Legislative Committee

MEETING MATERIALS

August 11, 2026

Legislative Committee
August 11, 2026

TABLE OF CONTENTS

Agenda Item 4.0

POSSIBLE ACTION:
ELECTION OF LEGISLATIVE COMMITTEE CHAIR

BRN Legislative Committee | August 11, 2026

BOARD OF REGISTERED NURSING
Legislation Committee
Agenda Item Summary

AGENDA ITEM: 4.0
DATE: August 11, 2026

ACTION REQUESTED:	Possible Action: Election of Legislative Committee Chair
REQUESTED BY:	Loretta Melby, Executive Officer
BACKGROUND:	Legislative committee members will nominate and vote on a committee Chair.
NEXT STEPS:	Place on Board Agenda.
PERSON TO CONTACT:	Marissa Clark Chief of Legislative Affairs Marissa.Clark@dca.ca.gov

Agenda Item 5.0

LEGISLATIVE UPDATE; DISCUSSION AND POSSIBLE ACTION TO RECOMMEND THE BOARD TAKE A POSITION OR TAKE OTHER ACTION REGARDING BILLS RELEVANT TO THE BOARD OF REGISTERED NURSING FROM THE 2025-2026 LEGISLATIVE SESSION

BRN Legislative Committee | August 11, 2026

BOARD OF REGISTERED NURSING
Legislation Committee
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: August 11, 2026

ACTION REQUESTED:	Legislative Update
REQUESTED BY:	Loretta Melby, Executive Officer
BACKGROUND:	Discussion of recently amended bills in the second year of the 2025-2026 Legislative Session. Opportunity for Committee members to discuss and recommend a position to the Full Board, if desired.
NEXT STEPS:	Place on Board Agenda.
PERSON TO CONTACT:	Marissa Clark Chief of Legislative Affairs Marissa.Clark@dca.ca.gov

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 1973
AUTHOR: Assemblymember Aguiar-Curry
BILL DATE: August 3, 2026 – Amend
SUBJECT: Abortion: authorized procedures.

SUMMARY

This bill would authorize certified nurse-midwives (CNMs), nurse practitioners (NPs), and physician assistants (PAs) to perform procedural abortions.

BACKGROUND

Under California law, an individual who is pregnant has a legal right to choose to have an abortion before viability. A pregnancy becomes viable when a doctor determines that the fetus could live outside the uterus without extreme medical measures. California law also allows an individual to have an abortion at any point, if necessary to protect their own life or health.

According to the National Academies of Sciences, Engineering, and Medicine (NASEM), the current methods for abortion include medication, aspiration, dilation and evacuation (D&E), and induction. Which method is used depends on the gestational period, patient preference, provider skill and training, the need for sedation, costs, clinical setting, and local abortion laws.

Medication Abortion.
Medication abortion is the use of pharmaceutical drugs to perform the abortion. Currently, CNMs, NPs, and PAs can provide medication abortions during the first trimester.

Procedural Abortion
The two most common procedural abortions are aspiration abortion and D&E. Aspiration abortion, or vacuum aspiration, is a minimally invasive and common first trimester abortion technique. It is well studied, and the risk of complications by any trained provider is very low. Where complications requiring interventions do occur, the patient is referred out for appropriate care. Currently, CNMs, NPs, and PAs can provide aspiration abortions during the first trimester.

After the first trimester, D&E is typically utilized. This method uses suction as well as surgical instruments and is performed under general anesthesia. Currently, CNMs, NPs, and PAs are not authorized to directly perform D&E or other less common forms of procedural abortion.

REASON FOR THE BILL

The sponsors of the bill state that this bill modernizes California law and increases access to abortion care provided by NPs, CNMs, and PAs. By updating the law to

reflect current terminology and removing arbitrary barriers, this will allow California to better deploy its existing, qualified abortion provider workforce to meet patient needs. The sponsors also state that this bill will particularly support those in rural communities, low-income individuals, people of color, and individuals forced to travel long distances to access basic sexual and reproductive health care.

ANALYSIS

Existing law specifies that NPs, CNMs, and PAs are authorized to perform first-trimester aspiration abortions after completing approved competency-based clinical and didactic training.

This bill would delete the reference to abortion by aspiration and instead authorize NP, CNM and PAs to perform procedural abortions after completing approved competency-based clinical and didactic training.

The bill would also require an NP or CNM that is performing a procedural abortion beyond the first trimester to establish, maintain, and follow written procedures that delineate the parameters for consultation, collaboration, referral, and transfer of care to a physician and surgeon in cases that require care that is beyond the scope of their education, training, and experience consistent with Business and Professions Code Sections 2725, 2746.5, 2837.103, and 2837.104.

