td>Berryhill</td>
<td>Administrative Procedure Act: repeal of regulations</td>
<td>Senate GO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 259</td>
<td>Wilk</td>
<td>Reports</td>
<td>Watch (3/8/17)</td>
<td>Senate GO</td>
<td></td>
</tr>
<tr>
<td>SB 359</td>
<td>Galgiani</td>
<td>Professions and vocations: military medical personnel</td>
<td>Watch (4/5/17)</td>
<td>Senate Rules</td>
<td></td>
</tr>
<tr>
<td>SB 496</td>
<td>Canella</td>
<td>Department of Consumer Affairs: regulatory boards: removal of board members</td>
<td>Watch (3/8/17)</td>
<td>No longer applicable as amended</td>
<td></td>
</tr>
<tr>
<td>SB 547</td>
<td>Hill</td>
<td>Professions and vocations: weights and measures</td>
<td>Support (8/9/17)</td>
<td>Chapter 429, Statutes of 2017</td>
<td></td>
</tr>
<tr>
<td>SB 555</td>
<td>Morrell</td>
<td>Regulations: 5-year review and report</td>
<td>Watch (4/5/17)</td>
<td>Senate GO</td>
<td></td>
</tr>
<tr>
<td>SB 572</td>
<td>Stone</td>
<td>Healing arts licensees: violations: grace period</td>
<td>Watch (4/5/17)</td>
<td>Senate BP&amp;ED</td>
<td></td>
</tr>
<tr>
<td>SB 641</td>
<td>Lara/CMA</td>
<td>Controlled Substance Utilization Review and Evaluation System: privacy</td>
<td>Watch (5/10/18)</td>
<td>No longer applicable as amended</td>
<td></td>
</tr>
<tr>
<td>SB 715</td>
<td>Newman</td>
<td>Department of Consumer Affairs: regulatory boards: removal of board members</td>
<td>Watch (5/10/18)</td>
<td>No longer applicable as amended</td>
<td></td>
</tr>
<tr>
<td>SB 762</td>
<td>Hernandez</td>
<td>Healing arts licensee: license activation fee: waiver</td>
<td>Watch (5/10/17)</td>
<td>No longer applicable as amended</td>
<td></td>
</tr>
<tr>
<td>SB 796</td>
<td>Hill</td>
<td>Uniform Standards: Naturopathic Doctors Act: Respiratory Care Practice Act</td>
<td>Watch (8/9/17)</td>
<td>Chapter 600, Statutes of 2017</td>
<td></td>
</tr>
<tr>
<td>SB 799</td>
<td>Hill</td>
<td>Nursing</td>
<td>Support bill as introduced (5/10/17)</td>
<td>Chapter 520, Statutes of 2017</td>
<td></td>
</tr>
<tr>
<td>SB 820</td>
<td>Leyva</td>
<td>Settlement agreements: confidentiality</td>
<td>Information (8/16/18)</td>
<td>Chapter 953, Statutes of 2018</td>
<td></td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR/ BILL SPONSOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS as of Nov 2, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 921</td>
<td>Morrell</td>
<td>State agencies: Internet Web sites: disclosure of financial information</td>
<td>Watch (2/15/18)</td>
<td>Senate GO</td>
<td></td>
</tr>
<tr>
<td>SB 984</td>
<td>Skinner/ Equal Rights Advocates</td>
<td>State boards and commissions: representation: appointments</td>
<td>Watch (8/16/18)</td>
<td>Assembly APPR</td>
<td></td>
</tr>
<tr>
<td>SB 1137</td>
<td>Vidak</td>
<td>Veterans: professional licensing benefits</td>
<td>Watch (8/16/18)</td>
<td>Chapter 414, Statutes of 2018</td>
<td></td>
</tr>
<tr>
<td>SB 1298</td>
<td>Skinner</td>
<td>The Increasing Access to Employment Act</td>
<td>Watch (8/16/18)</td>
<td>Senate APPR</td>
<td></td>
</tr>
<tr>
<td>SB 1474</td>
<td>Hill</td>
<td>Anatomical gifts</td>
<td>Watch (3/15/18)</td>
<td>No longer applicable as amended</td>
<td></td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Committee or Board consideration, 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 change its position.

To view the bill text for bills in **Bold**, use Control then click on the bill number.
Assembly Bill No. 710

CHAPTER 62

An act to add Section 26002 to the Business and Professions Code, and to add Section 11150.2 to the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor July 9, 2018. Filed with Secretary of State July 9, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 710, Wood. Cannabidiol.

Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law designates cannabis in Schedule I. Cannabidiol is a compound contained in cannabis.

Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances, including cannabis and synthetic cannabinoid compounds, and makes a violation of those laws a crime, except as specified.

This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would deem a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, to be in compliance with state law governing those acts. The bill would also provide that upon the effective date of one of those changes in federal law regarding cannabidiol, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law.

Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, regulates the cultivation, processing, and sale of medicinal and adult-use cannabis within the state.

This bill would expressly exclude from regulation under that act, any medicinal product composed of cannabidiol approved by the federal Food and Drug Administration and either placed on a schedule of the federal Controlled Substances Act other than Schedule I, or exempted from one or more provisions of that act.

This bill would declare that it is to take effect immediately as an urgency statute.
The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that both children and adults with epilepsy are in desperate need of new treatment options and that cannabidiol has shown potential as an effective treatment option. If federal laws prohibiting the prescription of medications composed of cannabidiol are repealed or if an exception from the general prohibition is enacted permitting the prescription of drugs composed of cannabidiol, patients should have rapid access to this treatment option. The availability of this new prescription medication is intended to augment, not to restrict or otherwise amend, other cannabinoid treatment modalities including, but not limited to, industrial hemp products and derivatives containing cannabidiol, currently available under state law.

SEC. 2. Section 26002 is added to the Business and Professions Code, to read:

26002. This division shall not apply to any product containing cannabidiol that has been approved by the federal Food and Drug Administration that has either been placed on a schedule of the federal Controlled Substances Act other than Schedule I or has been exempted from one or more provisions of that act, and that is intended for prescribed use for the treatment of a medical condition.

SEC. 3. Section 11150.2 is added to the Health and Safety Code, to read:

11150.2. (a) Notwithstanding any other law, if cannabidiol is excluded from Schedule I of the federal Controlled Substances Act and placed on a schedule of the act other than Schedule I, or if a product composed of cannabidiol is approved by the federal Food and Drug Administration and either placed on a schedule of the act other than Schedule I, or exempted from one or more provisions of the act, so as to permit a physician, pharmacist, or other authorized healing arts licensee acting within his or her scope of practice, to prescribe, furnish, or dispense that product, the physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses that product in accordance with federal law shall be deemed to be in compliance with state law governing those acts.

(b) For purposes of this chapter, upon the effective date of one of the changes in federal law described in subdivision (a), notwithstanding any other state law, a product composed of cannabidiol may be prescribed, furnished, dispensed, transferred, transported, possessed, or used in accordance with federal law and is authorized pursuant to state law.

(c) This section does not apply to any product containing cannabidiol that is made or derived from industrial hemp, as defined in Section 11018.5 and regulated pursuant to that section.

SEC. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:
In order to ensure that patients are able to obtain access to a new treatment modality as soon as federal law makes it available, it is necessary that this act take effect immediately.
Assembly Bill No. 1659

CHAPTER 249

An act to amend Sections 701, 702, and 703 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 5, 2018. Filed with Secretary of State September 5, 2018.]

LEGISLATIVE COUNSEL’S DIGEST

AB 1659, Low. Healing arts boards: inactive licenses.
Existing law establishes healing arts boards in the Department of Consumer Affairs to ensure private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license.

This bill would prohibit the holder of an inactive license from representing that he or she has an active license. The bill would also authorize a healing arts board to establish a lower inactive license renewal fee.

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

SECTION 1. Section 701 of the Business and Professions Code is amended to read:
701. (a) As used in this article, “board” refers to any healing arts board, division, or examining committee which licenses or certifies health professionals.
(b) Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.

SEC. 2. Section 702 of the Business and Professions Code is amended to read:
702. The holder of an inactive healing arts license or certificate issued pursuant to this article shall not do any of the following:
(a) Engage in any activity for which an active license or certificate is required.
(b) Represent that he or she has an active license.

SEC. 3. Section 703 of the Business and Professions Code is amended to read:

703. (a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder thereof need not comply with any continuing education requirement for renewal of an active license or certificate.

(b) The renewal fee for a license or certificate in an active status shall apply also for renewal of a license or certificate in an inactive status, unless a lower fee has been established by the issuing board.
Assembly Bill No. 1790

CHAPTER 338

An act to add Part 7.7 (commencing with Section 122475) to Division 105 of, and to repeal Section 122477 of, the Health and Safety Code, relating to valley fever.

[Approved by Governor September 11, 2018. Filed with Secretary of State September 11, 2018.]

LEGISLATIVE COUNSEL'S DIGEST


Existing law requires the State Department of Public Health to establish a list of reportable communicable and noncommunicable diseases and conditions and specify the timeliness requirements related to the reporting of each disease and condition. Existing law requires the department to develop information about various communicable diseases, including hepatitis C and meningococcal disease, and to make the information available to the public. Existing law also supports research into the development of a vaccine to protect against valley fever (coccidioidomycosis).

This bill would establish the Valley Fever Education, Early Diagnosis, and Treatment Act. This bill would, among other things, require the department to conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever, as described. The bill would authorize the department to award grants or enter into contracts to perform activities related to the awareness campaign, as specified. Those provisions would become inoperative on January 1, 2021.

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

SECTION 1. Part 7.7 (commencing with Section 122475) is added to Division 105 of the Health and Safety Code, to read:

PART 7.7. VALLEY FEVER

122475. This part shall be known, and may be cited, as the Valley Fever Education, Early Diagnosis, and Treatment Act.

122476. (a) Valley fever, also called coccidioidomycosis, is a lung infection caused by a fungus that lives in the soil. Approximately 10,000 cases are reported each year, mostly from California and bordering states.
Valley fever is a serious, costly illness. According to the federal Centers for Disease Control and Prevention, nearly 75 percent of people with valley fever miss work or school. As many as 40 percent of people who get valley fever need to stay in the hospital.

People get valley fever by breathing in microscopic fungal spores from the air in areas where the fungus lives. Anyone who lives in or travels to these areas can get valley fever, but some people are at higher risk for developing valley fever, such as older adults, people who have weakened immune systems, pregnant women, people with diabetes, people who are Black or Filipino, and people who have jobs that expose them to dust, such as agricultural or construction workers.

The symptoms of valley fever are similar to those of other common illnesses, so patients may have delays in getting diagnosed and treated. The initial symptoms may appear one to three weeks after exposure. They tend to resemble those of the flu, and can range from minor to severe, including fever, cough, chest pain, chills, night sweats, headache, fatigue, joint aches, and a red spotty rash.

In areas with valley fever, it is difficult to completely avoid exposure to the fungus because it is in the environment. There is no vaccine to prevent infection. Knowing about valley fever is one of the most important ways to avoid delays in diagnosis and treatment.

It is the intent of the Legislature to raise awareness of the symptoms, tests, and treatments for valley fever among the general public, primary health care providers, and health care providers who care for persons at higher risk for getting valley fever.

122477. (a) The department shall conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever. The department’s campaign shall include, but not limited to, both of the following:

1) Information about valley fever, such as the symptoms, diagnosis, and treatment, how a person may contract and reduce the risk of contracting the fungal infection, and the populations at risk.

2) Information about the department’s activities related to valley fever, and how a person can access and receive additional information about the infection from the department.

(b) The department may, as part of its administration of the campaign, provide outreach to all of the following:

1) The general public.

2) Geographic regions where valley fever is more endemic.

3) At-risk populations, including, but not limited to, all of the following:
A) Pregnant women.
B) Older adults.
C) Persons with diabetes or weakened immune systems.
D) African Americans or Filipinos.
E) (i) Health care providers, including providers who may diagnose or treat individuals for valley fever, and clinicians who work in either primary
care or emergency room settings, hospitals, or in the arena of workers’ compensation insurance.

(ii) For purposes of this subparagraph, outreach to health care providers shall also include physician education, resources, and tools.

(4) Health care professional associations or societies.

(5) Health care employers.

(6) Local public health officers and health departments, with an emphasis on endemic areas.

(c) The department shall perform an evaluation of the campaign following the conclusion of the campaign. The department shall make this report available to the public and post it on the department’s Internet Web site.

(d) The department may award grants itself or enter into contracts to perform the requirements of this section. The award of contracts and grants is exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and is exempt from approval by the Department of General Services prior to their execution.

(e) Funding for this section is provided under Provision 5 of Item 4265-001-0001 of Section 2.0 of the Budget Act of 2018, as enacted by Chapter 29 of the Statutes of 2018.

(f) This section shall remain in effect only until January 1, 2021, and as of that date is repealed.
AB 2086, Gallagher. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would allow prescribers to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

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

SECTION 1. Section 11165.6 is added to the Health and Safety Code, to read:

11165.6. A prescriber shall be allowed to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.
Assembly Bill No. 2138

CHAPTER 995

An act to amend, repeal, and add Sections 7.5, 480, 481, 482, 488, 493, and 11345.2 of, and to add Section 480.2 to, the Business and Professions Code, relating to professions and vocations.

[Approved by Governor September 30, 2018. Filed with Secretary of State September 30, 2018.]

LEGISLATIVE COUNSEL’S DIGEST

AB 2138, Chiu. Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified. The bill would prohibit a board from
denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction.

The bill would require the board to develop criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession. The bill would require a board to consider whether a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when requesting or acting on an applicant’s or licensee’s criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee’s criminal history information.

Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure.

This bill would prohibit a board from denying a license based solely on an applicant’s failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.

Existing law authorizes a board, after a specified hearing requested by an applicant for licensure to take various actions in relation to denying or granting the applicant the license.

This bill would revise and recast those provisions to eliminate some of the more specific options that the board may take in these circumstances.

This bill would clarify that the existing above-described provisions continue to apply to the State Athletic Commission, the Bureau for Private Postsecondary Education, and the California Horse Racing Board.

This bill would also make necessary conforming changes.

This bill would make these provisions operative on July 1, 2020.

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

SECTION 1. Section 7.5 of the Business and Professions Code is amended to read:

7.5. (a) A conviction within the meaning of this code means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) of Section 480.
Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 2. Section 7.5 is added to the Business and Professions Code, to read:

7.5. (a) A conviction within the meaning of this code means a judgment following a plea or verdict of guilty or a plea of nolo contendere or finding of guilt. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) or (c) of Section 480.

(b) (1) Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(2) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(A) The State Athletic Commission.

(B) The Bureau for Private Postsecondary Education.

(C) The California Horse Racing Board.

(c) Except as provided in subdivision (b), this section controls over and supersedes the definition of conviction contained within individual practice acts under this code.

(d) This section shall become operative on July 1, 2020.

SEC. 3. Section 480 of the Business and Professions Code is amended to read:

480. (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

93
(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

(e) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 4. Section 480 is added to the Business and Professions Code, to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

(i) Chapter 1 (commencing with Section 5000) of Division 3.
(ii) Chapter 6 (commencing with Section 6500) of Division 3.
(iii) Chapter 9 (commencing with Section 7000) of Division 3.
(iv) Chapter 11.3 (commencing with Section 7512) of Division 3.
(v) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.
(vi) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code or a comparable dismissal or expungement.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that he or she has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed 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 report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant’s failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant’s criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880), of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing
with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant’s criminal history. However, a board may request mitigating information from an applicant regarding the applicant’s criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that 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.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant’s conviction history, the board shall notify the applicant in writing of all of the following:
   (A) The denial or disqualification of licensure.
   (B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.
   (C) That the applicant has the right to appeal the board’s decision.
   (D) The processes for the applicant to request a copy of his or her complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:
   (A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.
   (B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.
   (C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.
   (D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board’s Internet Web site and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.

   (B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.
“Conviction” as used in this section shall have the same meaning as defined in Section 7.5.

This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

1. The State Athletic Commission.
2. The Bureau for Private Postsecondary Education.
3. The California Horse Racing Board.

This section shall become operative on July 1, 2020.

SEC. 5. Section 480.2 is added to the Business and Professions Code, to read:

480.2. (a) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the grounds that the applicant has one of the following:

1. Been convicted of a crime.
2. Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.
3. (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.
   (B) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board to evaluate the rehabilitation of a person when considering the denial of a license under paragraph (1) of subdivision (f).

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the ground that the applicant knowingly made a false
statement of fact that is required to be revealed in the application for the license.

(e) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(f) (1) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to evaluate the rehabilitation of a person either when:
   (A) Considering the denial of a license under this section.
   (B) Considering suspension or revocation of a license under Section 490.
   (2) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

(g) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may take any of the following actions:
   (1) Grant the license effective upon completion of all licensing requirements by the applicant.
   (2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.
   (3) Deny the license.
   (4) Take other action in relation to denying or granting the license as the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board, in its discretion, may deem proper.

(h) Notwithstanding any other law, in a proceeding conducted by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(i) Notwithstanding Section 7.5, a conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that the Bureau for Private Postsecondary
Education, the State Athletic Commission, or the California Horse Racing
Board is permitted to take following the establishment of a conviction may
be taken when the time for appeal has elapsed, the judgment of conviction
has been affirmed on appeal, or when an order granting probation is made
suspending the imposition of sentence, irrespective of a subsequent order
under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal
Code.

(j) This section shall become operative on July 1, 2020.

SEC. 6. Section 481 of the Business and Professions Code is amended
to read:

481. (a) Each board under the provisions of this code shall develop
criteria to aid it, when considering the denial, suspension or revocation of
a license, to determine whether a crime or act is substantially related to the
qualifications, functions, or duties of the business or profession it regulates.

(b) This section shall become inoperative on July 1, 2020, and, as of
January 1, 2021, is repealed.

SEC. 7. Section 481 is added to the Business and Professions Code, to
read:

481. (a) Each board under this code shall develop criteria to aid it, when
considering the denial, suspension, or revocation of a license, to determine
whether a crime is substantially related to the qualifications, functions, or
duties of the business or profession it regulates.

(b) Criteria for determining whether a crime is substantially related to
the qualifications, functions, or duties of the business or profession a board
regulates shall include all of the following:

1. The nature and gravity of the offense.
2. The number of years elapsed since the date of the offense.
3. The nature and duties of the profession in which the applicant seeks
licensure or in which the licensee is licensed.

(c) A board shall not deny a license based in whole or in part on a
conviction without considering evidence of rehabilitation submitted by an
applicant pursuant to any process established in the practice act or regulations
of the particular board and as directed by Section 482.

(d) Each board shall post on its Internet Web site a summary of the criteria
used to consider whether a crime is considered to be substantially related to
the qualifications, functions, or duties of the business or profession it
regulates consistent with this section.

(e) This section does not in any way modify or otherwise affect the
existing authority of the following entities in regard to licensure:

1. The State Athletic Commission.
2. The Bureau for Private Postsecondary Education.
3. The California Horse Racing Board.

(f) This section shall become operative on July 1, 2020.

SEC. 8. Section 482 of the Business and Professions Code is amended
to read:

482. (a) Each board under the provisions of this code shall develop
criteria to evaluate the rehabilitation of a person when:
(1) Considering the denial of a license by the board under Section 480; or
(2) Considering suspension or revocation of a license under Section 490.
(b) Each board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.
(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 9. Section 482 is added to the Business and Professions Code, to read:

482. (a) Each board under this code shall develop criteria to evaluate the rehabilitation of a person when doing either of the following:
(1) Considering the denial of a license by the board under Section 480.
(2) Considering suspension or revocation of a license under Section 490.
(b) Each board shall consider whether an applicant or licensee has made a showing of rehabilitation if either of the following are met:
(1) The applicant or licensee has completed the criminal sentence at issue without a violation of parole or probation.
(2) The board, applying its criteria for rehabilitation, finds that the applicant is rehabilitated.
(c) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:
(1) The State Athletic Commission.
(2) The Bureau for Private Postsecondary Education.
(3) The California Horse Racing Board.
(d) This section shall become operative on July 1, 2020.

SEC. 10. Section 488 of the Business and Professions Code is amended to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:
(1) Grant the license effective upon completion of all licensing requirements by the applicant.
(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.
(3) Deny the license.
(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.
(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 11. Section 488 is added to the Business and Professions Code, to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:
(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

(b) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.
(2) The Bureau for Private Postsecondary Education.
(3) The California Horse Racing Board.

(c) This section shall become operative on July 1, 2020.

SEC. 12. Section 493 of the Business and Professions Code is amended to read:

493. (a) Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(b) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 13. Section 493 is added to the Business and Professions Code, to read:

493. (a) Notwithstanding any other law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact.

(b) (1) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates shall include all of the following:

(A) The nature and gravity of the offense.
(B) The number of years elapsed since the date of the offense.

(C) The nature and duties of the profession.

(2) A board shall not categorically bar an applicant based solely on the type of conviction without considering evidence of rehabilitation.

(c) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”

(d) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.
(2) The Bureau for Private Postsecondary Education.
(3) The California Horse Racing Board.

(e) This section shall become operative on July 1, 2020.

SEC. 14. Section 11345.2 of the Business and Professions Code is amended to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. Notwithstanding subdivision (c) of Section 480, if the individual’s felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 15. Section 11345.2 is added to the Business and Professions Code, to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. If the individual’s felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser
refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become operative on July 1, 2020.
To the Members of the California State Assembly:

I am returning Assembly Bill 2143 without my signature.

This bill would expand eligibility for educational loan reimbursement grants, through the Licensed Mental Health Provider Education Program, to mental health providers who further their education to become physician assistants or nurse practitioners in mental health facilities.

Physician assistants and nurse practitioners are already eligible for educational loan repayment grants under the state’s Advanced Healthcare Loan Repayment Program. Unfortunately, the loan repayment fund referenced in this bill lacks the necessary funding to pay for the hundreds of applications it currently receives. Adding more applicants as this bill requires just compounds the problem.

Sincerely,

Edmund G. Brown Jr.
Assembly Bill No. 2193

CHAPTER 755

An act to add Section 1367.625 to, and to add Article 6 (commencing with Section 123640) to Chapter 2 of Part 2 of Division 106 to, the Health and Safety Code, and to add Section 10123.867 to the Insurance Code, relating to health care.

[Approved by Governor September 26, 2018. Filed with Secretary of State September 26, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2193, Maienschein. Maternal mental health.

Existing law provides for the licensure and regulation of various healing arts professions, including, but not limited to, physicians and surgeons, by various boards within the Department of Consumer Affairs. Existing law imposes certain fines and other penalties for, and authorizes these boards to take disciplinary action against licensees for, violations of the provisions governing those professions.

This bill would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age.

This bill would require health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program, as specified. Because a willful violation of the bill’s requirement by a health care service plan would be 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.
The people of the State of California do enact as follows:

SECTION 1. Section 1367.625 is added to the Health and Safety Code, to read:

1367.625. (a) By July 1, 2019, a health care service plan shall develop a maternal mental health program designed to promote quality and cost-effective outcomes. The program shall be developed consistent with sound clinical principles and processes. The program guidelines and criteria shall be made available upon request to medical providers, including a contracting obstetric provider.

(b) For the purposes of this section, the following terms have the following meanings:

(1) “Contracting obstetric provider” means an individual who is certified or licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or an initiative act referred to in that division, and who is contracted with the enrollee’s health care service plan to provide services under the enrollee’s plan contract.

(2) “Maternal mental health” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(c) This section shall not apply to specialized health care service plans, except specialized behavioral health-only plans offering professional mental health services.

SEC. 2. Article 6 (commencing with Section 123640) is added to Chapter 2 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 6. Maternal Mental Health

123640. (a) By July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient shall ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.

(b) This section shall not apply to a licensed health care practitioner when providing emergency services or care, as defined in Section 1317.1.

(c) This section does not preclude any licensed or certified provider acting within his or her scope of practice from screening for maternal mental health conditions.

