

**LEGISLATIVE COMMITTEE
MEETING**

**Holiday Inn San Jose-Silicon Valley
1350 North 1st Street-Salon H
San Jose, CA 95112
(408) 453-6200**

January 09, 2020

AGENDA

**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF
THE EDUCATION/LICENSING COMMITTEE MEETING**

Thursday, January 09, 2020

8.0 Call to Order/Roll Call/Establishment of a Quorum/Approval of Minutes

8.0.1 Review and Vote on Whether to Approve Previous Meeting Minutes:

- October 17, 2019

8.1 Discussion of Bills of Interest to the Board and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session:

- [AB 8](#) (Chu) Pupil health: mental health professionals
- [AB 62](#) (Fong) State government: Fi\$Cal: transparency
- [AB 63](#) (Fong) State government
- [AB 193](#) (Patterson) Professions and vocations
- [AB 251](#) (Patterson) Personal income taxes: credit: family caregiver
- [AB 312](#) (Cooley) State government: administrative regulations: review
- [AB 329](#) (Rodriguez) Hospitals: assaults and batteries
- [AB 358](#) (Low) Sexual assault: medical examination
- [AB 362](#) (Eggman) Controlled substances: overdose prevention program
- [AB 389](#) (Arambula) Substance use disorder treatment: peer navigators
- [AB 535](#) (Brough) Personal income taxes: credit: professional license fees
- [AB 544](#) (Kiley) Professions and vocations: inactive license fees and accrued and unpaid renewal fees
- [AB 613](#) (Low) Professions and vocations: regulatory fees
- [AB 732](#) (Bonta) County jails: pregnant inmates
- [AB 768](#) (Brough) Professions and vocations
- [AB 822](#) (Irwin) Phlebotomy
- [AB 862](#) Professions and vocations: license revocation and suspension: student loan default.
- [AB 890](#) (Wood) Nurse practitioners

- [AB 1145](#) (Cristina Garcia) Child abuse: reportable conduct
- [AB 1271](#) (Diep) Licensing examinations: report
- [AB 1364](#) (Blanca Rubio) Nursing: schools and programs: analysis
- [AB 1444](#) (Flora) Physicians and surgeons and registered nurses: loan repayment grants
- [AB 1490](#) (Carrillo) Medical assistants
- [AB 1544](#) (Gipson) Community Paramedicine or Triage to Alternate Destination Act
- [AB 1592](#) (Bonta) Athletic trainer
- [AB 1676](#) (Maienschein) Health care: mental health
- [SB 207](#) (Hurtado) Medi-Cal: asthma preventive services
- [SB 567](#) (Caballero) Workers compensation: hospital workers
- [SB 700](#) (Roth) Business and professions: noncompliance with support orders and tax delinquencies

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

NOTE: The Committee may not discuss or take action on any matter raised during the Public Comment that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code, Sections 11125 and 11125.7(a)).

8.3 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.

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

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



BOARD OF REGISTERED NURSING

DRAFT

**LEGISLATIVE COMMITTEE
 MEETING MINUTES**

DATE: October 17, 2019

TIME: 12:11 p.m.

LOCATION: Bakersfield Marriott at the Convention Center, Salon A
 801 Truxtun Avenue
 Bakersfield, California 93301

MEMBERS PRESENT: Donna Gerber, Chair
 Michael Jackson
 Trande Phillips

MEMBERS ABSENT: **Imelda Ceja-Butkiewicz**

STAFF PRESENT: Dr. Joseph Morris, Executive Officer
 Evon Lenerd, Assistant Executive Officer
 Thelma Harris, Chief of Legislation
 Ann Salisbury, Legal Counsel

8.0 Call to Order, Roll Call, Establishment of a Quorum, and Approval of Minutes:
 Donna Gerber called the meeting to order at 12:11 p.m. following the conclusion of the Education/Licensing Committee.

