



Board Meeting Packet

SUPPLEMENTAL MATERIALS TO BOARD MEETING AGENDA

BRN Board Meeting | September 16-17, 2020

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Agenda Item 2.0

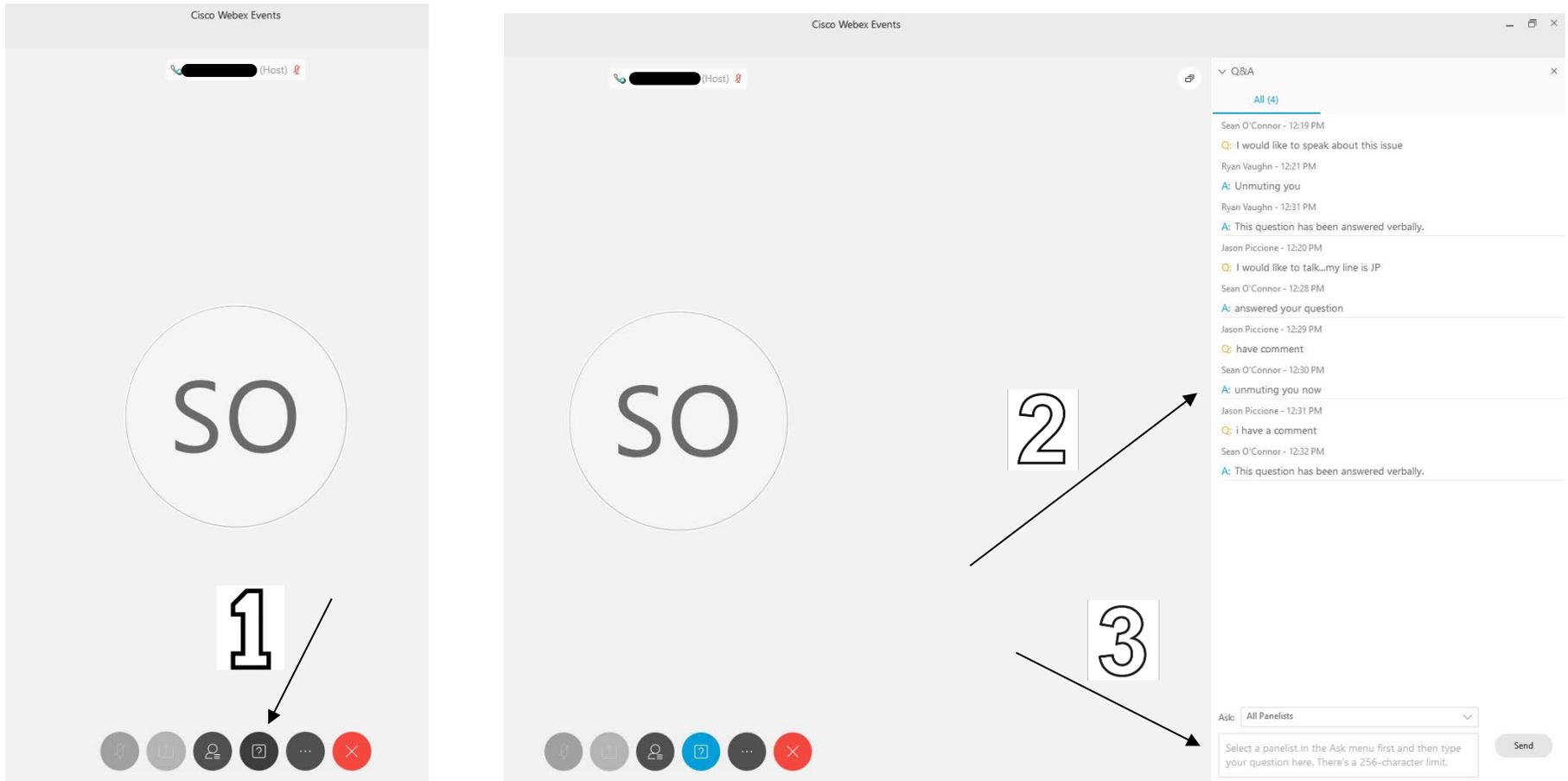
GENERAL INSTRUCTIONS FOR THE FORMAT OF A TELECONFERENCE CALL

BRN Board Meeting | September 16-17, 2020

Participating During a Public Comment Period

If you would like to make a public comment:

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



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

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

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



Agenda Item 4.0

REVIEW AND APPROVAL OF PREVIOUS BOARD MEETING MINUTES

June 24, 2020 | August 4, 2020 | August 13, 2020

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

DRAFT

DATE: June 24-25, 2020

START TIME: 8:00 a.m.

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

The Board of Registered Nursing held a public meeting via a teleconference platform.

Wednesday, June 24, 2020-8:00 am-5:00pm Board Meeting

- | | | |
|---------|-------------------------------------|--|
| 8:01am | 1.0 | Call to Order/Roll Call/Establishment of a Quorum
Michael D. Jackson, President called the meeting to order at 8:02 am. All Members present. Quorum established at 8:03 am. |
| | Board of Registered Nursing: | Michael D. Jackson, MSN, RN, CEN, MICN-President
Donna Gerber, Public Member, Vice President
Imelda Ceja-Butkiewicz, Public Member
Kenneth Malbrough, Public Member
Karen Skelton, Public Member
Dolores Trujillo, RN, Direct Patient-Care Member
Elizabeth A. Woods, MSN, RN, FNP, Advanced Practice Member |
| | BRN Staff Representatives: | Loretta Melby, MSN, RN, Acting Executive Officer
Reza Pujeesh, DCA Legal Attorney |
| 8:03 am | 2.0 | General Instructions provided for the Format of a Teleconference Call |
| 8:05 am | 3.0 | Closed Session
Michael D. Jackson, President, called the meeting into closed session at 8:06 am |
| | 3.1 | Disciplinary Matters |

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

3.2 Pending Litigation

3.2a The Board convened in closed session pursuant to Government Code section 11126, subdivisions (e)(1) and (2)(A) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles County Superior Court Case No. 19STCP01383;
- *The People of the State of California v. Purdue Pharma, L.P., et al.*, Orange County Superior Court Case No. 2014-00725287;
- *Heather Gautier v. California Department of Consumer Affairs, California Board of Registered Nursing*, San Francisco County Superior Court Case No. CPF-20-517090; and
- *West Coast University, Inc. v. California Board of Registered Nursing, et. al*, Sacramento County Superior Court Case No. 34-2020-800003378.

3.2b The Board convened in closed session pursuant to Government Code section 11126, subdivision (e)(1), (2)(B), to confer with and receive advice from legal counsel.

3.3 Personnel

The Board convened in closed session pursuant to Government Code section 11126, subdivision (a) to consider the employment or evaluation of performance of a public employee(s) (information only).

1:05 pm

4.0 Reconvene in Open Session

Michael D. Jackson, President, reconvened the meeting into open session at 1:05pm

1:07 pm

5.0 Reviewed and voted on whether to approve minutes of Board meeting held on:

5.1 April 15-16, 2020

5.2 May 27-28, 2020

5.3 June 9, 2020

Public Comment for Agenda Item 5.0: Lashonda Shannon (LS) requested her occupation be included on agenda Item 8.0 on the May 27-28 Board Meeting Minutes.

MOTION: Kenneth Malbrough approve the minutes (with LS occupation added)

SECOND: Imelda Ceja-Butkiewicz

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

1:12 pm

6.0

Election of Officers

MOTION: Donna Gerber nominates Michael Jackson to serve as President and Kenneth Malbrough to serve as Vice-President.

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

Public Comment for Agenda Item 6.0:

No public comment.

1:17 pm

7.0

Presentation by the Attorney General's Office

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

Imelda Ceja-Butkiewicz: Question regarding DOJ Pilot Projects, that began in 2017-2018. Question if the presentation covers those projects. Requests to have a presentation of the pilot project with the Enforcement Division.

Carl Sonne (CS): This presentation was an overview of one year, not a report of individual projects.

Donna Gerber (DG): Expresses gratitude for the presentation. Would like to know how the BRN timelines compare to the other Health Care Departments, based on Sonne's data.

CS: BRN is one of the most effective and efficient, yet, hesitant to compare other Boards and provide comparison.

DG: Concerned about CPI goal, and the 5-month gap between the hearing date and when it was set.

CS: Office of Administrative Hearings (OAH) doesn't schedule out past 6 months, which may explain the gap. CS states that OAH does an excellent job scheduling hearings and being receptive to the Attorney General's Office.

Elizabeth Woods: Is there a triage method that is used, making sure more serious cases are moved quickly?
Concerned about nurses who have patient-care issues.

CS: Each case is looked at by the Supervisors that are located in various cities. AG looks to the Board to raise the profile of a case. They will notify when there are heightened concerns. Evidence needs to be weighted heavily or most serious in nature, to get it moved up expeditiously.

Public Comment for
Agenda Item 7.0:

No public comment.

1:56 pm

8.0

Report of the Administrative Committee

Donna Gerber, Vice President

Discussion and possible action regarding revisions to the August through December 2020 meetings as to the dates and locations or cancellations resulting from the declared state of emergency.

Public Comment for
Agenda Item 8.0:

No public comment.

MOTION:

Donna Gerber: Revise the current BRN Board/Committee calendar and allow the Administrative Committee to determine the need for meetings for August 2020 through December 2020, including dates, times, locations and the possibility of cancellations.

SECOND:

Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

2:01 pm

9.0

Report of the Education/Licensing Committee

Michael D. Jackson, RN, MSN, President, Chairperson

2:02 pm

9.1

**Discussion and Possible Action Regarding
Education/Licensing Committee Recommendation to Ratify
Minor Curriculum Revisions And Acknowledge Receipt Of
Program Progress Reports (16 CCR § 1426) (Consent)**

Presented by: MaryAnn McCarthy, Nursing Education Consultant

ACTION
REQUESTED:

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

9.1.1 Azusa Pacific Entry Level Master's Degree Nursing Programs

9.1.2 Charles Drew University Entry Levels Masters Nursing
Program

9.1.3 Samuel Merritt University Entry Level Masters Nursing
Program

9.1.4 San Francisco State University Entry Level Masters Nursing
Program

9.1.5 University of California Davis Betty Irene Moore School of
Nursing Entry Level Masters Nursing Program

9.1.6 University of California, Irvine Entry Level Masters Nursing
Program **(temporary and permanent)**

9.1.9 University of California, San Francisco Entry Level Masters
Nursing Program

9.1.8 University of San Diego Hahn School of Nursing Entry Level
Masters Nursing Program

9.1.9 University of San Francisco Entry Level Masters Nursing
Program

9.1.10 Western University of Health Sciences Entry Level Masters
Nursing Program

9.1.11 American University of Health Sciences Baccalaureate
Degree Nursing Program

9.1.12 Azusa Pacific Baccalaureate Degree Nursing Program

9.1.13 Biola University Baccalaureate Degree Nursing Program

9.1.14 California Baptist University College of Nursing
Baccalaureate Degree Nursing Program

9.1.15 California State University Bakersfield Baccalaureate Degree
Nursing Program

9.1.16 California State University Channel Islands Baccalaureate
Degree Nursing Program

9.1.17 California State University Chico Baccalaureate Degree
Nursing Program

9.1.18 California State University East Bay Baccalaureate Degree
Nursing Program

- 9.1.19 California State University Fresno Baccalaureate Degree Nursing Program
- 9.1.20 California State University Fullerton Baccalaureate Degree Nursing Program
- 9.1.21 California State University Long Beach Baccalaureate Degree Nursing Program
- 9.1.22 California State University Los Angeles Baccalaureate Degree Nursing Program
- 9.1.23 California State University Northridge Baccalaureate Degree Nursing Program
- 9.1.24 California State University San Marcos Baccalaureate Degree Nursing Program
- 9.1.25 California State University Sacramento Baccalaureate Degree Nursing Program
- 9.1.26 California State University San Bernardino Baccalaureate Degree Nursing Program
- 9.1.27 California State University Stanislaus Baccalaureate Degree Nursing Program
- 9.1.28 Chamberlain College of Nursing Baccalaureate Program-Rancho Cordova
- 9.1.29 College of Nursing West Coast University Baccalaureate Degree Nursing Program
- 9.1.30 Concordia University Irvine Baccalaureate Degree Nursing Program
- 9.1.31 Dominican University of California Baccalaureate Nursing Program
- 9.1.32 Holy Names University Baccalaureate Degree Nursing Program Baccalaureate Degree Nursing Program
- 9.1.33 Loma Linda University Baccalaureate Degree Nursing Program
- 9.1.34 Mount Saint Mary's University Baccalaureate Degree Nursing Program
- 9.1.35 National University Baccalaureate Degree Nursing Program
- 9.1.36 Point Loma Nazarene University Baccalaureate Degree Nursing Program
- 9.1.37 San Diego State University Baccalaureate Degree Nursing Program
- 9.1.38 San Francisco State University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.39 Simpson University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.40 Sonoma State University Baccalaureate Degree Nursing Program
- 9.1.41 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- 9.1.42 Unitek College Baccalaureate Degree Nursing Program

- 9.1.43 University of California, Irvine Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.44 University of California Los Angeles Baccalaureate Degree Nursing Program
- 9.1.45 University of San Francisco Baccalaureate Degree Nursing Program
- 9.1.46 Vanguard University Baccalaureate Degree Nursing Program **(temporary and permanent)**
- 9.1.47 West Coast University Baccalaureate Degree Nursing Program
- 9.1.48 Western Governors University Baccalaureate Degree Nursing Program
- 9.1.49 Allan Hancock College Associate Degree Nursing Program
- 9.1.50 American Career College Associate Degree Nursing Program
- 9.1.51 American River College Associate Degree Nursing Program
- 9.1.52 Antelope Valley College Associate Degree Nursing Program
- 9.1.53 Bakersfield College Associate Degree Nursing Program
- 9.1.54 Butte College Associate Degree Nursing Program
- 9.1.55 Cabrillo College Associate Degree Nursing Program
- 9.1.56 California Career College Associate Degree Nursing Program
- 9.1.57 Career Care Institute Associate Degree Nursing Program
- 9.1.58 Carrington College LVN to RN Advanced Placement Associate Degree Nursing Program
- 9.1.59 Cerritos College Associate Degree Nursing Program
- 9.1.60 Chabot College Associate Degree Nursing Program **(temporary and permanent)**
- 9.1.61 Chaffey College Associate Degree Nursing Program
- 9.1.62 Citrus College Associate Degree Nursing Program
- 9.1.63 City College of San Francisco Associate Degree Nursing Program
- 9.1.64 CNI Associate Degree Nursing Program
- 9.1.65 College of the Canyons Associate Degree Nursing Program
- 9.1.66 College of the Desert Associate Degree Nursing Program
- 9.1.67 College of Marin Associate Degree Nursing Program
- 9.1.68 College of the Redwood Associate Degree Nursing Program
- 9.1.69 College of San Mateo Associate Degree Nursing Program
- 9.1.70 College of Sequoias Associate Degree Nursing Program
- 9.1.71 College of the Siskiyous LVN to RN Advanced Placement Associate Degree Nursing Program
- 9.1.72 Compton College Associate Degree Nursing Program
- 9.1.73 Contra Costa College Associate Degree Nursing Program
- 9.1.74 Copper Mountain College Associate Degree Nursing Program
- 9.1.75 Cypress College Associate Degree Nursing Program
- 9.1.76 De Anza College Associate Degree Nursing Program

- 9.1.77 East Los Angeles College Associate Degree Nursing Program
- 9.1.78 El Camino College Associate Degree Nursing Program
- 9.1.79 Evergreen Valley College Associate Degree Nursing College
- 9.1.80 Fresno City College Associate Degree Nursing Program
- 9.1.81 Glendale Career College Marsha Fuerst School of Nursing Associate Degree Nursing Program
- 9.1.82 Glendale Community College Associate Degree Nursing Program
- 9.1.83 Golden West College Associate Degree Nursing Program
- 9.1.84 Grossmont College Associate Degree Nursing Program
- 9.1.85 Gurnick Academy of Medical Arts Associate Degree Nursing Program
- 9.1.86 Imperial Valley College Associate Degree Nursing Program
- 9.1.87 Long Beach City College Associate Degree Nursing Program
- 9.1.88 Los Angeles City College Associate Degree Nursing Program
- 9.1.89 Los Angeles County College Associate Degree Nursing Program
- 9.1.90 Los Angeles Harbor Associate Degree Nursing Program
- 9.1.91 Los Angeles Pierce College Associate Degree Nursing Program
- 9.1.92 Los Angeles Southwest College Associate Degree Nursing Program
- 9.1.93 Los Angeles Trade Tech College Associate Degree Program
- 9.1.94 Los Angeles Valley College Associate Degree Nursing Program
- 9.1.95 Los Medanos College Associate Degree Nursing Program **(temporary and permanent)**
- 9.1.96 Mendocino College Associate Degree Nursing Program
- 9.1.97 Merced College Associate Degree Nursing Program
- 9.1.98 Merritt College Associate Degree Nursing Program
- 9.1.99 Mira Costa College Associate Degree Nursing Program **(temporary and permanent)**
- 9.1.100 Mission College Associate Degree Nursing Program
- 9.1.101 Modesto Junior College Associate Degree Nursing Program
- 9.1.102 Monterey Peninsula College Associate Degree Nursing Program
- 9.1.103 Moorpark College Associate Degree Nursing Program
- 9.1.104 Mount San Jacinto Associate Degree Nursing Program
- 9.1.105 Mount Saint Mary's University Associate Degree Nursing Program
- 9.1.106 Mount San Antonio Associate Degree Nursing Program
- 9.1.107 Napa Valley College Associate Degree Nursing Program
- 9.1.108 Ohlone College, Associate Degree Nursing College
- 9.1.109 Pacific College Associate Degree Nursing Program
- 9.1.110 Pacific Union College Associate Degree Nursing Program

- 9.1.111 Palomar College Associate Degree Nursing Program
(temporary and permanent)
- 9.1.112 Pasadena City College Associate Degree Nursing Program
- 9.1.113 Porterville College Associate Degree Nursing Program
- 9.1.114 Reedley College at Madera Community College Center
Associate Degree Nursing Program
- 9.1.115 Rio Hondo College Associate Degree Nursing Program
- 9.1.116 Riverside City College Associate Degree Nursing Program
- 9.1.117 Sacramento City College Associate Degree Nursing
Program
- 9.1.118 Saddleback College Associate Degree Nursing Program
- 9.1.119 San Bernardino Valley College Associate Degree Nursing
Program
- 9.1.120 San Diego City College Associate Degree Nursing Program
- 9.1.121 San Joaquin Delta Associate Degree Nursing Program
- 9.1.122 San Joaquin Valley College Associate Degree Nursing
Program
- 9.1.123 Santa Ana College Associate Degree Nursing Program
- 9.1.124 Santa Barbara City College Associate Degree Nursing
Program
- 9.1.125 Santa Monica College Associate Degree Nursing Program
- 9.1.126 Santa Rosa Junior College Associate Degree Nursing
Program
- 9.1.129 Shasta College Associate Degree Nursing Program
- 9.1.128 Sierra College Associate Degree Nursing Program
- 9.1.129 Solano Community College Associate Degree Nursing
Program
- 9.1.130 Stanbridge University Associate Degree Nursing Program
- 9.1.131 Southwestern College Associate Degree Nursing Program
- 9.1.132 Ventura College Associate Degree Nursing Program
- 9.1.133 Victor Valley College Associate Degree Nursing Program
- 9.1.134 Weimar Institute Associate Degree Nursing Program
- 9.1.135 West Hills College Lemoore Associate Degree Nursing
Program
- 9.1.136 Xavier College Associate Degree Nursing Program
- 9.1.137 Yuba College Associate Degree Nursing Program
(temporary and permanent)

Acknowledge Receipt of Program Progress Reports:

- 9.1.138 University of California Los Angeles Entry Level Masters
Nursing Program
- 9.1.139 California State University San Bernardino Baccalaureate
Degree Nursing Program
- 9.1.140 California State University San Marcos Baccalaureate
Degree Nursing Program
- 9.1.141 Chamberlain College of Nursing Baccalaureate Degree
Nursing Program-Rancho Cordova

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

Public Comment for
Agenda Item 9.1:

Judy Corliss: reports having technical issues

MOTION: Michael Jackson motion to accept (recusing himself from Mira Costa College and Southwestern College)

SECOND: Donna Gerber

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

9.2 Discussion and Possible Action Regarding Education/Licensing Committee Recommendations
Presented by: MaryAnn McCarthy, Nursing Education Consultant
9.2.1 Recommend Ratification Of Applications or Other Action Regarding Prelicensure Program Continuing Approval (BPC § 2788, 16 CCR §§ 1421 & 1423) (Consent)

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

2:09 pm Public Comment for Agenda Item 9.2.1: No public comment.

MOTION: Michael Jackson to accept.

SECOND: Kenneth Malbrough

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

2:10 pm **9.2.2 Recommend Ratification or Other Action Regarding Prelicensure Program Unit Adjustment or Other Changes for Prelicensure Nursing Programs (16 CCR §§ 1426 & 1432) (Major Curriculum – no enrollment increase) (Consent)**

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

Public Comment for Agenda Item 9.2.2: No public comment.

MOTION: Michael Jackson to accept.

SECOND: Kenneth Malbrough

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

2:12 pm **9.3 Discussion and Possible Action Regarding Whether to Accept Recommendation to Accept Program Progress Report, Discussion and Possible Action to Address Any Performance Gaps Including Actions Described in 16 CCR § 1423.2(a). East Los Angeles College Associate Degree Nursing Program (Present)**

Presented by: MaryAnn McCarthy, Nursing Education Consultant

Public Comment for
Agenda Item 9.3: No public comment.

MOTION: Michael Jackson recommendation to accept the report and allow 30 cohorts to be admitted twice a year.

SECOND: Elizabeth Woods

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

2:20 pm

9.4

Licensing Program Update

Presented by: McCaulie Feusahrens, Chief of Licensing

McCaulie Feusahrens: provided an update of the Licensing Division.

Public Comment for
Agenda Item 9.4: No public comment.

2:26 pm

10.0

Report of the Legislative Committee

Donna Gerber, Chairperson

2:27 pm

10.1

Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session, Including But Not Limited To The Following Bills:

Presented by: Thelma Harris, Chief of Legislation

- AB 329 (Rodriguez) Hospitals: assaults and batteries
- AB 362 (Eggman) Controlled substances: overdose prevention program
- AB 613 (Low) Professions and vocations: regulatory fees
- AB 732 (Bonta) County jails: pregnant inmates
- **AB 890** (Wood) Nurse practitioners
- AB 1145 (Cristina/Garcia) Child abuse: reportable conduct
- AB 1544 (Gipson/Gloria) Community Paramedicine or Triage to Alternate Destination Act

- AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions
- AB 1759 (Salas) Health care workers: rural and underserved areas
- AB 1909 (Gonzalez) Healing arts licensees: virginity examinations or tests
- AB 1917 (Ting) Budget Act of 2020
- AB 1928 (Kiley/Melendez) Employment standards: independent contractors and employees
- AB 1998 (Low) Dental Practice Act: unprofessional conduct: patient of record
- **AB 2028** (Aguiar-Curry) State agencies: meetings
- AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing
- **AB 2185** (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity
- **AB 2288** (Low) Nursing Programs: Clinical hours
- **AB 2549** (Salas) Department of Consumer Affairs: temporary licenses
- **AB 2635** (Gallagher) Nursing programs: clinical hours
- AB 2704 (Ting) Healing Arts: licenses: data collection
- **AB 3016** (Dahle) Board of Registered Nursing: online license verification
- AB 3045 (Gray) Boards: veterans: military spouses: licenses
- AB 3244 (Flora) Nursing, vocational nursing, and psychiatric technicians: schools: examination fraud
- SB 3 (Allen/Glazer) Office of Higher Education Coordination, Accountability, and performance
- SB 808 (Mitchell) Budget Act of 2020
- SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times
- **SB 1053** (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
- **SB 1237** (Dodd) Nurse-Midwives: scope of practice

2:28 pm

AB 890 (Wood) Nurse practitioners

Update: BRN previous position was to oppose, unless amended. No changes.

Public Comment for
AB 890:

No public comment.

2:29 pm

AB 2028 (Aguiar-Curry) State agencies: meetings

Update: BRN previous position was to oppose, unless amended. Now going to the committee.

Public Comment for
AB 2028:

Saskia Kim, California Nurses Association (Sponsor of Bill)

MOTION: Donna Gerber support as amended

SECOND: Kenneth Malbrough

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

2:34 pm

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

Update: BRN previous position was to support, if amended. No changes.

Public Comment for
AB 2185:

No public comment.