(d) For purposes of this section, the following definitions apply:

(1) “Maternal mental health condition” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(2) “Health care practitioner” means a physician and surgeon, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or a midwife licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code or an initiative act referred to in that division and who is acting within his or her scope of practice.
SEC. 3. Section 10123.867 is added to the Insurance Code, to read:
10123.867. (a) By July 1, 2019, a health insurer shall develop a maternal
mental health program designed to promote quality and cost-effective
outcomes. The program shall be developed consistent with sound clinical
principles and processes. The program guidelines and criteria shall be made
available upon request to medical providers, including a contracting obstetric
provider.
(b) For the purposes of this section, the following terms have the
following meanings:
(1) “Contracting obstetric provider” means an individual who is certified
or licensed pursuant to Division 2 (commencing with Section 500) of the
Business and Professions Code, or an initiative act referred to in that division,
and who is contracted with the insured’s health insurer to provide services
under the insured’s health insurance policy.
(2) “Maternal mental health” means a mental health condition that occurs
during pregnancy or during the postpartum period and includes, but is not
limited to, postpartum depression.
(c) This section shall not apply to specialized health insurers, except
behavioral health-only insurers that provide coverage for professional mental
health services.
SEC. 4. No reimbursement is required by this act pursuant to Section 6
of Article XIII B of the California Constitution because the only costs that
may be incurred by a local agency or school district will be incurred because
this act creates a new crime or infraction, eliminates a crime or infraction,
or changes the penalty for a crime or infraction, within the meaning of
Section 17556 of the Government Code, or changes the definition of a crime
within the meaning of Section 6 of Article XIII B of the California
Constitution.
AB 2315, Quirk-Silva. Pupil health: mental and behavioral health services: telehealth technology: guidelines.

Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work.

This bill would require the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before July 1, 2020, develop guidelines, as provided, for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. The bill would require the State Department of Education to post the guidelines on its Internet Web site on or before July 1, 2020. The bill would provide that it shall only be implemented if sufficient funds are made available to the State Department of Education pursuant to an appropriation in the annual Budget Act or another statute for that purpose.

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

SECTION 1. Section 49429 is added to the Education Code, to read:

49429. (a) The department, in consultation with the State Department of Health Care Services and appropriate stakeholders, including stakeholders with experience in telehealth, as defined in subdivision (d), shall develop guidelines on or before July 1, 2020, for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses.

(b) The guidelines developed pursuant to subdivision (a) shall include, but are not limited to, guidance on all of the following:

1) Qualifications of individuals authorized to provide assistance, within their scope of practice, to pupils in accessing mental health and behavioral health services via telehealth technology at a schoolsite.
(2) Qualifications of individuals authorized to provide mental health and behavioral health services, within their scope of practice, to pupils via telehealth technology.

(3) Potential sources of funding for the purchase of the necessary equipment and technology infrastructure by schools to allow schools to provide telehealth services.

(4) The ability of mental and behavioral health services providers to access reimbursement through the Medi-Cal program or other sources for services provided to pupils at schoolsites via telehealth technology.

(5) The legal requirements for parental consent for the provision of mental health and behavioral health treatment of minors via telehealth technology.

(6) Measures necessary to protect the security of data transmitted via telehealth technology.

(7) Measures necessary to protect the privacy of pupil data pursuant to the federal Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec. 1232g) and medical records pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(8) Potential school district, county office of education, and charter school liability associated with the provision of telehealth services.

(c) The department shall post the guidelines developed pursuant to this section on its Internet Web site on or before July 1, 2020.

(d) For purposes of this section, “telehealth” means the mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a pupil’s health care while the pupil is at a schoolsite and the health care provider is at a distant site.

(e) This section shall only be implemented if sufficient funds are made available to the department pursuant to an appropriation in the annual Budget Act or another statute for that purpose.
 Assembly Bill No. 2760

CHAPTER 324

An act to add Article 10.7 (commencing with Section 740) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 10, 2018. Filed with Secretary of State September 10, 2018.]

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. Existing law authorizes a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed by both the California State Board of Pharmacy and the Medical Board of California.

This bill would require a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another drug to the patient and specified others, except as specified. The bill would subject a prescriber to referral to the board charged with regulating his or her license for the imposition of administrative sanctions, as that board deems appropriate, for violating those provisions.

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

SECTION 1. The Legislature finds and declares all of the following:
(a) Abuse and misuse of opioids is a serious problem that affects the health, social, and economic welfare of the state.
(b) After alcohol, prescription drugs are the most commonly abused substances by Americans over 12 years of age.
(c) Almost 2,000,000 people in the United States suffer from substance use disorders related to prescription opioid pain relievers.
(d) Nonmedical use of prescription opioid pain relievers can be particularly dangerous when the products are manipulated for snorting or injection or are combined with other drugs.
(e) Deaths involving prescription opioid pain relievers represent the largest proportion of drug overdose deaths, greater than the number of overdose deaths involving heroin or cocaine.
Driven by the continued surge in drug deaths, life expectancy in the United States dropped for the second year in a row in 2016, resulting in the first consecutive decline in national life expectancy since 1963.

Should 2017 also result in a decline in life expectancy as a result of drug deaths, it would be the first three-year period of consecutive life expectancy declines since World War I and the Spanish flu pandemic in 1918.

SEC. 2. Article 10.7 (commencing with Section 740) is added to Chapter 1 of Division 2 of the Business and Professions Code, to read:

Article 10.7 Opioid Medication

For purposes of this article, “prescriber” means a person licensed, certified, registered, or otherwise subject to regulation pursuant to this division, or an initiative act referred to in this division, who is authorized to prescribe prescription drugs.

(a) Notwithstanding any other law, a prescriber shall do the following:

(1) Offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when one or more of the following conditions are present:

(A) The prescription dosage of the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed concurrently with a prescription for benzodiazepine.

(C) The patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to patients receiving a prescription under paragraph (1) on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression.

(3) Consistent with the existing standard of care, provide education on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor’s parent or guardian.

(b) This section does not apply to a prescriber when prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.
742. A prescriber who fails to offer a prescription, as required by paragraph (1) of subdivision (a) of Section 741, or fails to provide the education and use information required by paragraphs (2) and (3) of subdivision (a) of Section 741 shall be referred to the appropriate licensing board solely for the imposition of administrative sanctions deemed appropriate by that board. This section does not create a private right of action against a prescriber, and does not limit a prescriber’s liability for the negligent failure to diagnose or treat a patient.
Assembly Bill No. 2783

CHAPTER 589

An act to amend Sections 11055 and 11056 of the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 20, 2018. Filed with Secretary of State September 20, 2018.]

LEGISLATIVE COUNSEL’S DIGEST


Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law classifies hydrocodone as a Schedule II controlled substance. Existing law classifies specified compounds, including some hydrocodone compounds, as Schedule III controlled substances. Existing law imposes stringent prescription requirements on drugs classified as Schedule II, including a limitation on refills, the violation of which are crimes.

This bill would reclassify specified hydrocodone combination products as Schedule II controlled substances. By expanding the scope of the existing crimes that apply to Schedule II controlled substances, this bill would impose a state-mandated local program.

This bill would incorporate additional changes to Section 11056 of the Health and Safety Code proposed by AB 2589 to be operative only if this bill and AB 2589 are enacted and this bill is enacted last.

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

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

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

SECTION 1. Section 11055 of the Health and Safety Code is amended to read:

11055. (a) The controlled substances listed in this section are included in Schedule II.

(b) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction
from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium, opiate, and any salt, compound, derivative, or preparation of opium or opiate, with the exception of naloxone hydrochloride (N-allyl-14-hydroxy-nordihydromorphinone hydrochloride), but including the following:

(A) Raw opium.
(B) Opium extracts.
(C) Opium fluid extracts.
(D) Powdered opium.
(E) Granulated opium.
(F) Tincture of opium.
(G) Codeine.
(H) Ethylmorphine.
(I) (i) Hydrocodone.
(ii) Hydrocodone combination products with not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.
(iii) Oral liquid preparations of dihydrocodeinone containing the above specified amounts that contain, as its nonnarcotic ingredients, two or more antihistamines in combination with each other.
(iv) Hydrocodone combination products with not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.
(J) Hydromorphone.
(K) Metopon.
(L) Morphine.
(M) Oxycodone.
(N) Oxymorphone.
(O) Thebaine.

(2) Any salt, compound, isomer, or derivative, whether natural or synthetic, of the substances referred to in paragraph (1), but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy).

(6) Cocaine, except as specified in Section 11054.

(7) Ecgonine, whether natural or synthetic, or any salt, isomer, derivative, or preparation thereof.

(c) Opiates. Unless specifically excepted or unless in another schedule, any of the following opiates, including its isomers, esters, ethers, salts, and
salts of isomers, esters, and ethers whenever the existence of those isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

1. Alfentanyl.
2. Alphaprodine.
3. Anileridine.
5. Bulk dextropropoxyphene (nondosage forms).
6. Dihydrocodeine.
7. Diphenoxylate.
8. Fentanyl.
9. Isomethadone.
10. Levoalphacetylmethadol, also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM. This substance is authorized for the treatment of narcotic addicts under federal law (see Part 291 (commencing with Section 291.501) and Part 1308 (commencing with Section 1308.01) of Title 21 of the Code of Federal Regulations).
11. Levomethorphan.
12. Levorphanol.
15. Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane.
17. Pethidine (meperidine).
18. Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine.
22. Pimino dine.
23. Racemethorphan.
24. Racemorphan.
25. Sufentanyl.

d. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

1. Amphetamine, its salts, optical isomers, and salts of its optical isomers.
2. Methamphetamine, its salts, isomers, and salts of its isomers.
3. Dimethamphetamine (N,N-dimethamphetamine), its salts, isomers, and salts of its isomers.
(4) N-Ethylmethamphetamine (N-ethyl, N-methylamphetamine), its salts, isomers, and salts of its isomers.
(5) Phenmetrazine and its salts.
(6) Methylphenidate.
(7) Khat, which includes all parts of the plant classified botanically as Catha Edulis, whether growing or not, the seeds thereof, any extract from any part of the plant, and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or extracts.
(8) Cathinone (also known as alpha-aminopropiophenone, 2-aminopropiophenone, and norephedrone).

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:
(1) Amobarbital.
(2) Pentobarbital.
(3) Phencyclidines, including the following:
   (A) 1-(1-phenylcyclohexyl) piperidine (PCP).
   (B) 1-(1-phenylcyclohexyl) morpholine (PCM).
   (C) Any analog of phencyclidine which is added by the Attorney General by regulation pursuant to this paragraph.

The Attorney General, or his or her designee, may, by rule or regulation, add additional analogs of phencyclidine to those enumerated in this paragraph after notice, posting, and hearing pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The Attorney General shall, in the calendar year of the regular session of the Legislature in which the rule or regulation is adopted, submit a draft of a proposed bill to each house of the Legislature which would incorporate the analogs into this code. No rule or regulation shall remain in effect beyond January 1 after the calendar year of the regular session in which the draft of the proposed bill is submitted to each house. However, if the draft of the proposed bill is submitted during a recess of the Legislature exceeding 45 calendar days, the rule or regulation shall be effective until January 1 after the next calendar year.

(4) Secobarbital.
(5) Glutethimide.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:
(1) Immediate precursor to amphetamine and methamphetamine:
   (A) Phenylacetone. Some trade or other names: phenyl-2 propanone; P2P; benzyl methyl ketone; methyl benzyl ketone.
(2) Immediate precursors to phencyclidine (PCP):
   (A) 1-phenylcyclohexylamine.
   (B) 1-piperidinocyclohexane carbonitrile (PCC).
SEC. 2. Section 11056 of the Health and Safety Code is amended to read:
11056. (a) The controlled substances listed in this section are included in Schedule III.
(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of those isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:
   (1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances.
   (2) Benzphetamine.
   (3) Chlorphentermine.
   (4) Clortermine.
   (5) Mazindol.
   (6) Phendimetrazine.
   (c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:
   (1) Any compound, mixture, or preparation containing any of the following:
      (A) Amobarbital
      (B) Secobarbital
      (C) Pentobarbital
   or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule.
   (2) Any suppository dosage form containing any of the following:
      (A) Amobarbital
      (B) Secobarbital
      (C) Pentobarbital
   or any salt of any of these drugs and approved by the federal Food and Drug Administration for marketing only as a suppository.
   (3) Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof.
      (4) Chlorhexadol.
      (5) Lysergic acid.
      (6) Lysergic acid amide.
      (7) Methyprylon.
      (8) Sulfondiethylmethane.
(9) Sulfonethylmethane.
(10) Sulfonmethane.
(11) Gamma hydroxybutyric acid, and its salts, isomers and salts of isomers, contained in a drug product for which an application has been approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

(d) Nalorphine.
(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

1. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.
2. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
3. Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.
4. Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
5. Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
6. Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids and chorionic gonadotropin. Any material, compound, mixture, or preparation containing chorionic gonadotropin or an anabolic steroid (excluding anabolic steroid products listed in the “Table of Exempt Anabolic Steroid Products” (Section 1308.34 of Title 21 of the Code of Federal Regulations), as exempt from the federal Controlled Substances Act (Section 801 and following of Title 21 of the United States Code)), including, but not limited to, the following:

1. Androisoxazole.
2. Androstenediol.
5. Boldenone.
6. Chlormethandienone.
7. Clostebol.
8. Dihydromesterone.
10. Fluoxymesterone.
11. Formylidenolone.
(12) 4-Hydroxy-19-nortestosterone.
(13) Mesterolone.
(14) Methandriol.
(15) Methandrostenolone.
(16) Methenolone.
(17) 17-Methyltestosterone.
(18) Methyltrienolone.
(19) Nandrolone.
(20) Norbolethone.
(21) Norethandrolone.
(22) Normethandrolone.
(23) Oxandrolone.
(24) Oxymestrone.
(25) Oxymethalone.
(26) Quinbolone.
(27) Stanolone.
(28) Stanozolol.
(29) Stenbolone.
(30) Testosterone.
(31) Trenbolone.
(32) Chorionic Gonadotropin (HGC).

(g) Ketamine. Any material, compound, mixture, or preparation containing ketamine.

(h) Hallucinogenic substances. Any of the following hallucinogenic substances: dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the federal Food and Drug Administration.

SEC. 2.5. Section 11056 of the Health and Safety Code is amended to read:

11056. (a) The controlled substances listed in this section are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of those isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitative composition shown in that list for those drugs or that is the same except that it contains a lesser quantity of controlled substances.

(2) Benzphetamine.

(3) Chlorphentermine.
(4) Clortermine.
(5) Mazindol.
(6) Phendimetrazine.
(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing any of the following:
   (A) Amobarbital
   (B) Secobarbital
   (C) Pentobarbital
   or any salt thereof and one or more other active medicinal ingredients that are not listed in any schedule.

(2) Any suppository dosage form containing any of the following:
   (A) Amobarbital
   (B) Secobarbital
   (C) Pentobarbital
   or any salt of any of these drugs and approved by the federal Food and Drug Administration for marketing only as a suppository.

(3) Any substance that contains any quantity of a derivative of barbituric acid or any salt thereof.

(4) Chlorhexadol.
(5) Lysergic acid.
(6) Lysergic acid amide.
(7) Methyprylon.
(8) Sulfondiethylmethane.
(9) Sulfonethylmethane.
(10) Sulfonmethane.

(11) Gamma hydroxybutyric acid, and its salts, isomers and salts of isomers, contained in a drug product for which an application has been approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

d) Nalorphine.

e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.
(4) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids and chorionic gonadotropin. Any material, compound, mixture, or preparation containing chorionic gonadotropin or an anabolic steroid (excluding anabolic steroid products listed in the “Table of Exempt Anabolic Steroid Products” (Section 1308.34 of Title 21 of the Code of Federal Regulations), as exempt from the federal Controlled Substances Act (Section 801 and following of Title 21 of the United States Code)), including, but not limited to, the following:

(1) Androisoxazole.
(2) Androstenediol.
(3) Bolandiol.
(4) Bolasterone.
(5) Boldenone.
(6) Chlormethandienone.
(7) Clostebol.
(8) Dihydromesterone.
(9) Ethylestrenol.
(10) Fluoxymesterone.
(11) Formyldienolone.
(12) 4-Hydroxy-19-nortestosterone.
(13) Mesterolone.
(14) Methandriol.
(15) Methandrostenolone.
(16) Methenolone.
(17) 17-Methyltestosterone.
(18) Methyltrienolone.
(19) Nandrolone.
(20) Norbolethone.
(21) Norethandrolone.
(22) Normethandrolone.
(23) Oxandrolone.
(24) Oxymestrone.
(25) Oxymetholone.
(26) Quinbolone.
(27) Stanolone.
(28) Stanozolol.
(29) Stenbolone.
(30) Testosterone.
(31) Trenbolone.
(32) Human chorionic gonadotropin (hCG), except when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian’s designated agent, exclusively for veterinary use.

(g) Ketamine. Any material, compound, mixture, or preparation containing ketamine.

(h) Hallucinogenic substances. Any of the following hallucinogenic substances: dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the federal Food and Drug Administration.

SEC. 3. Section 2.5 of this bill incorporates amendments to Section 11056 of the Health and Safety Code proposed by both this bill and Assembly Bill 2589. That section shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 11056 of the Health and Safety Code, and (3) this bill is enacted after Assembly Bill 2589, in which case Section 2 of this bill shall not become operative.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
Assembly Bill No. 2789

CHAPTER 438

An act to add Section 688 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 17, 2018. Filed with Secretary of State September 17, 2018.]

LEGISLATIVE COUNSEL'S DIGEST


Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

This bill, on and after January 1, 2022, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. The bill would require those health care practitioners to issue prescriptions as an electronic data transmission prescription, unless specified exceptions are met. The bill would not require the pharmacy to verify that a written, oral, or faxed prescription satisfies the specified exemptions. The bill would require the pharmacy receiving the electronic data transmission prescription to immediately notify the prescriber if the electronic data transmission prescription fails, is incomplete, or is otherwise not appropriately received. The bill would require the pharmacy to transfer or forward the prescription to another pharmacy at the request of the patient, as specified. The bill would exempt from these provisions a health care practitioner, pharmacist, or pharmacy when providing health care services to specified individuals under the jurisdiction of the Department of Corrections and Rehabilitation. The bill would require that a health care practitioner, pharmacist, or pharmacy who fails to meet the applicable requirements imposed by this bill be referred to the appropriate state professional licensing board solely for administrative sanctions, as provided.

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

SECTION 1. Section 688 is added to the Business and Professions Code, to read:
688. (a) On and after January 1, 2022, a health care practitioner authorized to issue a prescription pursuant to Section 4040 shall have the capability to issue an electronic data transmission prescription, as defined under Section 4040, on behalf of a patient and to transmit that electronic data transmission prescription to a pharmacy selected by the patient.

(b) On and after January 1, 2022, a pharmacy, pharmacist, or other practitioner authorized under California law to dispense or furnish a prescription pursuant to Section 4040 shall have the capability to receive an electronic data transmission prescription on behalf of a patient.

(c) For a prescription for a controlled substance, as defined by Section 4021, generation and transmission of the electronic data transmission prescription shall comply with Parts 1300, 1304, 1306, and 1311 of Title 21 of the Code of Federal Regulations, as amended from time to time.

(d) On and after January 1, 2022, a prescription prescribed by a health care practitioner shall be issued as an electronic data transmission prescription. This subdivision shall not apply to prescriptions issued pursuant to subdivision (e).

(e) Subdivision (d) shall not apply to any of the following:

(1) The prescription is issued pursuant to Section 11159.2 of the Health and Safety Code.

(2) An electronic data transmission prescription is not available due to a temporary technological or electrical failure. For purposes of this paragraph, “temporary technological or electrical failure” means failure of a computer system, application, or device, or the loss of electrical power to that system, application, or device, or any other service interruption affecting the certified electronic data transmission prescription application used to transmit the prescription.

(3) The prescribing health care practitioner is issuing a prescription to be dispensed by a pharmacy located outside California.

(4) (A) The prescription is issued in a hospital emergency department or urgent care clinic and one or more of the following conditions are present:

(i) The patient resides outside California.

(ii) The patient resides outside the geographic area of the hospital.

(iii) The patient is homeless or indigent and does not have a preferred pharmacy.

(iv) The prescription is issued at a time when a patient’s regular or preferred pharmacy is likely to be closed.

(B) Under any of the conditions described in subparagraph (A), a prescription shall be electronically issued but does not require electronic transmission and may be provided directly to the patient.

(5) The prescription is issued by a veterinarian.

(6) The prescription is for eyeglasses or contact lenses.

(7) The prescribing health care practitioner and the dispenser are the same entity.

(8) The prescription is issued by a prescribing health care practitioner under circumstances whereby the practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by
an electronic data transmission prescription in a timely manner, and the
delay would adversely impact the patient’s medical condition.

(9) The prescription that is issued includes elements not covered by the
latest version of the National Council for Prescription Drug Programs’
SCRIPT standard, as amended from time to time.

(f) A health care practitioner who issues a prescription for a controlled
substance but does not transmit the prescription as an electronic data
transmission prescription shall document the reason in the patient’s medical
record as soon as practicable and within 72 hours of the end of the
technological or electrical failure that prevented the electronic data
transmission of the prescription.

(g) A pharmacy that receives an electronic data transmission prescription
from a prescribing health care practitioner who has issued the prescription
but has not dispensed the medication to the patient shall, at the request of
the patient or a person authorized to make a request on behalf of the patient,
immediately transfer or forward the electronic data transmission prescription
to an alternative pharmacy designated by the requester.

(h) If a pharmacy, or its staff, is aware than an attempted transmission
of an electronic data transmission prescription failed, is incomplete, or is
otherwise not appropriately received, the pharmacy shall immediately notify
the prescribing health care practitioner.

(i) A pharmacist who receives a written, oral, or faxed prescription shall
not be required to verify that the prescription properly falls under one of
the exceptions in subdivision (e). Pharmacists may continue to dispense
medications from legally valid written, oral, or fax prescriptions pursuant
to this division.

(j) A health care practitioner, pharmacist, or pharmacy who fails to meet
the applicable requirements of this section shall be referred to the appropriate
state professional licensing board solely for administrative sanctions, as
deemed appropriate by that board. This section does not create a private
right of action against a health care practitioner. This section does not limit
a health care practitioner’s liability for the negligent failure to diagnose or
treat a patient.

(k) This section shall not apply to a health care practitioner, pharmacist,
or pharmacy when providing health care services to an inmate, individual
on parole, or youth under the jurisdiction of the Department of Corrections
and Rehabilitation.
Assembly Bill No. 2850

CHAPTER 769

An act to amend Sections 1337.1 and 1337.3 of, and to add Sections 1337.15 and 1337.16 to, the Health and Safety Code, relating to health facilities.

[Approved by Governor September 26, 2018. Filed with Secretary of State September 26, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2850, Rubio. Nurse assistant training programs: online or distance learning.

(1) Existing law establishes the State Department of Public Health and sets forth its powers and duties to license and administer health facilities, as defined, including skilled nursing facilities and intermediate care facilities. Existing law requires skilled nursing facilities and intermediate care facilities to adopt certified nurse assistant training programs approved by the department. Existing law requires a training program to include 60 hours of classroom training, composed of specified topics, which may be conducted within a facility or at an educational institution.

This bill would authorize the required classroom training to be offered through online or distance learning classes approved by the department. The bill would require an online or distance learning nurse assistant training program to comply with specified requirements, including, among others, having trainees sign an affidavit attesting under penalty of perjury to their identity while completing the program. By expanding the crime of perjury, this bill would impose a state-mandated local program.

This bill would also authorize an experienced licensed or registered nurse, as specified, to provide instruction as part of a certified nurse assistant training program at a skilled nursing or intermediate care facility or in an educational institution, regardless of whether he or she holds a teaching credential to provide that instruction.

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

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

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

SECTION 1. The Legislature finds and declares all of the following:
(a) Over 1,100 people turn 65 years of age every day in California, and there are approximately 110,000 licensed skilled nursing beds in the state.

(b) About 25 percent of older adults will need nursing home care at some time in their lives.

(c) There is a shortage of qualified nurses available to meet the needs of patients in California health care facilities, particularly those patients in the state’s 1,200 skilled nursing facilities.

(d) California’s skilled nursing facilities currently face a challenge not only in recruiting qualified nursing staff, but also in retaining quality nursing staff.

(e) With over 65 percent of our residents on Medi-Cal, California’s skilled nursing facilities are an integral part of the health care continuum, with over 13.5 million Californians on Medi-Cal.

(f) The occupancy rate of California’s skilled nursing facilities is above the national average and is currently at 88 percent.

(g) Certified nurse assistants are an important component of skilled nursing facilities, but unfortunately the workforce in that area is stagnant and extremely limited in various counties.

(h) Over 1,600 additional certified nurse assistants in skilled nursing facilities will be needed to meet the increased minimum staffing level mandate by July 1, 2018.

(i) According to the Office of Statewide Health Planning and Development, in 2016, over 63 percent of skilled nursing facility direct care staff are certified nurse assistants, over 23 percent are licensed vocational nurses (LVNs), and over 9 percent are registered nurses (RNs).

(j) The California HealthCare Foundation has determined that: “...California may not have adequate numbers of nurses with appropriate skills. The result could be decreased patient access, higher health care costs, and lower quality of service.”

(k) The quality of patient care in California long-term care facilities is directly dependent upon the availability of an adequate supply of appropriately trained workers.