8.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
 ➤ August 15, 2019

Motion: Michael Jackson to Approve the Minutes of August 15, 2019			
Second: Trande Phillips			
DG: Abstain	MJ: Yes	TP: Yes	

8.1 Discussion of Bills of Interest to the Board of Registered Nursing(Board) and Recommendation that the Board Adopt or Modify positions on the Bills Introduced during the 2019-2020 Legislative Session

Due to the timing in the legislative session, there were no bills presented for consideration. The members were referred to the tables of Bill Status for those bills recently chaptered.

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

Kathy Hughes, SEIU Nurse Alliance re SB 227: Thanks the Board for its support of this bill.

8.3 The meeting adjourned at 12:17 p.m.

Submitted by: _____
Thelma Harris, Chief of Legislation

Approved by: _____
Donna Gerber, Chair



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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BOARD OF REGISTERED NURSING

**LEGISLATIVE COMMITTEE
MEETING MINUTES**

DATE: August 15, 2019

TIME: 1:15 p.m.

LOCATION: Stanford University
Frances C. Arrillaga Alumni Center
326 Galvez Street
Stanford, California 94305

MEMBERS PRESENT: Michael Jackson, Acting Chairperson
Trande Phillips
Imelda Ceja-Butkiewicz

MEMBERS ABSENT: Donna Gerber

STAFF PRESENT: Dr. Joseph Morris, Executive Officer
Thelma Harris, Chief of Legislation
Ann Salisbury, Legal Counsel

8.0 Call to Order, Roll Call, Establishment of a Quorum, and Approval of Minutes:
Michael Jackson called the meeting to order at 1:15 p.m. following the conclusion of the Education/Licensing Committee.

8.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
➤ May 9, 2019

Motion: Imelda Ceja-Butkiewicz to Approve the Minutes of May 9, 2019			
Second: Trande Phillips			
TP: Yes	I C-B: Yes	MJ: Yes	

8.1 Discussion of Bills of Interest to the Board of Registered Nursing(Board) and Recommendation that the Board Adopt or Modify positions on the Bills Introduced during the 2019-2020 Legislative Session

AB 5 (Gonzalez) Worker status: employees and independent contractors

Motion: Trande Phillips: Adopt a Watch position			
Second: Michael Jackson			
TP: Yes	I C-B: Yes	MJ: Yes	

SB 697 (Caballero) Physician assistants: practice agreement: supervision

Motion: Michael Jackson: Adopt an Oppose position			
Second: Trande Phillips			
TP: Yes	I C-B: Yes	MJ: Yes	

SB 700 (Roth) Business and professions: noncompliance with support orders and tax delinquencies

Motion: Michael Jackson: Adopt a Watch position			
Second: Trande Phillips			
TP: Yes	I C-B: Yes	MJ: Yes	

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

None received.

The meeting adjourned at 1:32 p.m.

Submitted by: Thelma Harris
Thelma Harris, Chief of Legislation

Approved by: Michael D. Jackson
Michael Jackson, Acting Committee Chair

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: January 09, 2020

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

REQUESTED BY: Donna Gerber, Chair, Legislative Committee

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

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

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

NEXT STEPS: Present recommendations to the Board

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

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

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

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
No Hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

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

Mar. 27 Cesar Chavez Day observed.

- Apr. 2** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Apr. 13** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 24** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 1** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** 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 committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day.
- May 26-29** **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)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to final approval by Rules Committee.

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

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

June 1 Committee meetings may resume (J.R. 61(b)(12)).

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

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

June 26 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				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
Summer Recess	26	27	28	29	30	31	

July 2 Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).
Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

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

Aug. 3 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

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

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

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

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

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

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

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

Nov. 3 General Election.

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

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

2021

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

*Holiday schedule subject to final approval by Rules Committee.