2:35 pm

AB 2288 (Low) Nursing Programs: Clinical hours

Update: BRN previous position was to support if amended. No changes.

Public Comment for
AB 2288:

No public comment.

2:35 pm

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

Update: BRN previous position, was to watch. No changes.

Public Comment for
AB 2549:

No public comment.

2:36 pm

AB 3016 (Dahle) Board of Registered Nursing: online license verification

Update: BRN previous position was, to oppose. No changes.

Public Comment for
AB 3016:

No public comment.

- 2:37 pm **SB 1053** (Moorlach) Licensed registered nurses and licensed
Update: BRN previous position, was to oppose. No changes.
- Public Comment for SB 1053: No public comment.
- 2:38 pm **SB 1237** (Dodd) Nurse-Midwives: scope of practice
Update: BRN previous position, was to support if amended. No changes.
- Donna Gerber:** requests that all letters/emails of BRN legislative positions, go out to each Board member.
- Reza Pujesh, DCA Legal Attorney:** clarified, that all email communication that goes to all to BRN Members they must be blind carbon copied (BCC).
- Public Comment for SB 1237: No public comment.
- 2:45 pm **11.0** **Report of the Intervention Discipline Committee**
Imelda Ceja-Butkiewicz, Chairperson
- 2:45 pm **11.1** **Information Only:** Complaint Intake and Intervention/Cite &
Fine/Legal Support Update
Presented by: Stacie Berumen, Chief of Enforcement
- Public Comment for Agenda Item 11.1: No public comment.
- 11.1.1 Discussion and Possible Action Regarding Appointment/Reappointment of Intervention Evaluation Committee Members;**
- Stephanie Trumm, Nurse Member, IEC 5/Fresno
 - Karen Ippolito, Nurse Member, IEC 6/Palm Desert
 - Darryl Levine, Public Member, IEC 3/Los Angeles
 - Janis Jones, Nurse Member, IEC 6/Palm Desert
 - Rhonda Ceccato, Public Member, IEC 6/Palm Desert
 - Brooke Kilpatric, Nurse Member, IEC 6/Newark
 - Mary McCloy, Nurse Member, IEC 7/Newark
 - Scott Bertrand, Nurse Member, IEC 9/Ontario
 - Marge Meyerhofer, Nurse Member, IEC 9/Ontario
 - Mihran Ask, MD Member, IEC 9/Ontario
 - Diane Christoffels, Nurse Member, IEC 10/San Diego
 - Alan Abrams, MD Member, IEC 10/San Diego
 - John Helmuth, Nurse Member, IEC 11/Fairfield

- David Rohrdanz, MD Member, IEC 11/Fairfield
- Michael Parr, MD Member, IEC 12/Folsom
- Patricia Mraz, Nurse Member, IEC 14/Culver City
- Wendy Prothro, Nurse Member, IEC 14/Culver City
- Nicole Gilbert, Public Member, IEC 14/Culver City

Public Comment for
Agenda Item 11.1.1: No public comment.

MOTION: Imelda Ceja-Butkiewicz made a motion to appoint and reappointment IEC committee members.

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

2:56 pm

11.2

Information Only: Investigations Update

Presented by: Stacie Berumen, Chief of Enforcement

Public Comment for
Agenda Item 11.2: No public comment.

2:59 pm

11.3

Information Only: Discipline and Probation Program Update

Presented by: Stacie Berumen, Chief of Enforcement

Public Comment for
Agenda Item 11.3: No public comment.

3:03 pm

11.4

Information Only: Enforcement and Intervention Statistics

Presented by: Stacie Berumen, Chief of Enforcement

Public Comment for
Agenda Item 11.4: No public comment.

3:04 pm

12.0

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

Public Comment for
Agenda Item 12.0: No public comment.

3:07 pm

13.0

Adjournment

Michael D. Jackson, President, adjourned the meeting on 6/24/2020 at 3:07pm. There was no need for continuation of the Board meeting to June 25, 2020 as all the agenda items were discussed.

Submitted by:

Accepted by:

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

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

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

DRAFT

DATE: August 4, 2020

START TIME: 10:00 a.m. (9:00a.m. meeting was delayed due to technical issues with the teleconference platform)

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

The Board of Registered Nursing held a public meeting via a teleconference platform.

Tuesday, August 4, 2020 – 9:00 am-1:00 pm Board Meeting

10:00 am	1.0	Call to Order/Roll Call/Establishment of a Quorum Michael D. Jackson, President called the meeting to order at 10:00 am. All Members present, except for Karen Skelton. Imelda Ceja-Butkiewicz joined the meeting at 10:43 a.m. Quorum established at 10:02 am.
	Board of Registered Nursing:	Michael D. Jackson, MSN, RN, CEN, MICN-President Donna Gerber, Public Member, Vice President Imelda Ceja-Butkiewicz, Public Member Kenneth Malbrough, Public Member Karen Skelton, Public Member Dolores Trujillo, RN, Direct Patient-Care Member Elizabeth A. Woods, MSN, RN, FNP, Advanced Practice Member
	BRN Staff Representatives:	Loretta Melby, MSN, RN, Acting Executive Officer Reza Pejuhesh, BRN Legal Attorney
10:02 am	2.0	General Instructions provided for the Format of a Teleconference Call
10:04 am	3.0	Public Comment for Items Not on the Agenda; Items for Future Agenda

Dr. Sharon Goldfarb: Addressed her concerns that BRN is making policy recommendations without taking the public health into account.

Dr. Philip Greiner, San Diego State University (SDSU): Addressed his concerns that that are few clinical placements, available to students and staff. Asked the Board to “pay attention to what is happening in the field”.

Dr. Kathy Marsh, University of San Diego: Expressed support bill AB 2288.

Mary Wickman, President of Association of College of Nursing: Expressed support for AB 2288 and her concern over nursing school students, being able to get through the pipeline with applying their education to hospitals.

Dr. Karen Lightfoot, President of California Nurses Association: Expressed that flexibility is critical for several nursing schools across the state, in order to provide efficiency, safety and the proper education. Requested the Board allow more hours of simulation for nursing students, allowing them to have hands-on experiences. Expressed support of AB 2288 from the Board.

Lashonda Shannon: Expressed concerns over how policy recommendations will affect the public.

Dr. Gabby Alia: Expressed concerns over the lack of training and lack of hours for the students, to practice and train.

10:22 am	4.0	Report of the Legislative Committee Donna Gerber, Chairperson
10:28 am	4.1	Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Action Regarding Adoption or Modification of the Board’s Positions on Bills Introduced during the 2019-2020 Legislative Session: Presented by: Thelma Harris, Chief of Legislation
10:29 am	AB 890	(Wood) Nurse practitioners Update: The bill now reflects the requested amendments to the bill. The Board no longer has significant concerns with the bill. It is now going to the Senate to be heard.

Public Comment for
AB 890:

Saskia Kim: Stated the California Nurses Association (CNA) is no longer opposed to the bill, after amendments were fulfilled.

Charlotte Gullap-Moore: Expressed concerns over checks and balances within BRN. Concerns over representation from other professions outside of the BRN. Oppose idea of adding 3 years of nurse practitioners to work independently.

Darcy Ruffo: Stated agreement with Gullap-Moore’s comments. Also expressed concerns over misrepresentation from other professions, outside of the BRN, Concerns over practitioner oversight. Appreciate the Board’s support for advanced practice for registered nurses.

Samantha Gambles Farr: Stated agreement with comments shared by Gullap-Moore and Ruffo, over advanced practice nurse practitioners. Stated that she would like the Board to watch the bill.

Sandra Bordi: Stated support for Gullap-Moore’s comments on opposing unless amended.

MOTION: Donna Gerber – Modified original motion from Support to Oppose unless amended. Specific to removing the requirements that there be a physician on the Advisory Board.

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB

Key: Yes: Y| No: N| Abstain: A| Absent for Vote: AB

10:57 am

AB 2028

(Aguiar-Curry) State agencies: meetings

Update: Bill has been amended, in reference to materials being posted within a timely fashion. BRN already complies to the language that has been put into bill. This bill is going to Senate.

Public Comment for
AB 2028:

Saskia Kim: Stated that CNA requests that the Board removes its opposition to the bill.

MOTION: Donna Gerber support as amended

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

11:02 am

AB 2185

(Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity

Update: Not currently active.

11:03 am

AB 2549

(Salas) Department of Consumer Affairs: temporary licenses

Update: Looking into temporary licenses. Providing temporary licenses to out of state, nurses. BRN already follows this practice.

Public Comment for
AB 2549:

None

MOTION: Donna Gerber – Motion to continue to watch

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

11:07 am

AB 3016

(Dahle) Board of Registered Nursing: online license verification

Update: Currently sitting in Committee. Nothing has changed, as far as updates. Focusing on establishing the nurses' verification process.

Public Comment for
AB 3016:

Saskia Kim CNA: Expressed concerns over policies referring to online verification for nurses. CNA expressed concern that if this bill passes continuing education for CA nurses might match other states whose requirements are not as stringent. CNA believes the bill could undermine public safety, as well as the health of nurses.

MOTION: Donna Gerber – Motion to oppose unless amended

SECOND: Elizabeth Woods

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	N	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

11:13 am

SB 1053

(Moorlach) Licensed registered nurses and licensed
Update: Held in Committee. Currently not moving.

Public Comment for
SB 1053:

No public comment.

SB 1237 (Dodd) Nurse-Midwives: scope of practice

11:14 am

Update: Bill has been amended. Amendment still does not reflect what the Board has requested to be changed.

Public Comment for
SB 1237:

Charlotte Gullap-Moore: Stated that she does not agree with adding another physician, overlooking CA nurses, their committees and advisory boards.

MOTION: Donna Gerber – motion to support if amended

SECOND: Michael Jackson

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

AB 2288 (Low) Nursing Programs: Clinical hours

11:22 am

Update: The bill has been amended. Down from 75%-25%. Change in regulation, pertaining to clinical training. Will have to go back to the Senate, depending on how many times the Author

continues to propose amendments. Course breakdowns are related to the current waivers, for schools.

Loretta Melby, Executive Officer: 80% NCLEX RN pass rate for last two years automatically does not allow for all schools. There are 15 schools that are not included. The 25% in direct patient care requirement is for Obstetric, Pediatrics and Psych mental health. The language also limits the ability to be able to use that 25% as telehealth for direct patient care, this is not good for students. The use of telehealth is important for students to be able to complete these areas. Most would not have been able to complete these areas without the use of telehealth. Want to make sure that the Board is looking out for the students as well.

Elizabeth (Betty Woods): Asked a question as to whether certain schools are decreasing their levels of education, and if they are changing requirements for nurses.

Loretta Melby: Other boards are not asking for the decreases in direct or hands on care. DCA has only decreased this requirement in nursing education, decreasing, in-person clinical time and hours.

Public Comment for
AB 2288:

Sharon Goldfarb, Dr College of Marin: Expressed concern over the stance on clinical hours, for nurses. Asked how the Board take action over public comments that are being made? Clinical education, has been closed for many schools, and concern over suspended programs. Has recently lost another hospital, which sets back many students in her programs.

Reza Pujhesh, DCA Legal Attorney: Explained that the Board makes the decisions, based upon considering how consumers are impacted within California. The Board has interests of stakeholders, as well. The Board is receptive to comments from the public and takes the comments into account, before they make a decision. The Board has its own statutory mandate of public protection.

Dr. Philip Greiner: Stated support for AB 2288, as it is currently amended. The Board has been non-responsive to educational facility. We know better than the Board does, in this aspect. We need flexibility. The Board should be bench-marking, and in step with other Boards around the country.

Mher Kesheshian: Diversity is present within California. Questions whether the Board is being responsive towards comments and what is happening at hospitals. Questions whether the Board is making efforts, related to other Boards in states.

Peggy Matta: We are unable to get into the clinical settings. We need simulations for students. Schools should be allowed to make the decision on how they educate their students, with simulation. In Support of AB 2288.

Saskia Kim, CNA: Students need direct, in-person experience, as well as training and simulation with mannequins. The bill is overly broad and increases the risk of our students. Opposes AB 2288.

Dr. Karin Lightfoot: We are all looking at protecting the public. We are education our students and our practitioners. The bill looks at alternate ways at providing the education to students, as well as, looks at how to allow our students to progress. The bill provides various ways to simulate, for students to actively engage.

Megan Rilla, School of Nursing San Francisco: Working with graduating students that are working in Telemedicine. Anything that the Board will be doing to assist in these processes, for California licensure.

Catherine Azubuikwe: Asked why certain schools were excluded, from clinical education?

Donna Gerber: Schools are required to have an 80%, NCLEX passing rate.

Linda Zorn: Concerns over facilities being destroyed and things have been difficult, as students have not had the same opportunities at clinical schools. AB 2288 is essential, in creating a pipeline for students to be educated and go through the process within the clinical system.

Mary Wickman, Director of Nursing Program at Vanguard University: Nursing pipeline has been drying up, without the assistance from AB 2288. Pipeline for the nursing workforce, has depleted. Concern over patients and people being taken care of, if nurses cannot complete coursework.

Garrett Chan: AB 2288 does not request to reduce education and clinical hours for students. Non-direct care, simulation has been

shown to help students and is beneficial in their learning. We are asking the Board to support this bill.

David Namnath: We are left with waiting for the fight. We need to graduate on time. We need a resolve, in order to graduate on time and become nurses, to help our patients.

Brianna Hathaway: Trust the nursing schools and administrators. Does not make sense to send students into a clinical setting, in light of the increasing risk of contracting COVID-19. Trust educators, to become nurses, safely, when entering the workforce.

Loretta Melby: With 2727 these students can help right now. You do not need to wait for graduation. Academic credit can be given to the students who are helping. BRN supports granting credit for these clinical experiences. Pursuing legislation, has more than a California school impact. It can impact more than just our students. This impacts and affects, schools and students, nationally and internationally. Telehealth was first used within California as direct patient care so that students continue coursework, gain clinical experience, and help patients, safely.

Donna Gerber: Amendment made to the original bill. Describes the number of students, as the number of enrolled students. The previous bill described it as the number of approved students. We have one large, school in Southern California that unilaterally increased its enrollment.

Elizabeth (Betty) Woods: Concerns over graduate programs and how those schools will act forward.

Loretta Melby: New graduate programs have been suspended and postponed. These programs will be limited at best due to the furloughs and layoffs at certain hospitals within the state due to the budget impact from COVID19. Also, the educators have been laid off so they cannot support these graduates either.

Imelda Ceja-Butkiewicz: Make adjustments with technology. Concerns over public safety. Desires for more simulation for students, during clinical education. Consider adding more simulation, as we continue to move forward.

Ken Malbrough: Having flexibility so that students can continue on, through their programs. This is an emergency, and affects the entire country. Boards must be flexible, during these times. My hope is that schools and Boards will close the gaps, so that

students can continue into their pathway, to the nursing workforce. Support AB 2288.

Dolores Trujillo: Human response cannot be simulated in a sim-lab. We have a mandate to protect the public. We have demonstrated flexibility. We are not doing any training for any new grads at the hospitals. We have been working with and are being flexible, in these times.

Michael Jackson: Agree with Betty and Dolores. We are in an emergency. My whole existence, as a nurse, has been in emergency. Nothing can simulate actual experience and actual, in-person. Texas, is not necessarily, an example, to abide by. We have to ensure that nurses are fully equipped to go into battle. We cannot send nurses into critical work unprepared. Nurses should not be sent into the workforce, without the correct education and preparation.

Loretta Melby: Some of the flexibilities offered are minor curriculum revisions to move from in-class learning to virtual instruction and the 50% waiver for the nursing specific content areas. The waivers process is to lift certain areas of regulation, and cannot be used to write new legislation. NEC's have reached out to remind the program directors, that fundamentals can be taught 100% in a simulated lab, and does not require any direct patient care. Hospital sites and clinical facilities are being reached out to and we are looked at alternative clinical sites. In order for students who have increased health risk, they need to be able to have an option to complete direct patient care clinicals in telehealth, that is provided at certain facilities within the State. Minimum unit requirement for licensure, is 18 units for semester and 27 units for a quarter system. 864 hours, completed by students, in a clinical system. Schools want us to bring down their required amount of clinical hours in a clinical setting. This can be a consumer safety issue

MOTION: Donna Gerber – Motion to oppose.

SECOND: Dolores Trujillo

VOTE:

Vote	MJ	DG	IC-B	EW	KM	DT	KS
	Y	Y	N	Y	N	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

1:42 pm

7.0

Adjournment

Michael D. Jackson, President, adjourned the meeting on August 4, 2020 at 1:42 pm

Submitted by:

Accepted by:

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

Michael D. Jackson, MSN, RN, CEN, MICN
President
California Board of Registered Nursing

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

DRAFT

DATE: August 13, 2020

START TIME: 9:00 a.m.

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

The Board of Registered Nursing held a public meeting via a teleconference platform.

Thursday, August 13, 2020 - 9:00 am - 6:00pm Board Meeting

- 9:01 am **1.0** Call to Order/Roll Call/Establishment of a Quorum
Michael D. Jackson, President called the meeting to order at 9:01 am. All members present, with the exception of Karen Skelton. Quorum established at 9:02 am.
- Board of Registered Nursing:** Michael D. Jackson, MSN, RN, CEN, MICN-President
Kenneth Malbrough, Public Member, Vice President
Imelda Ceja-Butkiewicz, Public Member
Dolores Trujillo, RN, Direct Patient-Care Member
Karen Skelton, Public Member
Elizabeth A. Woods, MSN, RN, FNP, Advanced Practice Member
- BRN Staff Representatives:** Loretta Melby, MSN, RN, Acting Executive Officer
Reza Pujesh, DCA Legal Attorney
- 9:03 am **2.0** **General Instructions provided for the Format of a Teleconference Call**
- 9:05 am **3.0** **Public Comments for Items not on the Agenda; Items for Future Agendas**
Public comment was opened at 9:05 am. Due to website issues, the Board went into Closed Session at 9:23 am and reconvened in Open Session at 10:00 am to resume the public comment period.
- There were no public comments.

9:23 am

4.0

Closed Session

Michael D. Jackson, President, called the meeting into closed session at 9:23 am.

The board reestablished a quorum at 10:03 am for public comments. There were no public comments.

Michael D. Jackson, President, called the meeting into closed session at 10:05 am.

4.1

Disciplinary Matters

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

4.2

Pending Litigation

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

Shalene Therese Garza v. Board of Registered Nursing, Los Angeles, County Superior Court, Case No. 19STCP04970

4.3

Personnel

The Board convened in closed session pursuant to Government Code section 11126, subdivision (a) to consider the employment or evaluation of performance of a public employee(s) (information only).

12:20pm

5.0

Reconvene in Open Session

Michael D. Jackson, President, reconvened the meeting into open session, once again, at 12:20 pm

12:21 pm

6.0

Adjournment

Michael D. Jackson, President, adjourned the meeting on 8/13/2020 at 12:21 pm.

Submitted by:

Accepted by:

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

Michael D. Jackson, MSN, RN, CEN, MICN
President
California Board of Registered Nursing



Agenda Item 5.0

UPDATE ON THE DIVISION OF INVESTIGATION
AND BRN'S PILOT PROJECT

September 16-17, 2020

BOARD OF REGISTERED NURSING
Board Meeting
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: September 16-17, 2020

ACTION REQUESTED: Presentation by Department of Consumer Affairs, Division of Investigations

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

BACKGROUND: Presentation by David Chriss, Chief of Division of Investigations – Update of the Division of Investigations and Board of Registered Nursing Pilot Program.

NEXT STEP: Place on Board Agenda.

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



Agenda Item 6.0

REPORT OF THE ADMINISTRATIVE COMMITTEE

Michael D. Jackson, MSN, RN, Chairperson | September 16-17, 2020

BOARD OF REGISTERED NURSING
Board Meeting
Agenda Item Summary

AGENDA ITEM: 6.1
DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and possible action regarding appointment and approval of committee members and/or chairs.

REQUESTED BY: Michael Jackson, President

BACKGROUND: Board President to seek board resolution to appoint committee members and committee chairs.

NEXT STEP: Place on Board Agenda.

PERSON TO CONTACT: Michael Jackson
President
California Board of Registered Nursing
Michael.Jackson@dca.ca.gov

BOARD OF REGISTERED NURSING
Board Meeting
Agenda Item Summary

AGENDA ITEM: 6.2
DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and possible action regarding Board and Committee Dates for 2021.

REQUESTED BY: Michael Jackson, President

BACKGROUND: Historically the Board adopts a resolution setting the future meeting dates with exception to July and December for the upcoming year. Additionally, the Board decides whether the meetings would be held in Northern or Southern California. In response to the COVID 19 pandemic, starting in March 2020, all Board and Committee meetings were held virtually and the Board voted for flexibility.

The Board needs to develop a plan for setting the 2021 dates and location with flexibility to respond to COVID 19 pandemic and other future declared state of emergencies.

NEXT STEP: Place on Board Agenda.

PERSON TO CONTACT: Michael Jackson
President
California Board of Registered Nursing
Michael.Jackson@dca.ca.gov



Agenda Item 7.0

REPORT OF THE EDUCATION/LICENSING COMMITTEE

Michael D. Jackson, MSN, RN, Chairperson | September 16-17, 2020

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Acceptance of Minor Curriculum Revisions And Acknowledge Receipt Of Program Progress Reports (16 CCR 1426) (Consent)

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

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

Minor Curriculum revisions include the following categories:

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

The following programs have submitted minor curriculum revisions and progress reports that have been approved by the NECs. Temporary revision related to COVID-19 are marked.