This requirement must be met through one of the following:

- Policies and protocols that are mutually agreed upon by a physician and surgeon.
- Standardized procedures developed in compliance with Section 2725(c).
- Policies and protocols that are developed by an organized health care system in collaboration with a physician and surgeon to perform procedural abortions.

FISCAL IMPACT

Not Applicable.

SUPPORT

- Access Reproductive Justice – cosponsor
- Black Women for Wellness Action Project – cosponsor
- California Nurse Midwives Association (CNMA) – cosponsor
- Essential Access Health – cosponsor
- Planned Parenthood Affiliates of California – cosponsor
- Reproductive Freedom for All California – cosponsor
- Training in Early Abortion for Comprehensive Health Care (TEACH) – cosponsor
- ACLU California Action
- Aria Medical
- California Academy of Physician Associates
- California Association for Nurse Practitioners
- California Women's Law Center
- City and County of San Francisco

- Equal Rights Advocates
- Nurses for Sexual & Reproductive Health
- University of California
- Urge: Unite for Reproductive & Gender Equity
- Women's Foundation California

OPPOSITION

- California Catholic Conference
- California Family Council
- Real Impact.
- Sierra Pregnancy and Health
- The California Baptist Capitol Ministry

FULL BOARD POSITION

The Board took a Support, If Amended position at the June meeting. The two main amendment requests were:

1. Provide additional specificity on the type of training for obtaining competency.
2. Require standardized procedures/collaborative agreement to specify up to how many weeks gestation the provider is deemed competent to perform abortion procedures.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1302
AUTHOR: Senator Wahab
BILL DATE: July 1, 2026 – Amend
SUBJECT: Nursing.

SUMMARY

This bill makes numerous updates and revisions to the Nursing Practice Act (Act) and the Board of Registered Nursing (Board). It extends the Board and its authority to appoint an Executive Officer (EO) until January 1, 2031.

BACKGROUND

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint sunset review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA).

The DCA boards and bureaus are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the DCA, the Legislature, the boards, and interested parties and stakeholders to discuss the performance of the boards, and make recommendations for improvements.

REASON FOR THE BILL

Business and Professions Code Section (BPC) 2701 establishes the Board and its authority to implement the Nursing Practice Act. BPC 2708 grants the Board the authority to appoint an Executive Officer and operate as a semi-autonomous entity. Both provisions are currently only operational through January 1, 2027. Additional legislation is needed to extend that date and make other policy and operational changes.

ANALYSIS

The analysis below outlines changes that have been made to the sunset bill since it was discussed at the June Board meeting.

1. Board Meetings in Northern California and Southern California

The bill requires that the Board meet in locations that are, to the extent practicable, geographically diverse.

2. Petition for Reinstatement of License

The bill specifies that BPC Section 2760.1, which establishes the minimum timeframes a licensee must wait before submitting a petition for reinstatement or modification of

penalty, only applies to a licensee who has had their license revoked or suspended "for cause".

3. Intervention Program – Direct Patient Care

The bill specifies that when an Intervention and Evaluation Committee is developing a rehabilitation program for a nurse in the intervention program, the committee must determine whether the participant is required to practice nursing prior to their completion of the program.

4. Continuing Education Documentation

The bill states that beginning on January 1, 2029, the Board must require each licensee to submit proof of compliance with continuing education requirements at the time of their license renewal. The proof shall include, but is not limited to, documentation verifying the completion of continuing education requirements during the preceding renewal period or the preceding two years.

5. Out of State Transition to Practice Hours

The bill removed the requirement for nurse practitioner transition to practice hours to be completed in California. Regarding transition to practice hours completed outside of California, the Board must do the following:

- On or before July 1, 2027, identify states where practice experience would meet or exceed the requirements under this article if obtained in this state.
- Maintain a list of the identified states on the board's website.
- Establish a process for identifying changes to the relevant laws in the identified states.
- Periodically review the list of the identified states and add or remove states from the list as necessary.

FISCAL IMPACT

The Board estimates needing to hire one additional Analyst II to identify states where practice experience for nurse practitioner would meet or exceed the transition to practice requirements in California.

SUPPORT

- California Association for Nurse Practitioners
- California Association of Nurse Anesthesiology

OPPOSITION

- California Medical Association (Oppose, Unless Amended)
- California Society of Anesthesiologists (Oppose, Unless Amended)

FULL BOARD POSITION

The Board took a Support position at the June meeting.