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
January 09, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Dec 27, 2019
AB 8	Chu	Public health: mental health professionals	Information 1/10/19	Information 2/14/19	Senate Health
AB 62	Fong	State government: FI\$Cal: transparency	Information 1/10/19	Watch 4/11/19	Assembly A&AR
AB 63	Fong	State government	Information 5/9/19		Assembly APPR
AB 193	Patterson	Professions and vocations	Watch 3/14/19	Watch 4/11/19	Assembly B&P
AB 251	Patterson	Personal income taxes: credit: family caregiver		Watch 4/11/19	Assembly APPR
AB 312	Cooley	State government: administrative regulations: review	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 329	Rodriguez/ CENA	Hospitals: assaults and batteries	Watch 3/14/19	Watch 4/11/19	Senate PubSafety
AB 358	Low	Sexual assault forensic medical examination kits: databases	Watch 3/14/19		No longer applicable as amended
AB 362	Eggman/ DPA; HRC	Controlled substances: overdose prevention program	Information 5/9/19	Watch 4/11/19	Senate Health
AB 389	Santiago/ ACEP-California	Substance use disorder treatment: peer navigators	Watch 3/14/19	Watch 4/11/19	Assembly Health
AB 535	Brough	Personal income taxes: credit: professional license fees		Watch 4/11/19	Assembly REV&TAX
AB 544	Kiley	Professions and vocations: inactive license fees and accrued and unpaid renewal fees		Watch 4/11/19	Assembly APPR
AB 613	Low	Professions and vocations: regulatory fees	Watch 3/14/19	Watch 4/11/19	Senate BP&ED
AB 732	Bonta	County jails: prisons: incarcerated pregnant persons	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 768	Brough	Professions and vocations	Watch 3/14/19	Watch 4/11/19	Assembly B&P
AB 822	Irwin/ Velano Vascular	Phlebotomy	Information 5/9/19	Oppose 6/13/19	Assembly APPR

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
January 09, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Oct 4, 2019
AB 862	Kiley	Professions and vocations: license revocation and suspension: student loan default		Watch 4/11/19	No longer applicable as amended
AB 890	Wood	Nurse practitioners: scope of practice: unsupervised practice	Oppose unless amended 5/9/19	Oppose unless amended 6/13/19	Assembly APPR
AB 1145	Cristina Garcia	Child abuse: reportable conduct	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 1271	Diep	Licensing examinations: report	Watch 3/14/19	Watch 4/11/19	Assembly B&P
AB 1364	Blanca Rubio/ CAPPS	Nursing: schools and programs: exemptions	Oppose 5/9/19	Oppose 4/11/19	Assembly APPR
AB 1444	Flora	Physicians and surgeons and registered nurses: loan repayment grants.	Information 5/9/19		Assembly Health
AB 1490	Carrillo	Medical assistants	Watch 3/14/19	Oppose 4/11/19	Assembly B&P
AB 1544	Gipson	Community Paramedicine or Triage to Alternate Destination Act	Oppose 8/15/19		Senate Inactive File
AB 1592	Bonta	Athletic trainers	Information 5/9/19		Assembly B&P
AB 1676	Maienschein	Health care: mental health	Watch 3/14/19	Watch 4/11/19	Assembly APPR

BOARD OF REGISTERED NURSING
Senate Bills 2019-2020
Status Update

January 09, 2019

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Dec 27, 2019
SB 207	Hurtado/ Children Now, et al	Medi-Cal: asthma preventive services	Watch 3/14/19	Watch 4/11/19	Assembly APPR
SB 567	Caballero/ CNA; NNU	Workers' compensation: hospital employees	Information 5/9/19	Support 4/11/19	Senate L,PE&R
SB 700	Roth	Business and professions: noncompliance with support orders and tax delinquencies	Watch 8/15/19	Watch 4/11/19	Senate Rules

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
January 09, 2020**

BILL ANALYSIS

AUTHOR:	Wood	BILL NUMBER:	AB 890
SPONSOR:	California Association for Nurse Practitioners	BILL STATUS:	Assembly Committee on Appropriations
SUBJECT:	Nurse practitioners: scope of practice: unsupervised practice	DATE LAST AMENDED:	April 22, 2019

SUMMARY:

Existing law, the Nursing Practice Act:

- provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing.
- Authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including certifying disability after performing a physical examination and collaboration with a physician and surgeon.