List of Schools Submitting Minor Curriculum Revisions:

- 7.2.1 University of California Davis Betty Irene Moore School of Nursing Masters Entry Nursing Program (Temporary)
- 7.2.2 University of California, Irvine Master's Entry Program in Nursing (Temporary)
- 7.2.3 Brandman University Baccalaureate Degree Nursing Program
- 7.2.4 California State University, Channel Islands Baccalaureate Degree Nursing Program (Temporary & Permanent)
- 7.2.5 California State University, Chico Baccalaureate Degree Nursing Program
- 7.2.6 California State University, Fullerton Baccalaureate Degree Nursing Program
- 7.2.7 California State University Sacramento Baccalaureate Degree Nursing Program (Temporary)
- 7.2.8 Dominican University Baccalaureate Degree Nursing Program
- 7.2.9 Holy Names University Baccalaureate Nursing Degree Program (Temporary & Permanent)
- 7.2.10 Loma Linda University Baccalaureate Nursing Degree Program
- 7.2.11 National University Baccalaureate Nursing Degree Program
- 7.2.12 San Diego State University Baccalaureate Nursing Degree Program
- 7.2.13 Sonoma State University Baccalaureate Degree Nursing Program (Temporary)
- 7.2.14 University of California, Irvine Bachelor of Science in Nursing Science Program (Temporary & Permanent)
- 7.2.15 Western Governors University Baccalaureate Degree Nursing Program (Temporary)

- 7.2.16 Allan Hancock Associate Degree Nursing Program (Temporary)
- 7.2.17 Butte College Associate Degree Nursing Program (Temporary)
- 7.2.18 Carrington College Associate Degree Nursing Program (Temporary)
- 7.2.19 College of Marin Associate Degree Nursing Program (Temporary)
- 7.2.20 College of the Siskiyous Associate Degree Nursing Program (Temporary)
- 7.2.21 Los Medanos College Associate Degree Nursing Program (Temporary)
- 7.2.22 Merced College Associate Degree Nursing Program (Temporary & Permanent)
- 7.2.23 Mount San Jacinto Associate Degree Nursing Program
- 7.2.24 Pacific College Associate Degree Nursing Program (Temporary)
- 7.2.25 Palomar College Associate Degree Nursing Program (Temporary & Permanent)
- 7.2.26 Reedley College at Madera Community College Center Associate Degree Nursing Program (Temporary)
- 7.2.27 Sacramento City College Associate Degree Nursing Program (Temporary)
- 7.2.28 San Joaquin Delta College Associate Degree Nursing Program (Temporary)
- 7.2.29 Santa Ana College Associate Degree Nursing Program
- 7.2.30 Shasta College Associate Degree Nursing Program (Temporary)
- 7.2.31 Sierra College Associate Degree Nursing Program (Temporary)
- 7.2.32 Weimar Institute Associate Degree Nursing Program (Temporary)
- 7.2.33 Yuba College Associate Degree Nursing Program (Temporary)

List of Schools Submitting Program Progress Reports:

- 7.2.34 San Francisco State University Entry Level Master's Degree Nursing Program
- 7.2.35 University of California, San Francisco Entry Level Master's Degree Nursing Program
- 7.2.36 University of San Francisco Entry Level Master's Nursing Program
- 7.2.37 American University of Health Sciences Baccalaureate Degree Nursing Program
- 7.2.38 Brandman University Baccalaureate Degree Nursing Program
- 7.2.39 California State University Fresno Baccalaureate Degree Nursing Program
- 7.2.40 California State University Fullerton Baccalaureate Degree Nursing Program
- 7.2.41 California State University San Bernardino Baccalaureate Degree Nursing Program
- 7.2.42 Chamberlain University College of Nursing Baccalaureate Degree Nursing Program – Rancho Cordova
- 7.2.43 Concordia University Irvine Baccalaureate Degree Nursing Program
- 7.2.44 San Diego State University Baccalaureate Degree Nursing Program
- 7.2.45 San Francisco State University Baccalaureate Degree Nursing Program
- 7.2.46 Simpson University Baccalaureate Degree Nursing Program
- 7.2.47 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- 7.2.48 Unitek College Baccalaureate Degree Nursing Program
- 7.2.49 University of California Los Angeles Baccalaureate Degree Nursing Program
- 7.2.50 University of Phoenix Baccalaureate Degree Nursing Program
- 7.2.51 University of San Francisco Baccalaureate Degree Nursing Program
- 7.2.52 Vanguard University Baccalaureate Degree Nursing Program
- 7.2.53 West Coast University Baccalaureate Degree Nursing Program
- 7.2.54 Antelope Valley College Associate Degree Nursing Program
- 7.2.55 American Career College Associate Degree Nursing Program
- 7.2.56 Cabrillo College Associate Degree Nursing Program
- 7.2.57 California Career College Associate Degree Nursing Program
- 7.2.58 Career Care Institute Associate Degree Nursing Program

- 7.2.59 Cerritos College Associate Degree Nursing Program
- 7.2.60 City College of San Francisco Associate Degree Nursing Program
- 7.2.61 Citrus College Associate Degree Nursing Program
- 7.2.62 College of the Desert Associate Degree Nursing Program
- 7.2.63 Copper Mountain College Associate Degree Nursing Program
- 7.2.64 Fresno City College Associate Degree Nursing Program
- 7.2.65 Glendale Career College Associate Degree Nursing Program (Glendale and San Diego Campuses)
- 7.2.66 Glendale College Associate Degree Nursing Program
- 7.2.67 Grossmont College Associate Degree Nursing Program
- 7.2.68 Imperial Valley College Associate Degree Nursing Program
- 7.2.69 Mendocino College Associate Degree Nursing Program
- 7.2.70 Merritt College Associate Degree Nursing Program
- 7.2.71 Mission College Associate Degree Nursing Program
- 7.2.71 Monterey Peninsula College Associate Degree Nursing Program
- 7.2.73 Pacific College Associate Degree Nursing Program
- 7.2.74 Pacific Union College Associate Degree Nursing Program
- 7.2.75 Reedley College at Madera Community College Center Associate Degree Nursing Program
- 7.2.76 Rio Hondo College Associate Degree Nursing Program
- 7.2.77 Riverside City College Associate Degree Nursing Program
- 7.2.78 Victor Valley College Associate Degree Nursing Program
- 7.2.79 West Hills College Lemoore Associate Degree Nursing Program

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

September 16-17, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	MINOR REVISIONS SUMMARY OF CHANGES
ELM (alpha a-z)			
University of California Davis Betty Irene Moore School of Nursing Masters Entry Nursing Program	K. Daugherty	06/12/2020	Temporary change Requested delivery of didactic/theory nursing course instruction remotely for the Summer Quarter for Year 1 (N=48) and Year 2 (n=47) MEPN students (July 6-September 18) using a variety of means such as web conferencing, lecture capture, Canvas tools (Panopto and Zoom) etc. The Graduate Education Schools division is allowing some in-person instruction for labs and similar activities. N420 Foundations will be conducted on campus with appropriate COVID-19 screening, social distancing, and masking guidelines. Required direct care clinical hours for N421, N424 will be completed without need to use the waiver provided existing clinical sites remain open. If sites close/no longer available to students, UCD will use available waivers to complete summer clinical courses including simulation, virtual visits and standardized patients for N421. Necessary clinical placements for PHN certification N427 supervised direct patient care hours have been secured as of this submission. Exploring use of additional testing software to support various proctored testing needs.
BSN (alpha a-z)			
Brandman University Baccalaureate Degree Nursing Program	L. Melby	6/7/2020	Error correction. Yr 2 trimester 1 session 2 NURU 404 Health Comm 3 units moved to Yr 2 trimester 2 session 2 and switched with NURU 407 3 Cult & Spirit 3 units. No change in any other sequencing, outcomes, units or content
California State University, Channel Islands	A. Duke	07/23/2020	Permanent change A minor curriculum revision for the CSUCI prelicensure program.

Baccalaureate Degree Nursing Program		07/23/2020	<p>The number of semester weeks was reduced from 16 to 15. The University has 15 weeks of formal instruction every semester and one week of final exams. There is no instruction of students during the 16th week of the semester. Course sequencing changes were made to the Total Curriculum Plan to facilitate the early introduction of research evidence-based practice in upper division courses.</p> <p>Temporary change A minor curriculum revision for the CSUCI prelicensure program. Students at the Goleta campus take N240 Psychiatric Mental Health Nursing Theory and NRS 241 Psychiatric Mental Health Lab in the summer between the first and second semester of the program. The Goleta campus students also take N232 Care of Children and Families Theory and NRS 233 Care of Children and Family Lab in the summer between the third and fourth semesters. The program needed to cancel these courses for the summer 2020 semester. As a result, the course sequencing for the two cohorts (Cohort 2022 and Cohort 2021, respectively) is temporarily changed for the next academic year.</p>
California State University, Chico Baccalaureate Degree Nursing Program	K. Daugherty	07/14/2020 07/23/2020	University has approved some in-person on-campus simulation/skills labs for the nursing program with the appropriate social distancing and other safety requirements in place. Remote delivery of instruction is unchanged.
California State University, Fullerton Baccalaureate Degree Nursing Program	D. Schutte	07/13/2020	<p>Permanent change A Minor Curriculum Revision for the CSUF prelicensure program. Nursing units for licensure are reduced from 59 to 48 semester units with 29 theory units and 19 clinical units. The following nursing courses are moved from Content Required for Licensure to Other Degree Requirements along with other changes in these courses: 1) NURS 321/321L (3/1 units) Health Assessment/Lab; 2) NURS 402/402L (3/3 units) Community Public Health Nursing/Lab. This course is now named Population Health Nursing and its associated lab has been reduced to 2 units; 3) NURS 410 Leadership/Management in Professional Nursing lab (2 units). Leadership lab content is integrated</p>

			into NURS 411L and 412L; and 4) NURS 412L Capstone lab has been increased from 3 to 4 units. In addition, science units are increased from 16 to 22 units with the inclusion of Psychology and Social/Cultural Pattern Science units. The Program's EDP-P-06 and EDP-P05a have been updated. Total Units for Licensure are reduced from 81 to 76 units with Total Units for Graduation remaining the same at 120 units.
California State University Sacramento Baccalaureate Degree Nursing Program	K. Daugherty	07/01/2020	<p>Temporary change</p> <p>First, second and third semester students' courses clinicals were suspended resulting in ~237 students receiving course incompletes in Spring 2020 if enrolled in the first, second or third terms of the nursing program. Completion of required clinical course hours to progress is in progress and CSUS expects~ 90-100 of the 237 students will complete coursework in the first few weeks of the Fall semester. Course sequencing and all pre-and co-requisite requirements for progression are unchanged. Virtual simulation software has been purchased. Chancellor's office had mandated that w/few exceptions, all class for Fall 2020 be virtual.</p> <p>In mid-August CSUS will determine Fall 2020 first semester admission/enrollment; instead of the usual 80 students, program has conditionally accepted only 40 new first semester students pending clinical availability and may be subject to change.</p>
Dominican University Baccalaureate Degree Nursing Program	MA. McCarthy	07/17/2020	<p>NURL 4200 course change would increase the current 2 clinical units and 90 clinical course hours to 3 clinical units and 134 clinical hours. The overall change would add 1 academic unit to the course, changing the 4-unit Leadership and Management preceptorship course into a 5-unit course. The current nursing curriculum includes 16 units of elective courses. Elective units would be reduced to a total of 15 units. The 124-unit Dominican University graduation requirement would remain unchanged.</p>
Holy Names University Baccalaureate Nursing Degree Program	K. Daugherty	06/11/2020	<p>Permanent change</p> <p>HNU submitted a minor curriculum change request to expand the list of acceptable GE/graduate other degree course offerings (Statistics,</p>

		06/26/2020	<p>Literature/Philosophy/ISAC/Ethnic Studies to meet graduation requirements. Total other degree units (33) remain unchanged. CRL/TCP forms updated according and include correction of typos for N110/N110L. All other program nursing, science, communication, CRL and graduation units remain unchanged.</p> <p>Temporary HNU is extending the Summer semester for its graduating cohort (12) from an end date of mid- August to September 30, 2020 and possibly later in order to complete required clinical course hours in OB N120/120I, PEDS N130/130L and N151/151L This change is required because the Alameda/Bay area clinical placements have not re-opened for HNU placements.</p> <p>The HNU campus skills/simulation labs will re-open July 1, 2020 with 1:1 and 1:3 instructor/student ratios. Total program enrollment once the graduating cohort of (12) completes the program will total 15 students.</p>
Loma Linda University Baccalaureate Nursing Degree Program	B. Caraway	07/20/2020	Loma Linda University (LLU) BSN program has unit changes for the two following courses: NRSG 230 Principles of Professionalism, Clinical Reasoning & Self Care, Theory Units, decreased from 4 to 3 units and the NRSG 305 Nursing Pharmacology, Theory Units increased from 2 to 3 units. There will be no changes in the total curriculum units.
National University Baccalaureate Nursing Degree Program	L. Melby	06/03/2020	50% waiver request for medical-surgical and geriatric courses with the remainder of the student's clinical experiences in simulation request met waiver requirements and was approved.
San Diego State University Baccalaureate Nursing Degree Program	W. Boyer	07/15/2020	<p>Permanent change San Diego State University has completed a transition from their old BSN curriculum to their new one that began in Fall 2015. Students admitted into the old curriculum have now completed and the program will utilize the new curriculum solely. The old program will no longer be utilized. The Total Curriculum Plan (EDP-P05) and Content Required</p>

			for Licensure (EDP-P-06) have been revised and updated. No changes to program philosophy or objectives were made.
Sonoma State University Baccalaureate Degree Nursing Program	K. Daugherty	07/15/2020	Temporary change There are four pre-licensure courses scheduled for Fall 2020 (N301, N303, N407, N409). SSU plans to admit (N=24) new students this Fall and a total of 24 students who progressed from Spring 2020. The SSU nursing program has the okay to deliver in-person small groups skills/sim lab learning activities with the appropriate distancing procedures in place. Theory instructional deliver will be online using a variety of remote technologies. Spring 2021 didactic will also be delivered remotely. For both Fall 2020 and Spring 2021 the program will use iHuman virtual simulations and faculty-led pre and post brief of virtual sim cases.
University of California, Irvine Bachelor of Science in Nursing Science Program	D. Schutte	06/05/2020	Temporary change A request to continue remote instruction for the UCI BSN Program through the UCI 2020-2021 academic year. All upper division nursing courses will be impacted. Remote instruction will continue to be provided though the Learning Management System, Canvas, and additional tools provided by the University's Division of Teaching Excellence and Instruction (DTEI)..
University of California, Irvine Bachelor of Science in Nursing Science Program	D. Schutte	06/24/20	Permanent change A Minor Curriculum Revision request to accept Pharm Sci 120 Human Physiology and Pharm Sci 120L (4 units) Human Physiology Lab (3 units) as approved equivalency for Bio Sci E109 Human Physiology (4 units) and Bio Sci E112L Human Physiology Lab (4 units) . Total Science Units change from 35 to 34-35, Total Units for Licensure change from 109 to 108-109, and Total Units for Graduation change from 185 to 184-185.
Western Governors University Baccalaureate Degree Nursing Program	W. Boyer	7/17/2020	Temporary change WGU is requesting approval of a temporary minor curriculum revision as a result of the COVID-19 pandemic. Three minor revisions are requested as follows:

			<p>Term 1: Cohorts 57 and 59 Students currently enrolled in this Term 2 have completed CASAL 1 and are about to be enrolled in CASAL 2. The minor curriculum revision requested is move Psych-Mental Health Nursing to term 2 and CASAL 2 to Term 3. For these cohorts Term 2 will consist of CASAL 1 and Psych-Mental Health Nursing. Students who complete this term will be paused if clinical rotations are not available for Term 3CASAL 2 and CACI.</p> <p>Term 2: Cohort 54, 55, and 56. Students are in Term 3 and are about to enroll in CACI for Term 3. The minor curriculum revision requested is to move CACI to Term 4 and Community Health to Term 3. These Term 3 students would take Psych/Mental Health and Community Health Nursing for Term 3. Term 4 would consist of CACI, OB, PEDS, and Community. Students who complete this term will be paused if clinical rotations are not available for Term 4.</p> <p>Term 2: Cohort 51: This cohort will be paused for 5-months on 7/31/2020 which is their end of term, Term 3. Students in this cohort will return when clinical partners are able to return them to face-to-face clinicals. For these Students, Upon return, Term 4, will consist of theory, lab, and clinical at the 25% /75% ratio unless another waiver is in place. Courses for the current term, Term 3, included CACI and Psych-Mental Health Nursing. When students return their Term 4 will consist of OB, PEDs, and Community.</p>
ADN (alpha a-z)			
Allan Hancock LVN to RN Advanced Placement Associate Degree Nursing Program	K. Daugherty	07/16 /2020	<p>Temporary change</p> <p>Fall 2020 is the final program semester for the currently enrolled (N=33) students. The Fall semester begins August 17, 2020 and ends December 10, 2020. Nursing theory will be delivered remotely in the synchronous delivery format with faculty providing virtual “drop in” sessions Spring 2021 a new cohort (N=35) students will be admitted to the two semesters advanced placement program. Spring 2021 theory and clinical delivery of instruction is expected to mirror Fall 2020 delivery methods. The Spring term will start January 19, 2021 and end May 14, 2021.</p>

Butte College Associate Degree Nursing Program	K. Daugherty	07/17/2020	Temporary change Presently intend to start (8/24/20) and end (12/18/20) the Fall semester according to the college academic semester calendar. Remote delivery of nursing theory classes will continue for Fall 2020 and more than likely Spring 2021 semesters. First semester(N=48) enrollment unchanged; LVN to RN (N=12) unchanged.
Carrington College LVN to RN Advanced Placement Associate Degree Nursing Program	K. Daugherty	05/22/2020 06/19/2020 07/15/2020 07/23/2020	Temporary changes CC admits three times per year (N=24). Remote delivery of didactic instruction remains in place. Effective June 8, 2020 the Sacramento campus was authorized to open in order to offer select in-person skills/sim lab content that is not conducive to delivery in a virtual environment. All campus-based delivery will be subject to enhanced safety protocols including limited class sizes, enforcement of social distancing guidelines and enhanced sanitation practices. CC indicates the term expected to end is mid-August will need to be extended to September-December since open clinical agencies are also limiting the number of students rotating in the facility at any one time. As of 7/23/20 phone discussion, CC may decide not to admit a new cohort in mid-August or December if clinical facility placement availability remains limited.
College of Marin Associate Degree Nursing Program	K. Daugherty	07/07/2020 07/14/2020	Temporary changes COM as a college requires didactic instruction be remote/online delivery via both synchronous and asynchronous methods depending on content, faculty teaching schedules, etc. Program typically admits 43 students into first semester each Fall and has an existing enrollment of 43 students already in the program. Fall 2020 first semester admission under review. Fall 2020 course schedules have been revised to reduce the number of students on campus, limit each student's on campus time to one day a week, and accommodate on campus learning activities on-campus and open lab skills schedules in addition to at home synchronous seminar schedules.
College of the Siskiyous	K. Daugherty	05/21/2020	Temporary changes

<p>LVN to RN Advanced Placement Associate Degree Nursing Program</p>		<p>06/22/2020</p>	<p>Spring semester course completions (M/S/Gero, OB/PEDs will occur by June 2, 2020; this will be reflected on student transcript. Fall 2020 enrollment may be decreased from 30 to 15 students in anticipation of a possible COVID surge. Nursing theory will be delivered remotely using Canvas/Confer Zoom for N1032 M/S Gero and N1031 Psych/MH. PD retiring in June. Current AD will be PD effective July 1, 2020.</p> <p>COS has made the decision not offer the Summer 2020 LVN to RN transition course and will not admit a new LVN to RN Advanced Placement cohort (30) in Fall. This change is due to the COVID pandemic Spring term sequela and a number of program faculty and staff retirements/changes etc. The N1021 RN role transition course has been re-sequenced from Summer 2020 to Spring 2021. COS will admit the next cohort of 30 students in Fall 2021 provided there are sufficient resources available.</p>
<p>Los Medanos College Associate Degree Nursing Program</p>	<p>K. Daugherty</p>	<p>06/30/2020</p>	<p>Temporary changes LMC will not admit a first semester cohort (32) in Fall 2020. LMC extended the Spring 2020 N026 and N036 clinical courses through June 30, 2020. For both Fall 2020 and Spring 2021 LMC will have a total program enrollment of 40 students instead of the usual total of 72 program students. LMC plans to continue remote delivery of nursing theory instruction using a combination synchronous and asynchronous didactic theory delivery methods. The next expected admission cycle of first semester students (32) will be Fall 2021.</p>
<p>Merced College Associate Degree Nursing Program</p>	<p>K. Daugherty</p>	<p>05/22/2020 07/16/2020</p>	<p>Permanent Changes Corrected total nursing theory unit's typo on CRL form. The correct number of total nursing theory units is 21 units. All CRL and TCP forms reviewed to re-validate accuracy. No other needed changes identified. Temporary changes First semester enrollment is unchanged (N=27). There will be "on campus" skills/sim labs with the appropriate social distancing etc practices implemented. Nursing theory will be delivered remotely using the synchronous format with delivered lectures available as recording</p>

			via Conferzroom. For Fall and potentially post COVID, the existing fourth semester Preceptorship learning experiences will be replaced by a faculty-led capstone leadership management learning experience due to challenges with finding sufficient numbers of preceptors. Course syllabi and learning activities will be updated according to reflect this minor curriculum change. The change will not change course clinical units or the total number of clinical course hours.
Mount San Jacinto Associate Degree Nursing Program	A. Duke	06/02/2020	A Minor Curriculum Revision is approved to revise Math 096 (Interm. Algebra- 5 units) to Math 140 (Intro. to Statistics- 3 units) as the prerequisite for admission consideration to the ADN program. By revising their Math admission prerequisite from 096 to Math 140, they are decreasing overall program units and facilitating CEP's and student transitions to their undergraduate degrees upon completion of their program.
Pacific College Associate Degree Nursing Program	D. Schutte	07/10/2020	Temporary Change A Minor Curriculum Revision is approved for the DCA 50% Waiver to provide up to 50% non-direct patient care clinical hours for Pacific College nursing clinical courses offered during the COVID 19 pandemic emergency period and continuing as specified in the DCA Waiver. Start date July 13, 2020.
Palomar College Associate Degree Nursing Program	D. Schutte	06/29/2020	Temporary & Permanent Change Four Minor Curriculum Revisions have been approved for Palomar College for the 2020-2021 academic year. 1) Theory courses will be offered via synchronous virtual instruction (Canvas and Zoom). Portions of lab (non-direct patient care hours not to exceed the 25% requirement or program approved DCA Waiver guidelines) will also be moved virtually to online with the remaining portions held on Campus using distancing protocols. 2) With preceptorship opportunities not available, clinical course hours for the 4-week preceptor experience portion of N218 - Nursing IV will be offered in traditional clinical group rotations. 3) For Fall Semester 2020, N117-Nursing I students will take N203-Nursing Foundation II and not with N118-Nursing II. Students

			were able to complete N103 -Nursing Foundation I Spring Semester but not N117-Nursing I as this course was cancelled due to clinical placement issues associated with the COVID-19 pandemic. 4) Program clinical units will move from 20.5 to 18 units with N118 -Nursing II moving from 5 to 4 units, N217- Nursing III moving from 5 to 4.5 units, and N218-Nursing IV moving from 5.5 to 4.5 units. These changes in units have been approved by the College and course syllabi have been revised. Total nursing units move from 39 units (18.5 T, 20.5 CI) to 36.5 units (18.5 T, 18 CI). Total Units Required for Licensure move from 64 to 61.5 units with Total Units for Graduation moving from 67-77 to 64.5-74.5 units. Revised EDP-P-05a Total Curriculum Plan and EDP-P-06 Required Curriculum: Content Required for Licensure have been approved.
Reedley College at Madera Community College Center Associate Degree Nursing Program	S. Ward	05/21/2020	Temporary change The program is resequencing one course RN 78 Multicultural Nursing Theory (1) unit from Fall 2020 to Summer 2020 to “help students adapt to the online format for lecture with this foundational nursing course.”
Sacramento City College Associate Degree Nursing Program	K. Daugherty	07/15/2020	Temporary changes Presently, for the Part Time LVN to RN option, clinicals began early July. For the generic AD program (N 407, N417, N427, N437) the plan is to start (August 24) and end the Fall semester following the regular academic school year calendar. For both Fall 2020 and Spring 2021 instead of enrolling the usual 30 students into first semester, SCC will only be admitting 21 students and when cohort progresses to third semester will add back the other nine slots with admission of advance placement LVN to RN students depending on the Pandemic situation. Didactic nursing classes will be held remotely Conferzoom and Screencastomatic (online recording service). All testing will be online-Canvas-Proctorio. SCC will continue to use Shadowhealth, Docucare, and Kognito learning experiences across the four semesters.
San Joaquin Delta College	K. Daugherty	07/16/2020	Temporary changes

Associate Degree Nursing Program			The Fall semester will start late August and end December 18, 2020 as of now. SJDC is admitting the usual first semester cohort (N=40) and with these new students will have a total program enrollment of 200 students. All didactic instruction will be online. There is now an approved plan in place to have some face to face skills labs and meet one on one with course faculty to confirm/validate skills competencies. SJDC is developing a new plan to allow on campus testing for proctored exams.
Santa Ana College Associate Degree Nursing Program	D. Schutte	07/08/2020	Permanent change Minor Curriculum Revision for Santa Ana College Associate Degree Nursing Program's NRN 170 Pharmacological Concepts of Nursing to move from a face-to-face delivery mode to a hybrid delivery format is approved. This is a permanent curricular change and there is no change in course units or hours. The start date for this change is August 24, 2020.
Shasta College Associate Degree Nursing Program	K. Daugherty	06/08/2020	Temporary change First, second, and third semester nursing course requirements will be completed by June 30, 2020 using the waiver extension. First semester enrollment numbers (N=30) will be unchanged. Remote delivery of nursing theory will continue for the entire Fall term using the same Canvas/Confer Zoom Shasta nursing program intends to start the Fall 2020 semester two weeks earlier (August 3, 2020). College administration is allowing the nursing program to use the downtown health science building for skills and simulation lab learning experiences with the appropriate implementation of COVID related social distancing and cleaning practices adhered to. Fall semester expected to end December 3 instead of December 17 th .
Sierra College Associate Degree Nursing Program	K. Daugherty	05/19/2020	Temporary change SC nursing program intends to will start the Fall term (August 3) three weeks earlier than the regular academic semester and finish the term by mid- November (November 20) in anticipation that a COVID surge may occur the latter part of the Fall term. All nursing program nursing theory course components (N 21 Fundamentals/Gero and N23 M/S &