SEC. 2. Section 1337.1 of the Health and Safety Code is amended to read:

1337.1. A skilled nursing facility or intermediate care facility shall adopt an approved training program that meets standards established by the department. The approved training program shall consist of at least all of the following:

(a) An orientation program to be given to newly employed nurse assistants prior to providing direct patient care in skilled nursing facility or intermediate care facilities.

(b) (1) A precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and resident abuse prevention, recognition, and reporting pursuant to subdivision (e). The 60 classroom hours of training may be conducted within a skilled nursing facility or intermediate care facility or in an educational institution or agency.
A skilled nursing facility or intermediate care facility may conduct the 60 classroom hours of training in an online or distance learning course format, as approved by the department.

(2) In addition to the 60 classroom hours of training required under paragraph (1), the precertification training program shall consist of at least 100 hours of supervised and on-the-job training clinical practice. The 100 hours may consist of normal employment as a nurse assistant under the supervision of either the director of nurse training or a licensed nurse qualified to provide nurse assistant training who has no other assigned duties while providing the training.

(3) At least two hours of the 60 hours of classroom training shall address the special needs of persons with developmental and mental disorders, including intellectual disability, cerebral palsy, epilepsy, dementia, Parkinson’s disease, and mental illness. At least two hours of the 60 hours of classroom training shall address the special needs of persons with Alzheimer’s disease and related dementias.

(4) At least four hours of the 100 hours of supervised clinical training shall address the special needs of persons with developmental and mental disorders, including intellectual disability, cerebral palsy, epilepsy, Alzheimer’s disease and related dementias, and Parkinson’s disease.

(5) In a precertification training program subject to this subdivision, credit shall be given for the training received in an approved precertification training program adopted by another skilled nursing facility or intermediate care facility.

(6) This subdivision shall not apply to a skilled nursing facility or intermediate care facility that demonstrates to the department that it employs only nurse assistants with a valid certification.

(c) Continuing in-service training to ensure continuing competency in existing and new nursing skills.

(d) Each facility shall consider including training regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS).

(e) (1) The approved training program shall include, within the 60 hours of classroom training, a minimum of six hours of instruction on preventing, recognizing, and reporting instances of resident abuse utilizing those courses developed pursuant to Section 13823.93 of the Penal Code, and a minimum of one hour of instruction on preventing, recognizing, and reporting residents’ rights violations.

(2) A minimum of four hours of instruction on preventing, recognizing, and reporting instances of resident abuse, including instruction on preventing, recognizing, and reporting residents’ rights violations, shall be included within the total minimum hours of continuing education or in-service training required and in effect for certified nurse assistants.

SEC. 3. Section 1337.15 is added to the Health and Safety Code, immediately following Section 1337.1, to read:

1337.15. (a) A person who provides instruction or training, at a skilled nursing facility or intermediate care facility or in an educational institution,
as part of a certified nurse assistant precertification training program described in Section 1337.1 or 1337.3 may be any licensed vocational nurse or registered nurse with no less than two years of nursing experience, of which no less than one year is in providing care and services to chronically ill or elderly patients in an acute care hospital, skilled nursing facility, intermediate care facility, home care, hospice care, or other long-term care setting.

(b) Notwithstanding any other law, a person described in subdivision (a) shall not be required to hold a teaching credential to provide instruction as part of a certified nurse assistant precertification training program described in Section 1337.1 or 1337.3.

SEC. 4. Section 1337.16 is added to the Health and Safety Code, immediately following Section 1337.15, to read:

1337.16. (a) An online or distance learning nurse assistant training program shall comply with all of the following requirements:

(1) Provide online instruction in which the trainees and the approved instructor are online at the same or similar times and which allows them to use real-time collaborative software that combines audio, video, file sharing, or any other forms of approved interaction and communication.

(2) Require the use of a personal identification number or personal identification information that confirms the identity of the trainees and instructors, including, but not limited to, having trainees sign an affidavit attesting under penalty of perjury to their identity while completing the program.

(3) Provide safeguards to protect personal information.

(4) Include policies and procedures to ensure that instructors are accessible to trainees outside of the normal instruction times.

(5) Include policies and procedures for equipment failures, student absences, and completing assignments past original deadlines.

(6) Provide a clear explanation on its Internet Web site of all technology requirements to participate and complete the program.

(7) Provide the department with statistics about the performance of trainees in the program, including, but not limited to, exam pass rate and the rate at which trainees repeat each module of the program, and any other information requested by the department regarding trainee participation in and completion of the program.

(b) In addition to the requirements set forth in subdivision (a), an online or distance learning nurse assistant training program shall meet the same standards as a traditional, classroom-based program, and comply with any other standard established by the department for online or distance learning nurse assistant training programs. Notwithstanding any other law, the department may, without taking any regulatory actions pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, implement, interpret, or make specific this section by means of an All Facilities Letter (AFL) or similar instruction.

(c) As a condition of approval by the department, an online or distance learning nurse assistant training program shall provide the department with
access rights to the program for the purposes of verifying that program complies with all requirements and allowing the department to monitor online or distance learning sessions.

SEC. 5. Section 1337.3 of the Health and Safety Code is amended to read:

1337.3. (a) The department shall prepare and maintain a list of approved training programs for nurse assistant certification. The list shall include training programs conducted by skilled nursing facilities or intermediate care facilities, as well as local agencies and education programs. In addition, the list shall include information on whether a training center is currently training nurse assistants, their competency test pass rates, and the number of nurse assistants they have trained. Clinical portions of the training programs may be obtained as on-the-job training, supervised by a qualified director of staff development or licensed nurse.

(b) It shall be the duty of the department to inspect a representative sample of training programs. The department shall protect consumers and students in any training program against fraud, misrepresentation, or other practices that may result in improper or excessive payment of funds paid for training programs. In evaluating a training center’s training program, the department shall examine each training center’s trainees’ competency test passage rate, and require each program to maintain an average 60 percent test score passage rate to maintain its participation in the program. The average test score passage rate shall be calculated over a two-year period. If the department determines that a training program is not complying with regulations or is not meeting the competency passage rate requirements, notice thereof in writing shall be immediately given to the program. If the program has not been brought into compliance within a reasonable time, the program may be removed from the approved list and notice thereof in writing given to it. Programs removed under this article shall be afforded an opportunity to request reinstatement of program approval at any time. The department’s district offices shall inspect facility-based centers as part of their annual survey.

(c) Notwithstanding Section 1337.1, the approved training program shall consist of at least the following:

1. A 16-hour orientation program to be given to newly employed nurse assistants prior to providing direct patient care, and consistent with federal training requirements for facilities participating in the Medicare or Medicaid programs.

2. (A) A precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and elder abuse recognition and reporting pursuant to subdivision (e) of Section 1337.1. The 60 classroom hours of training may be conducted within a skilled nursing facility, an intermediate care facility, or an educational institution or agency. A health facility, educational institution, or local agency may conduct the 60 classroom hours of training in an online or distance learning course format, as approved by the department.
(B) In addition to the 60 classroom hours of training required under subparagraph (A), the precertification program shall also consist of 100 hours of supervised and on-the-job training clinical practice. The 100 hours may consist of normal employment as a nurse assistant under the supervision of either the director of staff development or a licensed nurse qualified to provide nurse assistant training who has no other assigned duties while providing the training.

(3) At least two hours of the 60 hours of classroom training and at least four hours of the 100 hours of the supervised clinical training shall address the special needs of persons with developmental and mental disorders, including intellectual disability, Alzheimer’s disease, cerebral palsy, epilepsy, dementia, Parkinson’s disease, and mental illness.

(d) The department, in consultation with the State Department of Education and other appropriate organizations, shall develop criteria for approving training programs, that includes program content for orientation, training, inservice and the examination for testing knowledge and skills related to basic patient care services and shall develop a plan that identifies and encourages career ladder opportunities for certified nurse assistants. This group shall also recommend, and the department shall adopt, regulation changes necessary to provide for patient care when facilities utilize noncertified nurse assistants who are performing direct patient care. The requirements of this subdivision shall be established by January 1, 1989.

(e) On or before January 1, 2004, the department, in consultation with the State Department of Education, the American Red Cross, and other appropriate organizations, shall do the following:

(1) Review the current examination for approved training programs for certified nurse assistants to ensure the accurate assessment of whether a nurse assistant has obtained the required knowledge and skills related to basic patient care services.

(2) Develop a plan that identifies and encourages career ladder opportunities for certified nurse assistants, including the application of on-the-job postcertification hours to educational credits.

(f) A skilled nursing facility or intermediate care facility shall determine the number of specific clinical hours within each module identified by the department required to meet the requirements of subdivision (d), subject to subdivisions (b) and (c). The facility shall consider the specific hours recommended by the state department when adopting the precertification training program required by this chapter.

(g) This article shall not apply to a program conducted by any church or denomination for the purpose of training the adherents of the church or denomination in the care of the sick in accordance with its religious tenets.

(h) The Chancellor of the California Community Colleges shall provide to the department a standard process for approval of college credit. The department shall make this information available to all training programs in the state.

(i) An online or distance learning nurse assistant training program shall meet the same standards as a traditional, classroom-based program.
(j) An online nurse assistant training program shall contract with a licensed skilled nursing facility or intermediate care facility for the purpose of coordinating and completing the clinical portion of the nurse assistant training program.

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
Assembly Bill No. 2958

CHAPTER 881

An act to add Section 11123.5 to the Government Code, relating to state government.

[Approved by Governor September 28, 2018. Filed with Secretary of State September 28, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2958, Quirk. State bodies: meetings: teleconference.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. Existing law does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. Existing law, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, to identify each teleconference location in the notice and agenda, and to make each teleconference location accessible to the public. Existing law requires the agenda to provide an opportunity for members of the public to address the state body directly at each teleconference location, as specified.

This bill, for a state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body, would authorize an additional way of holding a meeting by teleconference, as prescribed, provided it also complies with all other applicable requirements of the Bagley-Keene Open Meeting Act. In this context, the bill would require a member of a state body participating by teleconference to be listed in the meeting minutes and that notice, as specified, identifying that member to be provided to the public at least 24 hours before the meeting. The bill would require a state body to designate a primary physical meeting location on that notice where members of the public may attend the meeting and participate, to include that information in the agenda of the meeting, and to post the agenda at the primary physical meeting location. The bill would require a quorum of the body’s members to be present at the primary physical meeting location and that decisions during the teleconference meeting be made by rollcall vote. The bill would require the state body, if a member participates remotely, to provide the public a way to hear the meeting or to observe it and to provide public notice, as specified, of how this would be done. Upon discovering that a means of remote access has failed during a meeting, the bill would require the body to end or adjourn the meeting, as specified, and would prescribe certain notice requirements and procedures in this connection.
The people of the State of California do enact as follows:

SECTION 1. Section 11123.5 is added to the Government Code, to read:
11123.5. (a) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section’s requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.

(b) A member of a state body as described in subdivision (a) who participates in a teleconference meeting from a remote location subject to this section’s requirements shall be listed in the minutes of the meeting.

(c) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its Internet Web site and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public. The notice of the meeting shall also identify the primary physical meeting location designated pursuant to subdivision (e).

(d) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (e), but is not required to disclose information regarding any remote location.

(e) A state body described in subdivision (a) shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. A quorum of the members of the state body shall be in attendance at the primary physical meeting location, and members of the state body participating remotely shall not count towards establishing a quorum. All decisions taken during a meeting by teleconference shall be by rollcall vote. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.

(f) When a member of a state body described in subdivision (a) participates remotely in a meeting subject to this section’s requirements, the state body shall provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting, including, if available, equal access equivalent to members of the state body participating remotely. The applicable teleconference phone number or Internet Web site, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (a) that is available to the public.
(g) Upon discovering that a means of remote access required by subdivision (f) has failed during a meeting, the state body described in subdivision (a) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting’s end or adjournment on its Internet Web site and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body’s agenda, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.

(h) For purposes of this section:

1. “Participate remotely” means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

2. “Remote location” means a location other than the primary physical location designated in the agenda of a meeting.

3. “Teleconference” has the same meaning as in Section 11123.

(i) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.
To the Members of the California State Assembly:

I am returning Assembly Bill 3115 without my signature.

This bill would permit local emergency medical services agencies to develop community paramedicine programs under prescribed state rules.

Through the health workforce pilot project started in 2014, local community paramedicine programs are using paramedics to assist in the transportation and care of patients in settings other than an emergency room. While this bill has the good intention of making the pilot project permanent, it restricts the types of facilities to which patients can be transported. It also limits the discretion of local governments to design and manage their projects in the way they think best.

I support these innovative local efforts and believe they should be expanded but without the restrictions contained in this bill. To achieve that, I am directing the continuation of the existing pilot project and encouraging all of the interested parties to work together to make this program permanent.

Sincerely,

Edmond G. Brown Jr.
SEP 30 2018

To the Members of the California State Senate:

I am returning Senate Bill 320 without my signature.

This bill requires every student health center at University of California and California State University campuses to offer medication abortions beginning January 1, 2022.

Access to reproductive health services, including abortion, is a long-protected right in California. According to a study sponsored by supporters of this legislation, the average distance to abortion providers in campus communities varies from five to seven miles, not an unreasonable distance.

Because the services required by this bill are widely available off-campus, this bill is not necessary.

Sincerely,

Edmund G. Brown Jr.
Senate Bill No. 820

CHAPTER 953

An act to add Section 1001 to the Code of Civil Procedure, relating to civil procedure.

[Approved by Governor September 30, 2018. Filed with Secretary of State September 30, 2018.]

LEGISLATIVE COUNSEL’S DIGEST


Existing law prohibits a provision in a settlement agreement that prevents the disclosure of factual information related to the action in a civil action with a factual foundation establishing a cause of action for civil damages for certain enumerated sexual offenses. Existing law prohibits a court from entering an order in any of these types of civil actions that restricts disclosure of this information, as specified, and it makes a provision in a settlement agreement that prevents the disclosure of factual information related to the action, entered into on or after January 1, 2017, void as a matter of law and against public policy.

This bill would prohibit a provision in a settlement agreement that prevents the disclosure of factual information relating to certain claims of sexual assault, sexual harassment, or harassment or discrimination based on sex, that are filed in a civil or administrative action. The bill would make a provision in a settlement agreement that prevents the disclosure of factual information related to the claim, as described in the bill, entered into on or after January 1, 2019, void as a matter of law and against public policy. The bill would also provide that a court may consider the pleadings and other papers in the record, or any other findings of the court in determining the factual foundation of the causes of action specified in these provisions. The bill would create an exception, not applicable if a party is a government agency or public official, for a provision that shields the identity of the claimant and all facts that could lead to the discovery of his or her identity, if the provision is included within the settlement agreement at the request of the claimant.

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

SECTION 1. Section 1001 is added to the Code of Civil Procedure, immediately preceding Section 1002, to read:

1001. (a) Notwithstanding any other law, a provision within a settlement agreement that prevents the disclosure of factual information related to a
claim filed in a civil action or a complaint filed in an administrative action, regarding any of the following, is prohibited:

1. An act of sexual assault that is not governed by subdivision (a) of Section 1002.
2. An act of sexual harassment, as defined in Section 51.9 of the Civil Code.
3. An act of workplace harassment or discrimination based on sex, or failure to prevent an act of workplace harassment or discrimination based on sex or an act of retaliation against a person for reporting harassment or discrimination based on sex, as described in subdivisions (h), (i), (j), and (k) of Section 12940 of the Government Code.
4. An act of harassment or discrimination based on sex, or an act of retaliation against a person for reporting harassment or discrimination based on sex, by the owner of a housing accommodation, as described in Section 12955 of the Government Code.

(b) Notwithstanding any other law, in a civil matter described in paragraphs (1) to (4), inclusive, of subdivision (a), a court shall not enter, by stipulation or otherwise, an order that restricts the disclosure of information in a manner that conflicts with subdivision (a).

(c) Notwithstanding subdivision (a) and (b), a provision that shields the identity of the claimant and all facts that could lead to the discovery of his or her identity, including pleadings filed in court, may be included within a settlement agreement at the request of the claimant. This subdivision does not apply if a government agency or public official is a party to the settlement agreement.

(d) Except as authorized by subdivision (c), a provision within a settlement agreement that prevents the disclosure of factual information related to the claim described in subdivision (a) that is entered into on or after January 1, 2019, is void as a matter of law and against public policy.

(e) This section does not prohibit the entry or enforcement of a provision in any agreement that precludes the disclosure of the amount paid in settlement of a claim.

(f) In determining the factual foundation of a cause of action for civil damages under subdivision (a), a court may consider the pleadings and other papers in the record, or any other findings of the court.
Senate Bill No. 1109

CHAPTER 693

An act to amend Sections 1645, 2190.5, 2191, 2196.2, 2454.5, 2746.51, 2836.1, 3059, and 3502.1 of, and to add Section 4076.7 to, the Business and Professions Code, to add Section 49476 to the Education Code, and to add Sections 11158.1 and 124236 to the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 22, 2018. Filed with Secretary of State September 22, 2018.]

LEGISLATIVE COUNSEL’S DIGEST

SB 1109, Bates. Controlled substances: Schedule II drugs: opioids.

(1) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons. Existing law requires a physician and surgeon to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. That act requires the board to give its highest priority to considering a course in pain management among its continuing education requirements for licensees, and requires the board to periodically develop and disseminate information and educational material on pain management techniques and procedures to licensees and general acute care hospitals.

This bill would require, for physicians and surgeons licensed on or after January 1, 2019, the mandatory continuing education course to also include the subject of the risks of addiction associated with the use of Schedule II drugs. The bill would require the board to give its highest priority to considering a course in the risks of addiction associated with the use of Schedule II drugs among its continuing education requirements for physicians and surgeons and would require the board to periodically develop and disseminate information and educational material on the risks of addiction associated with the use of Schedule II drugs to physicians and surgeons and general acute care hospitals.

(2) The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and makes a violation of its provisions a crime. Existing law authorizes a certified nurse-midwife to furnish or order drugs or devices under specified circumstances, including board certification that the certified nurse-midwife has completed a course in pharmacology, as specified.

This bill would require the pharmacology course to include the risks of addiction and neonatal abstinence syndrome associated with the use of opioids.
Existing law also authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances, including board certification that the nurse practitioner has completed a course in pharmacology, as specified. Existing law requires nurse practitioners who are authorized to furnish Schedule II controlled substances to complete a mandatory continuing education course in Schedule II controlled substances.

This bill would require the mandatory continuing education course to include the risks of addiction associated with their use.

By expanding the scope of a crime under the Nursing Practice Act, the bill would impose a state-mandated local program.

(3) The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board and authorizes a physician assistant to perform medical services as set forth by regulations when those services are rendered under the supervision of a licensed physician and surgeon, as specified. The act prohibits a physician assistant from administering, providing, or issuing a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that meets specific standards.

This bill would require that course to include the risks of addiction associated with the use of Schedule II controlled substances.

(4) The Pharmacy Law provides for the licensure and regulation of pharmacists, pharmacy technicians, and pharmacies by the California State Board of Pharmacy. Existing law requires the board to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. The act makes a violation of its provisions a crime.

This bill would require a pharmacy or practitioner dispensing an opioid to a patient for outpatient use to prominently display on the label or container a notice that warns of the risk of overdose and addiction, as specified. Because a violation of that requirement would be a crime, the bill would impose a state-mandated local program.

(5) The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs. The act authorizes the board, as a condition of license renewal, to require licentiates to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics.

This bill would include the risks of addiction associated with the use of Schedule II drugs in those specific areas of continuing education.

(6) Existing law, the Osteopathic Act, establishes the Osteopathic Medical Board of California, which issues certificates to, and regulates, osteopathic physicians and surgeons. Existing law requires the board to require each licensed osteopathic physician and surgeon to complete a minimum of 100 hours of American Osteopathic Association continuing education hours
during each 2-year cycle, of which 40 hours must be completed in American Osteopathic Association Category 1 continuing education hours as a condition for renewal of an active license.

This bill would additionally require licensed osteopathic physician and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs.

(7) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. The act requires an optometrist certified to use therapeutic pharmaceutical agents to complete a total of 50 hours of continuing education every 2 years in order to renew his or her certificate. Existing law requires 35 of the 50 hours of continuing education to be on the diagnosis, treatment, and management of ocular disease in any combination of specified areas, including pain medication.

This bill would expand the areas of continuing education to include risks of addiction associated with the use of Schedule II drugs.

(8) The California Uniform Controlled Substances Act classifies opioids as Schedule II controlled substances and places restrictions on the prescription of those drugs, including prohibiting refills and specifying the requirements of a prescription for these drugs. The act makes a violation of its provisions a crime.

This bill would require a prescriber to discuss specified information with the minor, the minor’s parent or guardian, or other adult authorized to consent to the minor’s medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid. This bill would provide that a violation of these requirements is not a criminal offense.

(9) Existing law requires a school district, charter school, or private school that elects to offer an athletic program to take specified actions if an athlete is suspected to have sustained a concussion and to obtain a signed concussion and head injury information sheet from the athlete and athlete’s parent or guardian before the athlete initiates practice or competition.

This bill would require a youth sports organization, as defined, that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require each athlete and his or her parent to sign a document acknowledging receipt of that factsheet, as specified.

(10) Existing law requires a youth sports organization, as defined, that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require each athlete and his or her parent to sign a document verifying receipt of that factsheet, as specified.
This bill would incorporate additional changes to Section 1645 of the Business and Professions Code proposed by SB 1491 to be operative only if this bill and SB 1491 are enacted and this bill is enacted last.

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

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

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

SECTION 1. The Legislature finds and declares all of the following:
(a) Addiction, misuse, and overdose of prescription opioids is a public health crisis affecting both adults and children.
(b) Urgent measures are needed to better inform the public of the risks associated with both the long-term and short-term use of opioids in an effort to address this problem.
(c) Both short-term and long-term prescriptions of opioids to minors fall within situations that require counseling of patients and their parents or guardians by their prescribers.
(d) It is the intent of the Legislature to ensure that health care providers and young athletes receive necessary education on this topic.
SEC. 2. Section 1645 of the Business and Professions Code is amended to read:
1645. (a) Effective with the 1974 license renewal period, if the board determines that the public health and safety would be served by requiring all holders of licenses under this chapter to continue their education after receiving a license, it may require, as a condition to the renewal thereof, that they submit assurances satisfactory to the board that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dentistry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the
continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

SEC. 2.5. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with the regulations of the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.
SEC. 3. Section 2190.5 of the Business and Professions Code is amended to read:

2190.5. (a) (1) All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians and surgeons licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify completion of this requirement on the renewal application form.

(2) For physicians and surgeons licensed on or after January 1, 2019, the course described in paragraph (1) shall also include the subject of the risks of addiction associated with the use of Schedule II drugs.

(b) By regulatory action, the board may exempt physicians and surgeons by practice status category from the requirement in subdivision (a) if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians and surgeons practicing in pathology or radiology specialty areas.

SEC. 4. Section 2191 of the Business and Professions Code is amended to read:

2191. (a) In determining its continuing education requirements, the board shall consider including a course in human sexuality, defined as the study of a human being as a sexual being and how he or she functions with respect thereto, and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

(b) The board shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.

(c) The board shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.

(d) The board shall encourage every physician and surgeon to take nutrition as part of his or her continuing education, particularly a physician and surgeon involved in primary care.

(e) The board shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.

(f) In determining its continuing education requirements, the board shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.

(g) In determining its continuing education requirements, the board shall consider including a course in the special care needs of drug addicted infants.
to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.

(h) In determining its continuing education requirements, the board shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. In the event the board establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.

(i) In determining its continuing education requirements, the board shall consider including a course in the special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:

1. Pain and symptom management.
2. The psycho-social dynamics of death.
3. Dying and bereavement.
4. Hospice care.

(j) In determining its continuing education requirements, the board shall give its highest priority to considering a course on pain management and the risks of addiction associated with the use of Schedule II drugs.

(k) In determining its continuing education requirements, the board shall consider including a course in geriatric care for emergency room physicians and surgeons.

SEC. 5. Section 2196.2 of the Business and Professions Code is amended to read:

2196.2. The board shall periodically develop and disseminate information and educational material regarding pain management techniques and procedures, including the risks of addiction associated with the use of Schedule II drugs, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health in developing the materials to be distributed pursuant to this section.

SEC. 6. Section 2454.5 of the Business and Professions Code is amended to read:

2454.5. In order to ensure the continuing competence of licensed osteopathic physicians and surgeons, the board shall adopt and administer standards for the continuing education of those licensees. The board shall require each licensed osteopathic physician and surgeon to demonstrate satisfaction of the continuing education requirements as a condition for the renewal of a license at intervals of not less than one year nor more than two years. Commencing January 1, 2018, the board shall require each licensed osteopathic physician and surgeon to complete a minimum of 100 hours of American Osteopathic Association continuing education hours during each two-year cycle, of which 40 hours shall be completed in American Osteopathic Association Category 1 continuing education hours and the remaining 60 hours shall be either American Osteopathic Association or
American Medical Association accredited as a condition for renewal of an active license. Licensed osteopathic physicians and surgeons shall complete a course on the risks of addiction associated with the use of Schedule II drugs.