ANALYSIS:

This bill would:

- Authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours.
- Authorize a nurse practitioner to perform specified functions in addition to any other practices authorized by law, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Amended Analysis as of 4/3/2019:

The bill changed the subject from “Nurse practitioners” to “Nurse practitioners: scope of practice: unsupervised practice.”

The bill also cites two other existing laws.

The bill would now:

- Authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.
- Authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board to practice without supervision by a physician and surgeon in accordance with specified conditions and requirements if the nurse practitioner has successfully completed a transition to practice program, as defined by the bill, and a supervising physician and surgeon at the facility at which the nurse practitioner completed the transition to practice program attests to the board that the nurse practitioner is proficient in competencies established by the board by regulation.

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

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

Existing law provides for the professional review of specified healing arts licentiates through a peer review process and defines "licentiate" for those purposes.

This bill would include as a licentiate a nurse practitioner practicing pursuant to the bill's provisions.

Amended analysis as of 4/22/2019:

This bill adds Article 8.5 *Advanced Practice Registered Nurses* to the Nursing Practice Act.

This bill would now:

- establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members;
- Authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances;
- Authorize a nurse practitioner who holds an active certification issued by the board to practice without supervision by a physician and surgeon outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse

practitioner meets specified education and other requirements, including completion of a transition to practice, as defined by the bill;

- The bill would authorize the board, upon application, to issue an inactive certificate.

BOARD POSITION: Oppose unless amended (4/11/19)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (3/14/19)

SUPPORT:

AARP

Alliance of Catholic Health Care, Inc.

American Nurses Association/California

Anthem Blue Cross

Association of California Healthcare Districts

Association of Community Human Service Agencies

California Alliance of Child and Family Services

California Association of Clinical Nurse Specialist

California Association for Health Services at Home

California Association for Nurse Practitioners

California Hospital Association

California Naturopathic Doctors Association

California State Council of Service Employees

Casa Pacifica

Congress of California Seniors

Engineers and Scientists of California Local 20, IFPTE AFL-CIO & CLC

Essential Access Health

Hathaway-Sycamores

Mental Health Association in California

Providence St. Joseph

Steinberg Institute

Western University of Health Sciences

Numerous individuals, including licensed NPs

OPPOSE:

California Chapter American College of Cardiology

California Chapter of the American College of Emergency Physicians

California Medical Association (unless amended)

California Pro-life Council and Right to Life Federation (unless amended)

California Orthopedic Association

California Society of Plastic Surgeons

Physicians for Patient Protection

Numerous individuals, including licensed physician and surgeons

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY APRIL 3, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 890

Introduced by Assembly Member Wood
(Coauthors: Assembly Members Aguiar-Curry, Eggman, Friedman,
Gallagher, and Gipson)

(Coauthors: Senators Caballero, Hill, Leyva, and Stone)

February 20, 2019

An act to amend Sections 650.01 and 805 of, and to add ~~Sections 2837.1 and 2837.2 to,~~ *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, as amended, Wood. Nurse practitioners: scope of practice: unsupervised practice.

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 Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body*

recognized by the board who practices in certain settings *or organizations* to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

The bill would also authorize a nurse practitioner who holds ~~a~~ *an active certification as a nurse practitioner from a national certifying body recognized* issued by the board to practice without supervision by a physician and surgeon *outside of specified settings or organizations* in accordance with specified conditions and requirements if the nurse practitioner ~~has successfully completed~~ *meets specified education and other requirements, including completion of a transition to practice program, practice, as defined by the bill, and a supervising physician and surgeon at the facility at which the nurse practitioner completed the transition to practice program attests to the board that the nurse practitioner is proficient in competencies established by the board by regulation.* *bill. The bill would authorize the board, upon application, to issue an inactive certificate.*

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

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

Existing law provides for the professional review of specified healing arts licentiates through a peer review process and defines "licentiate" for those purposes.

This bill would include as a licentiate a nurse practitioner practicing pursuant to the bill's provisions.