			MH) will be delivered weekly in a hybrid format with a combination of on ground/on campus and remote synchronous online delivery methods. Classroom, skills, and simulation labs sufficient to allow select, carefully scheduled on campus instruction adhering to social distancing requirements. During July 2020 and during the school break in Winter 2020, additional skills labs will be available.
Weimar Institute Associate Degree Nursing Program	K. Daugherty	06/19/2020	Temporary changes Summer term Geriatric course clinical placements completed on time. The plan is to re-sequence the 5 weeks Summer term Pediatrics course to Fall or possibly a Winter intersession term because the regular PEDS placement at major acute care teaching hospital is not available. PD is working with WI administration to offer the Winter intersession term if needed.
		07/15/2020	PD reports WI will only admit 14 into first semester instead of up to 20 new students due to the restrictions in clinical placement availability and COVID Pandemic. Nursing theory/didactic course content will be delivered using a combination of face to face in-person and remote theory delivery (Zoom) methods. Fall term plans include starting two weeks earlier (August 10, 2020) and finishing the Fall 2020 term earlier (end of November). This will make it possible to offer a Winter intersession option as needed.
Yuba College Associate Degree Nursing Program	K. Daugherty	07/14/2020	Temporary change Presently, the plan is for YC nursing program to deliver nursing theory instruction in-person on campus with appropriate social distancing practices in place. Hybrid theory delivery of instruction will only occur if COVID changes necessitate returning to remote delivery.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
ELM (alpha a-z)			
San Francisco State University Entry Level Master's Degree Nursing Program	S. Ward	07/01/2020	The program informed the NEC by a letter dated June 16, 2020, of plans to continue remote modality instruction using Zoom for theory and lab courses in the ELM programs in the fall 2020 semester because of the COVID-19 pandemic. Conducting skills checkoff are planned to be face-to face at this time. It will be determined if it will continue in this manner for Spring 2021
University of California, San Francisco Entry Level Master's Degree Nursing Program	S. Ward	07/16/2020	The program informed the NEC by a letter dated July 16, 2020, of plans to continue the use of remote access instruction modalities in the ELM program to provide theory courses for the summer and fall 2020 quarters due to the existing State of Emergency.
University of San Francisco Entry Level Master's Degree Nursing Program	S. Ward	07/02/2020 07/17/2020	The program continues to use DCA Waiver DCA-20-03 for N661, N619 and N 636 for summer 2020 medical-surgical and geriatrics coursework completion. The program informed the NEC initially via email and subsequently by a letter, of plans to continue the use of remote access instruction modalities in the ELM program to provide theory courses for summer 2020, and through December 3, 2020 due to the COVID-19 pandemic
BSN (alpha a-z)			
American University of Health Sciences Baccalaureate Degree Nursing Program	H. Sands	07/17/2020	AUHS Progress Report submitted. In summary, this School had requested an enrollment increase, however, a non-compliance CCR section 1424 (d) for Faculty, classroom space, and technology (adequate Sim lab size) continues to be evaluated. Faculty numbers have increased, more stability with the new Dean Dr. Manuel Atienza, with adequate release time for ADONs. Building 3 housing the large Simulation lab and additional classrooms was to be completed end of April 2020, however, pandemic shut further construction for a period of time and now set for completion October 2020. Current Simulation Lab has been upgraded and an ADON for the Simulation Program will complete certification in Simulation by December 2020. Anticipated that

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			ALL members of the Simulation Committee will be certified by Fall 2021. Ongoing collaboration with ATI. Success coordinator in place.
Brandman University Baccalaureate Degree Nursing Program	L. Melby	05/18/2020	NEC conducted a site visit on 5/18/2020 to evaluate the space and resources for the student labs prior to student occupancy. There are simulation rooms, skills lab, storage room, and a debriefing room adequate for the delivery of clinical simulation learning experiences.
California State University Fresno Baccalaureate Degree Nursing Program	S. Ward	07/02/2020	The program provided a letter dated 7/1/2020 that described continuing instruction as follows: "California State University, Fresno BSN theory courses will be presented in the online mode for the fall 2020 semester, August 17, 2020 to December 18, 2020."
California State University Fullerton Baccalaureate Degree Nursing Program	D. Schutte	06/03/2020	Penny Weismuller, DrPH, RN, has been approved as Program Director of the California State University Fullerton BSN Program.
California State University San Bernardino Baccalaureate Degree Nursing Program	W. Boyer	05/20/2020	CSUSB Department of Nursing previously requested a minor revision to change the from the usual quarter length of 10 weeks to 6 weeks due to a shorter Summer 2020 term contingent on the university's plan to transition from quarters to semesters in Fall 2020. The program now requests the approved 6-week plan to be increased to an 8-week Summer term instead. This change will enable the DON to start on June 2, 2020 and it will end on July 28. The required theory and clinical hours will be met.
Chamberlain University College of Nursing Baccalaureate Degree Nursing Program – Rancho Cordova	D. Schutte	06/25/2020	Chamberlain is furthering the extension of online delivery of all coursework through the end of the July session (August 20, 2020).
Concordia University Irvine Baccalaureate Degree Nursing Program	MA. McCarthy	07/13/2020	The current enrollment of students has had their graduation delayed due to the COVID pandemic.
San Diego State University Baccalaureate Degree	W. Boyer	7/16/2020	Sophomore students will be on campus for Physical Assessment Lab and Fundamentals Lab. These will be done with social distancing

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Nursing Program			and/or PPE use with fewer students in each lab rotation. Junior and Senior students will have clinicals with faculty where possible.
San Francisco State University Baccalaureate Degree Nursing Program	S. Ward	07/01/2020	The program informed the NEC by a letter dated June 16, 2020, of plans to continue remote modality instruction using Zoom for theory and lab courses in the BSN programs in the fall 2020 semester because of the COVID-19 pandemic. Conducting skills checkoff are planned to be face-to face at this time. It will be determined if it will continue in this manner for Spring 2021
Simpson University Baccalaureate Degree Nursing Program	K. Daugherty	07/01/2020	<p>Required progress report received verifying SU financial stability. According to a progress report letter by the SU President, "this year (pre-audit) we (SU) expects to close in the black, covering depreciation and improving our cash flow about \$300k." SU President also stated... "In recent times we have improved our financial status in the eyes of the bankers and watched our physical value increase by \$8,000,000 in a recent valuation...At the end of the year, we expect our DOE composite financial score to recover above 1.5. due finishing the budget by over \$400,000, modifying the endowment to reflect true temporary restricted funds (vs. fully restricted funds), budgeting for depreciation and working closely with our DOE administrator on the topic." SU's total institutional undergraduate enrollment for Fall 2020 is projected to be ~600. This is reported to be an expected~15% ahead (50 students more) of last years enrollment. SU institutional WASC six years accreditation status is unchanged. A scheduled/planned WASC special site visit will occur in Spring 2021. SU's final CCNE accreditation decision will be available in September 2020.</p> <p>As of submission of this progress report, the nursing program has a total of 90 students enrolled in second, third, fourth and fifth semesters for Fall 2020 (starting 9/7/20). SU's decision in relation to admission of a first semester cohort of (27) will not be made until late July and is dependent on finalized clinical placements availability. NCLEX annual rate July 1, 2019-June 30, 2020 is 100% (30/30).</p>

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The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program	S. Ward	07/17/2020	The program informed the NEC by a letter dated July 16, 2020, of plans to continue the use of remote access instruction modalities in the BSN program to provide theory courses for the fall 2020 semester due to the existing COVID 19 pandemic impacting CSU campuses. The program intends to use a hybrid instruction structure for clinical courses per existing regulation, waivers or legislation that is in effect in fall 2020.
Unitek College Baccalaureate Degree Nursing Program	MA. McCarthy	07/08/2020	Each July 1, through the graduation of the first two cohorts at each alternate/secondary program location, the program director will submit a written progress report to the assigned NEC. Progress report submitted appropriately addressed the required areas of enrollment, attrition, retention, re-entry statistics, comparability of program testing and applicable NCLEX-RN preparation/performance, faculty and support services staffing.
University of California Los Angeles Baccalaureate Degree Nursing Program	W. Boyer	07/16/2020	UCLA will be using remote instruction for all theory courses until at least January. Clinical and simulation lab will continue.
University of Phoenix Baccalaureate Degree Nursing Program	J Wackerly	06/01/2020	Quarterly report for Teach Out Plan and the plan approved by the board June 2019. May 2017 UOP paused enrollment due RN-NCLEX pass rate below the 75%. Implementing Capstone and Virtual ATI student progression has improved in content areas and NCLEX results. The school campus has 5 cohorts and 80 students remaining in the program with an anticipated completion date of October 2021. NCLEX pass rate 2019-2020 annual 81.43%
University of San Francisco Baccalaureate Degree Nursing Program	S. Ward	07/02/2020	The program continues to use DCA Waiver DCA-20-03 for N 275 - Clinical Lab II: Alterations in Health and Illness (3 units) for summer 2020 medical-surgical clinical coursework completion.
		07/17/2020	The program informed the NEC initially via email and subsequently by a letter, of plans to continue the use of remote access instruction modalities in the BSN program to provide theory courses for summer 2020, and through December 3, 2020 due to the COVID-19 pandemic.

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

September 16-17, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Vanguard University Baccalaureate Degree Nursing Program	D. Schutte	05/21/2020	Vanguard's BSN program's EDP-P-05a and EDP-P-06 have been updated to reflect the University's removal of "C" (core) from the course names for BIOL 304/L Human Physiology and BIOL 209/L Microbiology. In addition, clinical laboratories for nursing clinical courses have been designated as practicums.
West Coast University Baccalaureate Degree Nursing Program	W. Boyer	05/27/2020	West Coast University was approved on March 17, 2020 to offer all their on-ground pre-licensure theory courses online through June 14, 2020. Given the continuing impact of the COVID-19 on normal program instruction, on-line instruction will continue through December 31, 2020. The December 31, 2020 date is consistent with the extension for curricular flexibility received from CCNE.
ADN (alpha a-z)			
Antelope Valley College Associate Degree Nursing Program	W. Boyer	05/18/2020	Antelope Valley College will continue to teach the nursing courses on-line for summer 2020 and falls terms due to the Covid-19 pandemic.
American Career College Associate Degree Nursing Program	W. Boyer	07/16/2020	For the Fall, ACC is planning on using online fall term. They are trying to limit the footprint on the campus right now especially with LA County re-shutting places down. They are following the recommendations of the state and city during the pandemic.
Cabrillo College Associate Degree Nursing Program	S. Ward	07/01/2020	The program informed the NEC by a letter dated June 30, 2020, of plans to continue the use of the remote instruction format to provide theoretical instruction for fall 2020.
California Career College Associate Degree Nursing Program	W. Boyer	07/09/2020	With regard to the Safer at Home Order of the Health Officer in Los Angeles County, the program has requested that an approval to continue their current educational activities through synchronous distance online learning platform for lecture and quizzes. This to continue until the end of the fall term or the end of the Emergency Order.
Career Care Institute Associate Degree Nursing Program	D. Schutte	06/18/2020	Kimie Sue Gore Amador, EdD, MSN/Ed, RN has been approved as Program Director. Corrine Stephens, EdD, MSN, PHN, RN has been approved as a second Assistant Program Director for the program.

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

September 16-17, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			The June 11, 2020 Progress Report demonstrates compliance with BRN rules and regulations. Clinical courses continue under the DCA Waiver for 50% in non-direct patient care clinical hours. Theory and non-direct patient care clinical hours are being carried out remotely via Canvas and Zoom with plans to return to Campus once County Health approval is given. County, State, and CDC directives and guidelines will be followed. The program continues to advertise for faculty with all 4 full time and 11 part time faculty currently approved.
Cerritos College Associate Degree Nursing Program	A. Duke	07/06/2020	Cerritos College will continue to teach their nursing courses online for the Fall 2020 term due to the Covid-19 pandemic. CANVAS, Confer Zoom and Proctorio exam assistance will be used. All faculty were required to complete training in the Spring 2020 term through the Center for Teaching Excellence (CTX). CTX continues to support faculty and students via daily trainings.
City College of San Francisco Associate Degree Nursing Program	S. Ward	07/15/2020	The program provided a letter dated July 13, 2020 to inform that it will continue to provide theoretical components of the program remotely through the Fall 2020 semester.
Citrus College Associate Degree Nursing Program	B. Caraway	07/15/2020	Citrus College will continue to teach their nursing courses online for the Fall 2020 term due to the Covid-19 pandemic.
College of the Desert Associate Degree Nursing Program	MA. McCarthy	07/10/2020	COD will be pausing new admissions for Fall 2020. Current students in Semesters 2,3, and 4 will continue to progress. Plan to readmit semester 1 students in the Spring.
Compton College Associate Degree Nursing Program	D. Schutte	06/01/2020	Compton College ADN Program will continue to provide instruction remotely/on-line via Canvas and Zoom through Fall Semester 2020.
Copper Mountain College Associate Degree Nursing Program	W. Boyer	07/16/2020	CMC will be doing a hybrid with both theory and skills/SIM for fall term. All students will have equal amount of face to face time and will do skills teaching virtually with days for face to face sign off.
Fresno City College Associate Degree Nursing Program	S. Ward	07/02/2020	The program informed the NEC by a letter dated July 1, 2020, of plans to continue the use of the remote online instruction platforms for theory courses. No change is planned for the previously approved clinical course modifications for Fall 2020. The letter addresses the decisions

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

September 16-17, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			as being related to the pandemic
Glendale Career College Associate Degree Nursing Program (Glendale and San Diego Campuses)	W. Boyer	05/18/2020	The request is for Glendale Career College (Marsha Fuerst School of Nursing) at both Campuses (Glendale and San Diego) to continue their education online for the duration of this semester through the end of the calendar year in December 2020.
Glendale College Associate Degree Nursing Program	B. Caraway	07/14/2020	Glendale Community College (GCC) will be doing a hybrid with both theory and skills/SIM for fall term.
Grossmont College Associate Degree Nursing Program	A. Duke	07/17/2020	<p>Grossmont College was not able to progress or graduate students in the Spring 2020 because of COVID-19 and its impact on clinical sites. They will not admit a new cohort of students in Fall 2020. Students from Spring 2020 took an EW (Excused Withdrawal) and will complete their hours and coursework (concurrently) during the Fall 2020 semester.</p> <p>Faculty will continue to teach all nursing courses online for the remainder of 2020 due to the Covid-19 pandemic. CANVAS, Zoom and Proctorio will be used. All faculty were required to complete self-paced training for emergency remote teaching (ERT). Some lab and Sim experiences will be on campus if needed. Fall 2020 semester will restart at the beginning of August 2020.</p>
Imperial Valley College Associate Degree Nursing Program	W. Boyer	05/18/2020	Imperial Valley College will continue to teach the nursing courses on-line for summer and fall 2020 terms due to the Covid-19 pandemic.
Mendocino College Associate Degree Nursing Program	S. Ward	06/05/2020 07/17/2020	<p>The program informed the NEC by a letter dated June 4 ,2020, of the continued plan for remote instruction as follows: “Due to the Covid 19 Pandemic Shelter in place Pandemic, Mendocino College is requesting a Minor Curriculum Revision effective immediately for all theory portions of our courses listed below. Mendocino college has decided that all courses this fall will be offered online. This minor revision will be in effect Fall 2020 AND Spring 2021 or until Mendocino College resumes normal face to face instruction.”</p> <p>The program sent an additional letter dated 7/17/2020 stating that Bio</p>

MINOR CURRICULUM REVISIONS

Education/Licensing Committee
September 16-17, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			230 (Anatomy), Bio 231 (Physiology), and Bio 259 (Microbiology) courses include a lab component and will be offered online via Canvas and Zoom.
Merritt College Associate Degree Nursing Program	S. Ward	07/14/2020	The program provided letters dated June 29, 2020 and July 9, 2020 along with subsequent email messages clarifying the courses that the program will continue to use a Distance Education (DE) instruction format for. Alternative platforms used for instruction will continue to be Canvas, Zoom and Internet sources.
Mira Costa College Associate Degree Nursing Program	W. Boyer	05/21/2020	Mira Costa College Nursing Program will continue to teach didactic courses on-line during Fall 2020 term and possible into Spring 2021 if the pandemic persists. The college directive for courses to be taught on-line. Students will meet on campus periodically for skills labs and simulation experiences while practicing CDC guidelines for social distancing.
Mission College Associate Degree Nursing Program	S. Ward	07/15/2020	The program informed the NEC by a letter dated July 15 ,2020, of the continued plan for using distance education strategies for summer and fall 2020 theory courses, and for a fundamental skills course using the same technology platform as used previously. This is in response to the continuation of the Santa Clara County shelter in place order.
Monterey Peninsula College Associate Degree Nursing Program	S. Ward	07/15/2020	In a letter received and dated 7/14/2020 the program stated the following: "In accordance with the campus plan to respond to the continued COVID 19 Emergency, all theory instruction for the nursing program will (again) transition to an online format for the fall 2020 semester."
Pacific College Associate Degree Nursing Program	D. Schutte	06/01/2020	Jeannie Brown, MSN/ED, RN has been approved as Interim Program Director.
Pacific Union College Associate Degree Nursing Program	S. Ward	07/16/2020	In a letter dated 7/15/2020, the program provided an update on the continuing plan to provide instruction during the Fall 2020 semester by use of a hybrid format. The update additionally described ongoing progression issues with different student cohorts (medical-surgical, mental health, pediatrics, obstetrics) related to issues that included but

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			were not limited to lack of clinical facility placements, faculty availability, difficulties related to COVID-19 testing requirements for students, that are stemming from the pandemic situation. The program is contemplating a modification in admissions in Fall 2020 to address the progression issues with current students, however a final decision has not yet been made.
Reedley College at Madera Community College Center Associate Degree Nursing Program	S. Ward	05/21/2020	The program informed the NEC by a letter dated May 20, 2020, of plans to continue the use of Zoom videoconferencing technology to provide instruction for theory and skills courses for the summer and fall 2020 semester as related to the COVID-19 pandemic.
Rio Hondo College Associate Degree Nursing Program	W. Boyer	07/16/2020	RHC will be doing "Remote" for theory, and mostly in-person for clinical as determined at this time for the fall term.
Riverside City College Associate Degree Nursing Program	W. Boyer	07/16/2020	For the fall term, lectures at RCC will continue to be synchronously online until they hear differently from their district administration. At this point, they are going to clinical as planned but are not allowed to be on campus for labs.
Victor Valley College Associate Degree Nursing Program	W. Boyer	07/16/2020	VVC will continue to teach by Remote Education for fall term. All lectures will be via ZOOM and Labs will be broken down not to have more than 10 people in a room including the instructors needed.
West Hills College Lemoore Associate Degree Nursing Program	S. Ward	07/01/2020	The program provided a letter on 6/8/2020 to relay that the college had extended the use of online instruction modalities through July 31, 2020. A letter from the program dated 6/29/2020 conveyed that the program will continue to use Canvas and Zoom for instruction in Fall 2020 for theory courses, and that nursing skills labs and clinical were considered essential. This will allow for students to be on campus on a limited basis with use of appropriate precautions.

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

AGENDA ITEM: 7.2

DATE: September 16-17, 2020

ACTION REQUESTED: Approve Education/Licensing Committee Recommendations

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

BACKGROUND: The Education/Licensing Committee met on August 13, 2020 and makes the following recommendations:

Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Approve Prelicensure Program Unit Adjustment or Other Changes – Stanbridge University Associate Degree Nursing Program (16 CCR §§1426 & 1432) (Major Curriculum Revision) (No Enrollment Increase). This is a consent agenda item.

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

The Education/Licensing Committee met on August 13, 2020 and makes the following recommendation:

7.2 Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Approve Prelicensure Program Unit Adjustment or Other Changes – Stanbridge University Associate Degree Nursing Program (16 CCR §§1426 & 1432) (Major Curriculum Revision) (No Enrollment Increase) (Consent)

Lisa Jones, MSN, PhD, RN, the Program Director since May 2020 upon the resignation of Ms. Tracy Frye. Stanbridge University submitted a proposal for a Major Curriculum Revision. The proposal is to offer a Bachelor of Science in Nursing (BSN) degree. This degree will replace the Associate Degree Nursing (ADN) program.

There will be no changes to the enrollment pattern and total number of students enrolled per year of 90 students which includes advanced placement students as approved by the Board. The proposed BSN curriculum will admit three (3) cohorts of 30 students per cohort, per year, which is the same as the currently approved ADN program.

The ADN program will be taught out so as not to cause overlap of the need for clinical facilities to be utilized. The proposed BSN program will completely replace the existing ADN program. Existing physical resources, clinical affiliations, and support services are sufficient to support the number of students for the proposed BSN program.

The curriculum is completed in fourteen (14) quarters. Each quarter is ten (10) instructional weeks in length for a total of 140 instructional weeks. The total number of units for the proposed curriculum for the BSN program will be 180 units. There will be a total of 63 units required for licensure and 82.5 units for degree requirements.

The proposed BSN program shall maintain full-time and part-time faculty adequate in type and number to develop and implement the program approved by the Board.

Through the proposed BSN curriculum change, the program has been able to reduce the number of clinical education hours and leverage existing clinical partnerships. This has resulted in removing the need to seek new placement for the program's student.

Program Annual NCLEX-RN pass rates are: 2019/2020- 98.7%, 2018/2019 -94.83%, 2017/2018- 100%, 2016/2017- 100%, and 2015/2016 -100%.

The total program cost for the current ADN program is \$84,995. This includes academic textbooks, fees, supplies, and tuition. The proposed BSN program total cost is \$119,000.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3

DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Acknowledge Receipt Of Program Progress Report - Mira Costa College Associate Degree Nursing Program (16 CCR 1426) (Consent, ELC No Quorum)

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

BACKGROUND: The Education/Licensing Committee met on August 13, 2020. Two members of the ELC committee present. Michael Jackson and Kenneth Marlboro, Mr. Jackson recused himself from Mira Costa acceptance of program progress report decision, therefore having no quorum. Moved to full Board.

NEXT STEP: Notify Program of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4

DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Clinical Practice Experience Required for Nurse Practitioner Students Enrolled in Non-California Based Nurse Practitioner Education Programs (16 CCR § 1486) (Present)

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

BACKGROUND: Article 8 Standards for Nurse Practitioners

Order of Adoption January 15, 2019 includes Section 1480-1486. Section 1486 identified the Non-California based Nurse Practitioner education program requesting clinical placement for students in clinical practice settings in California shall be approved by the Board and meet all regulatory requirements as listed. (attachment 1).

Documents for the schools inquiring about Non-California based Nurse Practitioner programs are available including "Verification of Non-California Based Nurse Practitioner Program: General Information and Instructions", "Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs" and "Nurse Practitioner Program Preceptor Form". (attachment 2)

The following Non-California based Nurse Practitioner education programs have provided evidence of compliance with CCR 1486 and ensure that students have successfully completed prerequisite courses and are enrolled in the Non-California based nurse practitioner education program.

Online out of state schools that have responded to the CCR 1486 Regulations:

- American Sentinel University
- Briar Cliff University
- Clarkson College
- Duke University
- Emery University
- Frontier University
- Georgetown University
- Herzing University
- Ohio State University of Nursing and Master of Science in Nursing Program
- Regis College
- Roseman University

- Rush University
- University of Colorado
- University of Texas Arlington
- Walden University

NEXT STEP:

Notify Programs of Board Action.

PERSON TO CONTACT:

Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant



BOARD OF REGISTERED NURSING ORDER OF ADOPTION

1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs.

(a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:

- (1) Obtain prior board approval;
- (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
- (3) Secure clinical preceptors who meet board requirements;
- (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);

(5) A clinical preceptor in the nurse practitioner education program shall:

- (a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.
- (b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
- (c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.
- (d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
- (e) Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.

(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners” and California Code of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners”, including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, “Additional authorized acts; implementation of standardized procedures”;

(B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices”.

(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.

(e) The board may withdraw authorization for program clinical placements in California, at any time.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.



**VERIFICATION OF CLINICAL PRACTICE EXPERIENCE FOR NURSE PRACTITIONER (NP)
 STUDENTS ENROLLED IN NON-CALIFORNIA BASED NP EDUCATION PROGRAMS**

If you are submitting this form to demonstrate compliance with CCR Section 1486, this form is to be completed by the Nurse Practitioner program. If the program offers multiple tracks/specialties (ie, Family NP, Pediatric NP, etc.), a copy of this form will be needed for EACH track/specialty. This form must be completed fully and submitted together with the Nurse Practitioner Program Preceptor form.

The Nurse Practitioner program outlined below does not offer California-based clinical experiences as part of the program curriculum. All clinical experiences are completed in the State in which the program is located.
If checked, only Section I of this form is required to be completed, along with signature and date at the bottom of this form.

Section I.

(PRINT OR TYPE)

NAME OF NURSE PRACTITIONER PROGRAM:				
ADDRESS Number & Street :		City	State	Country Zip Code
NAME OF NP PROGRAM DEAN/DIRECTOR AND TITLE:		DEAN/DIRECTOR'S TELEPHONE NUMBER:	DEAN/DIRECTOR'S EMAIL ADDRESS:	
PROGRAM DEAN/DIRECTOR'S RN LICENSE INFO: RN LIC #: STATE:		PROGRAM DEAN/DIRECTOR'S NP CERTIFICATION NUMBER: STATE:		NP CERTIFICATION EXPIRATION DATE:
TYPE OF PROGRAM: <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING PRACTICE <input type="checkbox"/> POST-MASTERS		SPECIALTY / CATEGORY: <input type="checkbox"/> FAMILY <input type="checkbox"/> WOMEN'S HEALTH <input type="checkbox"/> ADULT-GERONTOLOGY PRIMARY/ACUTE <input type="checkbox"/> NEONATAL <input type="checkbox"/> PEDIATRIC PRIMARY/ACUTE <input type="checkbox"/> PSYCH/MENTAL HEALTH		
NUMBER OF ENROLLEES FOR THE LAST 4 COHORTS/TERMS: 1. 2. 3. 4. <i>starting with the most recent cohort/term</i>				

Section II.