For purposes of this section, “American Osteopathic Association Category 1” means continuing education activities and programs approved for Category 1 credit by the Committee on Continuing Medical Education of the American Osteopathic Association.

SEC. 7. Section 2746.51 of the Business and Professions Code is amended to read:

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

(1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following:

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

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

(C) Care rendered, consistent with the certified nurse-midwife’s educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

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

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

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

(C) The extent of physician and surgeon supervision.

(D) The method of periodic review of the certified nurse-midwife’s competence, including peer review, and review of the provisions of the standardized procedure.
(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. For purposes of this section, no physician and surgeon shall supervise more than four certified nurse-midwives at one time. Physician and surgeon supervision shall be construed to require the physical presence of the physician, but does include all of the following:

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

(B) Approval of the standardized procedure or protocol.

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

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

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section, including the risks of addiction and neonatal abstinence syndrome associated with the use of opioids. The board shall establish the requirements for satisfactory completion of this paragraph.

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

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

(5) Certified nurse-midwives who are certified by the board and hold an active furnishing number, who are currently authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration
shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

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

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in paragraphs (2) to (4), inclusive, of subdivision (a) and in paragraphs (1) to (3), inclusive, of subdivision (b).

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

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

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

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

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

SEC. 8. Section 2836.1 of the Business and Professions Code is amended to read:

2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner’s educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized
procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provisions of the standardized procedure.

(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

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

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

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

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

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

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

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

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

SEC. 9. Section 3059 of the Business and Professions Code is amended to read:

3059. (a) It is the intent of the Legislature that the public health and safety would be served by requiring all holders of licenses to practice optometry granted under this chapter to continue their education after receiving their licenses. The board shall adopt regulations that require, as a condition to the renewal thereof, that all holders of licenses submit proof satisfactory to the board that they have informed themselves of the developments in the practice of optometry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

(b) The board may, in accordance with the intent of this section, make exceptions from continuing education requirements for reasons of health, military service, or other good cause.

(c) If for good cause compliance cannot be met for the current year, the board may grant exemption of compliance for that year, provided that a plan of future compliance that includes current requirements as well as makeup of previous requirements is approved by the board.

(d) The board may require that proof of compliance with this section be submitted on an annual or biennial basis as determined by the board.

(e) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3 shall complete a total of 50 hours of continuing education every two years in order to renew his or her certificate. Thirty-five of the required 50 hours of continuing education shall be on the diagnosis, treatment, and management of ocular disease in any combination of the following areas:

(1) Glaucoma.
(2) Ocular infection.
(3) Ocular inflammation.
(4) Topical steroids.
(5) Systemic medication.
(6) Pain medication, including the risks of addiction associated with the use of Schedule II drugs.

(f) The board shall encourage every optometrist to take a course or courses in pharmacology and pharmaceuticals as part of his or her continuing education.

(g) The board shall consider requiring courses in child abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected children.

(h) The board shall consider requiring courses in elder abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected elder persons.

SEC. 10. Section 3502.1 of the Business and Professions Code is amended to read:

3502.1. (a) In addition to the services authorized in the regulations adopted by the Medical Board of California, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient’s record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

(b) “Drug order,” for purposes of this section, means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order
of the supervising physician, (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant shall not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances, including the risks of addiction associated with their use. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant’s use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon’s practice.

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient’s medical record in a health facility or medical practice, shall contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient’s medical record in a health facility or a medical practice, shall include the federal controlled substances registration number.
number of the physician assistant and shall otherwise comply with Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon’s prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The supervising physician and surgeon shall use either of the following mechanisms to ensure adequate supervision of the administration, provision, or issuance by a physician assistant of a drug order to a patient for Schedule II controlled substances:

(1) The medical record of any patient cared for by a physician assistant for whom the physician assistant’s Schedule II drug order has been issued or carried out shall be reviewed, countersigned, and dated by a supervising physician and surgeon within seven days.

(2) If the physician assistant has documentation evidencing the successful completion of an education course that covers controlled substances, and that controlled substance education course (A) meets the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, and (B) is provided either by an accredited continuing education provider or by an approved physician assistant training program, the supervising physician and surgeon shall review, countersign, and date, within seven days, a sample consisting of the medical records of at least 20 percent of the patients cared for by the physician assistant for whom the physician assistant’s Schedule II drug order has been issued or carried out. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established in Section 1399.612 of Title 16 of the California Code of Regulations. Physician assistants who have a certificate of completion of the course described in paragraph (2) of subdivision (c) shall be deemed to have met the education course requirement of this subdivision.

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

(g) The board shall consult with the Medical Board of California and report during its sunset review required by Article 7.5 (commencing with Section 9147.7) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.

SEC. 11. Section 4076.7 is added to the Business and Professions Code, to read:

4076.7. In addition to the requirements of Sections 4076 and 4076.5, whenever a prescription drug containing an opioid is dispensed to a patient
for outpatient use, the pharmacy or practitioner dispensing the drug shall prominently display on the label or container, by means of a flag or other notification mechanism attached to the container, a notice that states “Caution: Opioid. Risk of overdose and addiction.”

SEC. 12. Section 49476 is added to the Education Code, to read:

49476. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete’s parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.

SEC. 13. Section 11158.1 is added to the Health and Safety Code, to read:

11158.1. (a) Except when a patient is being treated as set forth in Sections 11159, 11159.2, and 11167.5, and Article 2 (commencing with Section 11215) of Chapter 5, pertaining to the treatment of addicts, or for a diagnosis of chronic intractable pain as used in Section 124960 of this code and Section 2241.5 of the Business and Professions Code, a prescriber shall discuss all of the following with the minor, the minor’s parent or guardian, or another adult authorized to consent to the minor’s medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid:

(1) The risks of addiction and overdose associated with the use of opioids.

(2) The increased risk of addiction to an opioid to an individual who is suffering from both mental and substance abuse disorders.

(3) The danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant.

(4) Any other information required by law.

(b) This section does not apply in any of the following circumstances:

(1) If the minor’s treatment includes emergency services and care as defined in Section 1317.1.

(2) If the minor’s treatment is associated with or incident to an emergency surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis.

(3) If, in the prescriber’s professional judgment, fulfilling the requirements of subdivision (a) would be detrimental to the minor’s health or safety, or in violation of the minor’s legal rights regarding confidentiality.

(c) Notwithstanding any other law, including Section 11374, failure to comply with this section shall not constitute a criminal offense.
SEC. 14. Section 124236 is added to the Health and Safety Code, to read:

124236. (a) A youth sports organization, as defined in paragraph (3) of subdivision (b) of Section 124235, that elects to offer an athletic program shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete’s parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the youth sports organization before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section shall apply to all athletes participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

SEC. 15. Section 2.5 of this bill incorporates amendments to Section 1645 of the Business and Professions Code proposed by both this bill and Senate Bill 1491. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 1645 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1491, in which case Section 2 of this bill shall not become operative.

SEC. 16. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
SEP 28 2018

To the Members of the California State Senate:

I am returning Senate Bill 1127 without my signature.

This bill permits local schools to adopt policies regarding the use of medical marijuana by students on school grounds.

This bill is overly broad as it applies to all students instead of limited cases where a doctor recommends medical marijuana for a student in order to prevent or reduce the effects of a seizure. Generally, I remain concerned about the exposure of marijuana on youth and am dubious of its use for youth for all ailments. This bill goes too far -- further than some research has -- to allow use of medical marijuana for youth. I think we should pause before going much further down this path.

Sincerely,

Edmund G. Brown Jr.
Senate Bill No. 1137

CHAPTER 414

An act to add Section 714 to the Military and Veterans Code, relating to veterans.

[Approved by Governor September 14, 2018. Filed with Secretary of State September 14, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1137, Vidak. Veterans: professional licensing benefits.

Existing law establishes the Department of Veterans Affairs, which is responsible for administering various programs and services for the benefit of veterans. Existing law establishes the Department of Consumer Affairs within the Business, Consumer Services, and Housing Agency. Existing law provides for a variety of state benefits to veterans.

This bill would require the Department of Veterans Affairs and the Department of Consumer Affairs to, in consultation with each other, take appropriate steps to increase awareness regarding professional licensing benefits available to veterans and their spouses, as specified.

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

SECTION 1. Section 714 is added to the Military and Veterans Code, to read:

714. (a) The Department of Veterans Affairs and the Department of Consumer Affairs shall both, in consultation with each other, take appropriate steps to increase awareness regarding professional licensing benefits available to veterans and their spouses.

(b) The awareness efforts in subdivision (a) shall include, but not be limited to, both of the following:

1. Posting information and resources on each department’s respective Internet Web site.

2. Including information about these benefits in any communications that these agencies have with veterans when it is appropriate.
Senator Bill No. 1152

CHAPTER 981

An act to amend, repeal, and add Section 1262.5 of the Health and Safety Code, relating to public health.

[Approved by Governor September 30, 2018. Filed with Secretary of State September 30, 2018.]

LEGISLATIVE COUNSEL’S DIGEST

SB 1152, Hernandez. Hospital patient discharge process: homeless patients.

(1) Existing law requires the State Department of Public Health to license and regulate general acute care hospitals, acute psychiatric hospitals, and special hospitals. Existing law requires these hospitals to comply with specific statutory provisions for standards of care and regulations promulgated by the department, and a violation of these provisions or regulations is a crime. Existing law requires each hospital to have a written discharge planning policy and process that requires that the appropriate arrangements for posthospital care are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.

This bill would require each hospital to include a written homeless patient discharge planning policy and process within the hospital discharge policy, as specified. The bill would require a hospital to document specified information before discharging a homeless patient. The bill would, commencing on July 1, 2019, require a hospital to develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social service agencies in the region, health care providers, and nonprofit social service providers, as available, to assist with ensuring appropriate homeless patient discharge. The bill would also, commencing on July 1, 2019, require a hospital to maintain a log of homeless patients discharged and the destinations to which they were released after discharge, as specified, if any. The bill would specify how its provisions are to be construed in relation to local ordinances, codes, regulations, or orders related to the homeless patient discharge processes, and would exempt state hospitals under the jurisdiction of the State Department of State Hospitals from its provisions. Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.

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

SECTION 1. Section 1262.5 of the Health and Safety Code is amended to read:

1262.5. (a) Each hospital shall have a written discharge planning policy and process.

(b) The policy required by subdivision (a) shall require that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling.

(c) As part of the discharge planning process, the hospital shall provide each patient who has been admitted to the hospital as an inpatient with an opportunity to identify one family caregiver who may assist in posthospital care, and shall record this information in the patient’s medical chart.

(1) In the event that the patient is unconscious or otherwise incapacitated upon admittance to the hospital, the hospital shall provide the patient or patient’s legal guardian with an opportunity to designate a caregiver within a specified time period, at the discretion of the attending physician, following the patient’s recovery of consciousness or capacity. The hospital shall promptly document the attempt in the patient’s medical record.

(2) In the event that the patient or legal guardian declines to designate a caregiver pursuant to this section, the hospital shall promptly document this declination in the patient’s medical record, when appropriate.

(d) The policy required by subdivision (a) shall require that the patient’s designated family caregiver be notified of the patient’s discharge or transfer to another facility as soon as possible and, in any event, upon issuance of a discharge order by the patient’s attending physician. If the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital shall promptly document the attempted notification in the patient’s medical record.

(e) The process required by subdivision (a) shall require that the patient and family caregiver be informed of the continuing health care requirements following discharge from the hospital. The right to information regarding continuing health care requirements following discharge shall also apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient, if the patient is unable to make those decisions for himself or herself. The hospital shall provide an opportunity for the patient and his or her designated family caregiver to engage in the discharge planning process.
planning process, which shall include providing information and, when appropriate, instruction regarding the posthospital care needs of the patient. This information shall include, but is not limited to, education and counseling about the patient’s medications, including dosing and proper use of medication delivery devices, when applicable. The information shall be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver, consistent with the requirements of state and federal law, and shall include an opportunity for the caregiver to ask questions about the posthospital care needs of the patient.

(f) (1) A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient’s diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, and shall be signed by the physician.

(2) A copy of the transfer summary shall be given to the patient and the patient’s legal representative, if any, prior to transfer to a skilled nursing or intermediate care facility.

(g) A hospital shall establish and implement a written policy to ensure that each patient receives, at the time of discharge, information regarding each medication dispensed, pursuant to Section 4074 of the Business and Professions Code.

(h) A hospital shall provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient’s county of residence and appropriate to the needs and characteristics of the patient. At a minimum, this information shall include contact information for the area agency on aging serving the patient’s county of residence, local independent living centers, or other information appropriate to the needs and characteristics of the patient.

(i) A contract between a general acute care hospital and a health care service plan that is issued, amended, renewed, or delivered on or after January 1, 2002, shall not contain a provision that prohibits or restricts any health care facility’s compliance with the requirements of this section.

(j) Discharge planning policies adopted by a hospital in accordance with this section shall ensure that planning is appropriate to the condition of the patient being discharged from the hospital and to the discharge destination and meets the needs and acuity of patients.

(k) This section does not require a hospital to do any of the following:

1. Adopt a policy that would delay discharge or transfer of a patient.
2. Disclose information if the patient has not provided consent that meets the standards required by state and federal laws governing the privacy and security of protected health information.
3. Comply with the requirements of this section in an area of the hospital where clinical care is provided, unless medically indicated.
(l) This section does not supersede or modify any privacy and information security requirements and protections in federal and state law regarding protected health information or personally identifiable information, including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 300gg).

(m) For the purposes of this section, “family caregiver” means a relative, friend, or neighbor who provides assistance related to an underlying physical or mental disability but who is unpaid for those services.

(n) (1) Each hospital, as defined in subdivisions (a), (b), and (f) of Section 1250, shall include within its hospital discharge policy a written homeless patient discharge planning policy and process.

(2) The policy shall require a hospital to inquire about a patient’s housing status during the discharge planning process. Housing status may not be used to discriminate against a patient or prevent medically necessary care or hospital admission.

(3) The policy shall require an individual discharge plan for a homeless patient that helps prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The discharge planning shall be guided by the best interests of the homeless patient, his or her physical and mental condition, and the homeless patient’s preferences for placement. The homeless patient shall be informed of available placement options.

(4) Unless the homeless patient is being transferred to another licensed health facility, the policy shall require the hospital to identify a postdischarge destination for the homeless patient as follows, with priority given to identifying a sheltered destination with supportive services:

(A) A social services agency, nonprofit social services provider, or governmental service provider that has agreed to accept the homeless patient, if he or she has agreed to the placement. Notwithstanding paragraph (2) of subdivision (k) and subdivision (l), the hospital shall provide potential receiving agencies or providers written or electronic information about the homeless patient’s known posthospital health and behavioral health care needs and shall document the name of the person at the agency or provider who agreed to accept the homeless patient.

(B) The homeless patient’s residence. In the case of a homeless patient, “residence” for the purposes of this subparagraph means the location identified to the hospital by the homeless patient as his or her principal dwelling place.

(C) An alternative destination, as indicated by the homeless patient pursuant to the discharge planning process described in paragraph (3). The hospital shall document the destination indicated by the homeless patient or his or her representative.

(5) The policy shall require that information regarding discharge or transfer be provided to the homeless patient in a culturally competent manner and in a language that is understood by the homeless patient.

(o) The hospital shall document all of the following prior to discharging a homeless patient:
(1) The treating physician has determined the homeless patient’s clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designee has communicated postdischarge medical needs to the homeless patient.

(2) The homeless patient has been offered a meal, unless medically indicated otherwise.

(3) If the homeless patient’s clothing is inadequate, the hospital shall offer the homeless patient weather-appropriate clothing.

(4) The homeless patient has been referred to a source of followup care, if medically necessary.

(5) The homeless patient has been provided with a prescription, if needed, and, for a hospital with an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available.

(6) The homeless patient has been offered or referred to screening for infectious disease common to the region, as determined by the local health department.

(7) The homeless patient has been offered vaccinations appropriate to the homeless patient’s presenting medical condition.

(8) The treating physician has provided a medical screening examination and evaluation. If the treating physician determines that the results of the medical screening examination and evaluation indicate that followup behavioral health care is needed, the homeless patient shall be treated or referred to an appropriate provider. The hospital shall make a good faith effort to contact one of the following, if applicable:

- (A) The homeless patient’s health plan, if the homeless patient is enrolled in a health plan.
- (B) The homeless patient’s primary care provider, if the patient has identified one.
- (C) Another appropriate provider, including, but not limited to, the coordinated entry system.

(9) The homeless patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible.

(10) The hospital has offered the homeless patient transportation after discharge to the destination identified in paragraph (4) of subdivision (n), if that destination is within a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital. This requirement shall not be construed to prevent a hospital from offering transportation to a more distant destination.

(p) For purposes of this section, “homeless patient” has the same meaning as provided in Section 1262.4.

(q) Subdivisions (n) to (p), inclusive, do not apply to the state hospitals under the jurisdiction of the State Department of State Hospitals, as specified in Sections 4100 and 7200 of the Welfare and Institutions Code.
This section shall remain in effect only until July 1, 2019, and as of that date is repealed.

SEC. 2. Section 1262.5 is added to the Health and Safety Code, to read:

1262.5. (a) Each hospital shall have a written discharge planning policy and process.

(b) The policy required by subdivision (a) shall require that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling.

(c) As part of the discharge planning process, the hospital shall provide each patient who has been admitted to the hospital as an inpatient with an opportunity to identify one family caregiver who may assist in posthospital care, and shall record this information in the patient’s medical chart.

(1) In the event that the patient is unconscious or otherwise incapacitated upon admittance to the hospital, the hospital shall provide the patient or patient’s legal guardian with an opportunity to designate a caregiver within a specified time period, at the discretion of the attending physician, following the patient’s recovery of consciousness or capacity. The hospital shall promptly document the attempt in the patient’s medical record.

(2) In the event that the patient or legal guardian declines to designate a caregiver pursuant to this section, the hospital shall promptly document this declination in the patient’s medical record, when appropriate.

(d) The policy required by subdivision (a) shall require that the patient’s designated family caregiver be notified of the patient’s discharge or transfer to another facility as soon as possible and, in any event, upon issuance of a discharge order by the patient’s attending physician. If the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital shall promptly document the attempted notification in the patient’s medical record.

(e) The process required by subdivision (a) shall require that the patient and family caregiver be informed of the continuing health care requirements following discharge from the hospital. The right to information regarding continuing health care requirements following discharge shall also apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient, if the patient is unable to make those decisions for himself or herself. The hospital shall provide an opportunity for the patient and his or her designated family caregiver to engage in the discharge planning process, which shall include providing information and, when appropriate, instruction regarding the posthospital care needs of the patient. This information shall include, but is not limited to, education and counseling about the patient’s medications, including dosing and proper use of medication delivery devices, when applicable. The information shall be
provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver, consistent with the requirements of state and federal law, and shall include an opportunity for the caregiver to ask questions about the posthospital care needs of the patient.

(f) (1) A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient’s diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, and shall be signed by the physician.

(2) A copy of the transfer summary shall be given to the patient and the patient’s legal representative, if any, prior to transfer to a skilled nursing or intermediate care facility.

(g) A hospital shall establish and implement a written policy to ensure that each patient receives, at the time of discharge, information regarding each medication dispensed, pursuant to Section 4074 of the Business and Professions Code.

(h) A hospital shall provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient’s county of residence and appropriate to the needs and characteristics of the patient. At a minimum, this information shall include contact information for the area agency on aging serving the patient’s county of residence, local independent living centers, or other information appropriate to the needs and characteristics of the patient.

(i) A contract between a general acute care hospital and a health care service plan that is issued, amended, renewed, or delivered on or after January 1, 2002, shall not contain a provision that prohibits or restricts any health care facility’s compliance with the requirements of this section.

(j) Discharge planning policies adopted by a hospital in accordance with this section shall ensure that planning is appropriate to the condition of the patient being discharged from the hospital and to the discharge destination and meets the needs and acuity of patients.

(k) This section does not require a hospital to do any of the following:

(1) Adopt a policy that would delay discharge or transfer of a patient.

(2) Disclose information if the patient has not provided consent that meets the standards required by state and federal laws governing the privacy and security of protected health information.

(3) Comply with the requirements of this section in an area of the hospital where clinical care is provided, unless medically indicated.

(l) This section does not supersede or modify any privacy and information security requirements and protections in federal and state law regarding protected health information or personally identifiable information, including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 300gg).
(m) For the purposes of this section, “family caregiver” means a relative, friend, or neighbor who provides assistance related to an underlying physical or mental disability but who is unpaid for those services.

(n) (1) Each hospital, as defined in subdivisions (a), (b), and (f) of Section 1250, shall include within its hospital discharge policy a written homeless patient discharge planning policy and process.

(2) The policy shall require a hospital to inquire about a patient’s housing status during the discharge planning process. Housing status may not be used to discriminate against a patient or prevent medically necessary care or hospital admission.

(3) The policy shall require an individual discharge plan for a homeless patient that helps prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The discharge planning shall be guided by the best interests of the homeless patient, his or her physical and mental condition, and the homeless patient’s preferences for placement. The homeless patient shall be informed of available placement options.

(4) Unless the homeless patient is being transferred to another licensed health facility, the policy shall require the hospital to identify a postdischarge destination for the homeless patient as follows, with priority given to identifying a sheltered destination with supportive services:

(A) A social services agency, nonprofit social services provider, or governmental service provider that has agreed to accept the homeless patient, if he or she has agreed to the placement. Notwithstanding paragraph (2) of subdivision (k) and subdivision (l), the hospital shall provide potential receiving agencies or providers written or electronic information about the homeless patient’s known posthospital health and behavioral health care needs and shall document the name of the person at the agency or provider who agreed to accept the homeless patient.

(B) The homeless patient’s residence. In the case of a homeless patient, “residence” for the purposes of this subparagraph means the location identified to the hospital by the homeless patient as his or her principal dwelling place.

(C) An alternative destination, as indicated by the homeless patient pursuant to the discharge planning process described in paragraph (3). The hospital shall document the destination indicated by the homeless patient or his or her representative.

(5) The policy shall require that information regarding discharge or transfer be provided to the homeless patient in a culturally competent manner and in a language that is understood by the homeless patient.

(o) The hospital shall document all of the following prior to discharging a homeless patient:

(1) The treating physician has determined the homeless patient’s clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designee has communicated postdischarge medical needs to the homeless patient.
(2) The homeless patient has been offered a meal, unless medically indicated otherwise.

(3) If the homeless patient’s clothing is inadequate, the hospital shall offer the homeless patient weather-appropriate clothing.

(4) The homeless patient has been referred to a source of followup care, if medically necessary.

(5) The homeless patient has been provided with a prescription, if needed, and, for a hospital with an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available.

(6) The homeless patient has been offered or referred to screening for infectious disease common to the region, as determined by the local health department.

(7) The homeless patient has been offered vaccinations appropriate to the homeless patient’s presenting medical condition.

(8) The treating physician has provided a medical screening examination and evaluation. If the treating physician determines that the results of the medical screening examination and evaluation indicate that followup behavioral health care is needed, the homeless patient shall be treated or referred to an appropriate provider. The hospital shall make a good faith effort to contact one of the following, if applicable:

(A) The homeless patient’s health plan, if the homeless patient is enrolled in a health plan.

(B) The homeless patient’s primary care provider, if the patient has identified one.

(C) Another appropriate provider, including, but not limited to, the coordinated entry system.

(9) The homeless patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible.

(10) The hospital has offered the homeless patient transportation after discharge to the destination identified in paragraph (4) of subdivision (n), if that destination is within a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital. This requirement shall not be construed to prevent a hospital from offering transportation to a more distant destination.

(p) A hospital shall develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, health care providers, and nonprofit social services providers, as available, to assist with ensuring appropriate homeless patient discharge. The plan shall be updated annually and shall include all of the following:

(1) A list of local homeless shelters, including their hours of operation, admission procedures and requirements, client population served, and general scope of medical and behavioral health services available.

(2) The hospital’s procedures for homeless patient discharge referrals to shelter, medical care, and behavioral health care.
(3) The contact information for the homeless shelter’s intake coordinator.

(4) Training protocols for discharge planning staff.

(q) Each hospital shall maintain a log of homeless patients discharged and the destinations to which they were released after discharge pursuant to paragraph (10) of subdivision (o), if any. The hospital shall maintain evidence of completion of the homeless patient discharge protocol in the log or in the patient’s medical record.