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

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 650.01 of the Business and Professions
2 Code is amended to read:
3 650.01. (a) Notwithstanding Section 650, or any other
4 provision of law, it is unlawful for a licensee to refer a person for
5 laboratory, diagnostic nuclear medicine, radiation oncology,
6 physical therapy, physical rehabilitation, psychometric testing,
7 home infusion therapy, or diagnostic imaging goods or services if
8 the licensee or their immediate family has a financial interest with
9 the person or in the entity that receives the referral.
10 (b) For purposes of this section and Section 650.02, the
11 following shall apply:
12 (1) “Diagnostic imaging” includes, but is not limited to, all
13 X-ray, computed axial tomography, magnetic resonance imaging
14 nuclear medicine, positron emission tomography, mammography,
15 and ultrasound goods and services.
16 (2) A “financial interest” includes, but is not limited to, any
17 type of ownership interest, debt, loan, lease, compensation,
18 remuneration, discount, rebate, refund, dividend, distribution,
19 subsidy, or other form of direct or indirect payment, whether in
20 money or otherwise, between a licensee and a person or entity to
21 whom the licensee refers a person for a good or service specified
22 in subdivision (a). A financial interest also exists if there is an
23 indirect financial relationship between a licensee and the referral
24 recipient including, but not limited to, an arrangement whereby a
25 licensee has an ownership interest in an entity that leases property
26 to the referral recipient. Any financial interest transferred by a
27 licensee to any person or entity or otherwise established in any
28 person or entity for the purpose of avoiding the prohibition of this
29 section shall be deemed a financial interest of the licensee. For
30 purposes of this paragraph, “direct or indirect payment” shall not
31 include a royalty or consulting fee received by a physician and
32 surgeon who has completed a recognized residency training
33 program in orthopedics from a manufacturer or distributor as a
34 result of their research and development of medical devices and
35 techniques for that manufacturer or distributor. For purposes of

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

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

24 (4) “Licensee” means a physician, as defined in Section 3209.3
25 of the Labor Code, or a nurse practitioner practicing pursuant to
26 Section ~~2837.1 or 2837.2~~ *2837.104 or 2837.105*.

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

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

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

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

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

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

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

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

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

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

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

34 (1) If a referral, billing, or other solicitation is between one or
35 more licensees who contract with a multispecialty clinic pursuant
36 to subdivision (l) of Section 1206 of the Health and Safety Code
37 or who conduct their practice as members of the same professional
38 corporation or partnership, and the services are rendered on the
39 same physical premises, or under the same professional corporation
40 or partnership name, the requirements of this subdivision may be

1 met by posting a conspicuous disclosure statement at the
2 registration area or by providing a patient with a written disclosure
3 statement.

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

10 (g) A violation of subdivision (a) shall be a misdemeanor. The
11 Medical Board of California shall review the facts and
12 circumstances of any conviction pursuant to subdivision (a) and
13 take appropriate disciplinary action if the licensee has committed
14 unprofessional conduct. Violations of this section may also be
15 subject to civil penalties of up to five thousand dollars (\$5,000)
16 for each offense, which may be enforced by the Insurance
17 Commissioner, Attorney General, or a district attorney. A violation
18 of subdivision (c), (d), or (e) is a public offense and is punishable
19 upon conviction by a fine not exceeding fifteen thousand dollars
20 (\$15,000) for each violation and appropriate disciplinary action,
21 including revocation of professional licensure, by the Medical
22 Board of California or other appropriate governmental agency.