I verify that the California clinical preceptors in the nurse practitioner education program:	
*Hold a valid and active California license to practice his/her respective profession, demonstrate current clinical competence, participate in teaching, supervising and evaluating students, and are competent in the content and skills being taught to students:	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Are health care providers qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student:	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Are oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation:	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Are evaluated by the program faculty at least every two (2) years:	YES <input type="checkbox"/> NO <input type="checkbox"/>
I verify that the nurse practitioner students:	
Hold an active, valid California registered nurse license to participate in the nurse practitioner education program clinical experiences:	YES <input type="checkbox"/> NO <input type="checkbox"/>
I verify that the nurse practitioner education program:	
*Demonstrates evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations:	YES <input type="checkbox"/> NO <input type="checkbox"/>



**VERIFICATION OF CLINICAL PRACTICE EXPERIENCE FOR NURSE PRACTITIONER (NP)
STUDENTS ENROLLED IN NON-CALIFORNIA BASED NP EDUCATION PROGRAMS
-- CONTINUED --**

If you are submitting this form to demonstrate compliance with CCR Section 1486, this form is to be completed by the Nurse Practitioner program. If the program offers multiple tracks/specialties (ie, Family NP, Pediatric NP, etc.), a copy of this form will be needed for EACH track/specialty. This form must be signed by the program Dean/Director.

Section III.

Please explain and provide evidence of how the Nurse Practitioner program curriculum includes content related to legal aspects of the following California certified nurse practitioner laws and regulations.

Per California Code of Regulations Title 16, Division 14, Article 8, Section 1486, the Nurse Practitioner education program shall:

Include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners":

California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines":

California Code of Regulations Title 16, Division 14, Article 8, "Standards for Nurse Practitioners":

California Code of Regulations § 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California Based Nurse Practitioner Education Programs

Title 16. Professional and Vocational Regulations
Division 14. Board of Registered Nursing
Article 8. Standards for Nurse Practitioners
16 CCR § 1486

(a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:

1) Obtain prior board approval;

(2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;

3) Secure clinical preceptors who meet board requirements;

(4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Core Competencies Content" (2017) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016);

(5) A clinical preceptor in the nurse practitioner education program shall:

(a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.

(b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.

(c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

(d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(e) Be evaluated by the program faculty at least every two (2) years.

Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.



VERIFICATION OF NON-CALIFORNIA BASED NURSE PRACTITIONER PROGRAM GENERAL INFORMATION AND INSTRUCTIONS

California Code of Regulations CCR), Title 16, Division 14, Article 8, "Standards for Nurse Practitioners" (Section 1486) requires non-California based Nurse Practitioner education programs requesting clinical placements for students in clinical practice settings in California obtain prior approval from the California Board of Registered Nursing (Board).

To obtain Board approval, the non-California based Nurse Practitioner (NP) education program shall submit documentation demonstrating compliance. For convenience, the NP program may optionally submit the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** form and **"NP Program Preceptor Form"** to the Board to demonstrate compliance. If submitting these forms, they must be completed in full and signed by the appropriate staff as designated on the forms. If these forms are not used, the program may submit its own documentation to the Board demonstrating compliance with CCR Section 1486.

If completing the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** and **"NP Program Preceptor Form"**, please submit the forms to the Board via e-mail, to brn.onlinenp@dca.ca.gov. Upon receipt of the completed forms, the Board will review the forms to ensure completeness and accuracy. The Board will then send a confirmation e-mail to the Nurse Practitioner program indicating the forms have been received and are under review.

This confirmation e-mail will contain further instructions to the NP program regarding any program documentation that may be submitted to the Board for review prior to program approval. All documentation is to be submitted to the Board electronically. The specific instructions on how to submit documentation to the Board electronically will be contained in the confirmation e-mail.

For a list of examples of documentation that may be submitted to the Board, see next page, "Application Documents".

Upon receipt of documentation, the Board will conduct a review to ensure the NP program requesting clinical placements in clinical practice settings in California meets the Standards for Nurse Practitioners as outlined in CCR Section 1486. The Board will notify the program of the status of the approval request, or if additional information is needed to demonstrate compliance.

If the NP program does not use the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** and **"NP Program Preceptor Form"**, the program may use their own documentation to demonstrate compliance with CCR Section 1486. Documentation can be submitted electronically to brn.onlinenp@dca.ca.gov.

Application Documents

The following are examples of documentation that may be used to demonstrate compliance with CCR Section 1486. The following can be sent by e-mail to brn.onlinenp@dca.ca.gov

- Completed "Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs" form, and "NP Program Preceptor Form".
- Complete, detailed curriculum for the Nurse Practitioner education program, including complete, detailed course descriptions, number of units, methods of instruction, and detailed course outlines. **A brief program outline will not be accepted.**
- Complete information on California-based clinical experiences, including complete, detailed information on where clinicals are completed by students, and how preceptors are evaluated and selected.

E-Mail Address*: brn.onlinenp@dca.ca.gov

All questions regarding the approval process should be directed to this e-mail address.

California Board of Registered Nursing Web Site: www.rn.ca.gov

The California Nursing Practice Act (NPA) is available on the Board's web site.



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance:	EXECUTIVE OFFICER	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: 916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.		
The consequences, if any of not providing all or any part of the requested information:	FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used:	TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC section c)(2)(C) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:	POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.		

**BOARD OF REGISTERED NURSING
Nursing Practice Committee**

Directory of Out of State Online Nurse Practitioner Programs

1.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	American Sentinel University Family/Gerontology/Acute 10065 E Harvard Avenue # 450 Denver, Colorado, 80231 Dr. Lauren Stehling, DNP, APRN, FNP-BC 1-800-729-2427 Lauren.stehling@americansentinel.edu
2.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Briar Cliff University Adult/Gerontology/Primary/Acute 3303 Rebecca Street Sioux City, IA 51104 Susan Beidler 712-279-1793 Susan.beidler@briarcliff.edu
3.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Clarkson College MSN-FNP, BSN to DNP-FNP 101 South 42 nd Street Omaha, NE 68131 Valerie Anderson DNP, MSN-Ed, APRN, FNR-C 402-552-6137 andersonvalerie@clarksoncollege.edu
4.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Duke University Adult-Gerontology/Primary/Acute Pediatric Primary/Acute Women's Health/Neonatal/Psych/Mental Health 307 Trent Drive Durham, NC 27710 Ann Derouin 916-668-5375 anne.derouin@duke.edu
5.	Name of Institution:	Emery University Nell Hodgson Woodruff School of Nursing

	Program of Study: Adult/Gerontology/Primary/Acute Street Address: 1520 Clifton Road City, State, Zip: Atlanta, GA 30322 Name of Program: Elizabeth Downes MSN, RN MSN Program Director: Director: Telephone: 770-727-1544 E-mail Address edownes@emory.edu
6.	Name of Institution: Frontier College Program of Study: Family Street Address: 2050 Lexington Road City, State, Zip: Versailles, KY 40383 Name of Program: Lisa Chappell Director: Telephone Number 3314-369-9169 E-mail Address Lisa.chappell@frontier.edu
7.	Name of Institution: Georgetown University Program of Study: MS, Nurse Midwifery/Women's Health/Nurse Practitioner Street Address: 3700 Reservoir Rd NW City, State, Zip: Washington, DC 20007 Name of Program: Kelly Walker DNP, CNM, FACNM Director: Telephone: 202-687-0100 E-mail Address Kelly.walker@georgetown.edu
8.	Name of Institution: Herzing University Program of Study: Family/Gerontology/Primary/Acute/Women's Health FNP, NNP Street Address: W140 N8917 Lilly Rd City, State, Zip: Menomonee Falls, WI 53051 Name of Program: Julie Penick, DNP, FNP-BC Director: Telephone: 866-508-0748, Ext. 66503 E-mail Address Kelly.walker@georgetown.edu
9.	Name of Institution: Ohio State College of Nursing Master of Science in Nursing Program Program of Study: Family/Gerontology/Primary/Acute/Women's Health/Nurse-FNP, PMH NP, NNP Street Address: 210-4 Mount Hall, 1050 Carmack Rd City, State, Zip: Columbus, OH 43210 Name of Program: Lisa Siefker Director: Kelly Wheatley Telephone: 614-292-2582

	E-mail Address	614-688-1580 Siefker.69@osu.edu Wheatley.72@osu.edu
10.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Regis College Adult/Gerontology/Acute/Primary/Family/Psych/Mental Health/ Womens Health Pediatic/Primary/Acute 235 Wellesley Street Weston, MA 02493 Dr. Karen Crowley 781-768-7230 Karen.crowley@regiscollege.edu
11.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Roseman University Adult Gerontology/Primary/Acute/Family/Psych/ Neonatal/Pediatic/Primary/Acute 11 Sunset Way Henderson, NV 89014 Brian. C Oxhorn 702-968-5249 boxhorn@roseman.edu
12.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	Rush University Acute Care Pediatric Nurse Practitioner Program Pediatic/Primary/Acute 600 South Paulina Street Chicago, IL 60612 Beth Nachtsheim Bolick PNP, APRN, PPCNP-B, CPNP-AC FAAN 239-301-4616 Beth N Bolick@rush.edu
13.	Name of Institution: Program of Study: Street Address: City, State, Zip: Name of Program: Director: Telephone: E-mail Address	University of Colorado MSN/Post MSN/DNP/PMH/FNP/Adult Gerontology 1420 Austin Bluffs Parkway Colorado Springs, CO 80919 Kristen Vandenburg DNP, PMH NP-BC FNP 719-255-4977 kvandenb@ucss.edu

Name of Institution:	University of Texas At Arlington
Program of Study:	Adult Gerontology/Primary/Acute/Family/Psych/ Neonatal/Pediatric/Primary/Acute
Street Address:	701 S Nedderman Dr.
City, State, Zip:	Arlington, TX 76019
Name of Program:	John Gonzalez DNP, APRN, ACNP-BC, ANP-C
Director:	
Telephone:	817-272-1379
Email Address	johngonz@uta.edu
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14. Name of Institution:	Walden University School of Nursing
Program of Study:	Adult/Gerontology/Primary/Acute
Street Address:	900 Washington Ave S
City, State, Zip:	Minneapolis, MN 55401
Name of Program:	Judi Kuric
Director:	
Telephone:	952-444-9145
Email Address	Judi.kuric@mail.waldenu.edu
RESOURCES:	
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



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	American Sentinel University
Program Address:	10055 E. Harvard Avenue #450
Program Phone #:	Denver, Colorado 80231
Dean or Director:	Dr. Lauren Stehling, DNP, APRN, FNP-BC

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(e)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Briar Cliff University
Program Address:	3303 Rebecca Street
Program Phone #:	Sioux City, IA 51104
Dean or Director:	Susan Beidler

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



**Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner
 Students Enrolled
 in Non-California based Nurse Practitioner Education Programs**

Date:	8/13/2020
NP Program Name:	Clarkson College
Program Address:	101 South 42nd Street
Program Phone #:	Omaha, NE 68131
Dean or Director:	Valerie Anderson DNP, MSN-Ed, APRN, FNR-C

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:

Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Duke University
Program Address:	307 Trent Drive
Program Phone #:	Durham, NC 27710
Dean or Director:	Ann Derouin

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:

Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Emery University
Program Address:	1520 Clifton Road
Program Phone #:	Atlanta, GA 30322
Dean or Director:	Elizabeth Downes MSN, RN MSN Program Director

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Frontier College
Program Address:	2050 Lexington Road
Program Phone #:	Versailles, KY 40383
Dean or Director:	Lisa Chappell

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Georgetown University
Program Address:	3700 Reservoir Rd NW
Program Phone #:	Washington, DC 20007
Dean or Director:	Kelly Walker DNP, CNM, FACNM

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Herzing University
Program Address:	W140 N8917 Lilly Road
Program Phone #:	Menomonee Falls, WI 53051
Dean or Director:	Julie Penick, DNP, FNP-BC

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Ohio State College of Nursing Master of Science in Nursing Program
Program Address:	210-4 Mount Hall, 1050 Carmack Rd
Program Phone #:	Columbus, OH 43210
Dean or Director:	Lisa Siefker Kelly Wheatley

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Regis College
Program Address:	235 Wellesley Street
Program Phone #:	Weston, MA 02493
Dean or Director:	Dr. Karen Crowley

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Roseman University
Program Address:	11 Sunset Way
Program Phone #:	Henderson, NV 89014
Dean or Director:	Brian. C Oxhorn

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Rush University Acute Care Pediatric Nurse Practitioner Program
Program Address:	600 South Paulina Street
Program Phone #:	Chicago, IL 60612
Dean or Director:	Beth Nachtsheim Bolick PNP, APRN, PPCNP-B, CPNP-AC FAAN

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	University of Colorado
Program Address:	1420 Austin Bluffs Parkway
Program Phone #:	Colorado Springs, CO 80919
Dean or Director:	Kristen Vandenburg DNP, PMH NP-BC FNP

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	University of Texas At Arlington
Program Address:	701 S Nedderman Dr.
Program Phone #:	Arlington, TX 76019
Dean or Director:	John Gonzalez DNP, APRN, ACNP-BC, ANP-C

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

Note: Authority cited: Section 2715, Business and Professions Code.
Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:



Advance Practice Regulations 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs

Date:	8/13/2020
NP Program Name:	Walden University School of Nursing
Program Address:	900 Washington Ave S
Program Phone #:	Minneapolis, MN 55401
Dean or Director:	Judi Kuric

	REGULATION REQUIREMENTS	MET	NOT MET
(a)	The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	Obtain prior board approval;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Secure clinical preceptors who meet board requirements;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	A clinical preceptor in the nurse practitioner education program shall:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Be evaluated by the program faculty at least every two (2) years. Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c)	The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations. (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(A)	Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B)	Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	The nurse practitioner education program shall notify the board of pertinent changes within 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	The board may withdraw authorization for program clinical placements in California, at any time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2- 1486 Division 14 of Title 16 of the California Code of Regulations:

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

Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code. 3

Date of Review:

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5

DATE: September 16-17, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding National Nursing Organization Accreditation Status for California State University Fresno Nurse Practitioner Program (Present)

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

BACKGROUND: Sylvia Miller, Ed.D., RN, FNP, Chair, School of Nursing, California State University, Fresno serves as the BRN designated nurse practitioner program director.

The Board at its 11/14/2019 meeting rendered the following action: “No Action Taken, California State University, Fresno Nurse Practitioner Program. Return to Education Licensing Committee Meeting in August 2020”.

This action was in response to the program report to the Education and Licensing Committee 8/15/2019, and to the Board on 11/14/2019, regarding the nurse practitioner program’s accreditation status as determined by the Commission on Collegiate Nursing Education (CCNE). Specifically, the board was notified that the CCNE had withdrawn accreditation from the master’s degree program in nursing effective May 23, 2019, after the September 2018 on-site visit to the graduate program. Additionally, students who had previously completed the Psychiatric Mental Health Nurse Practitioner post-graduate option were impacted by the program’s accreditation issues.

A subsequent CCNE accreditation visit was conducted September 9-11, 2019. The program received notification via letters from the CCNE dated June 4, 2020, that accreditation is granted for the master’s degree program in nursing until June 30, 2025; and that accreditation is granted to the post-graduate APRN certificate program until June 30, 2030 (letters are attached).

The nurse practitioner program at CSU Fresno is currently in compliance with accreditation requirements as stated in the California Code of Regulations Sections 1480-1484. The CCNE letter describes that a continuous improvement progress report (CIPR) is required for all accredited programs with the due dates specified for the CSU Fresno NP programs. The program communicated that at this time it has adequate resources to sustain its accreditation status. The next BRN continuing approval visit to the nurse practitioner program is scheduled for Fall 2021.

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Shelley Ward, MPH, RN
Nursing Education Consultant

June 4, 2020

Sylvia Miller, EdD, RN, FNP-C
Chair and Associate Professor
School of Nursing
California State University, Fresno
2345 E. San Ramon Ave.
M/S MH 25
Fresno, CA 93740

Dear Dr. Miller:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on May 5-8, 2020, to grant accreditation to the **post-graduate APRN certificate program** at California State University, Fresno for 10 years, extending to June 30, 2030. The accreditation action is effective as of September 9, 2019, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2029.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the mid-point of the accreditation term. Please note that the CIPR needs to demonstrate the program's compliance with the CCNE standards and key elements that are in effect at the time of its submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards to be addressed and providing guidance for the preparation of the report. The deadline for submitting the CIPR to CCNE is June 1, 2025. The Report Review Committee, and then the Board of Commissioners, will review the CIPR. For more information about CIPRs and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. Due to limited access to the CCNE office as a result of the COVID-19 pandemic, the certificate of accreditation will be mailed to you when operations permit staff to do so.

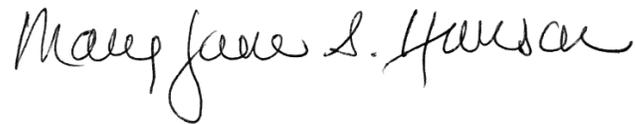
In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards->

[Procedures-Guidelines](https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications). Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,

A handwritten signature in black ink that reads "Mary Jane S. Hanson". The signature is written in a cursive, flowing style.

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, Board of Commissioners

cc: President Joseph I. Castro
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

June 4, 2020

Sylvia Miller, EdD, RN, FNP-C
Chair and Associate Professor
School of Nursing
California State University, Fresno
2345 E. San Ramon Ave.
M/S MH 25
Fresno, CA 93740

Dear Dr. Miller:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on May 5-8, 2020, to grant accreditation to the **master's degree program in nursing** at California State University, Fresno for 5 years, extending to June 30, 2025. The accreditation action is effective as of September 9, 2019, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2024.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the mid-point of the accreditation term. Please note that the CIPR needs to demonstrate the program's compliance with the CCNE standards and key elements that are in effect at the time of its submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards to be addressed and providing guidance for the preparation of the report. The deadline for submitting the CIPR to CCNE is December 1, 2022. The Report Review Committee, and then the Board of Commissioners, will review the CIPR. For more information about CIPRs and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. Due to limited access to the CCNE office as a result of the COVID-19 pandemic, the certificate of accreditation will be mailed to you when operations permit staff to do so.

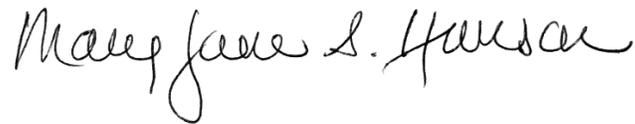
In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards->

[Procedures-Guidelines](https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications). Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,

A handwritten signature in black ink that reads "Mary Jane S. Hanson". The signature is written in a cursive, flowing style.

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, Board of Commissioners

cc: President Joseph I. Castro
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

June 20, 2020

FROM: Sylvia Miller, Ed.D, RN, FNP
Chair, School of Nursing
California State University, Fresno
2345 East San Ramon Avenue
Fresno, CA 93740-8031

TO: Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

RE: California State University, Fresno Nurse Practitioner Program Accreditation Status

On June 18, 2019, California State University, Fresno was informed that the Commission on Collegiate Nursing Education (CCNE) acted to withdraw accreditation from the master's degree program in nursing effective May 23, 2019. This decision was based on the results of a comprehensive on-site evaluation of the master's program September 24-26, 2018.

Due to an administrative error, the Psychiatric Mental Health Nurse Practitioner (PMHNP) post-graduate program was not scheduled for an initial accreditation review during the CCNE on-site evaluation of September 24-26, 2018. Shortly after that, American Nurses Credentialing Center (ANCC) notified California State University, Fresno's PMHNP graduates, 2009 through 2018, who had passed the PMHNP certification exam prior to ANCC's discovering the PMHNP post-graduate program was not accredited to maintain certification completing a nationally accredited PMHNP post-graduate program was required.

The School of Nursing scheduled a CCNE comprehensive on-site evaluation for BSN, MSN and the PMHNP program for September 9-11, 2019. To meet the ANCC's requirement, the School of Nursing worked with San Marcos to facilitate the students completing the San Marcos online PMHNP program. The first of three cohorts started the San Marcos program spring semester 2020 while cohort 2 will start fall semester 2020 and cohort 3 will start fall 2021.

On June 4, 2020, California State University, Fresno received written confirmation that CCNE granted accreditation to the master's degree program in nursing for 5 years. CCNE granted accreditation to the post-graduate APRN certificate program for 10 years.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6

DATE: September 16-17, 2020

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

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

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

Reports for this meeting were submitted from the Nursing program, College Administration. These reports are included in the packet. There are no significant updates for September 2020.

Nursing Program Report

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

1. CCR Section 1424(b)(1) – Administration and Organization – Program Evaluation. This noncompliance is continuing with steady progress.
2. CCR Section 1424(d) Resources; CCR Section 1424(e) and (f) Director and Assistant Director ‘s dedicated sufficient time for Administration of the program. This noncompliance is now in compliance with BRN regulation.
3. CCR Section 1424(h) Faculty type and number This noncompliance is now in compliance with BRN regulation.
4. CCR Section 1425 – Faculty Qualifications and Changes. Content Experts are identified. This noncompliance is now in compliance with BRN regulation.
5. CCR Section 1426(b) Required Curriculum This noncompliance is continuing with slow progress. Curriculum to be implemented for all students fall 2020.

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

- Continuing – A Registered Nurse (RN) is needed to be the Student Success Representative who would oversee: One-on-one tutoring and workshops that would cover test taking skills, study habits, time management, and more. The RN will work in conjunction with the Student Support Representative to focus on students requiring support with housing, childcare, nutrition and/or other social issues, and follow-up with graduates and data collection. Together, the RN and Student Support Representative would provide a holistic framework to the approach of student support and success.

Five (5) recommendations were given for:

1. CCR Section 1424(b) –Policies and Procedures
ELAC has completed this recommendation.
2. CCR Section 1424(c) Organizational Chart
ELAC has completed this recommendation.
3. CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert
ELAC has completed this recommendation.
4. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content
This recommendation is continuing with progress. The syllabi for the curriculum are complete. The Canvas course shell and Sherpath/Prep-U material will be included to reflect the new curriculum. Faculty have integrated new curriculum content into their syllabi.
5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.
ELAC has completed this recommendation.

NEXT STEP:

Notify Programs of Board Action.

PERSON TO CONTACT:

Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant

East Los Angeles College Department Of Nursing
Monthly Report to the Board of Registered Nursing
August 26, 2020

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

The Assistant Director is in the process of collecting the updated resume, EDP-10, and EDP-02 forms. The Chair, Assistant Directors, and faculty will work collaboratively to gather and organize data for the Total Program Evaluation. The Chair and Assistant Directors will continue to assist with the administration and review of the Total Program Evaluation.

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

Transition of Director/Chairperson begins on August 25, 2020. Hiring of additional adjunct faculty will continue as needed.

CCR Section 1426(b) Required Curriculum

Beginning Fall of 2020, the approved curriculum will be implemented across all semesters. Utilizing student surveys each semester, and other data including but not limited to Kaplan test benchmark, course test scores, and clinical evaluation tools. The nursing department will continue to evaluate the effectiveness of the curriculum on student success.

CCR Section 1431–Licensing and Examination Pass Rate Standard

The nursing department will continue with the previous NCLEX-prep plan as reported in the July 20, 2020 report.

An area of recommendation was noted with student support services. A Registered Nurse (RN) is needed to be the Student Success Representative who would oversee: One-on-one tutoring and workshops that would cover test taking skills, study habits, time management, and more. The RN will work in conjunction with the Student Support Representative to focus on students requiring support with housing, childcare, nutrition and/or other social issues, and follow-up with graduates and data collection. Together, the RN and Student Support Representative would provide a holistic framework to the approach of student support and success.

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

The syllabi for the curriculum are complete. The Canvas course shell and Sherpath/Prep-U material will be included to reflect the new curriculum. Faculty have integrated new curriculum content into their syllabi.

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

Workforce Development Report- Student Support Representative Report

For the reporting period, 7/21/20-8/25/20, all 27 recent graduates, along the 13 students from the winter 2019 cohort, were contacted to track their status regarding their BRN applications and NCLEX prep progress. Students from the spring 2020 cohort who hadn't attended the three- day Kaplan review, were offered extended access to reschedule.

Nine (9) students from the 2009-2019 cohort were contacted during the reporting period (3 alumni who have not taken the NCLEX and 6 alumni who were repeaters). A faculty member assisted with contacting the students from the 2009-2019 alumni list who were listed as "Not Tested" and updated the status for 32 alumni. Of the 32 alumni: 4 failed NCLEX, 3 alumni continue communicating with faculty regarding testing status, and 25 alumni passed NCLEX. The 2009-2019 Alumni Tracking Notes "Not Tested" list is currently at 70 alumni, down from the 102 alumni.