(r) For purposes of this section, “homeless patient” has the same meaning as provided in Section 1262.4.

(s) It is the intent of the Legislature that nothing in this section shall be construed to preempt, limit, prohibit, or otherwise affect, the adoption, implementation, or enforcement of local ordinances, codes, regulations, or orders related to the homeless patient discharge processes, except to the extent that any such provision of law is inconsistent with the provisions of this section, and then only to the extent of the inconsistency. A local ordinance, code, regulation, or order is not deemed inconsistent with this section if it affords greater protection to homeless patients than the requirements set forth in this section. Where local ordinances, codes, regulations, or orders duplicate or supplement this section, this section shall be construed as providing alternative remedies and shall not be construed to preempt the field.

(t) Nothing in this section alters the health and social service obligations described in Section 17000 of the Welfare and Institutions Code.

(u) Subdivisions (n) to (t), inclusive, do not apply to the state hospitals under the jurisdiction of the State Department of State Hospitals, as specified in Sections 4100 and 7200 of the Welfare and Institutions Code.

(v) This section shall become operative on July 1, 2019.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
SEP 30 2018

To the Members of the California State Senate:

I am returning Senate Bill 1288 without my signature.

This bill requires the Department of Public Health to issue a specific penalty for violating nurse-to-patient ratio requirements.

California hospitals are regularly inspected to assure patient safety and quality of care. When violations are found, penalties are imposed based on an overall assessment of the severity and duration of the violations, including for any failure to meet the required staffing ratio.

Nurse-to-patient ratios are a vital part of the state’s regulatory scheme. Hospitals, however, are best evaluated in a comprehensive manner and I am reluctant to start singling out specific violations for a separate penalty.

Sincerely,

Edmund G. Brown Jr.
Senate Bill No. 1480

CHAPTER 571

An act to amend Sections 101.7, 328, 2064.5, 2065, 2135, 2428, 2499.5, 2529.1, 2529.5, 2529.6, 2708, 2816, 2892.6, 2895, 3047, 3147, 3680, 4518, 4548, 4604, 4809.7, 4830, 4836.2, and 11506 of, and to add Sections 1006.5, 2892.7, 4518.1, 4826.4, 4829.5, and 4841.2 to, the Business and Professions Code, to amend Sections 7000, 7103, 8731, 8778.5, 8785, 103775, and 103780 of the Health and Safety Code, and to amend an initiative act entitled “An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners, and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith” approved by voters on November 7, 1922, (the Chiropractic Act) by amending Sections 5 and 12 of the act, relating to professions and vocations, and making an appropriation therefor.

[Approved by Governor September 19, 2018. Filed with Secretary of State September 19, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1480, Hill. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs, specifies the various boards that comprise the department, and requires the boards to meet at least 3 times a year.

This bill would instead require the boards to meet at least 2 times a year.

(2) Existing law requires the Director of Consumer Affairs to implement complaint prioritization guidelines for boards to use in prioritizing their respective complaint and investigative workloads.

This bill would require the director to amend those guidelines to include the category of “allegations of serious harm to a minor,” as specified.

(3) Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. Existing law prohibits a postgraduate trainee, intern, resident, postdoctoral fellow, or instructor from engaging in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician’s and surgeon’s certificate issued by the board. Existing law provides an exemption to this provision and authorizes a graduate of an approved medical school to engage in the practice of medicine as a part of a postgraduate training program, as specified. Existing law, on and after January 1, 2020, limits to 12 months the practice of medicine, and receipt of compensation for that practice, by a medical school graduate as a part of an approved first-year postgraduate training program. Existing law, on and after January 1, 2020, limits to 27 months the practice of medicine, and receipt of compensation for that
practice, by a medical school graduate as a part of an approved residency or fellowship. Existing law, on and after January 1, 2020, requires all privileges and exemptions under these provisions to cease automatically if the resident or fellow fails to receive a license to practice medicine within 27 months from the commencement of the residency or fellowship or if the board denies his or her application for licensure. Existing law, on and after January 1, 2020, requires all approved postgraduate training that the medical school graduate has successfully completed in the United States or Canada to count toward the aggregate 39-month license exemption. Existing law, on and after January 1, 2020, requires a medical school graduate to successfully complete a minimum of 36 months of approved postgraduate training with at least 24 consecutive months in the same program to be eligible for a California physician’s and surgeon’s certificate.

This bill would, on and after January 1, 2020, delete the 12-month and 27-month limitations on the license exemptions for medical school graduates in first-year postgraduate training programs and residencies and fellowships, respectively. The bill would, on and after January 1, 2020, authorize the board, upon review of supporting documentation, to grant an extension beyond the 39-month license exemption to a postgraduate training licensee to successfully complete the 36 months of required approved postgraduate training. The bill would, on and after January 1, 2020, require an applicant who has successfully completed 36 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California to obtain his or her license within 90 days after beginning the program. The bill would, on and after January 1, 2020, replace the requirement that the 24 months in the postgraduate training program be consecutive with a requirement that there be successful progression through the 24 months.

The bill would, on and after January 1, 2020, require the program director for a postgraduate training program in California to report to the board, on a form approved by the board, and provide any supporting documents as required by the board, specified events regarding a postgraduate trainee’s status in the postgraduate program within 30 days of the event.

Existing law requires the board to issue a physician’s and surgeon’s certificate to an applicant who holds a specified license from another state or a Canadian province or Canadian provinces and who, in addition to meeting other requirements, has satisfactorily completed at least 2 years of approved postgraduate training or has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination. Existing law, on and after January 1, 2020, revises this provision to, among other things, exclude the applicant from licensure. This bill instead would continue to include such an applicant who meets the other requirements as revised on and after January 1, 2020.

Existing law authorizes a person who voluntarily cancels his or her license or fails to renew his or her license within 5 years after its expiration under the Medical Practice Act to apply for and obtain a new license upon
satisfaction of specified requirements, including satisfactory completing 2
years of approved postgraduate training.

This bill would instead require the person to satisfactorily complete 3
years of approved postgraduate training.

Existing law establishes various fees in connection with the issuance of
licenses under the Medical Practice Act, and requires those fees to be paid
into the State Treasury and credited to the Contingent Fund of the Medical
Board of California, available to the board for specified purposes upon
appropriation by the Legislature. Existing law requires that an applicant for
a physician’s and surgeon’s postgraduate training license be required to pay
only 50% of the initial license fee. Existing law requires the applicant to,
among other things, pay the reduced licensing fee to be considered for a
postgraduate training license.

This bill would instead require the applicant to pay a nonrefundable
application and processing fee.

(4) Existing law regulates the practice of podiatric medicine by the
California Board of Podiatric Medicine and prescribes various fees relating
to, among others, an application, licensure, and renewal. All revenue received
by the board is required to be deposited into the Board of Podiatric Medicine
Fund, which is available to the board upon appropriation by the Legislature.

This bill would revise those fee provisions by, among other things, deleting
the oral examination fee and increasing, until January 1, 2021, the amount
of the biennial renewal fee.

(5) Existing law, the Nursing Practice Act, regulates the practice of
nursing by the Board of Registered Nursing and authorizes the board to
appoint an executive officer.

This bill would authorize the executive officer to adopt a decision entered
by default and a stipulation for surrender of a license.

Existing law establishes various fees in connection with the issuance of
licenses under the act, and requires those fees to be deposited in the Board
of Registered Nursing Fund, available to the board upon appropriation by
the Legislature. Existing law establishes that the fee paid by a registered
nurse for an evaluation of his or her qualifications to use the title “public
health nurse” shall be not less than $500 or more than $1,500.

This bill would instead establish a fee for that purpose of not less than
$300 or more than $1,000, would establish a penalty for failure to renew a
certificate to practice as a public health nurse within the prescribed time,
and would require the Board of Registered Nursing to reimburse any
registered nurse who paid more than $300 for an evaluation between April
5, 2018, and December 31, 2018.

(6) Existing law, the Vocational Nursing Practice Act, provides for the
regulation of vocational nurses by the Board of Vocational Nursing and
Psychiatric Technicians of the State of California, establishes the Vocational
Nursing and Psychiatric Technician Fund, and makes those funds available
to the board upon appropriation by the Legislature. Existing law prescribes
various fees in connection with the issuance of licenses under the act and
requires the board to collect a biennial fee not to exceed $200 from a
continuing education course provider.

This bill would instead require the board to collect an initial approval and
a biennial renewal fee of $150 unless a higher fee, not to exceed $250, is
established by the board. The bill would also require the board to collect an
initial approval and a biennial renewal fee of $150, unless a higher fee, not
to exceed $250, is established by the board, from any provider of a course
in intravenous therapy, blood withdrawal, or intravenous therapy with blood
withdrawal. The bill would revise the fees and fee amounts to be assessed
under the act, including, but not limited to, application, examination, and
renewal fees.

(7) Existing law, the Optometry Practice Act, provides for the licensure
and regulation of the practice of optometry by the State Board of Optometry.
Existing law authorizes a person to renew an expired optometrist license
by paying specified fees and filing a form prescribed by the board. Existing
law, commencing July 1, 2018, requires the board to charge an applicant
for licensure a fee of $2, and an applicant for renewal a fee of $4, for
purposes of developing an interface with the National Practitioner Data
Bank.

This bill would also authorize the renewal of expired statements of
licensure, branch office licenses, and fictitious name permits by filing an
application for renewal and paying renewal and delinquency fees prescribed
by the board, and would make the National Practitioner Data Bank fee $4
for both licensure and renewal applicants.

(8) Existing law, the Naturopathic Doctors Act, provides for the regulation
of the practice of naturopathic medicine by the Naturopathic Medicine
Committee within the Osteopathic Medical Board of California. Existing
law establishes various fees in connection with the issuance of a license to
practice naturopathic medicine, which are deposited in the Naturopathic
Doctor’s Fund and are available to the committee upon appropriation by
the Legislature.

This bill would revise those provisions by, among other things, increasing
the application, initial licensing, and renewal fees, and establishing a fee
for a certified license verification.

(9) Existing law makes it unprofessional conduct for certain unlicensed
persons who have completed clinical training in psychoanalysis and are
registered to engage in psychoanalysis to use controlled substances,
dangerous drugs, or alcoholic beverages under prescribed circumstances,
including if the use impairs the ability of the registrant to practice safely.
Existing law requires an unlicensed person registered to engage in
psychoanalysis pursuant to those provisions to pay a sum not in excess of
$100 and a renewal fee not in excess of $50 to the Contingent Fund of the
Medical Board of California. Existing law requires the board to revoke the
exemption from licensure of any person who has been required to register
as a sex offender, as specified. Existing law makes all of the these provisions
inoperative on and after January 1, 2019.
This bill would delete the repeal of the above-specified provisions. By extending the term for an existing appropriation, the bill would make an appropriation.

(10) Existing law provides for the licensure and regulation of psychiatric technicians by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, and authorizes the board, if it adopts a continuing education program, to collect a fee from continuing education course providers. Existing law also prescribes various fees in connection with the issuance of a psychiatric technician license.

This bill would instead require the board, if it adopts a continuing education or blood withdrawal program, to collect an initial approval and a biennial renewal fee from a provider of a course in continuing education or blood withdrawal, as specified. The bill would also revise the fees and fee amounts required for licensure as a psychiatric technician.

(11) Existing law, the Massage Therapy Act, provides for the certification and regulation of massage therapists by the California Massage Therapy Council and requires an applicant for certification as a massage therapist to pass a massage and bodywork competency assessment examination.

This bill would make that examination requirement inoperative from January 1, 2019, until January 1, 2021.

(12) The Veterinary Medicine Practice Act regulates the practice of veterinary medicine by the Veterinary Medical Board and makes a violation of its provisions a crime. Existing law separately provides immunity from liability to a veterinarian or registered veterinary technician who renders services during certain states of emergency.

This bill would authorize a California-licensed veterinarian at a registered premises located within a 25-mile radius of any declared condition of emergency to, in good faith, provide veterinary services without establishing a veterinarian-client-patient relationship and dispense or prescribe a dangerous drug or device where failure to provide services or medications may result in loss of life or intense suffering. The bill would provide immunity from liability for a veterinarian providing those services.

Existing law excludes specified persons from the provisions regulating the practice of veterinary medicine, including veterinary medicine students in 2 specified schools of veterinary medicine who participate in diagnosis and treatment, as specified.

This bill would instead exclude students from any veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participate in diagnosis or treatment with direct supervision, or surgery with immediate supervision, subject to specified conditions.

Existing law provides for a veterinary assistant controlled substance permit issued by the Veterinary Medical Board to qualified applicants and authorizes the board to deny, revoke, or suspend a veterinary assistant controlled substance permit for specified reasons.

This bill would add to the list of reasons the conviction of a crime substantially related to the qualifications, functions, or duties of veterinary
medicine, veterinary surgery, or veterinary dentistry. The bill would also authorize the board, in addition to denial, revocation, or suspension, to issue a probationary veterinary assistant controlled substance permit.

The bill would prohibit a graduate of a veterinary college from performing animal health care tasks otherwise performed by a registered veterinary technician, except as specified, and would require a veterinarian to offer a consultation to the client each time he or she initially prescribes, dispenses, or furnishes a dangerous drug, as defined, to an animal patient in an outpatient setting. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.

Existing law requires the Veterinary Medical Board to establish a regular inspection program, and provides that the board is required to make every effort to inspect at least 20% of veterinary premises annually.

This bill would instead require the board to inspect at least 20% of veterinary premises annually.

(13) Existing law requires a person to meet specified requirements in order to use the title “certified common interest development manager,” and requires a certified common interest development manager to make specified disclosures to the board of directors of a common interest development before providing services to the common interest development. Existing law repeals those provisions governing certified common interest development managers on January 1, 2019.

This bill would delete the repeal provision, thereby extending those provisions indefinitely.

(14) Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners, which is composed of 7 members appointed by the Governor, and establishes an application fee of not more than $100 and, on and after January 1, 2019, a renewal fee of $250. Existing law authorizes the Legislature to fix the amounts of the fees payable by applicants and licensees, and directs the deposit of these fees into the State Board of Chiropractic Examiners’ Fund, a continuously appropriated fund.

This bill would delete the provisions providing for the application and renewal fees and would instead establish a schedule of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act, including, among others, application and renewal fees for licensure, fees to apply for approval for a continuing education course, and satellite office certificate fees. By increasing specified fees and establishing new fees for deposit into a continuously appropriated fund, the bill would make an appropriation.

(15) The bill would make technical changes to various provisions of the Business and Professions Code. The bill would also make technical changes to various provisions of the Health and Safety Code by eliminating cross-references to obsolete provisions governing cemeteries.

(16) 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.
Appropriation: yes.

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

SECTION 1. Section 101.7 of the Business and Professions Code is amended to read:

101.7. (a) Notwithstanding any other provision of law, boards shall meet at least two times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

(b) The director at his or her discretion may exempt any board from the requirement in subdivision (a) upon a showing of good cause that the board is not able to meet at least two times in a calendar year.

(c) The director may call for a special meeting of the board when a board is not fulfilling its duties.

(d) An agency within the department that is required to provide a written notice pursuant to subdivision (a) of Section 11125 of the Government Code, may provide that notice by regular mail, email, or by both regular mail and email. An agency shall give a person who requests a notice the option of receiving the notice by regular mail, email, or by both regular mail and email. The agency shall comply with the requester’s chosen form or forms of notice.

(e) An agency that plans to Web cast a meeting shall include in the meeting notice required pursuant to subdivision (a) of Section 11125 of the Government Code a statement of the board’s intent to Web cast the meeting. An agency may Web cast a meeting even if the agency fails to include that statement of intent in the notice.

SEC. 2. Section 328 of the Business and Professions Code is amended to read:

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

(b) Neither the Medical Board of California nor the California Board of Podiatric Medicine shall be required to utilize the guidelines implemented pursuant to subdivision (a).

(c) On or before July 1, 2019, the director shall amend the guidelines implemented pursuant to subdivision (a) to include the category of “allegations of serious harm to a minor” under the “urgent” or “highest priority” level.
SEC. 3. Section 1006.5 is added to the Business and Professions Code, to read:

1006.5. Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred seventy-one dollars ($371).
(b) Fee for initial license to practice chiropractic: one hundred eighty-six dollars ($186).
(c) Fee to renew an active or inactive license to practice chiropractic: three hundred thirteen dollars ($313).
(d) Fee to apply for approval as a continuing education provider: eighty-four dollars ($84).
(e) Biennial continuing education provider renewal fee: fifty-six dollars ($56).
(f) Fee to apply for approval of a continuing education course: fifty-six dollars ($56) per course.
(g) Fee to apply for a satellite office certificate: sixty-two dollars ($62).
(h) Fee to renew a satellite office certificate: thirty-one dollars ($31).
(i) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: three hundred seventy-one dollars ($371).
(j) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred eighty-six dollars ($186).
(k) Fee to renew a certificate of registration of a chiropractic corporation: thirty-one dollars ($31).
(l) Fee to file a chiropractic corporation special report: thirty-one dollars ($31).
(m) Fee to apply for approval as a referral service: five hundred fifty-seven dollars ($557).
(n) Fee for an endorsed verification of licensure: one hundred twenty-four dollars ($124).
(o) Fee for replacement of a lost or destroyed license: fifty dollars ($50).
(p) Fee for replacement of a satellite office certificate: fifty dollars ($50).
(q) Fee for replacement of a certificate of registration of a chiropractic corporation: fifty dollars ($50).
(r) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).
(s) Fee to apply for approval to serve as a preceptor: thirty-one dollars ($31).
(t) Fee to petition for reinstatement of a revoked license: three hundred seventy-one dollars ($371).
(u) Fee to petition for early termination of probation: three hundred seventy-one dollars ($371).
(v) Fee to petition for reduction of penalty: three hundred seventy-one dollars ($371).

SEC. 4. Section 2064.5 of the Business and Professions Code is amended to read:
2064.5. (a) Within 180 days after enrollment in a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician’s and surgeon’s postgraduate training license. To be considered for a postgraduate training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations, shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon a form provided by the board, and each application form shall contain a legal verification to be signed by the applicant verifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that he or she submits, that he or she is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221 of this code.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.
(b) The physician’s and surgeon’s postgraduate training license shall be valid until 90 days after the holder has successfully completed 36 months of board-approved postgraduate training. The physician’s and surgeon’s postgraduate training licensee may engage in the practice of medicine only in connection with his or her duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate training licensee’s file by the director of his or her program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

1. Diagnose and treat patients.
2. Prescribe medications without a cosigner, including prescriptions for controlled substances, if the training licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.
3. Sign birth certificates without a cosigner.
4. Sign death certificates without a cosigner.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician’s and surgeon’s certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate training license within 180 days after enrollment in a board-approved postgraduate training program or if the board denies his or her application for a postgraduate training license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate enrolled in a board-approved postgraduate training program on January 1, 2020, shall apply for and obtain a postgraduate training license by June 30, 2020, in order to continue in postgraduate training pursuant to Section 2065.

(g) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(h) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

(i) This section shall become operative on January 1, 2020.

SEC. 5. Section 2065 of the Business and Professions Code, as added by Section 29 of Chapter 775 of the Statutes of 2017, is amended to read:

2065. (a) Unless otherwise provided by law, no postgraduate trainee, intern, resident, postdoctoral fellow, or instructor may engage in the practice
of medicine, or receive compensation therefor, or offer to engage in the
practice of medicine unless he or she holds a valid, unrevoked, and
unsuspended physician’s and surgeon’s certificate issued by the board.
However, a graduate of an approved medical school may engage in the
practice of medicine whenever and wherever required as a part of a
postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved
medical licensing examinations required to qualify the applicant to participate
in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical
school approved by the board pursuant to Section 2084, the Educational
Commission for Foreign Medical Graduates (ECFMG) has submitted an
official ECFMG Certification Status Report directly to the board confirming
the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training
program approved by the board.

(4) The board-approved postgraduate training program has submitted
the required board-approved form to the board documenting the medical
school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician’s and surgeon’s
postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved first-year
postgraduate training program in accordance with this section may engage
in the practice of medicine whenever and wherever required as a part of the
training program, and may receive compensation for that practice.

(c) A graduate who has completed the first year of postgraduate training
may, in an approved residency or fellowship, engage in the practice of
medicine whenever and wherever required as part of that residency or
fellowship, and may receive compensation for that practice. The resident
or fellow shall qualify for, take, and pass the next succeeding written
examination for licensure. If the resident or fellow fails to receive a license
to practice medicine under this chapter within 27 months from the
commencement of the residency or fellowship, except as otherwise allowed
under subdivision (g) or (h), or if the board denies his or her application for
licensure, all privileges and exemptions under this section shall automatically
cease.

(d) All approved postgraduate training the medical school graduate has
successfully completed in the United States or Canada shall count toward
the 39-month license exemption, except as otherwise allowed under
subdivision (h).

(e) A medical school graduate from a medical school approved by the
board shall have successfully completed a minimum of 36 months of
approved postgraduate training, which includes successful progression
through 24 months in the same program, to be eligible for a California
physician’s and surgeon’s certificate.

(f) The program director for an approved postgraduate training program
in California shall report to the board, on a form approved by the board,
and provide any supporting documents as required by the board, the 
following actions within 30 days of the action:

(1) A postgraduate trainee is notified that he or she has received partial 
or no credit for a period of postgraduate training, and his or her postgraduate 
training period is extended.

(2) A postgraduate trainee takes a leave of absence or any break from 
his or her postgraduate training, and he or she is notified that his or her 
postgraduate training period is extended.

(3) A postgraduate trainee is terminated from the postgraduate training 
program.

(4) A postgraduate trainee resigns, dies, or otherwise leaves the 
postgraduate training program.

(5) A postgraduate trainee has completed a one-year contract approved 
by the postgraduate training program.

(g) Upon review of supporting documentation, the board, in its discretion, 
may grant an extension beyond 39 months to a postgraduate training licensee 
to successfully complete the 36 months of required approved postgraduate 
training.

(h) An applicant for a physician’s and surgeon’s license who has 
successfully completed 36 months of approved postgraduate training in 
another state or in Canada and who is accepted into an approved postgraduate 
training program in another state or in Canada and who is accepted into an approved 
postgraduate training program in California shall obtain his or her physician’s 
and surgeon’s license within 90 days after beginning that postgraduate 
training program or all privileges and exemptions under this section shall 
automatically cease.

(i) This section shall become operative on January 1, 2020.

SEC. 6. Section 2135 of the Business and Professions Code, as added 
by Section 64 of Chapter 775 of the Statutes of 2017, is amended to read:

2135. The board shall issue a physician’s and surgeon’s certificate to 
an applicant who meets all of the following requirements:

(a) The applicant holds an unlimited license as a physician and surgeon 
in another state or states, or in a Canadian province or Canadian provinces, 
which was issued upon:

(1) Successful completion of a resident course of professional instruction 
leading to a degree of medical doctor from a board-approved medical school 
pursuant to Section 2084.

(2) Taking and passing a written examination that is recognized by the 
board to be equivalent in content to that administered in California.

(b) The applicant has held an unrestricted license to practice medicine, 
in a state or states, in a Canadian province or Canadian provinces, or as a 
member of the active military, United States Public Health Services, or 
other federal program, for a period of at least four years. Any time spent by 
the applicant in an approved postgraduate training program or clinical 
fellowship acceptable to the board shall not be included in the calculation 
of this four-year period.
(c) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(d) The applicant (1) has satisfactorily completed at least one year of approved postgraduate training and is certified by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651, (2) has satisfactorily completed at least two years of approved postgraduate training, or (3) has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination.

(e) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(f) Any application received from an applicant who has held an unrestricted license to practice medicine, in a state or states, or Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program for four or more years shall be reviewed and processed pursuant to this section. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period. This subdivision does not apply to applications that may be reviewed and processed pursuant to Section 2151.

(g) This section shall become operative on January 1, 2020.

SEC. 7. Section 2428 of the Business and Professions Code is amended to read:

2428. (a) A person who voluntarily cancels his or her license or who fails to renew his or her license within five years after its expiration shall not renew it, but that person may apply for and obtain a new license if he or she:

(1) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(2) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the licensing authority that passes on the qualifications of applicants for the license that, with due regard for the public interest, he or she is qualified to practice the profession or activity for which the applicant was originally licensed.

(3) Pays all of the fees that would be required if application for licensure was being made for the first time.

The licensing authority may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without an examination pursuant to this section.

Nothing in this section shall be construed to authorize the issuance of a license for a professional activity or system or mode of healing for which licenses are no longer required.
(b) In addition to the requirements set forth in subdivision (a), an applicant shall establish that he or she meets one of the following requirements: (1) satisfactory completion of at least three years of approved postgraduate training; (2) certification by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; or (3) passing of the clinical competency written examination.