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

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

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

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

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

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

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

- 1 (II) Assess and improve the quality of care rendered in a health
2 care facility, clinic, or other setting providing medical services.
- 3 (ii) Any other activities of a peer review body as specified in
4 subparagraph (B).
- 5 (B) “Peer review body” includes:
- 6 (i) A medical or professional staff of any health care facility or
7 clinic licensed under Division 2 (commencing with Section 1200)
8 of the Health and Safety Code or of a facility certified to participate
9 in the federal Medicare program as an ambulatory surgical center.
- 10 (ii) A health care service plan licensed under Chapter 2.2
11 (commencing with Section 1340) of Division 2 of the Health and
12 Safety Code or a disability insurer that contracts with licentiates
13 to provide services at alternative rates of payment pursuant to
14 Section 10133 of the Insurance Code.
- 15 (iii) Any medical, psychological, marriage and family therapy,
16 social work, professional clinical counselor, dental, midwifery, or
17 podiatric professional society having as members at least 25 percent
18 of the eligible licentiates in the area in which it functions (which
19 must include at least one county), which is not organized for profit
20 and which has been determined to be exempt from taxes pursuant
21 to Section 23701 of the Revenue and Taxation Code.
- 22 (iv) A committee organized by any entity consisting of or
23 employing more than 25 licentiates of the same class that functions
24 for the purpose of reviewing the quality of professional care
25 provided by members or employees of that entity.
- 26 (2) “Licentiate” means a physician and surgeon, doctor of
27 podiatric medicine, clinical psychologist, marriage and family
28 therapist, clinical social worker, professional clinical counselor,
29 dentist, licensed midwife, physician assistant, or nurse practitioner
30 practicing pursuant to ~~Section 2837.1 or 2837.2.~~ *2837.104 or*
31 *2837.105.* “Licentiate” also includes a person authorized to practice
32 medicine pursuant to Section 2113 or 2168.
- 33 (3) “Agency” means the relevant state licensing agency having
34 regulatory jurisdiction over the licentiates listed in paragraph (2).
- 35 (4) “Staff privileges” means any arrangement under which a
36 licentiate is allowed to practice in or provide care for patients in
37 a health facility. Those arrangements shall include, but are not
38 limited to, full staff privileges, active staff privileges, limited staff
39 privileges, auxiliary staff privileges, provisional staff privileges,
40 temporary staff privileges, courtesy staff privileges, locum tenens

1 arrangements, and contractual arrangements to provide professional
2 services, including, but not limited to, arrangements to provide
3 outpatient services.

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

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

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

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

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

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

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

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

1 renewal thereof, shall file an 805 report with the relevant agency
2 within 15 days after the licentiate takes the action.

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

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

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

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

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

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

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

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

36 If another peer review body is required to file an 805 report, a
37 health care service plan is not required to file a separate report
38 with respect to action attributable to the same medical disciplinary
39 cause or reason. If the Medical Board of California or a licensing
40 agency of another state revokes or suspends, without a stay, the

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

8 (g) The reporting required by this section shall not act as a
9 waiver of confidentiality of medical records and committee reports.
10 The information reported or disclosed shall be kept confidential
11 except as provided in subdivision (c) of Section 800 and Sections
12 803.1 and 2027, provided that a copy of the report containing the
13 information required by this section may be disclosed as required
14 by Section 805.5 with respect to reports received on or after
15 January 1, 1976.

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

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

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

24 (k) A willful failure to file an 805 report by any person who is
25 designated or otherwise required by law to file an 805 report is
26 punishable by a fine not to exceed one hundred thousand dollars
27 (\$100,000) per violation. The fine may be imposed in any civil or
28 administrative action or proceeding brought by or on behalf of any
29 agency having regulatory jurisdiction over the person regarding
30 whom the report was or should have been filed. If the person who
31 is designated or otherwise required to file an 805 report is a
32 licensed physician and surgeon, the action or proceeding shall be
33 brought by the Medical Board of California. If the person who is
34 designated or otherwise required to file an 805 report is a licensed
35 doctor of podiatric medicine, the action or proceeding shall be
36 brought by the California Board of Podiatric Medicine. The fine
37 shall be paid to that agency but not expended until appropriated
38 by the Legislature. A violation of this subdivision may constitute
39 unprofessional conduct by the licentiate. A person who is alleged
40 to have violated this subdivision may assert any defense available

1 at law. As used in this subdivision, “willful” means a voluntary
2 and intentional violation of a known legal duty.