East Los Angeles College -Administration Monthly Progress Report
Education/Licensing Committee Meeting -September 2020
Submitted on August 26, 2020

Below please find the updates for the month of August 2020:

1. Effective July 1, 2020, Dr. Albert Roman was appointed Interim President of East Los Angeles College. He will remain in this position until the permanent position is filled.

2. Effective August 25, 2020, Dr. Christine Chandler assumed the role of Program Director of the nursing program.

3. All new faculty have been on-boarded and are prepared to teach in their respective areas this Fall. We will also hire additional adjunct faculty as needed.

4. In order to best support Dr. Chandler in her transition as director of the nursing program, Kendra Madrid, Dean of the Nursing department, have standing meetings. These meetings will allow for an opportunity to discuss ongoing issues, concerns, and department goals. Furthermore, Dr. Chandler and in some cases the Dean, will meet as needed with Dr. Mary Ann McCarthy to address compliance matters and seek guidance on planned goals.

5. Regarding the total program evaluation, Prof. Martha Garcia, one of our assistant directors, took the lead on completing the program evaluations. She has already begun working with Dr. McCarthy in creating a template and a process for a thorough program evaluation. The faculty and staff will work collaboratively to assist Ms. Garcia.

6. Ms. Bianca Martinez will be working primarily with Dr. Chandler in reaching out to our program alumni. Ms. Martinez will be reporting primarily to Dr. Chandler and will be submitting monthly reports to her on the status of alumni.

7. To address student success, we are in the process of onboarding a Student Success Coach, who will provide workshops and tutoring to students, as well as work in collaboration with our campus staff to holistically serve the student by identifying and troubleshooting external barriers to completion of the program (i.e. homelessness, food insecurities and child care).

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: September 16-17, 2020

ACTION REQUESTED: *Information Only: NCLEX Pass Rate Updates*

REQUESTED BY: Michael D. Jackson, RN, MSN
 Chair, 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.

Table 1. NCLEX RESULTS—FIRST TIME CANDIDATES
 July 1, 2019-June 30, 2020**/^

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED (%)
California	12,077	91.60
United States & Territories	167,510	87.93

Table 2. CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES
 By Quarters and Year July 1, 2019-June 30, 2020**/^

7/01/19- 9/30/19**		10/01/19- 12/31/19**		1/01/20- 3/31/20**/^		4/01/20- 6/30/20**/^		7/01/19- 06/30/20**/^	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
5,288	93.32	1,646	85.60	3,348	93.07	1,795	89.25	12,077	91.60

** CA rates include (1),(1), (2) and (0)“re-entry” candidates. Pass rate results are based on the 2019 Test Plan and Passing Standard of 0.00 logits effective April 1, 2019-March 31, 2022. Data Source: NCSBN/Pearson VUE quarterly and rolling 12 months reports as of 7/1/20. Data reflects the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the date the report is generated.

^Note: From March 25, 2020 through September 30, 2020, the current modified NCLEX-RN exam consists of a minimum number of 60 scored questions and a maximum of 130 scored questions. The exam testing time length is 4 hours instead of 6 hours. NCSBN publications state...”In response to the COVID-19 pandemic, NCSBN introduced several carefully evaluated and tested modifications to the NCLEX examinations. To ensure the reliability and legal defensibility of the exam, NCSBN conducted numerous simulations and comparisons against historical NCLEX results along with continuous evaluation of the modifications to the exam put into place during the COVID-19 pandemic. All modifications and live exam results confirmed the consistency of the measurement properties and did not identify any negative impact on candidate results or testing experiences. “ (NCSBN

8/21/20). More information about NCSBN/PearsonVUE COVID-19 NCLEX Testing and Impact to NCLEX Candidates effective March 25, 2020 until September 30, 2020 is available at www.ncsbn.org/14428.htm.

Summary Modifications to the NCLEX-RN Examination starting October 1, 2020

NCSBN states ... “NCLEX exams will retain some of the characteristics of the modified exam while reinstating some of the essential aspects of the exam that were put on hold because of the pandemic. NCLEX exams will continue to use the Computer Adaptive Testing (CAT) methodology for administration and scoring. The NCLEX Test Plans will remain the same and the passing standard will not change.” (NCSBN 8/21/20)

- 15 pretest items will be re-introduced; minimum number of exam items will be 75 items and the maximum number will be 145 test items/questions.
- Minimum number of scored test items will be 60 and maximum number of scored items will be 130 test items;
- Exam length will be five(5) hours;
- NCLEX Online Tutorial will be replaced with a general guide and testing taking tips;
- The Next Generation NCLEX Special Research Section will be re-introduced. Candidates with enough exam time available will be invited to voluntarily participate in this important research;
- Due to maximum exam length and testing time changes, the existing “Run Out of Time Rule” will not apply. A candidate’s ability estimate will be computed from the responses to all completed test items.

More information regarding the October 1, 2020 exam modifications is available at www.ncsbn.org/14950.htm NCSBN can be contacted with any specific questions about the exam changes at nclexinfo@ncsbn.org

****2019 NCLEX-RN Test Plan and Passing Standard:** The detailed 2019 NCLEX-RN Test Plan is available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.

Next Generation NCLEX (NGN)

The Next Generation NCLEX (NGN) Project/FAQs/Resources/Talks &Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm. The NEXT GENERATION NCLEX EXAM will be implemented no sooner than 2023 according to the NCSBN website information. The Summer 2020 NGN NEWS publication “Layer 4 of the NCSBN Clinical Judgment Measurement Model” is now available on the NCSBN website. 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:

Continue to monitor results

PERSON TO CONTACT:

Katie Daugherty, MN, RN
Nursing Education Consultant

California Board of Registered Nursing

**Table 3. NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type
Academic Year July 1, 2019-June 30, 2020[^]**

Academic Year July 1-June 30 [^]	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass [^]	April-June #Tested %Pass [^]
National/US Educated; All degree types *	54,444 (88.2)	15,961 (79.1)	46,403 (89.5)	50,692 (88.9)
CA Educated; All degree types**	5,288 (93.3)	1,646 (85.6)	3,343 (93.0)	1,795 (89.2)
National-Associate Degree rates**	26,080 (85.6)	7,831 (72.4)	23,223 (86.4)	25,301 (85.5)
CA-Associate Degree rates**	2,764 (93.0)	541 (82.8)	1,780 (92.5)	758 (89.8)
National-BSN+ELM rates**/**	27,587 (90.6)	7,790 (85.7)	22,685 (92.7)	24,874 (92.3)
CA-BSN+ELM rates**/**	2,523 (93.6)	1,104 (86.9)	1,561 (93.6)	1,037 (88.8)

^{*}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 the combined BSN+ELM categories.

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

[^]Note: Numbers included in quarter to quarter reports reflect the most up-to-date and accurate numbers at the time the report was generated (7/1/20). Typically, the numbers/corrections have not significantly changed the previously reported quarterly pass rate. The data reflects pass rate results based on the 2019 NCLEX-RN Test Plan and Passing standard effective from 4/1/19-3/31/2022. The 2019 NCLEX RN Passing Standard for 4/1/19-3/31/22 remains at 0.00 logit. Due to the COVID-19 pandemic from March 25, 2020 to September 30, 2020 the NCLEX-RN exam was modified by changing the minimum number of test items to 60 items and the maximum number of test items to 130 test items. Exam testing time was changed from 6 hours to 4 hours.

Source: National Council of State Boards/PearsonVUE Quarterly Pass Rate Reports and Examination Modification publications due to COVID-19.

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

**AGENDA ITEM: 7.8
DATE: September 16-17, 2020**

ACTION REQUESTED: Licensing Program Update, Information only.

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

LICENSING UPDATE:

Application Processing:

The Licensing Division evaluators are currently processing the initial review of California, US and International exam and endorsement applications received in June, out-going verifications in August and Inactive to Active and Back to Active requests received in September. Due to COVID-19 graduation dates for many California nursing programs were extended into July and August thus extending the spring and summer graduation season. The board has now completed the processing of spring and summer 2020 California graduates. In total, staff processed over 6,200 California graduates during this last season.

Statistics:

The Board continues to use QBIRT and can create and run various reports upon request. The Board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations and to assign application workload to staff. Below are the final fiscal year statistics for 2019-2020.

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

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

Licensing Average Processing Time Statistics				
Application Type				Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	33.1
Endorsement	45.8	60.2	18.4	29.5

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

Licensing Applications Received				
Application Type				
Exams	16,879	15,571	15,425	16,092
Endorsement	20,040	15,326	15,161	17,688
Repeat/Reapply	7,043	5,792	5,085	5,966
Advanced Practice	9,774	8,408	6,913	9,454
Total	53,736	45,097	42,584	49,200

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

Additional Requests Received			
Request Type	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Out of State Verification	16,965	20,524	19,897 (thru 5/31/2020)
Inactive to Active	1,572	2,667	2,548
Total	49,877	57,685	17,077

Breeze Updates:

We have been in the process of making additional changes and updates within BreEZe. Currently we are working on two BreEZe tickets that will be deployed later this year.

The first is to add online payment capabilities for outgoing verification requests, requests for copies of transcripts, NCLEX results, and employer verifications. This will assist the Board in being able to reduce the amount of time it is taking to complete these types of requests by reducing the cashiering time.

The second change will make some additions to the BreEZe public license search results. The Board has requested our licensee’s method of licensure to be added. This new addition will reflect on the public search screen in BreEZe and will display the method of licensure as either “Exam” or “Endorsement” within the license details.

Staffing Updates:

Currently the Licensing Division has three (3) vacancies due to staff movement. Those positions are:

- 1 Staff Services Manager I over International Evaluations and Support unit,
- 1 Program Technician II in US Evaluations,
- 1 Associate Governmental Program Analyst in Advance practice & Certification

We are in various stages of the recruitment process for all three vacancies.

We recently filled two positions within the Licensing Division.

- Angelina Gonzalez was promoted from a Program Technician II in the US Evaluations unit to a Staff Services Analyst in the International Evaluations unit
- Victor Aguila is new to the Board and was hired as a Program Technician II in the US Evaluations unit.

NEXT STEPS:

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

PERSON TO CONTACT:

Christina Sprigg
Deputy Chief, Licensing Division
(916) 574-7614



Agenda Item 8.0

REPORT OF THE ENFORCEMENT/INTERVENTION COMMITTEE

Imelda Ceja-Butkiewicz, Chairperson | September 16-17, 2020

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 8.1

DATE: September 16-17, 2020

ACTION REQUESTED: **Information Only:** Enforcement Intervention Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

ACCOMPLISHMENTS:

Complaint Intake

We have been working closely with the Public Information Unit (PIU) to ensure the standard for customer service is maintained while in the telework environment. The managers have assessed phone lines for information, including routes of access, call volume and voicemail capability. We have also worked with PIU staff to receive training on utilizing the Symposium reporting system as it relates to calls received to accurately monitor calls being referred from the PIU.

To maximize the ability for answering incoming calls from the public, the managers have drafted a proposal for a pilot program that began August 17, 2020 and will run through October 31, 2020. This pilot expansion includes all enforcement support staff to monitor the voicemail left from the general public on a daily basis. Data is being collected to assess workload impact and public needs. If this Pilot proves to be effective, the Enforcement Unit will make this expansion permanent.

Investigations

Investigations has been working closely with the Complaint Intake unit to streamline and improve processes to further the “go green” efforts.

Special Investigators are scanning all completed investigations in the field and transferring them electronically to BRN Headquarters for processing. This reduces the time in which a case moves through the process, as well as the cost for printing and shipping.

Both Supervising Special Investigators and the Deputy Chief for Investigation regularly participate with Complaint Intake staff in case Triage meetings to assist with complaint evaluation. This is a vital team building environment which has fostered the ability for staff to be able to regularly and easily exchange ideas and pose questions regarding workload topics.

BRN and the Division of Investigation (DOI) continue to improve the process surrounding case referrals and the Complaint Resolution Pilot Project. DOI has agreed to independently retrieve complaint documents from BreEZe; this will reduce the workload for staff office technicians who can be redirected to help where needed. Additionally, BRN and DOI are evaluating BreEZe to expand its use between the two departments.

BreEZe subject matter expert Kristie Powell will be conducting training for DOI staff virtually this month, related to assigned complaints, the download of documents and navigation through the various areas. This will further the “go green” efforts of electronic transmission of documents between internal partners.

Discipline

The Discipline Unit is looking at the lowest case processing timeframes in years and getting closer to the Department’s goal of 540 days for formal discipline processing. Last month our time from AG transmittal to pleading filed was at a low of 79 days on average.

In response to COVID-19, and the expansion of teleworking opportunities, the Discipline Unit effectively transitioned to a paperless case review system; expanding their use of Breeze for all case items.

We have recently completed a pilot for the electronic transfer of case files, with the Attorney General’s Office (AGO) Los Angeles. We are now in the process of expanding this out to the remaining AGO offices statewide.

Probation

The Probation Unit has successfully testified in hearings using alternative methods such as Microsoft Teams and Conference Calls.

As of August 1, 2020, a new contract with FSSolution went into effect, reducing the cost for probationary nurses required to drug test, if utilizing the new “in network” facilities.

Probation orientations have successfully been conducted via teleconference to allow for compliance with CDC guidelines.

Intervention

Maximus has been awarded the new contract for the administration of DCA’s alternative to discipline recovery programs, including the BRN Intervention Program. Maximus was the prior contractor for the BRN Intervention Program, and the transition has been seamless. The new contract includes the addition of an outreach specialist who has been recruited to provide up to 45 presentations per year. In an effort to ease participant costs for drug testing while maintaining the integrity of random drug testing, lab costs have been reduced. Maximus has successfully deployed worksite monitor and clinical assessor portals in its case management system, which allow reports to be submitted electronically. Both systems are working well.

With the COVID-19 pandemic, Intervention Evaluation Committee meetings have successfully been implemented through Zoom meetings. Participants, Committee members, and Program staff have all stated the virtual meetings have worked well to maintain face-to-face contact.

UPDATES:

AB 2138 was effective as of July 1, 2020. The BRN's frequently asked questions have been updated on the website to reflect the new changes in AB 2138. Please go to <https://www.rn.ca.gov/applicants/lic-faqs.shtml#discipline>

COVID-19 pandemic has created a challenge with outreach presentations due to travel and meeting restrictions. However, staff are currently looking into opportunities to conduct presentations virtually.

STATISTICS:**FISCAL YEAR COMPARISON**

	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Public Complaints	3,830	4,374	4,429	4,049
Arrest/Conviction Complaints	1,429	1,456	1,349	1,200
Applicants	3,769	3,903	3,289	2,942
Total Complaints Received	9,028	9,733	9,067	8,191
Intervention Referrals	1225	995	1047	906
Intervention Successful Completions	113	107	88	96
Investigation Referrals - DOI	621	519	480	434
Investigation Referrals - BRN	675	775	843	837
AG Referrals	1,198	1,282	1,583	1,076
Pleading Served	938	848	970	934
Decisions Adopted	1,282	1,141	1,333	1,287
Citations Issued	366	770	567	296
Citation Amount Ordered	\$266,428	\$519,133	\$392,864	\$207,075
Citation Amount Received	\$202,614	\$391,233	\$311,175	\$202,429
Total Probationers	1,576	1,397	1,239	1,280

In-State Probationers	1,196	1,003	843	847
Out of State (Tolled) Probationers	380	394	396	433
Chemically Dependent Probationers	787	580	443	436
Petitions to Revoke Probation	120	100	90	81

NEXT STEPS:

Continue to monitor

PERSONS TO CONTACT:

Shannon Johnson, Enforcement Deputy Chief
(916) 515-5268
Scarlett Treviso, Investigations Deputy Chief
(916) 508-9285

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 8.1.1
DATE: September 16-17, 2020

ACTION REQUESTED: **Information Only:** DOI/BRN Pilot Project Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

DOI/BRN PILOT PROJECT

DOI and BRN continue to follow the Pilot Project initiated in September 2019 that allowed BRN to maintain investigations for urgent priority, Quality of Care complaints alleging significant patient harm and/or patient death.

As of September 9, 2020, there have been 98 cases submitted for BRN investigation that met the established pilot criteria. To date, 56 have been completed and 42 are pending.

The Pilot Project includes case tracking accountability measures so DCA and BRN can closely monitor this critical caseload.

NEXT STEP: Continue monitor

PERSON TO CONTACT: Scarlett Treviso, Investigations Deputy Chief
(916) 508-9285



Agenda Item 9.0

REPORT OF THE LEGISLATIVE COMMITTEE

Imelda Ceja-Butkiewicz, Chairperson | September 16-17, 2020

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

AGENDA ITEM: 9.1

DATE: September 16-17, 2020

ACTION REQUESTED: **Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session, Including But Not Limited To the Following Bills:**

REQUESTED BY: Legislative Committee

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

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

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

NEXT STEPS: Present recommendations to the Board

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

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

2020 TENTATIVE ASSEMBLY LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 7-24-20

DEADLINES

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

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

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

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

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

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

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Mar. 3** Primary Election.
- Mar. 20** Joint Recess begins upon adjournment (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- Mar. 27** Cesar Chavez Day observed.
- May 4** Assembly reconvenes from Joint Recess (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- May 22** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in the Assembly (J.R. 61(b)(5)).
- May 25** Memorial Day.
- May 29** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in the Assembly (J.R. 61(b)(6)).

*Holiday schedule subject to final approval by Rules Committee.

2020 TENTATIVE ASSEMBLY LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 7-24-20

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

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

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

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

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

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

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

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

July 3 Independence Day observed.

July 27 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

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

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

Aug. 21 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

Aug. 24 Last day to **amend** bills on the floor (J.R. 61(b)(17)).

Aug. 24 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).

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

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

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

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

Nov. 3 General Election.

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

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

2021

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

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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

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

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

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

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

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 6](#) Legislature Reconvenes (J.R. 51(a)(4)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 17](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- [Jan. 20](#) Martin Luther King, Jr. Day.
- [Jan. 24](#) Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)).
Last day to **submit bill requests** to the Office of Legislative Counsel.
- [Jan. 31](#) Last day for each house to **pass bills introduced** in that house in the odd-numbered year (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).
- [Feb. 17](#) Presidents' Day.
- [Feb. 21](#) Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).
- [Mar. 16](#) Legislature in recess, ACR 189, Resolution Chapter 15, Statutes of 2020
- [Mar. 27](#) Cesar Chavez Day observed
- [May 11](#) Senate Reconvenes
- [May 25](#) Memorial Day
- [May 29](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(b)(5)).

*Holiday schedule subject to Senate Rules committee approval.

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

June 5 Last day for **policy committees** to hear and report to the floor non-fiscal bills introduced in their house (J.R. 61(b)(6)). Last day for policy committees to meet prior to June 8 (J.R. 61(b)(7)).

June 15 Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

June 19 Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for **fiscal committee's** to meet prior to June 29 (J.R.61(b)(9)).

June 22-26 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).

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

June 26 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

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

July 2 **Summer Recess** begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

July 27 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 18 Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 21 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

Aug. 24 – 31 Floor Session only. No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(16)).

Aug. 25 Last day to **amend bills** on the Floor (J.R. 61(b)(17)).

Aug. 27 Last day to **amend bills** on the **floor for Chaptering purposes only** **CHAPTERING AMENDS ONLY**

Aug. 31 Last day for **each house to pass bills**, except bills that take effect Immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c)), (J.R. 61(b)(18)). **Final recess** begins upon adjournment (J.R. 51(b)(3)).

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

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

Sept. 30

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

Nov. 3

General Election

Nov. 30

Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7

12 m. convening of 2021-22 Regular Session (Art. IV, Sec. 3(a)).

2021

Jan. 1

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

Jan. 4

Legislature reconvenes (JR 51(a)(1)).

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Sept, 2020
AB 329	Rodriguez/ CENA	Hospitals: assaults and batteries	Watch 3/14/19	Watch 4/11/19	Hearing xxclد- Dead
AB 362	Eggman/ DPA; HRC	Controlled substances: overdose prevention program	Information 5/9/19	Watch 4/11/19	Senate Health-Hearing xxclد - Dead
AB 613	Low	Professions and vocations: regulatory fees	Watch 3/14/19	Watch 4/11/19	Senate BP&ED- Hearing postponed - Dead
AB 732	Bonta	County jails: prisons: incarcerated pregnant persons	Watch 3/14/19	Watch 4/11/19	Enrolled
AB 890	Wood	Nurse practitioners: scope of practice: unsupervised practice	Oppose unless amended 01/09/19	Oppose unless amended 6/24/20	Enrolled
AB 1145	Cristina Garcia	Child abuse: reportable conduct	Watch 3/14/19	Watch 4/11/19	Enrolled
AB 1616	Low	Department of Consumer Affairs: boards: expunged convictions			Senate B & P- Held- Dead
AB 1759	Salas	Health care workers: rural and underserved areas			Senate Judiciary Held- Dead
AB 1909	Gonzalez	Healing arts licensees: virginity examinations or tests			Assembly B & P Held-Dead
AB 1998	Low	Dental Practice Act: unprofessional conduct: patient of record			Senate B & P Held-Dead
AB 2028	Aguilar-Curry	State agencies: meetings	Oppose unless amended 03/12/20	Support as Amended June 24, 20	Senate G.O Inactive File- Dead
AB 2113	Low	Refugees, asylees, and immigrants: professional licensing			Enrolled
AB 2288	Low	Nursing Programs: Clinical hours	Support with Amendments 5/27/20	Support with Amendments 6/24/20	Enrolled
AB 2549	Salas	Department of Consumer Affairs: temporary licenses	Watch	Watch 6/24/20	Senate B & P Dead
AB 3016	Dahle	Board of Registered Nursing: online license verification	Oppose 03/12/20	Oppose 6/24/20	Senate B & P Held-Dead
AB 3045	Gray	Boards: veterans: military spouses: licenses			Senate B & P Held-Dead

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of September 9, 2020
<u>SB 3</u>	Allen/Glazer	Office of Higher Education Coordination, Accountability, and performance			Approps Suspense 8/30/19-Dead
<u>SB 808</u>	Mitchell	Budget Act of 2020			Budget & Fiscal
<u>SB 878</u>	Jones	Department of Consumer Affairs Licensing: applications: wait times			Enrolled
<u>SB 1053</u>	Moorlach	Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact	Oppose 03/12/20	Oppose 6/24/20	Failed passage in Sen B & P- Dead
<u>SB 1237</u>	Dodd	Nurse-Midwives: scope of practice	Support if amended 03/12/20	Support if amended 6/24/20	Enrolled

Assembly Bill No. 890

Passed the Assembly August 31, 2020

Chief Clerk of the Assembly

Passed the Senate August 31, 2020

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2020, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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

LEGISLATIVE COUNSEL'S DIGEST

AB 890, Wood. Nurse practitioners: scope of practice: practice without standardized procedures.

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

This bill would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. The bill, beginning January 1, 2023, would also authorize a nurse practitioner to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board. The bill would require the board to issue that certification to a nurse

practitioner who meets additional specified education and experience requirements, and would authorize the board to charge a fee for the cost of issuing the certificate.

The bill would also require the board to request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing certain functions. The bill would require the occupational analysis to be completed by January 1, 2023. The bill would require the board to take specified measures to identify and assess competencies. The bill would require the board to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided.

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

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

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

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

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

Because the bill would expand the scope of crimes, the bill would impose a state-mandated local program.

This bill would incorporate additional changes to Section 650.01 of the Business and Professions Code proposed by SB 1237 to be operative only if this bill and SB 1237 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 650.01 of the Business and Professions Code is amended to read:

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

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

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

(2) A “financial interest” includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, “direct or indirect payment” shall not include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of their research and development of medical devices and techniques for that manufacturer or distributor. For purposes of this paragraph, “consulting fees” means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for their ongoing services in making refinements to their medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is referring the patient. A “financial interest” shall not include the receipt of capitation payments or other fixed amounts that are prepaid in exchange for a promise of a licensee to provide specified health care services to specified beneficiaries. A “financial interest” shall not include the receipt of remuneration by a medical director of a hospice, as defined in Section 1746 of the Health and Safety Code, for specified services if the arrangement is set out in writing, and specifies all services to be provided by the medical director, the term of the arrangement is for at least one year, and the compensation to be paid over the term of the arrangement is set in advance, does not exceed fair market value, and is not determined in a manner that takes into account the volume or value of any referrals or other business generated between parties.

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

(4) “Licensee” means a physician, as defined in Section 3209.3 of the Labor Code, or a nurse practitioner practicing pursuant to Section 2837.103 or 2837.104.

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

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

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

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

(A) Each licensee who is a member of the group provides substantially the full range of services that the licensee routinely provides, including medical care, consultation, diagnosis, or treatment through the joint use of shared office space, facilities, equipment, and personnel.