(c) Subdivision (a) shall apply to persons who held licenses to practice podiatric medicine except that those persons who failed to renew their licenses within three years after its expiration may not renew it, and it may not be reissued, reinstated, or restored, except in accordance with subdivision (a).

SEC. 8. Section 2499.5 of the Business and Professions Code is amended to read:

2499.5. The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be determined by the board and shall be as described below. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of one hundred dollars ($100) at the time the application is filed. If the applicant qualifies for a certificate, he or she shall pay a fee of one hundred dollars ($100).

(b) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars ($800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(c) Before January 1, 2021, the biennial renewal fee shall be one thousand one hundred dollars ($1,100). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(d) On and after January 1, 2021, the biennial renewal fee shall be nine hundred dollars ($900). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(e) The delinquency fee shall be one hundred fifty dollars ($150).

(f) The duplicate wall certificate fee shall be one hundred dollars ($100).

(g) The duplicate renewal receipt fee shall be fifty dollars ($50).

(h) The endorsement fee shall be thirty dollars ($30).
(i) The letter of good standing fee or for loan deferment shall be one hundred dollars ($100).

(j) There shall be a fee of one hundred dollars ($100) for the issuance of a resident’s license under Section 2475.

(k) The fee for approval of a continuing education course or program shall be two hundred fifty dollars ($250).

SEC. 9. Section 2529.1 of the Business and Professions Code is amended to read:

2529.1. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Section 2227 or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

SEC. 10. Section 2529.5 of the Business and Professions Code is amended to read:

2529.5. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the Medical Board of California at a sum not in excess of one hundred dollars ($100).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee to be fixed by the board at a sum not in excess of fifty dollars ($50). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter.

SEC. 11. Section 2529.6 of the Business and Professions Code is amended to read:

2529.6. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.
(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 12. Section 2708 of the Business and Professions Code is amended to read:

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

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

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

(d) The executive officer is authorized to adopt a decision entered by default and a stipulation for surrender of a license.

(e) This section shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SEC. 13. Section 2816 of the Business and Professions Code is amended to read:

2816. The nonrefundable fee to be paid by a registered nurse for an evaluation of his or her qualifications to use the title “public health nurse” shall not be less than three hundred dollars ($300) or more than one thousand dollars ($1,000). The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars ($125) and not more than five hundred dollars ($500). The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents ($62.50), and not more than two hundred fifty dollars ($250). All fees payable under this section shall be collected by and paid to the Board of Registered Nursing Fund. It is the intention of the Legislature that the costs of carrying out the purposes of this article shall be covered by the revenue collected pursuant to this section. The board shall refund any registered nurse who paid more than three hundred dollars ($300) for an evaluation of his or her qualifications to use the title “public health nurse” between April 5, 2018, and December 31, 2018.

SEC. 14. Section 2892.6 of the Business and Professions Code is amended to read:

2892.6. The board shall collect an initial approval fee and a biennial renewal fee of one hundred fifty dollars ($150) unless a higher fee, not to
exceed two hundred fifty dollars ($250), is established by the board, from any provider of a course in continuing education who requests approval by the board of such course for purposes of continuing education requirements under this chapter. That fee, however, shall in no event exceed that cost required for the board to administer the approval of continuing education courses by continuing education providers.

SEC. 15. Section 2892.7 is added to the Business and Professions Code, to read:

2892.7. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars ($150) unless a higher fee, not to exceed two hundred fifty dollars ($250), is established by the board, from any provider of a course in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal, who requests approval by the board of such a course for purposes of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal requirements under this chapter. That fee, however, shall not exceed the regulatory cost required for the board to administer the approval of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal courses by intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal providers.

SEC. 16. Section 2895 of the Business and Professions Code is amended to read:

2895. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved vocational nursing program shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as specified in subdivision (a) shall be two hundred fifty dollars ($250) unless a higher fee, not to exceed three hundred thirty dollars ($330), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase the examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board. In
addition, an assessment of five dollars ($5) shall be collected and credited
to the Vocational Nurse Education Fund, pursuant to Section 2895.5.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay
the biennial renewal fee within the prescribed time shall be one hundred
ten dollars ($110) unless a higher fee, not to exceed 50 percent of the regular
renewal fee and in no case no more than one hundred fifty dollars ($150),
is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee
in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars ($20)
unless a higher fee, not to exceed fifty dollars ($50), is established by the
board.

(j) The fee to be paid for a duplicate license or wall certificate shall be
in an amount not less than twenty-five dollars ($25) and may be fixed by
the board at an amount no more than fifty dollars ($50).

(k) The fee to be paid for verification of licensure papers to other states
shall be one hundred dollars ($100) unless a higher fee, not to exceed one
hundred fifty dollars ($150), is established by the board.

(l) The fee to be paid for postlicensure certification in intravenous therapy,
blood withdrawal, or intravenous therapy with blood withdrawal shall be
twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50),
is established by the board.

No further fee shall be required for a license or a renewal thereof other
than as prescribed by this chapter.

SEC. 17. Section 3047 of the Business and Professions Code is amended
to read:

3047. (a) The board shall develop an interface with the National
Practitioner Data Bank for the purpose of conducting inquiries on applicants
for licensure, applicants for renewal of licensure, and current licensees.

(b) The board shall limit its inquiries to both of the following:

(1) Whether an applicant or current licensee has been subject to discipline.

(2) Whether an applicant or current licensee has been the subject of an
action required to be reported to the National Practitioner Data Bank by
federal law.

(c) On and after July 1, 2018, the board shall charge, in addition to the
fees in Section 3152, an applicant for licensure and an applicant for renewal
of licensure four dollars ($4) for the purposes of this section.

SEC. 18. Section 3147 of the Business and Professions Code is amended
to read:

3147. (a) Except as otherwise provided by Section 114, an expired
optometrist license may be renewed at any time within three years after its
expiration, and a retired license issued for less than three years may be
reactivated to active status, by filing an application for renewal or
reactivation on a form prescribed by the board, paying all accrued and unpaid
renewal fees or reactivation fees determined by the board, paying any
delinquency fees prescribed by the board, and submitting proof of completion
of the required number of hours of continuing education for the last two
years, as prescribed by the board pursuant to Section 3059. Renewal or reactivation to active status under this section shall be effective on the date on which all of those requirements are satisfied. If so renewed or reactivated to active status, the license shall continue as provided in Sections 3146 and 3147.5.

(b) Expired statements of licensure, branch office licenses, and fictitious name permits issued pursuant to Sections 3070, 3077, and 3078, respectively, may be renewed at any time by filing an application for renewal, paying all accrued and unpaid renewal fees, and paying any delinquency fees prescribed by the board.

SEC. 19. Section 3680 of the Business and Professions Code is amended to read:

3680. (a) The application fee for a doctor of naturopathic medicine shall be no more than five hundred dollars ($500) and may be increased to not more than six hundred dollars ($600).
(b) The initial license fee shall be one thousand dollars ($1,000) and may be increased to not more than one thousand two hundred dollars ($1,200).
(c) The renewal fee for a license shall be one thousand dollars ($1,000) and may be increased to not more than one thousand two hundred dollars ($1,200).
(d) The late renewal fee for a license shall be two hundred twenty-five dollars ($225).
(e) The fee for processing fingerprint cards shall be the current fee charged by the Department of Justice.
(f) The fee for a duplicate or replacement license shall be thirty-eight dollars ($38).
(g) The fee for a certified license verification shall be thirty dollars ($30).

SEC. 20. Section 4518 of the Business and Professions Code is amended to read:

4518. In the event the board adopts a continuing education or blood withdrawal program, the board shall collect an initial approval and a biennial renewal fee as prescribed under Sections 4548 and 4518.1 from any provider of a course in continuing education or blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements adopted by the board. The fee, however, shall in no event exceed the cost required for the board to administer the approval of continuing education or blood withdrawal courses by continuing education or blood withdrawal providers.

SEC. 21. Section 4518.1 is added to the Business and Professions Code, to read:

4518.1. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars ($150) unless a higher fee, not to exceed two hundred fifty dollars ($250), is established by the board, from any provider of continuing education or a course to meet the certification requirements for blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements under this chapter. That fee, however, shall not
exceed the regulatory cost required for the board to administer the approval of continuing education or blood withdrawal by continuing education or blood withdrawal providers.

SEC. 22. Section 4548 of the Business and Professions Code is amended to read:

4548. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved school for preparation of psychiatric technicians shall be two hundred sixty-five dollars ($265) unless a higher fee, not to exceed three hundred forty-five dollars ($345), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as described in subdivision (a) shall be two hundred ninety-five dollars ($295) unless a higher fee, not to exceed three hundred seventy-five dollars ($375), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase an examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred sixty-five dollars ($265) unless a higher fee, not to exceed three hundred forty-five dollars ($345), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be one hundred ten dollars ($110) unless a higher fee, not to exceed 50 percent of the regular renewal fee and in no case more than one hundred fifty dollars ($150), is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

(j) The fee to be paid for a duplicate license or wall certificate shall be in an amount not less than twenty-five dollars ($25) and may be fixed by the board at an amount no more than fifty dollars ($50).

(k) The fee to be paid for processing verification of licensure papers to other states shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.
The fee to be paid for postlicensure certification in blood withdrawal shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

SEC. 23. Section 4604 of the Business and Professions Code is amended to read:

4604. (a) In order to obtain certification as a massage therapist, an applicant shall submit a written application and provide the council with satisfactory evidence that he or she meets all of the following requirements:

1. The applicant is 18 years of age or older.

2. The applicant has successfully completed the curricula in massage and related subjects totaling a minimum of 500 hours, or the credit unit equivalent, that incorporates appropriate school assessment of student knowledge and skills.

(A) Of the 500 hours, a minimum of 100 hours of instruction shall address anatomy and physiology, contraindications, health and hygiene, and business and ethics.

(B) All of the 500 hours shall be from approved schools. The council shall accept the 500 hours if, at the time all of the hours were completed, the school or schools were approved. The 500 hours may be completed at more than one approved school. Notwithstanding any other law, pursuant to its policies and procedures for approval of schools, the council shall accept hours earned by an applicant for certification as a massage therapist if those hours were completed before July 1, 2016, and were earned from a school providing education in this state that was unapproved by the council after July 1, 2016, based solely on the fact that the National Certification Board for Therapeutic Massage and Bodywork took denial or disciplinary action against the school. For purposes of this section, “unapproved” means that the council determined that it will not accept hours from a school toward certification.

3. The applicant has passed a massage and bodywork competency assessment examination that meets generally recognized psychometric principles and standards and that is approved by the council. The successful completion of this examination may have been accomplished before the date the council is authorized by this chapter to begin issuing certificates. This paragraph shall be inoperative commencing on January 1, 2019, and shall become operative on January 1, 2021.

4. The applicant has successfully passed a background investigation pursuant to Section 4606, and has not violated any of the provisions of this chapter.

5. All fees required by the council have been paid.

6. The council may issue a certificate to an applicant who meets the qualifications of this chapter if he or she holds a current and valid registration, certification, or license from any other state whose licensure requirements meet or exceed those defined within this chapter. If an applicant has received education at a school that is not approved by the council, the council shall have the discretion to give credit for comparable academic work completed by an applicant in a program outside of California.
(b) A certificate issued pursuant to this chapter and any identification card issued by the council shall be surrendered to the council by any certificate holder whose certificate is suspended or revoked.

SEC. 24. Section 4809.7 of the Business and Professions Code is amended to read:

4809.7. The board shall establish a regular inspection program that will provide for random, unannounced inspections and the board shall inspect at least 20 percent of veterinary premises on an annual basis.

SEC. 25. Section 4826.4 is added to the Business and Professions Code, to read:

4826.4. (a) A California-licensed veterinarian at premises registered in accordance with Section 4853 that is located within a 25-mile radius of any condition of emergency specified in Section 8558 of the Government Code may, in good faith, do both of the following in addition to any other acts authorized by law:

(1) Render necessary and prompt care and treatment to an animal patient without establishing a veterinarian-client-patient relationship if conditions are such that one cannot be established in a timely manner.

(2) Dispense or prescribe a dangerous drug or device, as defined in Section 4022, in reasonable quantities where failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Prior to refilling a prescription pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian.

(b) A veterinarian acting under this section shall make an appropriate record that includes the basis for proceeding under this section.

(c) A veterinarian who performs services pursuant to this section shall have immunity from liability pursuant to subdivision (b) of Section 8659 of the Government Code.

SEC. 26. Section 4829.5 is added to the Business and Professions Code, to read:

4829.5. (a) Each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in Section 4022, to an animal patient in an outpatient setting, the veterinarian shall offer to provide, in person or through electronic means, to the client responsible for the animal, or his or her agent, a consultation that includes the following information:

(1) The name and description of the dangerous drug.

(2) Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.

(3) Any special directions for proper use and storage.

(4) Actions to be taken in the event of a missed dose.

(5) If available, precautions and relevant warnings provided by the drug’s manufacturer, including common severe adverse effects of the drug.

(b) If requested, a veterinarian shall provide drug documentation, if available.
(c) A veterinarian may delegate to a registered veterinary technician or veterinary assistant the task of providing the consultation and drug documentation required by this section.

(d) It shall be noted in the medical record of the animal patient if the consultation described in this section is provided or declined by the client or his or her agent.

SEC. 27. Section 4830 of the Business and Professions Code is amended to read:

4830. (a) This chapter does not apply to:

(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.

(2) Veterinarians holding a current, valid license in good standing in another state or country who provide assistance to a California-licensed veterinarian and attend on a specific case. The California-licensed veterinarian shall maintain a valid veterinarian-client-patient relationship. The veterinarian providing the assistance shall not establish a veterinarian-client-patient relationship with the client by attending the case or at a future time and shall not practice veterinary medicine, open an office, appoint a place to meet patients, communicate with clients who reside within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient that is located within this state.

(3) Veterinarians called into the state by a law enforcement agency or animal control agency pursuant to subdivision (b).

(4) A student of a veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participates as part of his or her formal curriculum in the diagnosis and treatment with direct supervision, or in surgery with immediate supervision, provided all of the following requirements are met:

(A) The clinical training site has been approved by the university where the student is enrolled.

(B) The student has prior training in diagnosis, treatment, and surgery as part of the formal curriculum.

(C) The student is being supervised by a California-licensed veterinarian in good standing, as that term is defined in paragraph (1) of subdivision (b) of Section 4848.

(5) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless he or she is issued a license by the board.

(6) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.
(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency or animal control agency, as defined in Section 31606 of the Food and Agricultural Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter if the law enforcement agency or animal control agency determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of the investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation with a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purpose of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency or animal control agency determines that a longer period of time is necessary to complete the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

SEC. 28. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars ($100).
(c) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may deny, revoke, or suspend a veterinary assistant controlled substance permit, or, subject to terms and conditions deemed appropriate by the board, issue a probationary veterinary assistant controlled substance permit, for any of the following reasons:

1. The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.
2. Chronic inebriety or habitual use of controlled substances.
3. The applicant or permitholder has been convicted of a state or federal felony controlled substance violation.
4. Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.
5. Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry, in which case the record of the conviction shall be conclusive evidence.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.
(f) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (e).

(g) This section shall become operative on July 1, 2015.

SEC. 29. Section 4841.2 is added to the Business and Professions Code, to read:

4841.2. (a) Except as provided in subdivision (b), a graduate of a recognized veterinary college shall not perform animal health care tasks otherwise performed by a registered veterinary technician unless the graduate has obtained licensure or registration as otherwise required under this chapter.

(b) If, on or before January 1, 2020, a graduate of a recognized veterinary college has performed animal health care tasks otherwise performed by a registered veterinary technician, the graduate shall discontinue performing such duties on or after January 1, 2020, unless the graduate is issued a license or registration as otherwise required under this chapter.

SEC. 30. Section 11506 of the Business and Professions Code is amended to read:

11506. This part shall be subject to review by the appropriate policy committees of the Legislature.

SEC. 31. Section 7000 of the Health and Safety Code is amended to read:

7000. The definitions in this chapter apply to this division, Division 8 (commencing with Section 8100) and Division 102 (commencing with Section 102100) of this code and Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code.

SEC. 32. Section 7103 of the Health and Safety Code is amended to read:

7103. (a) Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee or registrant, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or both that imprisonment and fine.

(c) In addition, any person, registrant, or licensee described in subdivision (a) or (b) is liable to pay the person performing the duty in his or her stead treble the expenses incurred by the latter in making the interment, to be recovered in a civil action.

SEC. 33. Section 8731 of the Health and Safety Code is amended to read:
8731. (a) The cemetery authority may appoint a board of trustees of not less than three in number as trustees of its endowment care fund. The members of the board of trustees shall hold office subject to the direction of the cemetery authority.

(b) If within 30 days after notice of nonreceipt by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, the cemetery authority fails to file the report required by Section 7612.6 of the Business and Professions Code, or if the report is materially not in compliance with law or the endowment care fund is materially not in compliance with law, the cemetery authority may be required to appoint as sole trustee of its endowment care fund under Section 8733.5, any bank or trust company qualified under the provisions of the Banking Law (Division 1 (commencing with Section 99) of the Financial Code) to engage in the trust business. That requirement may be imposed by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, provided that the cemetery authority has received written notice of the alleged violation and has been given the opportunity to correct the alleged violation, and there has been a finding of a material violation in an administrative hearing.

(c) (1) Each member of the board of trustees shall provide signatory acknowledgment of understanding of the role of a trustee in managing trust funds in the following areas:

(A) Trustee duties, powers, and liabilities as contained in Part 4 (commencing with Section 16000) of Division 9 of the Probate Code.

(B) Reporting and regulatory requirements contained in Article 1.5 (commencing with Section 7611) of Chapter 12 of Division 3 of the Business and Professions Code.

(C) Provisions related to the care of active cemeteries contained in Chapter 5 (commencing with Section 8700) of Part 3 of Division 8.

(2) The signatory acknowledgment shall be retained by the cemetery authority during the duration of the trustee’s term of office.

SEC. 34. Section 8778.5 of the Health and Safety Code is amended to read:

8778.5. Each special care trust fund established pursuant to this article shall be administered in compliance with the following requirements:

(a) (1) The board of trustees shall honor a written request of revocation by the trustor within 30 days upon receipt of the written request.

(2) Except as provided in paragraph (3), the board of trustees upon revocation of a special care trust may assess a revocation fee on the earned income of the trust only, the amount of which shall not exceed 10 percent of the trust corpus, as set forth in subdivision (c) of Section 2370 of Title 16 of the California Code of Regulations.

(3) If, prior to or upon the death of the beneficiary of a revocable special care trust, the cemetery authority is unable to perform the services of the special care trust fund agreement, the board of trustees shall pay the entire trust corpus and all earned income to the beneficiary or trustor, or the legal
representative of either the beneficiary or trustor, without the imposition of a revocation fee.

(b) Notwithstanding subdivision (d) of Section 2370 of Title 16 of the California Code of Regulations, the board of trustees may charge an annual fee for administering a revocable special care trust fund, which may be recovered by administrative withdrawals from current trust income, but the total administrative withdrawals in any year shall not exceed 4 percent of the trust balance.

(c) Notwithstanding Section 8785, any person, partnership, or corporation who violates this section shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code, or by a civil fine not exceeding five hundred dollars ($500), or by both, as determined by the Cemetery and Funeral Bureau and shall not be guilty of a crime.

SEC. 35. Section 8785 of the Health and Safety Code is amended to read:

8785. Any person, partnership, or corporation administering, managing, or having responsibility for endowment care or special care funds who violates the provisions of this chapter relating to the collection, investment, or use of those funds shall be punished either by imprisonment in a county jail for a period not exceeding six months or by fine not exceeding five hundred dollars ($500), or by both such imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for 16 months, or two or three years. If the violator is a cemetery licensee or the holder of a certificate of authority, he, she, or it shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code.

SEC. 36. Section 103775 of the Health and Safety Code is amended to read:

103775. (a) Every person, except a parent informant for a certificate of live birth and as provided in subdivision (b), who is responsible for supplying information who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information affecting any certificate or record required by this part, is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who is responsible for supplying information and who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information with intent to defraud affecting a death certificate or record required by this part, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or by both that imprisonment and fine.
SEC. 37. Section 103780 of the Health and Safety Code is amended to read:

103780. (a) Every person, except as provided in subdivision (b), who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of birth, fetal death, or death, or marriage license, or any record established by this part is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of death, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or by both that imprisonment and fine.

SEC. 38. Section 5 of the Chiropractic Act, as amended by Section 1 of Chapter 533 of the Statutes of 1983, is amended to read:

Sec. 5. (a) It shall be unlawful for any person to practice chiropractic in this state without a license so to do.

(b) Any person wishing to practice chiropractic in this state shall make application to the board 45 days prior to any meeting thereof, upon such form and in such manner as may be provided by the board.

(c) Proof of graduation from an approved chiropractic school or college, as defined in Section 4, must reach the board 15 days prior to any meeting thereof.

(d) On and after January 1, 2019, each application must be accompanied by the fee specified in subdivision (a) of Section 1006.5 of the Business and Professions Code.

(e) Except in the cases herein otherwise prescribed, each applicant shall present to the board at the time of making such application a diploma from a high school and a transcript of 60 prechiropractic college credits satisfactory to the board, or proof, satisfactory to the board, of education equivalent in training power to such high school and college courses.

(f) The schedule of minimum educational requirements to enable any person to practice chiropractic in this state is as follows, except as herein otherwise provided:

Group 1

Anatomy, including embryology and histology..........................14%

Group 2

Physiology.....................................................................................6%

Group 3
Biochemistry and clinical nutrition.................................................................6%

Group 4

Pathology and bacteriology...............................................................10%

Group 5

Public health, hygiene and sanitation..............................................3%

Group 6

Diagnosis, dermatology, syphilology and geriatrics, and radiological technology, safety, and interpretation.................................................................18%

Group 7

Obstetrics and gynecology and pediatrics.........................................3%

Group 8

Principles and practice of chiropractic, physical therapy, psychiatry, and office procedure..............................................................................25%

Total...........................................................................................85%

Electives.............................................................................................15%

(g) Any applicant who had matriculated at a chiropractic college prior to the effective date of the amendments to this section submitted to the electors by the 1977–78 Regular Session of the Legislature shall meet all requirements that existed immediately prior to the effective date of those amendments but need not meet the change in requirements made by said amendments.

SEC. 39. Section 12 of the Chiropractic Act, as amended by Section 78 of Chapter 429 of the Statutes of 2017, is amended to read:

Sec. 12. (a) Licenses issued under the provisions of this section expire at 12 midnight on the last day of the month of birth of licentiates of the board.

(b) The board shall establish regulations for the administration of a birth month renewal program.

(c) A person practicing chiropractic within this state shall, on or before the last day of the person’s month of birth of each year, after a license is issued to the person under this act, pay to the Board of Chiropractic Examiners the renewal fee specified under subdivision (d).
(d) On and after January 1, 2019, the renewal fee shall be the amount specified in subdivision (c) of Section 1006.5 of the Business and Professions Code.

(e) The secretary shall mail to a licensed chiropractor in this state, on or before 60 days prior to the last day of the month of the licensee’s birth each year, a notice that the renewal fee will be due on or before the last day of the next month following the licensee’s birth. Nothing in this act shall be construed to require the receipts to be recorded in like manner as original licenses.

(f) The failure, neglect or refusal of a person holding a license or certificate to practice under this act in the State of California to pay the annual fee during the time the license remains in force shall, after a period of 60 days from the last day of the month of the licensee’s birth, automatically work a forfeiture of the license or certificate, and it shall not be restored except upon the written application therefor and the payment to the board of a fee of twice the annual amount of the renewal fee in effect at the time the restoration application is filed except that a licensee who fails, refuses, or neglects to pay the annual tax within a period of 60 days after the last day of the month of the licensee’s birth of each year shall not be required to submit to an examination for the reissuance of the certificate.

SEC. 40. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
Senate Concurrent Resolution No. 110

RESOLUTION CHAPTER 225

Senate Concurrent Resolution No. 110—Relative to sex characteristics.

[Filed with Secretary of State September 11, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SCR 110, Wiener. Sex characteristics.

This measure would, among other things, call upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics through the enactment of policies and procedures that ensure individualized, multidisciplinary care, as provided.