3 (l) Except as otherwise provided in subdivision (k), any failure
4 by the administrator of any peer review body, the chief executive
5 officer or administrator of any health care facility, or any person
6 who is designated or otherwise required by law to file an 805
7 report, shall be punishable by a fine that under no circumstances
8 shall exceed fifty thousand dollars (\$50,000) per violation. The
9 fine may be imposed in any civil or administrative action or
10 proceeding brought by or on behalf of any agency having
11 regulatory jurisdiction over the person regarding whom the report
12 was or should have been filed. If the person who is designated or
13 otherwise required to file an 805 report is a licensed physician and
14 surgeon, the action or proceeding shall be brought by the Medical
15 Board of California. If the person who is designated or otherwise
16 required to file an 805 report is a licensed doctor of podiatric
17 medicine, the action or proceeding shall be brought by the
18 California Board of Podiatric Medicine. The fine shall be paid to
19 that agency but not expended until appropriated by the Legislature.
20 The amount of the fine imposed, not exceeding fifty thousand
21 dollars (\$50,000) per violation, shall be proportional to the severity
22 of the failure to report and shall differ based upon written findings,
23 including whether the failure to file caused harm to a patient or
24 created a risk to patient safety; whether the administrator of any
25 peer review body, the chief executive officer or administrator of
26 any health care facility, or any person who is designated or
27 otherwise required by law to file an 805 report exercised due
28 diligence despite the failure to file or whether they knew or should
29 have known that an 805 report would not be filed; and whether
30 there has been a prior failure to file an 805 report. The amount of
31 the fine imposed may also differ based on whether a health care
32 facility is a small or rural hospital as defined in Section 124840
33 of the Health and Safety Code.

34 (m) A health care service plan licensed under Chapter 2.2
35 (commencing with Section 1340) of Division 2 of the Health and
36 Safety Code or a disability insurer that negotiates and enters into
37 a contract with licentiates to provide services at alternative rates
38 of payment pursuant to Section 10133 of the Insurance Code, when
39 determining participation with the plan or insurer, shall evaluate,

1 on a case-by-case basis, licentiates who are the subject of an 805
2 report, and not automatically exclude or deselect these licentiates.

3 ~~SEC. 3.—Section 2837.1 is added to the Business and Professions~~
4 ~~Code, to read:~~

5 ~~2837.1. (a) Notwithstanding any other law, a nurse practitioner~~
6 ~~who holds a certification as a nurse practitioner from a national~~
7 ~~certifying body recognized by the board may perform the functions~~
8 ~~specified in subdivision (c) without supervision by a physician~~
9 ~~and surgeon if the nurse practitioner meets all of the requirements~~
10 ~~of this article and practices in one of the following settings in which~~
11 ~~one or more physicians and surgeons are concurrently practicing~~
12 ~~with the nurse practitioner:~~

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

15 ~~(2) A health facility, as defined in Section 1250 of the Health~~
16 ~~and Safety Code.~~

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

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

25 ~~(b) An entity described in subdivisions (1) to (4), inclusive, of~~
26 ~~subdivision (a) shall not interfere with, control, or otherwise direct~~
27 ~~the professional judgment of a nurse practitioner functioning~~
28 ~~pursuant to this section in a manner prohibited by Section 2400 or~~
29 ~~any other law.~~

30 ~~(c) In addition to any other practices authorized by law, a nurse~~
31 ~~practitioner who meets the requirements of this section may~~
32 ~~perform the following functions without the supervision of a~~
33 ~~physician and surgeon in accordance with their education and~~
34 ~~training:~~

35 ~~(1) Conduct an advanced assessment.~~

36 ~~(2) Order and interpret diagnostic procedures.~~

37 ~~(3) Establish primary and differential diagnoses.~~

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

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

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

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

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

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

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

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

26 ~~SEC. 4. Section 2837.2 is added to the Business and Professions~~
27 ~~Code, to read:~~