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

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

(c) It is unlawful for a licensee to enter into an arrangement or scheme, such as a cross-referral arrangement, that the licensee knows, or should know, has a principal purpose of ensuring referrals by the licensee to a particular entity that, if the licensee

directly made referrals to that entity, would be in violation of this section.

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

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

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

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

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

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

including revocation of professional licensure, by the Medical Board of California or other appropriate governmental agency.

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

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

SEC. 1.5. Section 650.01 of the Business and Professions Code is amended to read:

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

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

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

(2) A "financial interest" includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, "direct or indirect payment" shall not include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of their research and development of medical devices and

techniques for that manufacturer or distributor. For purposes of this paragraph, “consulting fees” means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for their ongoing services in making refinements to their medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is referring the patient. A “financial interest” shall not include the receipt of capitation payments or other fixed amounts that are prepaid in exchange for a promise of a licensee to provide specified health care services to specified beneficiaries. A “financial interest” shall not include the receipt of remuneration by a medical director of a hospice, as defined in Section 1746 of the Health and Safety Code, for specified services if the arrangement is set out in writing, and specifies all services to be provided by the medical director, the term of the arrangement is for at least one year, and the compensation to be paid over the term of the arrangement is set in advance, does not exceed fair market value, and is not determined in a manner that takes into account the volume or value of any referrals or other business generated between parties.

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

(4) “Licensee” means all of the following:

(A) A physician as defined in Section 3209.3 of the Labor Code.

(B) A nurse practitioner practicing pursuant to Section 2837.103 or 2837.104.

(C) A certified nurse-midwife as described in Article 2.5 (commencing with Section 2746) of Chapter 6, acting within their scope of practice.

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

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

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

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

(A) Each licensee who is a member of the group provides substantially the full range of services that the licensee routinely provides, including medical care, consultation, diagnosis, or treatment through the joint use of shared office space, facilities, equipment, and personnel.

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

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

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

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

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

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

(1) If a referral, billing, or other solicitation is between one or more licensees who contract with a multispecialty clinic pursuant

to subdivision (l) of Section 1206 of the Health and Safety Code or who conduct their practice as members of the same professional corporation or partnership, and the services are rendered on the same physical premises, or under the same professional corporation or partnership name, the requirements of this subdivision may be met by posting a conspicuous disclosure statement at the registration area or by providing a patient with a written disclosure statement.

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

(g) A violation of subdivision (a) shall be a misdemeanor. In the case of a licensee who is a physician and surgeon, the Medical Board of California shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. In the case of a licensee who is a certified nurse-midwife, the Board of Registered Nursing shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. Violations of this section may also be subject to civil penalties of up to five thousand dollars (\$5,000) for each offense, which may be enforced by the Insurance Commissioner, Attorney General, or a district attorney. A violation of subdivision (c), (d), or (e) is a public offense and is punishable upon conviction by a fine not exceeding fifteen thousand dollars (\$15,000) for each violation and appropriate disciplinary action, including revocation of professional licensure, by the Medical Board of California, the Board of Registered Nursing, or other appropriate governmental agency.

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

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

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

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

(1) (A) “Peer review” means both of the following:

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

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

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

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

(B) “Peer review body” includes:

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

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

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

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

(2) “Licentiate” means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor,

dentist, licensed midwife, physician assistant, or nurse practitioner practicing pursuant to Section 2837.103 or 2837.104. “Licentiate” also includes a person authorized to practice medicine pursuant to Section 2113 or 2168.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) If another peer review body is required to file an 805 report, a health care service plan is not required to file a separate report with respect to action attributable to the same medical disciplinary cause or reason. If the Medical Board of California or a licensing agency of another state revokes or suspends, without a stay, the license of a physician and surgeon, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension. If the California Board of Podiatric Medicine or a licensing agency of another state revokes or suspends, without a stay, the license of a doctor of podiatric medicine, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension. If the Board of Registered Nursing or a licensing agency of another state revokes or suspends, without a stay, the license of a nurse practitioner, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension.

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

(h) The Medical Board of California, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Dental Board of California, and the Board of Registered Nursing shall disclose reports as required by Section 805.5.

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

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

(k) A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars (\$100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. If the person who is designated or otherwise required to file an 805 report is a licensed doctor of podiatric medicine, the action or proceeding shall be brought by the California Board of Podiatric Medicine. If the person who is designated or otherwise required to file an 805 report is a licensed nurse practitioner, the action or proceeding shall be brought by the Board of Registered Nursing. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licensee. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, “willful” means a voluntary and intentional violation of a known legal duty.

(l) Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that under no circumstances shall exceed fifty thousand dollars (\$50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. If the person who is designated or otherwise required to file an 805 report is a licensed doctor of podiatric medicine, the action or proceeding shall be brought by the California Board of Podiatric Medicine. If the person who is designated or otherwise required to file an 805 report is a licensed nurse practitioner, the action or proceeding shall be brought by

the Board of Registered Nursing. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars (\$50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.

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

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

805.5. (a) Prior to granting or renewing staff privileges for any physician and surgeon, psychologist, podiatrist, dentist, or nurse practitioner, any health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code, any health care service plan or medical care foundation, the medical staff of the institution, a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an outpatient setting accredited pursuant to Section 1248.1 of the Health and Safety Code shall request a report from the Medical Board of California, the Board of Psychology, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Dental Board of California, or the Board of Registered Nursing to determine if any report has been made pursuant to Section 805 indicating that the applying physician and

surgeon, psychologist, podiatrist, dentist, or nurse practitioner, has been denied staff privileges, been removed from a medical staff, or had their staff privileges restricted as provided in Section 805. The request shall include the name and California license number of the physician and surgeon, psychologist, podiatrist, dentist, or nurse practitioner. Furnishing of a copy of the 805 report shall not cause the 805 report to be a public record.

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

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

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

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

Article 8.5. Advanced Practice Registered Nurses

2837.100. It is the intent of the Legislature that the requirements under this article shall not be an undue or unnecessary burden to licensure or practice. The requirements are intended to ensure the new category of licensed nurse practitioners has the least restrictive amount of education, training, and testing necessary to ensure competent practice.

2837.101. For purposes of this article, the following terms have the following meanings:

(a) “Committee” means the Nurse Practitioner Advisory Committee.

(b) “Standardized procedures” has the same meaning as that term is defined in Section 2725.

(c) “Transition to practice” means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. “Transition to practice” includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. The board shall, by regulation, define minimum standards for transition to practice. Clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board.

2837.102. (a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board. The committee shall provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner.

(b) The committee shall consist of four qualified nurse practitioners, two physicians and surgeons with demonstrated experience working with nurse practitioners, and one public member.

2837.103. (a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (3) of subdivision (a) of Section 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board.

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

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

(2) A nurse practitioner who meets all of the requirements of paragraph (1) may practice, including, but not limited to, performing the functions authorized pursuant to subdivision (c), in one of the following settings or organizations in which one or more physicians and surgeons practice with the nurse practitioner without standardized procedures:

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

(B) A health facility, as defined in Section 1250 of the Health and Safety Code, except for the following:

(i) A correctional treatment center, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code.

(ii) A state hospital, as defined in Section 4100 of the Welfare and Institutions Code.

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

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

(E) A home health agency, as defined in Section 1727 of the Health and Safety Code.

(F) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

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

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

(B) A nurse practitioner shall be eligible to serve on medical staff and hospital committees.

(C) A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned. A nurse practitioner shall not vote at department, division, or other meetings unless the vote is regarding the determination of nurse practitioner privileges with the organization, peer review of nurse practitioner clinical practice, whether a licensee's employment is in the best interest of the communities served by a hospital pursuant to Section 2401, or the vote is otherwise allowed by the applicable bylaws.

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

(c) In addition to any other practices authorized by law, a nurse practitioner who meets the requirements of paragraph (1) of subdivision (a) may perform the following functions without standardized procedures in accordance with their education and training:

(1) Conduct an advanced assessment.

(2) (A) Order, perform, and interpret diagnostic procedures.

(B) For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).

(3) Establish primary and differential diagnoses.

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

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

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

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

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

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

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

(e) A nurse practitioner shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board’s telephone number and the internet website where the nurse practitioner’s license may be checked and complaints against the nurse practitioner may be made.

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

(g) A nurse practitioner practicing under this section shall have professional liability insurance appropriate for the practice setting.

(h) Any health care setting operated by the Department of Corrections and Rehabilitation is exempt from this section.

2837.104. (a) Beginning January 1, 2023, notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

(1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.

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

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

(b) (1) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103, if the nurse practitioner satisfies all of the following requirements:

(A) The nurse practitioner meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.

(B) Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

(C) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(2) The board may charge a fee in an amount sufficient to cover the reasonable regulatory cost of issuing the certificate.

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

(1) The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and

professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.

(2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:

(A) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.

(B) Acute decompensation of patient situation.

(C) Problem which is not resolving as anticipated.

(D) History, physical, or lab findings inconsistent with the clinical perspective.

(E) Upon request of patient.

(3) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:

(A) Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.

(B) Whenever patient conditions fail to respond to the management plan as anticipated.

(C) Any patient with acute decomposition or rare condition.

(D) Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.

(E) All emergency situations after initial stabilizing care has been started.

(d) A nurse practitioner shall verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase "enfermera especializada."

(e) A nurse practitioner shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and internet website where

the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made.

(f) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

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

(h) Subdivision (g) shall not apply to a nurse practitioner if either of the following apply:

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

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

2837.105. (a) (1) The board shall request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision.

(2) The board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

(3) The occupational analysis shall be completed by January 1, 2023.

(4) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision that are not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103, the board shall identify and develop a supplemental exam that properly validates identified competencies.

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

SEC. 5. Section 1.5 of this bill incorporates amendments to Section 650.01 of the Business and Professions Code proposed by both this bill and Senate Bill 1237. That section of this bill shall

only become operative if (1) both bills are enacted and become effective on or before January 1, 2021, (2) each bill amends Section 650.01 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1237, in which case Section 1 of this bill shall not become operative.

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.

Approved _____, 2020

Governor

Assembly Bill No. 2288

Passed the Assembly August 30, 2020

Chief Clerk of the Assembly

Passed the Senate August 27, 2020

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2020, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to add Section 2786.3 to the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 2288, Low. Nursing programs: state of emergency.

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

This bill would authorize an approved nursing program to submit a request to a board nursing education consultant to revise certain clinical experience requirements, including reducing the required direct patient hours and using preceptorships without maintaining specified written policies, for enrolled students until the end of the 2020–21 academic year and whenever the Governor declares a state of emergency in the county where an agency or facility used by the approved nursing program is located, subject to specified requirements. The bill would require the board nursing education consultant to approve the request if specified conditions are satisfied and to reject the request if the approved nursing program fails to meet the conditions or fails to submit information satisfactory to the board. The bill would require the board's executive officer to develop a uniform method for evaluating requests and granting approvals and would require the nursing education consultants to use the uniform method.

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. It is the intent of the Legislature that the provisions of this bill be used solely for the purpose of progressing nursing students who are displaced from clinical experiences during the COVID-19 pandemic and future state of emergencies and not for purposes of increasing student enrollment. This bill is not intended to change any requirements related to student enrollment.

SEC. 2. Section 2786.3 is added to the Business and Professions Code, to read:

2786.3. (a) Until the end of the 2020–21 academic year, and whenever the Governor declares a state of emergency for a county in which an agency or facility used by an approved nursing program for direct patient care clinical practice is located and is no longer available due to the conditions giving rise to the state of emergency, the director of the approved nursing program may submit to a board nursing education consultant requests to do any of the following:

(1) Utilize a clinical setting during the state of emergency or until the end of the academic term without the following:

(A) Approval by the board.

(B) Written agreements with the clinical facility.

(C) Submitting evidence of compliance with board regulations relating to the utilization of clinical settings, except as necessary for a board nursing education consultant to ensure course objectives and faculty responsibilities will be met.

(2) Utilize preceptorships during the state of emergency or until the end of the academic term without having to maintain written policies relating to the following:

(A) Identification of criteria used for preceptor selection.

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

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

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

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

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

(3) Request that the approved nursing program be allowed to reduce the required number of direct patient care hours to 50 percent in geriatrics and medical-surgical and 25 percent in mental health-psychiatric nursing, obstetrics, and pediatrics if all of the following conditions are met:

(A) No alternative agency or facility has a sufficient number of open placements that are available and accessible within 25 miles of the approved nursing program for direct patient care clinical practice hours in the same subject matter area. An approved nursing program shall submit, and not be required to provide more than, the following:

(i) The list of alternative agencies or facilities listed within 25 miles of the impacted approved nursing program, campus, or location, as applicable, using the facility finder on the Office of Statewide Health Planning and Development's website.

(ii) The list of courses impacted by the loss of clinical placements due to the state of emergency and the academic term the courses are offered.

(iii) Whether each of the listed alternative agencies or facilities would meet the course objectives for the courses requiring placements.

(iv) Whether the approved nursing program has contacted each of the listed alternative agencies or facilities about the availability of clinical placements. The approved nursing program shall not be required to contact a clinical facility that would not meet course objectives.

(v) The date of contact or attempted contact.

(vi) The number of open placements at each of the listed alternative agencies or facilities that are available for the academic term for each course. If an alternative agency or facility does not respond within 48 hours, the approved nursing program may list the alternative agency or facility as unavailable. If the alternative agency or facility subsequently responds prior to the submission of the request to a board nursing education consultant, the approved nursing program shall update the list to reflect the response.

(vii) Whether the open and available placements are accessible to the students and faculty. An open and available placement is accessible if there are no barriers that otherwise prohibit a student from entering the facility, including, but not limited to, the lack of personal protective equipment or cost-prohibitive infectious disease testing. An individual's personal unwillingness to enter an alternative agency or facility does not make a placement inaccessible.

(viii) The total number of open and available placements that are accessible to the students and faculty compared to the total number of placements needed.

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

(C) Once the applicable state of emergency has terminated pursuant to Section 8629 of the Government Code, the temporary reduction provided in paragraph (3) shall cease as soon as practicable or by the end of the academic term, whichever is sooner.

(D) The substitute clinical practice hours not in direct patient care that are simulation experiences are based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the board.

(E) A maximum of 25 percent of the direct patient care hours specified in paragraph (3) in geriatrics and medical-surgical may be completed via telehealth.

(4) Request that the approved nursing program allow theory to precede clinical practice if all of the following conditions are met:

(A) No alternative agency or facility located within 25 miles of the impacted approved nursing program, campus, or location, as applicable, has a sufficient number of open placements that are available and accessible to the approved nursing program for direct patient care clinical practice hours in the same subject matter area. An approved program shall not be required to submit more than required under subparagraph (A) of paragraph (3.)

(B) Clinical practice takes place in the academic term immediately following theory.

(C) Theory is taught concurrently with clinical practice not in direct patient care if no direct patient care experiences are available.

(b) If the conditions in paragraphs (1), (2), (3), (4), or (5) of subdivision (a), as applicable to the request, are met, a board nursing education consultant shall approve the request. If an approved nursing program fails to submit information satisfactory to the board nursing education consultant, or fails to meet the conditions specified, the board nursing education consultant shall deny the request. If the request is not approved or denied on or before 5:00 p.m. on the date seven business days after receipt of the request, the request shall be deemed approved.

(c) (1) Within 30 days of the effective date of this section, the board's executive officer shall develop a uniform method for evaluating requests and granting approvals pursuant to this section.

(2) The executive officer may revise the uniform method developed pursuant to this subdivision from time to time, as necessary. The development or revision of the uniform method shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code).

(3) The board's nursing education consultants shall use the uniform method to evaluate requests and grant approvals pursuant to this section.

SEC. 3. 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 protect public health and preserve the future health care workforce by providing flexibility in the way nursing students obtain clinical experience during the COVID-19 pandemic as soon as possible, it is necessary that this act take effect immediately.

Approved _____, 2020

Governor

Senate Bill No. 1237

Passed the Senate August 31, 2020

Secretary of the Senate

Passed the Assembly August 31, 2020

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2020, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 650.01, 2746.2, 2746.5, 2746.51, and 2746.52 of, and to add Sections 2746.54 and 2746.55 to, the Business and Professions Code, and to amend Sections 102415, 102426, and 102430 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1237, Dodd. Nurse-midwives: scope of practice.

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a certified person, under the supervision of licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Existing law requires all complications to be referred to a physician immediately. Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery.

This bill would delete the above-described provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and

immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would authorize a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon to provide a patient with specified services. The bill, except as specified, would require the patient to be transferred to the care of a physician and surgeon to provide those services if the nurse-midwife does not have those mutually agreed-upon policies and protocols in place, and would authorize the return of that patient to the care of the nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer is resolved. The bill would authorize a certified nurse-midwife to continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, if a physician and surgeon assumes care of the patient, as indicated by the mutually agreed-upon policies and protocols. The bill would authorize a certified nurse-midwife, after referring a patient to a physician and surgeon, to continue care of a patient the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon. The bill would authorize a certified nurse-midwife to attend pregnancy and childbirth in an out-of-hospital setting if consistent with the above-described provisions. Under the bill, a certified nurse-midwife would not be authorized to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version. The bill would require a certified nurse-midwife to refer all emergencies to a physician and surgeon immediately, and would authorize a certified nurse-midwife to provide emergency care until the assistance of a physician and surgeon is obtained.

This bill would require a certified nurse-midwife who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient's written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(2) Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including, but not limited to,

obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. Existing law, additionally, authorizes the committee to include family physicians.

This bill, instead, would require the board to appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee. The bill would require the committee to consist of 4 qualified nurse-midwives, 2 qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member. The bill would delete the provision including ratios of nurse-midwives to supervising physicians and associated matters in the standards developed by the committee, and would instead require the committee to make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The bill would require the committee to provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife. The bill would authorize the committee to continue to make the recommendations if the board, despite good faith efforts, is unable to solicit and appoint to the committee 4 qualified nurse-midwives, 2 qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

(3) Existing law authorizes a certified nurse-midwife to furnish drugs or devices, including controlled substances, in specified circumstances, including if drugs or devices are furnished or ordered incidentally to the provision of care in specified settings, including certain licensed health care facilities, birth centers, and maternity hospitals provided that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision. Existing law requires the drugs or devices to be furnished in accordance with standardized procedures or protocols, and defines standardized procedure to mean a document, including protocols, developed and approved by specified persons, including a facility administrator. Existing law requires Schedule II or III controlled substances furnished or ordered by a certified nurse-midwife to be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon. Existing law requires a certified nurse-midwife who is

authorized to furnish or issue a drug order for a controlled substance to register with the United States Drug Enforcement Administration.

This bill would delete the condition that the furnishing or ordering of drugs or devices occur under physician and surgeon supervision, and would authorize a certified nurse-midwife to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery as provided by the bill and when care is rendered in an out-of-hospital setting, as specified. The bill would limit the requirement that the furnishing or ordering of drugs or devices by a certified nurse-midwife be in accordance with the standardized procedures or protocols to the furnishing or ordering of drugs or devices for services that do not fall within the scope of services specified by the bill and Schedule IV or V controlled substances by a nurse-midwife for any condition. The bill would require Schedule II or III controlled substances furnished or ordered by a certified nurse-midwife for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. The bill would revise the definition of standardized procedure to mean a document, including protocols, developed in collaboration with, and approved by, a physician and surgeon and the certified nurse-midwife. The bill would require a certified nurse-midwife who is authorized to furnish or issue a drug order for a controlled substance to additionally register with the Controlled Substance Utilization Review and Enforcement System (CURES). The bill would authorize a certified nurse-midwife to procure supplies and devices, obtain and administer diagnostic tests, obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified by the bill, order laboratory and diagnostic testing, and receive reports, as specified. The bill would make it a misdemeanor for a certified nurse-midwife to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the certified nurse-midwife or their immediate family member has a financial interest with the person receiving a referral. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law authorizes a certified nurse-midwife to perform and repair episiotomies and repair lacerations of the perineum in

specified health care facilities only if specified conditions are met, including that the protocols and procedures ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when the supervising physician and surgeon is not on the premises.

This bill would delete those conditions, and instead would require a certified nurse-midwife performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care when a physician and surgeon is not on the premises.

(5) Existing law requires each live birth to be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event. Existing law makes the professionally licensed midwife in attendance at a live birth that occurs outside of a hospital or outside of a state-licensed alternative birth center responsible for entering the information on the birth certificate, securing the required signatures, and for registering the certificate with the local registrar.

This bill instead would make the professionally licensed midwife or the certified nurse-midwife in attendance responsible for those duties. The bill would additionally require the information collected to include the planned place of birth and whether it was a hospital, freestanding birthing center, home delivery, clinic or physician's office, or other specified place.

(6) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(7) Existing law, for live births that occur outside of a hospital or outside of a state-licensed alternative birth center, requires the physician in attendance at the birth or, in the absence of a physician, the professionally licensed nurse-midwife in attendance at the birth or, in the absence of a physician or midwife, either one of the parents to be responsible for entering the information on the

certificate of live birth, securing the required signatures, and registering the birth.

This bill would add specified reporting and data collection requirements for certified nurse-midwives to the Nursing Practice Act. The bill, for all maternal or neonatal transfers to the hospital setting during labor or the immediate postpartum period when the place of birth intended at the onset of labor was an out-of-hospital setting with a certified nurse-midwife as birth care provider, would require the certified nurse-midwife to report certain data to the State Department of Public Health within 90 days of the transfer or death, as specified. If a maternal, fetal, or neonatal death occurred in an out-of-hospital setting during labor or the immediate postpartum period, the bill would require the nurse-midwife to report specified data to the department within 90 days of the death, as specified. The bill would require the department to specify the final form of the data submission. By expanding the scope of a crime, the bill would impose a state-mandated local program.

The bill would require, no later than 4½ years after these provisions are operative, and annually thereafter, the department to submit a report to the Legislature of the aggregate information, including, but not limited to, birth outcomes of patients under the care of a certified nurse-midwife, collected pursuant to these provisions. The bill would require the department to treat the information and data gathered for the creation of the report to the Legislature as confidential records and prohibit the disclosure of any patient or certified nurse-midwife information to any law enforcement or regulatory agency for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes. The bill would require information collected by the department pursuant to these provisions, not otherwise subject to current confidentiality requirements, to be treated as confidential records and made available only as provided. Under the bill, a violation of these provisions would subject the certified nurse-midwife to disciplinary or administrative action by the Board of Registered Nursing.

This bill would make the operation of the provisions described in paragraph (7) contingent upon appropriation by the Legislature, as specified.

(8) This bill would incorporate additional changes to Section 650.01 of the Business and Professions Code proposed by AB 890

to be operative only if this bill and AB 890 are enacted and this bill is enacted last.

(9) 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 hereby finds and declares the following:

(a) It is the intent of the Legislature to ensure the preservation of nurse-midwifery care in both the hospital and out-of-hospital setting by delineating the scope of practice for certified nurse-midwives.

(b) There is a maternity care workforce crisis in California. At least nine counties have no obstetrician at all, and many more counties fall below the national average for obstetricians. Nurse-midwives and physicians and surgeons can work together to innovatively address this issue and fill gaps in care, before California reaches the point of a critical provider shortage.

(c) California has made great strides in reducing maternal mortality. Nonetheless, there remains a large disparity for Black and indigenous birthing people, and other birthing people of color. The maternal mortality rate for Black women in California is still three to four times higher than White women. Within an integrated model of care, physicians and surgeons and nurse-midwives can work together with patients and community leaders to eradicate this disparity. This measure will set the foundation for that work.

(d) Structural, systemic, and interpersonal racism, and the resulting economic and social inequities and racial disparities in health care are complex problems requiring multiple, innovative strategies in order to turn the tide. Expansion of care teams, working together in a patient-centered approach, is one of these innovative strategies.

(e) State studies show that successful physician-midwifery integration enhances well-being and maternal and neonatal outcomes.

(f) Nurse-midwives attend 50,000 births a year in California and are currently underutilized.

(g) Supporting vaginal birth could improve health outcomes and save millions in annual health care costs in California.

(h) California is the only western state that still requires nurse-midwives to be supervised by a physician and surgeon and one of only four states in the nation that still requires this. Forty-six other states have removed the requirement for physician and surgeon supervision.

(i) Bodily autonomy including the choice of health care provider and the personalized, shared involvement in health care decisions is fundamental to reproductive rights.

(j) Every person is entitled to access dignified, person-centered childbirth and health care, regardless of race, gender, age, class, sexual orientation, gender identity, ability, language proficiency, nationality, immigration status, gender expression, religion, insurance status, or geographic location.

(k) The core philosophy of nurse-midwifery is to provide patient-centered, culturally sensitive, holistic care in collaboration with physicians and surgeons and other health care providers, all of which are key to reducing disparities in maternal health care.