WHEREAS, Individuals born with variations in their physical sex characteristics may present with differences in genital anatomy, internal reproductive structures, chromosomes, or hormonal variations; and

WHEREAS, “Intersex” refers to the variety of different physical indicators that create these differences; and

WHEREAS, The majority of babies born with these variations are healthy or may not require medical intervention related to their physical sex characteristics immediately, if at all; and

WHEREAS, Beginning in the 1950s, physicians in the United States began performing irreversible surgeries on intersex infants without medical justification in an attempt to surgically and hormonally force them to conform to what these physicians perceived as typical male and female bodies; and

WHEREAS, These surgeries, which include unnecessary infant vaginoplasties, clitoral reductions and recessions, and removal of gonadal tissues, continue to this day; and

WHEREAS, These surgeries are often performed before a child can even speak or stand, meaning the intersex individual is excluded from the decision whether to undergo these irreversible procedures; and

WHEREAS, There is evidence that these surgeries cause severe psychological and physiological harm when performed without the informed consent of the individual; and

WHEREAS, These harms may include scarring, chronic pain, urinary incontinence, loss of sexual sensation and function, depression, post-traumatic stress disorder, suicidality, and incorrect gender assignment; and

WHEREAS, Despite that being born intersex is not a flaw or shortcoming, intersex people and their families across California report difficulties accessing competent medical care that does not emphasize surgery, such as one mother, a resident of California interviewed by Human Rights Watch,
who explained: “I just wish someone had said: ‘she’s OK, she’s perfectly healthy, there’s nothing wrong with her, surgery can happen later and here are some people who have been through your situation.’”; and

WHEREAS, The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment explained in 2013, “Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, ‘in an attempt to fix their sex,’ leaving them with permanent, irreversible infertility and causing severe mental suffering.”; and

WHEREAS, The United Nations High Commissioner for Human Rights explained in 2015, “medically unnecessary surgeries and other invasive treatment of intersex babies and children… are rarely discussed and even more rarely investigated or prosecuted… The result is impunity for the perpetrators; lack of remedy for victims; and a perpetuating cycle of ignorance and abuse… We need to bridge the gap between legislation and the lived realities of intersex people.”; and

WHEREAS, The World Health Organization explained, also in 2015, that intersex children have been “subjected to medically unnecessary, often irreversible, interventions that may have lifelong consequences for their physical and mental health, including irreversible termination of all or some of their reproductive and sexual capacity… Human rights bodies and ethical and health professional organizations have recommended that free and informed consent should be ensured in medical interventions for people with intersex conditions, including full information, orally and in writing, on the suggested treatment, its justification and alternatives.”; and

WHEREAS, Physicians for Human Rights has “called for an end to all medically unnecessary surgical procedures on intersex children before they are able to give meaningful consent to such surgeries.”; and

WHEREAS, Human Rights Watch concluded that these surgeries are “often catastrophic, the supposed benefits are largely unproven, and there are generally no urgent health considerations at stake. Procedures that could be delayed until intersex children are old enough to decide whether they want them are instead performed on infants who then have to live with the consequences for a lifetime.”; and

WHEREAS, The Intersex and Genderqueer Recognition Project, the preeminent organization in the United States to address the rights of people to self-identify as nonbinary on government-issued documents, was founded by intersex individuals and “envisions a world that recognizes that sex, gender identity, and sexual orientation have endless variations, with all possibilities valued and respected,” and consequently calls for a delay of all medically unnecessary procedures on intersex children until the individual can participate in the decision; and

WHEREAS, The United States Department of State has commemorated Intersex Awareness Day in both 2016 and 2017 by recognizing the harm of these surgeries, stating “at a young age, intersex persons routinely face
forced medical surgeries without free or informed consent. These interventions jeopardize their physical integrity and ability to live freely.”; and

WHEREAS, The largest intersex patient support group in the United States, the AIS-DSD Support Group, has called for a delay of all medically unnecessary procedures on intersex children until the individual can participate in the decision; and

WHEREAS, The largest advocacy organization in the United States dedicated exclusively to intersex advocacy, interACT: Advocates for Intersex Youth, was founded in Cotati, California and has called for a delay of all medically unnecessary procedures on intersex children until the individual can participate in the decision; and

WHEREAS, In light of ongoing advocacy by the intersex community, in 2005 the San Francisco Human Rights Commission performed an investigation into this topic and issued an indepth report, recommending that “‘normalizing’ interventions should not occur in infancy or childhood. Any procedures that are not medically necessary should not be performed unless the patient gives their legal consent.”; and

WHEREAS, Those subjected to medically unnecessary surgery at a young age express despair over the fact that they were unable to make these decisions for themselves, publishing about their experiences in major news outlets: “I know firsthand the devastating impact [these surgeries] can have, not just on our bodies but on our souls. We are erased before we can even tell our doctors who we are. Every human rights organization that has considered this practice has condemned it, some even to the point of recognizing it as akin to torture.”; and

WHEREAS, Physicians who have participated in these surgeries have also expressed remorse that their training did not properly prepare them to respect the bodily autonomy of intersex people, as a Stanford-educated urologist explains: “I know intersex women who have never experienced orgasm because clitoral surgery destroyed their sensation; men who underwent a dozen penile surgeries before they even hit puberty; people who had false vaginas created that scarred and led to a lifetime of pain during intercourse... the psychological damage caused by intervention is just as staggering, as evidenced by generations of intersex adults dealing with post-traumatic stress disorder, problems with intimacy and severe depression. Some were even surgically assigned a gender at birth, only to grow up identifying with the opposite gender.”; and

WHEREAS, Intersex young people who have been able to participate in these life-altering decisions are thriving, such as a young intersex San Francisco resident who was not forced to undergo surgery in infancy and instead participated in the decision at the age of 16, who told reporters that for them, surgery “was the right choice, but that’s very much an anomaly for intersex people... The important thing was that I was old enough to make that decision for myself.”; and

WHEREAS, When the physical health of an infant with atypical sex characteristics is threatened and medical attention cannot be safely deferred,
all therapeutic treatment options should remain available to children, families, and medical professionals to ensure that the imminent physical danger is addressed; and

WHEREAS, Medically unnecessary procedures, including all surgical procedures that seek to alter the gonads, genitals, or internal sex organs of children with atypical sex characteristics too young to participate in the decision, when those procedures carry both a meaningful risk of harm and can be safely deferred, are the sole subject of this resolution; and

WHEREAS, California should serve as a model of competent and ethical medical care and has a compelling interest in protecting the physical and psychological well-being of minors, including intersex youth; now, therefore, be it

*Resolved by the Senate of the State of California, the Assembly thereof concurring,* That the Legislature opposes all forms of prejudice, bias, or discrimination and affirms its commitment to the safety and security of all children, including those born with variations in their physical sex characteristics; and be it further

*Resolved,* That the Legislature considers intersex children a part of the fabric of our state’s diversity to be celebrated rather than an aberration to be corrected; and be it further

*Resolved,* That the Legislature recognizes that intersex children should be free to choose whether to undergo life-altering surgeries that irreversibly—and sometimes irreparably—cause harm; and be it further

*Resolved,* That the Legislature calls upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics, and the adults they will become, through the enactment of policies and procedures that ensure individualized, multidisciplinary care that respects the rights of the patient to participate in decisions, defers medical or surgical intervention, as warranted, until the child is able to participate in decisionmaking, and provides support to promote patient and family well-being; and be it further

*Resolved,* That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.
AGENDA ITEM: 9.1
DATE: November 15, 2018

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Barbara Yaroslavsky, Chairperson

COMPLAINT INTAKE UPDATE:

Staffing

The Complaint Intake Unit currently has one open position;

- **Office Technician** – This is a FY 2019 expansion position designated to assist Expert Practice referral and file room workload.
- The recruitment period for this position closed in early October and the position is scheduled to be filled in November.

Fiscal Year 2019 Complaint Intake Workload Volume, Year Ending 6/30/2018

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Complaints Received</td>
<td>4,374</td>
</tr>
<tr>
<td>Licensee Arrest &amp; Conviction Reports</td>
<td>1,456</td>
</tr>
<tr>
<td>Applicant Criminal Conviction Cases</td>
<td>3,903</td>
</tr>
<tr>
<td>Total Complaints Received (FY 17/18)</td>
<td>9,733</td>
</tr>
</tbody>
</table>

The Complaint Intake Unit workload experienced an all-time high volume of complaints in 2018.

Current Complaint Intake Workload, as of 10/15/2018

<table>
<thead>
<tr>
<th>Investigation Category</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint Intake Desk Investigations Pending</td>
<td>787</td>
</tr>
<tr>
<td>(CORI and Public Complaints, not-including field investigations)</td>
<td></td>
</tr>
<tr>
<td>Desk Investigations Pending &gt; 1 year</td>
<td>88</td>
</tr>
<tr>
<td>Cases Pending Expert Review</td>
<td>33</td>
</tr>
<tr>
<td>Applicant Desk Investigations Pending</td>
<td>399</td>
</tr>
<tr>
<td>Applicant Cases Pending &gt; 1 year</td>
<td>35</td>
</tr>
</tbody>
</table>

**INVESTIGATION PROGRAM UPDATE:**

Program

I continue weekly meetings between myself and DOI management to discuss workload issues and conduct second-level triage of case referrals. The focus on the workload has resulted in more efficient case movement.

**Summary Investigation Workload Statistics**

Cumulative Investigation Referrals - Fiscal Year 2019

<table>
<thead>
<tr>
<th>No. of Cases</th>
<th>Percent of all Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to DOI</td>
<td>118</td>
</tr>
<tr>
<td>Referred to BRN Investigation Unit</td>
<td>227</td>
</tr>
</tbody>
</table>

Active Investigation Caseload – October 30, 2018

<table>
<thead>
<tr>
<th>No. of Cases</th>
<th>Percent of Active Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOI Workload</td>
<td>422</td>
</tr>
<tr>
<td>BRN Investigation Unit</td>
<td>420</td>
</tr>
</tbody>
</table>

Cumulative Investigation Closures – Fiscal Year 2019

<table>
<thead>
<tr>
<th>Completed Investigation Reports</th>
<th>Average Days Investigation Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Investigation Closures</td>
<td>136</td>
</tr>
<tr>
<td>BRN Investigation Unit Closures</td>
<td>738</td>
</tr>
</tbody>
</table>

As of October 30, there are 68 DOI investigations and 27 BRN investigation over one year old.
COMMITTEE REQUESTED STATISTICS

The following is a summary of statistics presented at the past two IDC Meetings.

FOUR YEAR COMPLAINT WORKLOAD ANALYSIS

The committee has requested an analysis of the BRN’s complaint workload over the past four years. The following chart illustrates the increased volume of enforcement cases received in the last four fiscal years.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Complaints</td>
<td>3,302</td>
<td>2,991*</td>
<td>3,830</td>
<td>4,374</td>
<td>+ 32.0 %</td>
</tr>
<tr>
<td>Arrest/Conviction Complaints</td>
<td>1,061</td>
<td>1,412</td>
<td>1,429</td>
<td>1,456</td>
<td>+ 37.2 %</td>
</tr>
<tr>
<td>Applicants</td>
<td>2,318</td>
<td>2,970</td>
<td>3,769</td>
<td>3,903</td>
<td>+ 68.4 %</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,681</strong></td>
<td><strong>7,373</strong></td>
<td><strong>9,028</strong></td>
<td><strong>9,733</strong></td>
<td><strong>+ 45.6 %</strong></td>
</tr>
</tbody>
</table>

THREE-YEAR HISTORICAL APPLICANT WORKLOAD NUMBERS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Exam/Endorsement Applications Received</td>
<td>29,311</td>
<td>31,772</td>
<td>36,919</td>
<td>98,002</td>
</tr>
<tr>
<td>Enforcement Applicant Workload</td>
<td>2,318 (7.9%)</td>
<td>2,970 (9.3%)</td>
<td>3,769 (10.2%)</td>
<td>9,057 (9.2%)</td>
</tr>
<tr>
<td>Initial Denials</td>
<td>170 (7.3%)</td>
<td>172 (5.7%)</td>
<td>97 (2.5%)</td>
<td>439 (4.8%)</td>
</tr>
<tr>
<td>Denials Who Filed Appeals</td>
<td>129 (76%)</td>
<td>133 (77%)</td>
<td>74 (76%)</td>
<td>336 (76%)</td>
</tr>
</tbody>
</table>

(%) = Percentage of number immediately above.
Applicant Denial Appeals - Outcomes

Applicants have the right to appeal the Board’s initial denial determination. Appeals are referred to the Attorney General. A Statement of Issues (SOI) is served to the applicant, and the applicant may exercise their right to a hearing. Appeals may also be resolved through stipulated settlement. All final applicant discipline is reviewed and approved by the Board.

RN CHARACTERISTICS: THREE YEAR SUMMARY OF DISCIPLINARY ACTIONS

At the request of this committee, Board staff have reviewed all citations and formal disciplinary actions issued during the past three fiscal years, July 2015 through June 2018. The following tables and charts include summary information in response to this committee’s information requests.

For licenses with multiple actions during the review period, the highest level of action is reported. Therefore, these numbers do not represent the total number of disciplinary actions issued by the Board. These charts do represent the total number of licensees with disciplinary actions during the three-year reporting period.
### Three Year Summary of Disciplinary Actions

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citations</td>
<td>1,551</td>
</tr>
<tr>
<td>Public Reproval</td>
<td>241</td>
</tr>
<tr>
<td>Probation (post-suspension, incl. applicants granted)</td>
<td>530</td>
</tr>
<tr>
<td>Surrender*</td>
<td>433</td>
</tr>
<tr>
<td>Revocation*</td>
<td>642</td>
</tr>
<tr>
<td>Other/Unknown/Appealed</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total Number of Licensees with Any Action</strong></td>
<td>3,431</td>
</tr>
</tbody>
</table>

*Surrender and Revocations include some licensees previously on probation.

### RN AGE AT TIME OF THE INCIDENT

For all actions in the chart above, the RN’s average age at the time of the complaint incident was 47 years old. When Citations are removed, the RN’s average age at the time of the complaint incident remains 47 years old.

The **AGE AT TIME OF THE INCIDENT** data distribution for licensees with action is demonstrated in the following graphics.
For all complaints resulting in action, we determined the number of years from initial licensure, to the date of the complaint incident. RN’s with any action on their license had their licenses, on average, for 14 years before the incident resulting in Board action.

The NUMBER OF YEARS LICENSED AT TIME OF INCIDENT data distribution for licensees with action is demonstrated in the following graphic.

**PERSON TO CONTACT:**
Joseph Pacheco, Deputy Chief
Enforcement Division
Complaint Intake & Investigations
(916) 515-5268
AGENDA ITEM: 9.2  
DATE: November 15, 2018

ACTION REQUESTED: Discipline and Probation Program Update

REQUESTED BY: Barbara Yaroslavsky, Chairperson

PROBATION UNIT

There were four (4) probation monitor positions approved through the budget change proposal process effective July 1, 2018. All positions have been filled. There is a pending position for a limited term probation monitor, Associate Governmental Program Analyst (AGPA) to fill in for a monitor on leave of absence for a year. The position should be filled by end of November 2018.

Current caseloads are 92 cases per monitor. This includes all cases active and tolled.

The Enforcement Section recently hired a new nurse consultant, Debra Lewis. She is reviewing cases and requests for approval of probation employment and modifications. This has decreased the time for determination on approval of employment significantly. Requests for employment approval are now between 1.5-2 weeks.

Probation continues to consult and reassess our business processes and implement changes for efficiencies to facilitate more proactive monitoring of probation nurses.

Although probation is a disciplinary action and is often looked at as negative, many RNs who go through this process provide feedback regarding the program and how it has positively impacted their life. These are some recent comments received from probationers who have successfully completed the program:

“I am so grateful to you for your years of professionalism, guidance and support. When I started probation four years ago, I had lost everything. Today, I have more than I ever could have hoped for.”

“Thank you for everything, this has been a life changing experience – I appreciate your kindness throughout it. It has truly made me a better mom, better person! And of course, better nurse, I look forward to going out in the field again soon!”

Probation has teamed with SOLID to instruct the Probation Monitoring Module of DCA’s SOLID Enforcement Academy. The most recent course was held on Thursday, August 30, 2018, and was well received. The next class is scheduled for March 2019.

We recently conducted an audit of the reinstatements that were granted. The period was from March 2016 to current. We reviewed RNs that were placed on probation with conditions and the result was approximately 105 cases with the following outcomes:
<table>
<thead>
<tr>
<th>Action</th>
<th># of RN's</th>
<th>Violations of probation</th>
<th>40</th>
<th>Violations typically begin occurring within the first six months. Violations include but are not limited to: working without approval, not participating with the Board’s drug screening program, positive drug screens (alcohol, meth, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revocation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surrenders</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found not safe to practice</td>
<td>2</td>
<td></td>
<td></td>
<td>Resulting from a mental/physical evaluation</td>
</tr>
<tr>
<td>Pending subsequent actions</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active In-State Probationers</td>
<td>1,095</td>
<td>1,189</td>
<td>1,196</td>
<td>1,003</td>
<td>907</td>
</tr>
<tr>
<td># of Chemical Dependency Probationers</td>
<td>707</td>
<td>785</td>
<td>787</td>
<td>580</td>
<td>510</td>
</tr>
<tr>
<td>Tolved Out of State Probationers</td>
<td>290</td>
<td>345</td>
<td>380</td>
<td>394</td>
<td>393</td>
</tr>
<tr>
<td>Pending Cases at AGO for further discipline of licensure</td>
<td>128</td>
<td>91</td>
<td>130</td>
<td>107</td>
<td>89</td>
</tr>
<tr>
<td>Total Probationers</td>
<td>1,385</td>
<td>1,534</td>
<td>1,576</td>
<td>1,397</td>
<td>1,300</td>
</tr>
</tbody>
</table>

**CITE AND FINE**

We are currently fully staffed.

As of 11/02/2018, we have issued 220 fingerprint citations. Of those, we have received full payment on 33 and held 152 appeal conferences and 2 Administrative Hearing Appeals.

<table>
<thead>
<tr>
<th>Citation Information</th>
<th>FY 2015/16</th>
<th>FY 2016/17</th>
<th>FY 2017/2018</th>
<th>Current FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citations Issued</td>
<td>542</td>
<td>366</td>
<td>770</td>
<td>160</td>
</tr>
<tr>
<td>Amount Ordered</td>
<td>$299,638</td>
<td>$266,428</td>
<td>$519,133</td>
<td>$118,350.00</td>
</tr>
<tr>
<td>Amount Received</td>
<td>$253,974</td>
<td>$202,614</td>
<td>$391,233</td>
<td>$67,730.00</td>
</tr>
</tbody>
</table>

**DISCIPLINE UNIT**

We have two (1) analysts (SSA & AGPA) and (1) office technician (OT) vacancy and these should be
by end of November 2018.

We continue to transmit FastTrack (Out of State Discipline and Convictions) and Petition cases to the Attorney General’s Office, since July 20, 2017, via the Cloud.

As of January 1, 2018, BRN is no longer processing Default Decisions and having DCA legal review for approval. The Attorney General’s Office has taken this task back over, after 7 years. This will increase case aging and case cost, not to mention potentially increasing case time for all other cases being handled at the AGO.

<table>
<thead>
<tr>
<th>Default Information</th>
<th>FY 2015/16</th>
<th>FY 2016/17</th>
<th>FY 2017/2018</th>
<th>CURRENT FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Days from Default Decision Preparation to Board Vote</td>
<td>32</td>
<td>34</td>
<td>51</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases Pending</th>
<th>As of 10/29/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases at AG</td>
<td>856</td>
</tr>
<tr>
<td>Pending Board Vote</td>
<td>117</td>
</tr>
<tr>
<td>Final Decision Processing</td>
<td>86</td>
</tr>
<tr>
<td>Pending hearing</td>
<td>138</td>
</tr>
<tr>
<td>Over 2 yrs. at AG</td>
<td>67</td>
</tr>
<tr>
<td>1-2 yrs. at AG</td>
<td>169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AG Referrals</td>
<td>1,395</td>
<td>1,198</td>
<td>1,282</td>
<td>388</td>
</tr>
<tr>
<td>Petitions to Revoke Probation</td>
<td>87</td>
<td>120</td>
<td>100</td>
<td>33</td>
</tr>
<tr>
<td>Pleading Served</td>
<td>1067</td>
<td>938</td>
<td>848</td>
<td>272</td>
</tr>
<tr>
<td>EO Signed Surrenders</td>
<td>255</td>
<td>254</td>
<td>218</td>
<td>104</td>
</tr>
<tr>
<td>Withdrawals of SOI</td>
<td>15</td>
<td>9</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Decisions Adopted</td>
<td>1,641</td>
<td>1,282</td>
<td>1,141</td>
<td>398</td>
</tr>
</tbody>
</table>

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, Chief 
Discipline, Probation, and Intervention  
(916) 515-5265
Board of Registered Nursing  
Discipline Program  
Statistical Summary  
July 1, 2018 – October 15, 2018

<table>
<thead>
<tr>
<th>License Type*</th>
<th>Public Reproval</th>
<th>Revoked, Stayed, Probation</th>
<th>Revoked, Stayed, Suspension, Probation</th>
<th>Surrender</th>
<th>Revocation</th>
<th>Voluntary Surrender</th>
<th>Total FY 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>47</td>
<td>62</td>
<td>3</td>
<td>84</td>
<td>118</td>
<td>20</td>
<td>334</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>1</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Psych/Mental Health Nurse Practitioner</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>NP-Furnishing #</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Nurse-Midwife</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>NM-Furnishing #</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>4</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

*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.
## Probation Statistics - FY 18/19
### July 1, 2019 - Current

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>277</td>
<td>31%</td>
</tr>
<tr>
<td>Female</td>
<td>630</td>
<td>69%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>510</td>
<td>56.2%</td>
</tr>
<tr>
<td>Required Drug-Screening</td>
<td>426</td>
<td>47.0%</td>
</tr>
<tr>
<td>Practice</td>
<td>260</td>
<td>28.7%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>10</td>
<td>1.1%</td>
</tr>
<tr>
<td>Conviction - excluding chemical dependency/alcohol use</td>
<td>127</td>
<td>14.0%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>78</td>
<td>9%</td>
</tr>
<tr>
<td>Southern California</td>
<td>507</td>
<td>56%</td>
</tr>
<tr>
<td>Northern California</td>
<td>394</td>
<td>43%</td>
</tr>
<tr>
<td>T tolled Probationers</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Pending AG</td>
<td>89</td>
<td>10%</td>
</tr>
<tr>
<td>License Revoked Fiscal YTD</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>License Surrendered Fiscal YTD</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Terminated Fiscal YTD</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Successfully Completed Fiscal YTD</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Active In-State Probationers</td>
<td>907</td>
<td></td>
</tr>
<tr>
<td>Completed/Revoked/Terminated/Surrendered YTD</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>T tolled Probationers</td>
<td>393</td>
<td></td>
</tr>
<tr>
<td>Active and T tolled Probationers</td>
<td>1300</td>
<td></td>
</tr>
</tbody>
</table>
AGENDA ITEM: 9.3
DATE: November 15, 2018

ACTION REQUESTED: Intervention Program Update

REQUESTED BY: Barbara Yaroslavsky, Chairperson

INTERVENTION PROGRAM UPDATE

**Staffing**

The intervention unit is fully staffed.

**Program Update**

The Intervention Program hosted the annual Intervention Liaison Committee (ILC) meeting on September 5, 2018, at the Hilton Garden Inn in Sacramento. Attendees included:

- Barbara Yaroslavsky, Board Member
- Dr. Joseph Morris, Executive Officer
- Stacie Berumen, Assistant Executive Officer
- Shannon Johnson, Chief of Discipline, Probation, and Intervention
- Joseph Pacheco, Chief of Complaint Intake and Investigations
- Don Walker, Intervention Program Manager
- Virginia Matthews, Maximus Project Manager

There were approximately 30 attendees. The Intervention Liaison Committee meeting is held to provide a forum to discuss policy proposals that support and enhance the Intervention Program.

The Intervention program staff hosted the Nurse Support Group Facilitator’s Forum on September 6, 2018, at the Hilton Garden Inn in Sacramento. Attendees included:

- Dr. Joseph Morris, Executive Officer
- Stacie Berumen, Assistant Executive Officer
- Shannon Johnson, Chief of Discipline, Probation, and Intervention,
- Joseph Pacheco, Chief of Complaint Intake and Investigations
- Don Walker, Intervention Program Manager
- Virginia Matthews, Maximus Project Manager

This forum is conducted to develop greater communication between the facilitators, Board staff and MAXIMUS, the Intervention programs contractor. There were three topic specific Breakout sessions to foster discussion regarding the needs and concerns of the facilitators. Attendees also had the opportunity to view the Board of Registered Nursing’s Enforcement Overview presentation presented by Enforcement Chief’s Shannon Johnson and Joseph Pacheco.
Both meetings where well received and supported by positive evaluations completed by attendees.

On October 18th, 2018, the Intervention program hosted the fourth in a series of five Mental Health Ad Hoc Committee meetings. The committee members worked effectively to review all current practices and discussed different approaches, potential changes and worked on finalizing the development of a Mental Health treatment toolbox that will serve as a resource to assist the IEC’s in addressing the needs of participants with Mental Illness. The fifth and final meeting is tentatively scheduled for January 2019.