SEC. 2. Section 650.01 of the Business and Professions Code is amended to read:

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

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

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

(2) A “financial interest” includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in

money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, "direct or indirect payment" shall not include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of their research and development of medical devices and techniques for that manufacturer or distributor. For purposes of this paragraph, "consulting fees" means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for their ongoing services in making refinements to their medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is referring the patient. A "financial interest" shall not include the receipt of capitation payments or other fixed amounts that are prepaid in exchange for a promise of a licensee to provide specified health care services to specified beneficiaries. A "financial interest" shall not include the receipt of remuneration by a medical director of a hospice, as defined in Section 1746 of the Health and Safety Code, for specified services if the arrangement is set out in writing, and specifies all services to be provided by the medical director, the term of the arrangement is for at least one year, and the compensation to be paid over the term of the arrangement is set in advance, does not exceed fair market value, and is not determined in a manner that takes into account the volume or value of any referrals or other business generated between parties.

(3) For the purposes of this section, "immediate family" includes the spouse and children of the licensee, the parents of the licensee, and the spouses of the children of the licensee.

(4) “Licensee” means a physician as defined in Section 3209.3 of the Labor Code or a certified nurse-midwife as described in Article 2.5 (commencing with Section 2746) of Chapter 6, acting within their scope of practice.

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

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

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

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

(A) Each licensee who is a member of the group provides substantially the full range of services that the licensee routinely provides, including medical care, consultation, diagnosis, or treatment through the joint use of shared office space, facilities, equipment, and personnel.

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

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

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

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

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

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

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

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

(g) A violation of subdivision (a) shall be a misdemeanor. In the case of a licensee who is a physician and surgeon, the Medical Board of California shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. In the case of a licensee who is a certified nurse-midwife, the Board of Registered Nursing shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. Violations of this section may also be subject to civil penalties of up to five thousand dollars (\$5,000) for each offense, which may be enforced by the Insurance Commissioner, Attorney General, or a district attorney. A violation

of subdivision (c), (d), or (e) is a public offense and is punishable upon conviction by a fine not exceeding fifteen thousand dollars (\$15,000) for each violation and appropriate disciplinary action, including revocation of professional licensure, by the Medical Board of California, the Board of Registered Nursing, or other appropriate governmental agency.

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

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

SEC. 2.5. Section 650.01 of the Business and Professions Code is amended to read:

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

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

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

(2) A "financial interest" includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, "direct or indirect payment" shall not

include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of their research and development of medical devices and techniques for that manufacturer or distributor. For purposes of this paragraph, “consulting fees” means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for their ongoing services in making refinements to their medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is referring the patient. A “financial interest” shall not include the receipt of capitation payments or other fixed amounts that are prepaid in exchange for a promise of a licensee to provide specified health care services to specified beneficiaries. A “financial interest” shall not include the receipt of remuneration by a medical director of a hospice, as defined in Section 1746 of the Health and Safety Code, for specified services if the arrangement is set out in writing, and specifies all services to be provided by the medical director, the term of the arrangement is for at least one year, and the compensation to be paid over the term of the arrangement is set in advance, does not exceed fair market value, and is not determined in a manner that takes into account the volume or value of any referrals or other business generated between parties.

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

(4) “Licensee” means all of the following:

(A) A physician as defined in Section 3209.3 of the Labor Code.

(B) A nurse practitioner practicing pursuant to Section 2837.103 or 2837.104.

(C) A certified nurse-midwife as described in Article 2.5 (commencing with Section 2746) of Chapter 6, acting within their scope of practice.

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

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

(B) An office in which services or goods are personally provided by the licensee or by employees in that office, or personally by independent contractors in that office, in accordance with other

provisions of law. Employees and independent contractors shall be licensed or certified when licensure or certification is required by law.

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

(A) Each licensee who is a member of the group provides substantially the full range of services that the licensee routinely provides, including medical care, consultation, diagnosis, or treatment through the joint use of shared office space, facilities, equipment, and personnel.

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

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

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

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

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

(f) A licensee who refers a person to, or seeks consultation from, an organization in which the licensee has a financial interest, other than as prohibited by subdivision (a), shall disclose the financial

interest to the patient, or the parent or legal guardian of the patient, in writing, at the time of the referral or request for consultation.

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

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

(g) A violation of subdivision (a) shall be a misdemeanor. In the case of a licensee who is a physician and surgeon, the Medical Board of California shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. In the case of a licensee who is a certified nurse-midwife, the Board of Registered Nursing shall review the facts and circumstances of any conviction pursuant to subdivision (a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct. Violations of this section may also be subject to civil penalties of up to five thousand dollars (\$5,000) for each offense, which may be enforced by the Insurance Commissioner, Attorney General, or a district attorney. A violation of subdivision (c), (d), or (e) is a public offense and is punishable upon conviction by a fine not exceeding fifteen thousand dollars (\$15,000) for each violation and appropriate disciplinary action, including revocation of professional licensure, by the Medical Board of California, the Board of Registered Nursing, or other appropriate governmental agency.

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

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

SEC. 3. Section 2746.2 of the Business and Professions Code is amended to read:

2746.2. (a) An applicant shall show by evidence satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof.

(b) (1) The board shall appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee.

(2) The committee shall make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.

(3) The committee shall consist of four qualified nurse-midwives, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

(4) If the board is unable, despite good faith efforts, to solicit and appoint committee members pursuant to the specifications in paragraph (3), the committee may continue to make recommendations pursuant to paragraph (2).

SEC. 4. Section 2746.5 of the Business and Professions Code is amended to read:

2746.5. (a) The certificate to practice nurse-midwifery authorizes the holder to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including interconception care, family planning care, and immediate care for the newborn, consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by the board. For purposes of this subdivision, "low-risk pregnancy" means a pregnancy in which all of the following conditions are met:

(1) There is a single fetus.

(2) There is a cephalic presentation at onset of labor.

(3) The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery.

(4) Labor is spontaneous or induced.

(5) The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address consistent with this section.

(b) (1) The certificate to practice nurse-midwifery authorizes the holder to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon to do either of the following:

(A) Provide a patient with care that falls outside the scope of services specified in subdivision (a).

(B) Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(2) If a physician and surgeon assumes care of the patient, the certified nurse-midwife may continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, as indicated by the mutually agreed-upon policies and protocols signed by both the certified nurse-midwife and a physician and surgeon.

(3) After a certified nurse-midwife refers a patient to a physician and surgeon, the certified nurse-midwife may continue care of the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.

(c) (1) If a nurse-midwife does not have in place mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon pursuant to paragraph (1) of subdivision (b), the patient shall be transferred to the care of a physician and surgeon to do either or both of the following:

(A) Provide a patient with care that falls outside the scope of services specified in subdivision (a).

(B) Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(2) After the certified nurse-midwife initiates the process of transfer pursuant to paragraph (1), for a patient who otherwise meets the definition of a low-risk pregnancy but no longer meets the criteria specified in paragraph (3) of subdivision (a) because

the gestational age of the fetus is greater than 42 weeks and zero days, if there is inadequate time to effect safe transfer to a hospital prior to delivery or transfer may pose a threat to the health and safety of the patient or the unborn child, the certified nurse-midwife may continue care of the patient consistent with the transfer plan described in subdivision (a) of Section 2746.54.

(3) A patient who has been transferred from the care of a certified nurse-midwife to that of a physician and surgeon may return to the care of the certified nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer from the care of the nurse-midwife pursuant to paragraph (1) is resolved.

(d) The certificate to practice nurse-midwifery authorizes the holder to attend pregnancy and childbirth in an out-of-hospital setting if consistent with subdivisions (a), (b), and (c).

(e) This section shall not be interpreted to deny a patient's right to self-determination or informed decisionmaking with regard to choice of provider or birth setting.

(f) The certificate to practice nurse-midwifery does not authorize the holder of the certificate to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version.

(g) A certified nurse-midwife shall document all consultations, referrals, and transfers in the patient record.

(h) (1) A certified nurse-midwife shall refer all emergencies to a physician and surgeon immediately.

(2) A certified nurse-midwife may provide emergency care until the assistance of a physician and surgeon is obtained.

(i) This chapter does not authorize a nurse-midwife to practice medicine or surgery.

(j) This section shall not be construed to require a physician and surgeon to sign protocols and procedures for a nurse-midwife or to permit any action that violates Section 2052 or 2400.

(k) This section shall not be construed to require a nurse-midwife to have mutually agreed-upon, signed policies and protocols for the provision of services described in subdivision (a).

SEC. 5. Section 2746.51 of the Business and Professions Code is amended to read:

2746.51. (a) Neither this chapter nor any other 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) The care and services described in Section 2746.5.

(B) 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.

(C) Care rendered in an out-of-hospital setting pursuant to subdivision (d) of Section 2746.5.

(2) The furnishing or ordering of drugs or devices by a certified nurse-midwife for services that do not fall within the scope of services specified in subdivision (a) of Section 2746.5, and Schedule IV or V controlled substances by a nurse-midwife for any condition, including, but not limited to, Schedule IV or V controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, are in accordance with the standardized procedures or protocols. For purposes of this section, standardized procedure means a document, including protocols, developed in collaboration with, and approved by, a physician and surgeon and the certified nurse-midwife. 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 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 for any condition, including, but not limited to, Schedule II or III controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by a 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.

(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 and the Controlled Substance Utilization Review and Enforcement System (CURES) pursuant to Section 11165.1 of the Health and Safety Code.

(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 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.

(4) 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 subdivisions (a) and (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 a 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. Use of the term “furnishing” in this section shall include the following:

(1) The ordering of a nonscheduled drug or device for services that fall within the scope of services specified in subdivision (a) of Section 2746.5.

(2) The ordering of a nonscheduled drug or device for services that fall outside the scope of services specified in subdivision (a) of Section 2746.5 in accordance with standardized procedures or protocols pursuant to paragraph (2) of subdivision (a).

(3) The ordering of a Schedule IV or V drug for any condition, including, but not limited to, for care that falls within the scope of services specified in subdivision (a) of Section 2746.5, in accordance with standardized procedures or protocols pursuant to paragraph (2) of subdivision (a).

(4) The ordering of a Schedule II or III drug in accordance with a patient-specific protocol approved by a physician and surgeon pursuant to paragraph (3) of subdivision (a).

(5) Transmitting an order of a 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.

(f) Notwithstanding any other law, a certified nurse-midwife may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5.

SEC. 6. Section 2746.52 of the Business and Professions Code is amended to read:

2746.52. (a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum.

(b) A certified nurse-midwife performing and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

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

(2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when a physician and surgeon is not on the premises.

SEC. 7. Section 2746.54 is added to the Business and Professions Code, to read:

2746.54. (a) A certified nurse-midwife shall disclose in oral and written form to a prospective patient as part of a patient care plan, and obtain informed consent for, all of the following:

(1) The patient is retaining a certified nurse-midwife and the certified nurse-midwife is not supervised by a physician and surgeon.

(2) The certified nurse-midwife's current licensure status and license number.

(3) The practice settings in which the certified nurse-midwife practices.

(4) If the certified nurse-midwife does not have liability coverage for the practice of midwifery, the certified nurse-midwife shall disclose that fact.

(5) There are conditions that are outside of the scope of practice of a certified nurse-midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.

(6) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The certified nurse-midwife shall not be required to identify a specific physician and surgeon.

(7) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(8) If, during the course of care, the patient is informed that the patient has or may have a condition indicating the need for a mandatory transfer, the certified nurse-midwife shall initiate the transfer.

(9) The availability of the text of laws regulating certified nurse-midwifery practices and the procedure for reporting complaints to the Board of Registered Nursing, which may be found on the Board of Registered Nursing's internet website.

(10) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The certified nurse-midwife shall inform the patient that certified nurse-midwife is independently licensed and practicing midwifery and in that regard is solely responsible for the services the certified nurse-midwife provides.

(b) The disclosure and consent shall be signed by both the certified nurse-midwife and the patient and a copy of the disclosure and consent shall be placed in the patient's medical record.

(c) The Nurse-Midwifery Advisory Committee, in consultation with the board, may recommend to the board the form for the written disclosure and informed consent statement required to be used by a certified nurse-midwife under this section.

(d) This section shall not apply when the intended site of birth is the hospital setting.

SEC. 8. Section 2746.55 is added to the Business and Professions Code, to read:

2746.55. (a) For all maternal or neonatal transfers to the hospital setting during labor or the immediate postpartum period, for which the intended place of birth was an out-of-hospital setting at the onset of labor, or for any maternal, fetal, or neonatal death that occurred in the out-of-hospital setting during labor or the immediate postpartum period, and for which the intended birth care provider is a certified nurse-midwife in the out-of-hospital setting, the department shall collect, and the certified nurse-midwife shall be required to submit, within 90 days of the transfer or death, the following data in the form determined by the department. The data shall include all of the following:

(1) Attendant's name, for the certified nurse-midwife who attended the patient at the time of transfer, or who attended the patient at the time of maternal, fetal, or neonatal death.

(2) Attendant's license number, for the certified nurse-midwife who attended the patient at the time of transfer, or who attended the patient at the time of maternal, fetal, or neonatal death.

(3) The child's date of delivery for births attended by the nurse-midwife.

(4) The sex of the child, for births attended by the nurse-midwife.

(5) The date of birth of the parent giving birth.

(6) The date of birth of the parent not giving birth.

(7) The residence ZIP Code of the parent giving birth.

(8) The residence county of the parent giving birth.

(9) The weight of the parent giving birth (prepregnancy weight and delivery weight of parent giving birth).

(10) The height of the parent giving birth.

- (11) The race and ethnicity of the genetic parents, unless the parent declines to disclose.
 - (12) The obstetric estimate of gestation (completed weeks), at time of transfer.
 - (13) The total number of prior live births.
 - (14) The principal source of payment code for delivery.
 - (15) Any complications and procedures of pregnancy and concurrent illnesses up until time of transfer or death.
 - (16) Any complications and procedures of labor and delivery up until time of transfer or death.
 - (17) Any abnormal conditions and clinical procedures related to the newborn up until time of transfer or death.
 - (18) Fetal presentation at birth, or up until time of transfer.
 - (19) Whether this pregnancy is a multiple pregnancy (more than one fetus this pregnancy).
 - (20) Whether the patient has had a previous cesarean section.
 - (21) If the patient had a previous cesarean, indicate how many.
 - (22) The intended place of birth at the onset of labor, including, but not limited to, home, freestanding birth center, hospital, clinic, doctor's office, or other location.
 - (23) Whether there was a maternal death.
 - (24) Whether there was a fetal death.
 - (25) Whether there was a neonatal death.
 - (26) Hospital transfer during the intrapartum or postpartum period, including, who was transferred (mother, infant, or both) and the complications, abnormal conditions, or other indications that resulted in the transfer.
 - (27) The name of the transfer hospital, or other hospital identification method as required, such as the hospital identification number.
 - (28) The county of the transfer hospital.
 - (29) The ZIP Code of the transfer hospital.
 - (30) The date of the transfer.
 - (31) Other information as prescribed by the State Department of Public Health.
- (b) In the event of a maternal, fetal, or neonatal death that occurred in an out-of-hospital setting during labor or the immediate postpartum period, a certified nurse-midwife shall submit to the department, within 90 days of the death, all of the following data in addition to the data required in subdivision (a):

- (1) The date of the maternal, neonatal, or fetal death.
 - (2) The place of delivery, for births attended by the nurse-midwife.
 - (3) The county of the place of delivery, for births attended by the nurse-midwife.
 - (4) The ZIP Code of the place of delivery, for births attended by the nurse-midwife.
 - (5) The APGAR scores, for births attended by the nurse-midwife.
 - (6) The birthweight, for births attended by the nurse-midwife.
 - (7) The method of delivery, for births attended by the nurse-midwife.
- (c) The data submitted pursuant to subdivisions (a) and (b) shall be in addition to the certificate of live birth information required pursuant to Sections 102425 and 102426 of the Health and Safety Code.
- (d) For those cases that involve a hospital transfer, the department shall link the data submitted by the certified nurse-midwife, pursuant to subdivision (a), to the live birth data reported by hospitals to the department, pursuant to Sections 102425 and 102426 of the Health and Safety Code, and to the patient discharge data that reflects the birth hospitalization and reported by hospitals to the Office of Statewide Health Planning and Development, so that additional data reflecting the outcome can be incorporated into the aggregated reports submitted pursuant to subdivision (i).
- (e) The department may adjust, improve, or expand the data elements required to be reported pursuant to subdivisions (a) and (b) to better coordinate with other data collection and reporting systems, or in order to collect more accurate data, as long as the minimum data elements in subdivisions (a) and (b) are preserved.
- (f) The department shall treat the information and data gathered pursuant to this section, for the creation of the reports described in subdivision (i), as confidential records, and shall not permit the disclosure of any patient or certified nurse-midwife information to any law enforcement or regulatory agency for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes. This subdivision shall not prevent the department from responding to inquiries from the

Board of Registered Nursing as to whether a licensee has reported pursuant to this section.

(g) The information collected by the department pursuant to this section, and not otherwise subject to current confidentiality requirements, shall be treated as confidential records and shall only be made available for use consistent with paragraph (1) of, paragraph (4) of, and subparagraph (A) of paragraph (8) of, subdivision (a) of Section 102430 of the Health and Safety Code and pursuant to the application, review, and approval process established by the department pursuant to Section 102465 of the Health Safety Code.

(h) At the time of each certified nurse-midwife's license renewal, the Board of Registered Nursing shall send a written notification to the certified nurse-midwife notifying them of the mandated vital records reporting requirements for out-of-hospital births pursuant to subdivisions (a) and (b) and Section 102415 of the Health and Safety Code and that a violation of this section shall subject the certified nurse-midwife to disciplinary or administrative action by the board.

(i) (1) The department shall report to the Legislature on the data collected pursuant to this section. The report shall include the aggregate information, including, but not limited to, birth outcomes of patients under the care of a certified nurse-midwife in an out-of-hospital setting at the onset of labor, collected pursuant to this section and Sections 102425 and 102426 of the Health and Safety Code.

(2) The first report, to reflect a 12-month period of time, shall be submitted no later than four and one-half years after the State Department of Public Health receives an appropriation as specified in subdivision (m) and each subsequent report reflecting a 12-month reporting period shall be submitted annually to the Legislature every year thereafter.

(3) A report required under this subdivision shall be submitted in compliance with Section 9795 of the Government Code.

(j) All reports, including those submitted to the Legislature or made publicly available, shall utilize standard public health reporting practices for accurate dissemination of these data elements, specifically in regards to the reporting of small numbers in a way that does not risk a confidentiality or other disclosure breach. No identifying information in regards to the patient or the

nurse-midwife shall be disclosed in the reports submitted pursuant to subdivision (i).

(k) A violation of this section shall subject the certified nurse-midwife to disciplinary or administrative action by the Board of Registered Nursing.

(l) For purposes of this section, “department” means the State Department of Public Health.

(m) This section shall become operative only upon the Legislature making an appropriation to implement the provisions of this section.

SEC. 9. Section 102415 of the Health and Safety Code is amended to read:

102415. For live births that occur outside of a hospital or outside of a state-licensed alternative birth center, as defined in paragraph (4) of subdivision (b) of Section 1204, the physician in attendance at the birth or, in the absence of a physician, the professionally licensed midwife or the certified nurse-midwife in attendance at the birth or, in the absence of a physician or midwife, either one of the parents shall be responsible for entering the information on the certificate, securing the required signatures, and for registering the certificate with the local registrar.

SEC. 10. Section 102426 of the Health and Safety Code is amended to read:

102426. (a) (1) In addition to the items of information collected pursuant to Section 102425, the State Registrar shall instruct all local registrars that have automated birth registration to electronically capture the information specified in paragraph (2), and other necessary items as the State Registrar may designate, in an electronic file. The information shall not be transcribed onto the actual hard copy of the certificate of live birth.

(2) The information required pursuant to paragraph (1) shall consist of the following:

(A) The mother’s marital status.

(B) The mother’s mailing address. The mother may designate an alternate address at her discretion.

(C) Information about whether the birth mother received food for herself during the pregnancy pursuant to the Women, Infants, and Children (WIC) program.

(D) The Activity, Pulse, Grimace, Appearance, and Respiration (Apgar) scores of 5 and 10 minutes.

(E) The birth mother's prepregnancy weight, weight at delivery, and height.

(F) Information about smoking before and during pregnancy, including the average number of cigarettes or packs of cigarettes smoked during the three months before pregnancy and the average number of cigarettes or packs of cigarettes smoked during each trimester of pregnancy.

(G) The planned place of birth and whether it was a hospital, freestanding birthing center, home delivery, clinic or physician's office, or other specified place.

(3) Subparagraphs (B) to (F), inclusive, of paragraph (2) shall become operative on January 1, 2007.

(b) Notwithstanding any provision of law to the contrary, information collected pursuant to subparagraph (A) of paragraph (2) of subdivision (a) shall not under any circumstances be disclosed or available to anyone, except for both of the following:

(1) The State Department of Public Health and the Department of Child Support Services for demographic and statistical analysis. The Department of Child Support Services shall keep information received pursuant to this subdivision confidential in accordance with Section 17212 of the Family Code.

(2) The federal government, without any personal identifying information, for demographic and statistical analysis.

SEC. 11. Section 102430 of the Health and Safety Code is amended to read:

102430. (a) The second section of the certificate of live birth as specified in subdivision (b) of Section 102425, the electronic file of birth information collected pursuant to subparagraphs (B) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 102426, the birth mother linkage collected pursuant to Section 102425.2, and the second section of the certificate of fetal death as specified in Section 103025, are confidential. Access to the confidential portion of any certificate of live birth or fetal death, the electronic file of birth information collected pursuant to subparagraphs (B) to (G), inclusive, of paragraph (2) of subdivision (a) of Section 102426, and the birth mother linkage collected pursuant to Section 102425.2 shall be limited to the following:

(1) Department staff.

(2) Local registrar's staff and local health department staff when approved by the local registrar or local health officer, respectively.

(3) The county coroner.

(4) Persons with a valid scientific interest as determined by the State Registrar, who are engaged in demographic, epidemiological, or other similar studies related to health, and who agree to maintain confidentiality as prescribed by this part and by regulation of the State Registrar.

(5) The parent who signed the certificate or, if no parent signed the certificate, the mother.

(6) The person named on the certificate.

(7) A person who has petitioned to adopt the person named on the certificate of live birth, subject to Section 102705 of the Health and Safety Code and Sections 9200 and 9203 of the Family Code.

(8) The following state government departments requesting the information for official government business purposes as deemed appropriate by the State Registrar, that agree to maintain confidentiality as prescribed by this part:

(A) The State Department of Public Health.

(B) The State Department of Health Care Services.

(C) The Department of Finance. This section shall not be construed as a limitation of the authority granted to the Department of Finance in Sections 13073 to 13073.5, inclusive, of the Government Code.

(D) The Scholarshare Investment Board, for the purpose of implementing the California Kids Investment and Development Savings Program pursuant to Article 19.5 (commencing with Section 69996) of Chapter 2 of Part 42 of Division 5 of Title 3 of the Education Code.

(9) The birth hospital responsible for preparing and submitting a record of the birth or fetal death for purposes of reviewing and correcting birth or fetal death records. The birth hospital shall not further disclose the information nor use the information for purposes other than allowed by this part.

(b) (1) The department shall maintain an accurate record of all persons who are given access to the confidential portion of the certificates. The record shall include all of the following:

(A) The name of the person authorizing access.

(B) The name, title, and organizational affiliation of persons given access.

(C) The dates of access.

(D) The specific purpose for which the information is to be used.

(2) The record of access shall be open to public inspection during normal operating hours of the department.

(c) All research proposed to be conducted using the confidential medical and social information on the birth certificate or fetal death certificate shall first be reviewed by the appropriate committee constituted for the protection of human subjects that is approved by the federal Department of Health and Human Services and has a general assurance pursuant to Part 46 of Title 45 of the Code of Federal Regulations. Information shall not be released until the request for information has been reviewed by the Vital Statistics Advisory Committee and the committee has recommended to the State Registrar that the information shall be released.

SEC. 12. The Legislature finds and declares that Section 8 of this act, which adds Section 2746.55 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

The limitations on the public's right of access imposed by Section 8 are necessary to protect sensitive material from public disclosure.

SEC. 13. Section 2.5 of this bill incorporates amendments to Section 650.01 of the Business and Professions Code proposed by both this bill and AB 890. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2021, (2) each bill amends Section 650.01 of the Business and Professions Code, and (3) this bill is enacted after AB 890, in which case Section 2 of this bill shall not become operative.

SEC. 14. 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.

Approved _____, 2020

Governor