**Intervention Evaluation Committees (IEC)**

There are currently four physician member vacancies.

- Oakland (IEC 13)
- San Jose (IEC 7)
- Los Angeles (IEC 3)
- Fresno (IEC 5)

There are six public member vacancies.

- San Jose (IEC 7)
- Orange County (IEC 4)
- Fresno (IEC 5)
- Burbank (IEC 8)
- Fairfield (IEC 11)
- Fairfield (IEC 13).

There are three RN member vacancies.

- Culver City (IEC 3)
- Burbank (IEC 8)
- Oakland (IEC 13).

**Statistics – Intervention**

The Statistical Summary Report is attached. As of September 30, 2018, there have been 2,318 successful completions.

**NEXT STEP:** Follow directions given by Committee and/or Board.

**FISCAL IMPACT, IF ANY:** None at this time.

**PERSON TO CONTACT:** Shannon Johnson, Chief Discipline, Probation and Intervention (916) 515-5265
### Board Referral Activity

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints sent to Intervention</td>
<td>62</td>
<td>90</td>
<td>62</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program offer letters mailed</td>
<td>75</td>
<td>59</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs calling BRN about program (respond to offer letter)</td>
<td>45</td>
<td>50</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs calling BRN about program (no program offer letter)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others calling BRN about program (employer referrals, coworkers)</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Participant Population

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants at Beginning of Month</td>
<td>343</td>
<td>349</td>
<td>351</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes</td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Closures</td>
<td>-10</td>
<td>-14</td>
<td>-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants at End of the Month</td>
<td>349</td>
<td>351</td>
<td>355</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Intake Demographics - Referrals

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (8/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td>11</td>
<td>12</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4037</td>
</tr>
<tr>
<td>Self</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1409</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>

### Intake Demographics - Presenting Problem

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (8/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD</td>
<td>9</td>
<td>11</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3434</td>
</tr>
<tr>
<td>MI</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>180</td>
</tr>
<tr>
<td>Dual</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1745</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>

### Intake Demographics - Drug of Choice

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (8/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (Beer, Wine, Hard Liquor)</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Opioids (Oxycodone, Morphine, Fentanyl, Heroin, etc.)</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Depressant (Xanax, Valium, Ambien, etc.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Stimulant (Adderall, Cocaine, Methamphetamine, etc.)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other (Hallucinogens, Inhalants, etc.)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>None/Denies DOC</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>41</td>
</tr>
</tbody>
</table>
### Case Closures

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant: Clinically Inappropriate</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Applicant: No Longer Eligible</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Applicant: Not Accepted by DEC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>Applicant: Public Risk</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>102</td>
</tr>
<tr>
<td>Applicant: Sent to Board - Pre DEC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Applicant: Withdrawn - Pre DEC</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>570</td>
</tr>
<tr>
<td>Applicant: Withdrawn - Due to Program Cost</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Completed</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2318</td>
</tr>
<tr>
<td>Clinically Inappropriate - Post DEC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>No Longer Eligible - Post DEC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Withdrawn - Failure to Sign Contract</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Withdrawn - Post DEC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>344</td>
</tr>
<tr>
<td>Withdrawn - Due to Program Cost Post Dec</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Terminated - Deceased</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Terminated - Failure to Receive Benefit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>126</td>
</tr>
<tr>
<td>Terminated - Moved</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>Terminated - Non Compliant</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>990</td>
</tr>
<tr>
<td>Terminated - Public Risk</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>285</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>10</strong></td>
<td><strong>14</strong></td>
<td><strong>5</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>4965</strong></td>
</tr>
</tbody>
</table>

### Intake Demographics - Gender

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4251</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1168</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>9</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>5446</strong></td>
</tr>
</tbody>
</table>

### Intake Demographics - Age

<table>
<thead>
<tr>
<th>Category</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>25-29</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>441</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>907</td>
</tr>
<tr>
<td>35-39</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1133</td>
</tr>
<tr>
<td>40-44</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1112</td>
</tr>
<tr>
<td>45-49</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>879</td>
</tr>
<tr>
<td>50-54</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>562</td>
</tr>
<tr>
<td>55-59</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>263</td>
</tr>
<tr>
<td>60-64</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>DOB Error/Not Entered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>9</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>5446</strong></td>
</tr>
</tbody>
</table>
## Intake Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Asian/Asian Indian</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>African American</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>177</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>259</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Caucasian</td>
<td>10</td>
<td>12</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4412</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>295</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>

## Intake Demographics - Worksite

<table>
<thead>
<tr>
<th>Worksite</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Clinic</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>132</td>
</tr>
<tr>
<td>Clinical - Public, non-profit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Corporation</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Doctor’s Office</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>Government Agency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Group Practice - profit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Health Maintenance Organization</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>HMO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Hospital</td>
<td>11</td>
<td>13</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2799</td>
</tr>
<tr>
<td>Inpatient Pharmacy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not Working in Nursing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>255</td>
</tr>
<tr>
<td>Prison/Jail</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Private Practice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Registry</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>184</td>
</tr>
<tr>
<td>Retail</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>School of Nursing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Telephone Advice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Temporary Service</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Undetermined</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>567</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1307</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>
## CA BRN Intervention Program Statistics (FY2018/19)

### Intake Demographics - Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Dependency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>949</td>
</tr>
<tr>
<td>Dental Public Health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Doctor's Office</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>630</td>
</tr>
<tr>
<td>Gerontology</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Home Care</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>376</td>
</tr>
<tr>
<td>Insurance</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Medical Surgical</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1030</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>Nurse Anesthesia</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>302</td>
</tr>
<tr>
<td>Oncology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>171</td>
</tr>
<tr>
<td>Operating Room</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>189</td>
</tr>
<tr>
<td>Other/Other Specialty</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>526</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>145</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>149</td>
</tr>
<tr>
<td>Recovery Room</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>Undetermined</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>413</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>

### Intake Demographics - Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>PTD (6/30/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>165</td>
</tr>
<tr>
<td>Alpine</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Amador</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Butte</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>Calaveras</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Colusa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>210</td>
</tr>
<tr>
<td>Del Norte</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>El Dorado</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Fresno</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>145</td>
</tr>
<tr>
<td>Glenn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Horry</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Humboldt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>Imperial</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Inyo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Jackson</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Kern</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>114</td>
</tr>
<tr>
<td>Kings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>County</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>PTD (6/30/19)</td>
</tr>
<tr>
<td>-------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>Lake</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Lassen</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1061</td>
</tr>
<tr>
<td>Madera</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Marin</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>95</td>
</tr>
<tr>
<td>Mariposa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mendocino</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Merced</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Modoc</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mono</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Monterey</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td>Napa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Nevada</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Orange</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Placer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>367</td>
</tr>
<tr>
<td>Plumas</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>80</td>
</tr>
<tr>
<td>Riverside</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>282</td>
</tr>
<tr>
<td>Sacramento</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>262</td>
</tr>
<tr>
<td>San Benito</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>296</td>
</tr>
<tr>
<td>San Diego</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>480</td>
</tr>
<tr>
<td>San Francisco</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>163</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>82</td>
</tr>
<tr>
<td>San Mateo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>86</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>181</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>Shasta</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>61</td>
</tr>
<tr>
<td>Siskiyou</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Solano</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>77</td>
</tr>
<tr>
<td>Sonoma</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>131</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>89</td>
</tr>
<tr>
<td>Sutter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Tehama</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Trinity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Tulare</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td>Tuolumne</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Ventura</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>160</td>
</tr>
<tr>
<td>Yolo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Yuba</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>16</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5446</td>
</tr>
</tbody>
</table>
AGENDA ITEM:  9.3.1
DATE:  November 15, 2018

ACTION REQUESTED:  Intervention Evaluation Committee Member/ New Appointments and Reappointment

REQUESTED BY:  Barbara Yaroslavsky, Chairperson

BACKGROUND:
In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Intervention Evaluation Committees. Each Committee for the Intervention Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

APPOINTMENTS
Below are the candidates recommended for appointment to the Intervention Evaluation Committees (IEC). If approved, all noted candidate’s terms will expire on June 30, 2022.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>IEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Stanford</td>
<td>Public Member</td>
<td>Oakland</td>
<td>13</td>
</tr>
<tr>
<td>Kenya D. Smith</td>
<td>RN Member</td>
<td>Culver City</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Robert Dutile</td>
<td>Public Member</td>
<td>Irvine</td>
<td>4</td>
</tr>
</tbody>
</table>

REAPPOINTMENT
Below is the candidate recommended for reappointment to the IEC.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>IEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwame Okoreeh</td>
<td>RN Member</td>
<td>Riverside</td>
<td>9</td>
</tr>
</tbody>
</table>

NEXT STEP:  Continue recruiting efforts.

PERSON TO CONTACT:  Shannon Johnson, Chief Discipline, Probation and Intervention
(916) 515-5265
AGENDA ITEM: 10.1
DATE: November 15, 2018

ACTION REQUESTED: Discussion and Possible Action: New Appointments to Advance Practice Registered Nurse (APRN) Committee.

REQUESTED BY: Elizabeth Woods, MSN, RN, FNP, Chairperson

BACKGROUND:

At the August 16, 2018 Board of Registered Nursing Committee Meeting, The Nursing Practice Committee requested action to appoint Hilary Reyes, CNM to the Advance Practice Registered Nursing Advisory Committee.

Hilary Reyes, CNM, MSN is requesting appointment to the Advanced Practice Registered Nurse Committee. Currently Hilary Reyes, CNM, MSN is Director of Eisner Health Women’s Health Center, Federally Qualified Health Center, that is a large center offering birthing services for low-income women. Hilary has 25 years of experience in a variety of practice settings from full scope hospital based teaching practice to a private practice and an out of hospital birth center.

Hilary Reyes, CNM, MSN completed under graduate BSN at University of Southern California and clinical education through Charles R. Drew University of Science and Medicine at the Los Angeles County Martin Luther King Hospital. Masters in Nurse Midwifery from California State Long Beach.

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
AGENDA ITEM: 10.2
DATE: November 15, 2018

ACTION REQUESTED: Discussion and Possible Action: Increasing Nurse-Midwifery Advisory Committee Member Terms of Appointment from two 2 years to four 2 year terms.

REQUESTED BY: Elizabeth Woods, MSN, RN, FNP, Chairperson

BACKGROUND:

The Nurse Midwifery Advisory Committee was approved by the Board for one (1) two-year term with the ability for a member(s) to be reappointed to an additional two 2-year term. The current 4 members with the exception a newly appointed CNM are serving their second two-2year term.

Current CNM Members in their second term of a two years are BJ Snell PhD CNM, Naomi Stotland MD, Lin Lee CNM and Karen Roslie, public member.

Newly appointed for the first two-year term is Hilary Reyes CNM MSN.

At the June 27, 2018, Nurse Midwifery Advisory Committee meeting, B J Snell PhD CNM proposed that the CNM Advisory Committee terms of appointment be changed to longer term of appointment, suggesting appointments from two-2 years to four-2-year terms.

The CNM committee members talked about their need to understand the meeting processes, that meeting only two times a year has limitations and members having a learning curve about how to participate in the Nurse-Midwifery Committee as a member.

BJ Snell made a motion to recommend to the Board through the Practice Committee to increase the number of terms that a committee member may serve from 2 to 4 terms, or four 2-year terms. BJ Snell initiated voting and the vote was unanimous to request increasing member terms of appointment from two-2 years to four-2-year terms.

The Nurse-Midwifery Advisory Committee members request consideration to increase the term of office from (1) from two-year term with the ability for a member (s) to reappointed to an additional four–2-year term and to forward to the request to the Practice Committee and Board.

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA Supervising Nursing Education Consultant and Liaison to the Practice Committee (916) 574-7686
AGENDA ITEM: 10.3
DATE: November 15, 2018

ACTION REQUESTED: Discussion and Possible Action: SB 1109, Approved by Governor on September 22, 2018, Controlled Substances Schedule II: Opioids requires the mandatory continuing education pharmacology course for furnishing nurse practitioners to include the risks of addiction and furnishing nurse-midwives to include the risk of addiction and neonatal abstinence syndrome.

REQUESTED BY: Elizabeth Woods, MSN, RN, FNP, Chairperson

BACKGROUND:
The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and makes a violation of its provisions a crime. Existing law authorizes a certified nurse-midwife to furnish or order drugs and devices under specified circumstances, including board certification that the certified nurse-midwife has completed a course in pharmacology.

Business and Professions Code section 2746.51 was amended to require the pharmacology course include addiction and neonatal abstinence syndrome associated with the use of opioids. Existing law authorizes a nurse practitioner to furnish and order drugs or devices under specified circumstances including board certification that the nurse practitioner has completed a course in pharmacology, as specified. Existing law requires nurse practitioners who are authorized to furnish Schedule II controlled substances to complete a mandatory course in Schedule II controlled substances.

Business and Professions Code section 2836.1 was amended to require a mandatory continuing education course include risks of addiction associated with the use of controlled substances.

NEXT STEPS: 
FISCAL IMPACT, IF ANY: 
PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA Supervising Nursing Education Consultant and Liaison to the Practice Committee (916) 574-7686
NURSE PRACTITIONER SCHEDULE II
CONTROLLED SUBSTANCE

Mandatory education requirement for the continuing education course to include risk of addition with use of Schedule II controlled substances

(Legislation enacted 2017-2018)

Senate Bill No. 1109 (Bates) Chapter 693 effective January 1, 2019 adds risk of addition associate with use of Schedule II controlled substances amending Business and Professions Code, section 2836.1 Furnishing Drugs and Devices.

Assembly Bill 1196, (Montanez) Chapter 748 effective January 1, 2004 amended the Business and Profession Code, Section 2836.1 Furnishing Drugs and Devices to include authority for furnishing or “ordering” Schedule II controlled substances under the California Uniform Controlled Substance Act. The Schedule II controlled substance amended into the Business and Professions Code, Section 2836.1 added specialized educational requirements and additional requirements in the nurse practitioners approved Standardized Procedures for practice.

Nurse Practitioners wishing to furnish Schedule II controlled substances are required to complete either a Board of Registered Nursing approved continuing education course in Schedule II pharmacology which also includes the content regarding the risks of addiction associated with the use of Schedule II controlled substances OR a board approved nurse practitioner program providing the pharmacology course includes the educational requirements to furnish Schedule II and includes the content regarding the risks of addiction associated with the use of Schedule II controlled substances.

The Board of Registered Nursing requires a minimum 4-hour approved continuing education course or board approved NP educational program. The Board of Registered Nursing is required to verify each nurse practitioner’s completion of the required Schedule II controlled substance continuing education or NP educational program curriculum content.

Each nurse practitioner applying for Schedule II furnishing privileges must submit to the Board:

NPR-B-59 10/2018
*Written request for Schedule II furnishing privileges that include your name, address, and nurse practitioner furnishing number.

*Photocopy of the continuing education completion certificate and or NP educational program verification of Schedule II curriculum course content. Include the detailed course outline if requested to do so by the BRN.

Please mail to: Board of Registered Nursing
Advanced Practice Unit
1747 North Market Blvd., Suite 150
Sacramento, CA. 95834

The Board of Registered Nursing will process your request for Schedule II furnishing privileges upon receipt of documentation regarding the continuing education course or NP educational program curriculum content Schedule II, including a detailed course outline, and your written request. The DEA will process all NP applications after accessing the Board’s web site to ensure that Schedule II privileges have been added to your nurse practitioner furnishing number.

Course Description requirements for Schedule II controlled substances:
1. Focus on Principles of pharmacology that serves as a foundation for the pharmacotherapeutic management of patient whose illness, injury, or condition requires evaluation and treatment using schedule II controlled substances.
2. The pharmacokinetic and pharmacodynamic principles of Schedule II medications commonly used in the diagnosis, prevention, and treatment of health care conditions affecting patients across the life span.
3. Provide a discussion about standardized procedures or protocols requirements for those patient illnesses, diseases, or injuries a patient-specific protocol for Schedule II and III controlled substances.
4. Address the legal requirements for furnishing controlled substances.
5. Risks of addiction associated with the use of Schedule II controlled substances.

Minimum Course Objectives for Schedule II controlled substances:
1. Identify the relationship of the natural history of illness, disease or injury, pathophysiology, and symptomatology to phamotherapeutic agents commonly used to treat patients with conditions requiring the use of Schedule II medications related to specialty practice.
2. Analyze state laws and federal regulations pertaining to furnishing, dispensing, and administering Controlled Substances Schedule II through V medication by nurse practitioner.
3. Identify components necessary for proper techniques of prescription writing for Schedule II through V consistent with Health and Safety Code and Pharmacy law.
4. Outline the required components of a furnishing standardized procedure or protocol for schedule II and III controlled substance medication in a Patient-Specific Protocol.
in accord with Business and Professions Code, Section 2836.1. The nurse practitioners’ education, experience, and competence to furnish controlled substances must be included.

5. Describe ethical and legal standards and ramifications of prescribing controlled substances.

6. Risks of addiction associated with the use of Schedule II controlled substances.

Schedule III, IV, V controlled substance authority for the furnishing nurse practitioners was granted as a result of SB 816, Chapter 748 effective January 1, 2000. The intent of SB 816, Chapter 748 added “order” and “drug order”. The intent of this legislation was furnishing could now be known as an “order” and could be considered the same as an “order” initiated by the physician. This new law effective January 1, 2000 required the NP who has a furnishing number to obtain a DEA registration number to “order” controlled substances III, IV, V. Furnishing or “ordering” of Schedule III, IV, V controlled substances requires approved Standardized Procedures.
AGENDA ITEM: 10.4  
DATE: November 15, 2018

ACTION REQUESTED: Discussion and Possible Action: AB 1790, Chapter 338, Approved by Governor on September 11, 2018: Valley Fever Education, Early Diagnosis, Treatment Act: State Department of Public Health to conduct awareness campaign.

REQUESTED BY: Elizabeth Woods, MSN, RN, FNP, Chairperson

BACKGROUND:

Assembly Bill 1790, Chapter 338, establishes the Valley Fever Education, Early Diagnosis, and Treatment Act requiring the Department of Public Health to conduct a Valley Fever Awareness Campaign to communicate with local health jurisdictions, providers, and the public about valley fever. The Department of Public Health is authorized to award grants or enter into contracts to perform activities related to the Awareness Campaign. The provisions would become inoperative on January 1, 2021.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

Section 1.

Part 7.7 (commencing with Section 122475) is added to Division 105 of the Health and Safety Code, to read:

Part 7.7. Valley Fever. 122475. This part shall be known, and may be cited, as the Valley Fever Education, Early Diagnosis, and Treatment Act.

122476.  
(a) Valley fever, also called coccidioidomycosis, is a lung infection caused by a fungus that lives in the soil. Approximately 10,000 cases are reported ear year, mostly from California and bordering states.

(b) Valley fever is a serious, costly illness. According to the federal Centers for Disease Control and Prevention, nearly 75 percent of people with valley fever miss work or school. As many as 40 percent of people who get valley fever need to stay in the hospital.

(c) People may get valley fever by breathing in microscopic fungal spores from the air in areas where the fungus lives. Anyone who lives in or travels to these areas can get valley fever, but some people are at high risk for developing valley fever, such as older adults, people who have weakened immune systems, pregnant women, people with diabetes, people who are Black or Filipino, and people who have jobs that expose them to dust, such as agricultural or construction workers.

(d) The symptoms of valley fever are similar to those of other common illnesses, so patients may have delays in getting diagnosed and treated. The initial symptoms may appear one to three weeks after exposure. They tend to resemble those of the flu, and can range from minor to severe,
including fever, cough, chest pain, chills, night sweats, headache, fatigue, joint aches, and a red spotty rash.

(e) In areas with valley fever, it is difficult to completely avoid exposure to the fungus because it is in the environment. There is no vaccine to prevent infection. Knowing about valley fever is one of the most important ways to avoid delays in diagnosis and treatment.

(f) It is the intent of the Legislature to raise awareness of the symptoms, tests, and treatments for valley fever among the general public, primary health care providers, and healthcare providers who care for persons at higher risk for getting valley fever.

RESOURCES: Assembly Bill No. 1790, (Salas), Chapter 338; an act to add Part 7.7 (commencing with Section 122475) to Division 105 of, and to repeal Section 122477 of, the Health and Safety Code, relating to valley fever.

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
VALLEY FEVER EDUCATION, EARLY DIAGNOSIS, AND TREATMENT ACT

(Legislation enacted 2017-2018)

Assembly Bill 1790, Chapter 338, establishes the Valley Fever Education, Early Diagnosis, and Treatment Act requiring the Department of Public Health to conduct a Valley Fever Awareness Campaign to communicate with local health jurisdictions, providers, and the public about valley fever. The Department of Public Health is authorized to award grants or enter into contracts to perform activities related to the Awareness Campaign. The provisions would become inoperative on January 1, 2021.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

Section 1.

Part 7.7. Valley Fever. 122475. This part shall be known, and may be cited, as the Valley Fever Education, Early Diagnosis, and Treatment Act.

122476.

(a) Valley fever, also called coccidioidomycosis, is a lung infection caused by a fungus that lives in the soil. Approximately 10,000 cases are reported each year, mostly from California and bordering states.

(b) Valley fever is a serious, costly illness. According to the federal Centers for Disease Control and Prevention, nearly 75 percent of people with valley fever miss work or school. As many as 40 percent of people who get valley fever need to stay in the hospital.

(c) People may get valley fever by breathing in microscopic fungal spores from the air in areas where the fungus lives. Anyone who lives in or travels to these areas can get valley fever, but some people are at high risk for developing valley fever, such as older adults, people who have weakened immune systems, pregnant women, people with diabetes, people who are Black or Filipino, and people who have jobs that expose them to dust, such as agricultural or construction workers.

(d) The symptoms of valley fever are similar to those of other common illnesses, so patients may have delays in getting diagnosed and treated. The initial symptoms may appear one to three weeks after exposure. They tend to resemble those of the flu, and
can range from minor to severe, including fever, cough, chest pain, chills, night sweats, headache, fatigue, joint aches, and a red spotty rash.

(e) In areas with valley fever, it is difficult to completely avoid exposure to the fungus because it is in the environment. There is no vaccine to prevent infection. Knowing about valley fever is one of the most important ways to avoid delays in diagnosis and treatment.

(f) It is the intent of the Legislature to raise awareness of the symptoms, tests, and treatments for valley fever among the general public, primary health care providers, and healthcare providers who care for persons at higher risk for getting valley fever.

**RESOURCES:** Assembly Bill No. 1790, (Salas), Chapter 338; an act to add Part 7.7 (commencing with Section 122475) to Division 105 of, and to repeal Section 122477 of, the Health and Safety Code, relating to valley fever.
AGENDA ITEM: 10.5  
DATE: November 15, 2018

ACTION REQUESTED: Discussion and Possible Action: AB 2086, Chapter 274, Approved by Governor on September 6, 2018, adding Section 11165.6 to the Health and Safety Code relating to Controlled Substances: CURES database allows prescribers including furnishing nurse practitioners and nurse-midwives to access a list of patients for whom the prescriber is listed as a prescriber in the CURES database.

REQUESTED BY: Elizabeth Woods, MSN, RN, FNP Chairperson

BACKGROUND:

Furnishing nurse practitioners and nurse-midwives utilizing the Department of Justice to maintain Controlled Substance Utilization Review and Evaluation Systems (CURES) for electronic monitoring of prescribing and dispensing Schedule II, Schedule III and Schedule IV controlled substances can request to access the CURES database for a list of patients for whom the prescriber, NP and or CNM, is listed as the prescriber in the database.

RESOURCES: Assembly Bill No. 2086, (Gallagher), Chapter 274; an act to add Section 11165.6 to the Health and Safety Code, relating to controlled substances.

NEXT STEPS:

Board

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: janette.wackerly@dca.ca.gov
CONTROLLED SUBSTANCES: CURES DATABASE

(Legislation enacted 2017-2018)

Assembly Bill No. 2086, (Gallagher), Chapter 274; an act to add Section 11165.6 to the Health and Safety Code, relating to controlled substances.

AB 2086, Chapter 274, Approved by Governor on September 6, 2018, adding Section 11165.6 to the Health and Safety Code relating to Controlled Substances: CURES database allows prescribers including furnishing nurse practitioners and nurse-midwives to access a list of patients for whom the prescriber is listed as a prescriber in the CURES database.

Furnishing nurse practitioners and nurse-midwives utilizing the Department of Justice to maintain Controlled Substance Utilization Review and Evaluation Systems (CURES) for electronic monitoring of prescribing and dispensing Schedule II, Schedule III and Schedule IV controlled substances can request to access the CURES database for a list of patients for whom the prescriber, NP and or CNM, is listed as the prescriber in the database.