28 ~~2837.2. (a) Notwithstanding any other law, a nurse practitioner~~
29 ~~who holds an active certification by a national certifying body~~
30 ~~recognized by the board may practice without supervision by a~~
31 ~~physician and surgeon if, in addition to satisfying the requirements~~
32 ~~of this article, the nurse practitioner satisfies both of the following~~
33 ~~requirements:~~

34 ~~(1) The nurse practitioner has successfully completed a transition~~
35 ~~to practice program.~~

36 ~~(2) A supervising physician and surgeon at the clinic, facility,~~
37 ~~or medical group attests under penalty of perjury to the board that~~
38 ~~the nurse practitioner has successfully completed the transition to~~
39 ~~practice program and is proficient in the competencies identified~~
40 ~~by the board to practice pursuant to this section.~~

1 ~~(b) A nurse practitioner authorized to practice pursuant to this~~
 2 ~~section shall comply with all of the following:~~

3 ~~(1) The nurse practitioner, consistent with applicable standards~~
 4 ~~of care, shall practice within the scope of their clinical and~~
 5 ~~professional training and within the limits of their knowledge and~~
 6 ~~experience.~~

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

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

13 ~~(e) For purposes of this section, “transition to practice program”~~
 14 ~~means a program in which additional clinical experience and~~
 15 ~~mentorship are provided to prepare a nurse practitioner to practice~~
 16 ~~without the routine presence of a physician and surgeon. A~~
 17 ~~transition to practice program shall meet all of the following~~
 18 ~~requirements:~~

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

21 ~~(2) The transition to practice program shall require proficiency~~
 22 ~~in competencies identified by the board by regulation.~~

23 ~~(3) The transition to practice program is conducted in one of~~
 24 ~~the settings specified in paragraphs (1) to (4), inclusive, of~~
 25 ~~subdivision (a) of Section 2837.1 in which one or more physicians~~
 26 ~~and surgeons practices concurrently with the nurse practitioner.~~

27 ~~(d) A nurse practitioner practicing under this section shall~~
 28 ~~maintain professional liability insurance appropriate for the practice~~
 29 ~~setting.~~

30 *SEC. 3. Article 8.5 (commencing with Section 2837.100) is*
 31 *added to Chapter 6 of Division 2 of the Business and Professions*
 32 *Code, to read:*

33
 34 *Article 8.5. Advanced Practice Registered Nurses*
 35

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

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

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

6 (b) *For purposes of this article, “board” means the Advanced*
7 *Practice Registered Nursing Board.*

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

10 2837.102. *Notwithstanding any other law, the repeal of Section*
11 *2837.101 renders the board or its successor subject to review by*
12 *the appropriate policy committees of the Legislature.*

13 2837.103. (a) (1) *Until January 1, 2026, four members of the*
14 *board shall be licensed registered nurses who shall be active as*
15 *a nurse practitioner and shall be active in the practice of their*
16 *profession engaged primarily in direct patient care with at least*
17 *five continuous years of experience.*

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

20 (b) *Three members of the board shall be physicians and*
21 *surgeons licensed by the Medical Board of California or the*
22 *Osteopathic Medical Board of California. At least one of the*
23 *physician and surgeon members shall work closely with a nurse*
24 *practitioner. The remaining physician and surgeon members shall*
25 *focus on primary care in their practice.*

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

29 2837.104. (a) (1) *Notwithstanding any other law, a nurse*
30 *practitioner who holds a certification as a nurse practitioner from*
31 *a national certifying body recognized by the board may perform*
32 *the functions specified in subdivision (c) without supervision by a*
33 *physician and surgeon if the nurse practitioner meets all of the*
34 *requirements of this article and practices in one of the following*
35 *settings or organizations in which one or more physicians and*
36 *surgeons practice with the nurse practitioner:*

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

39 (B) *A health facility, as defined in Section 1250 of the Health*
40 *and Safety Code.*

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

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

9 (2) In health care agencies that have governing bodies, as
10 defined in Division 5 of Title 22 of the California Code of
11 Regulations, including, but not limited to, Sections 70701 and
12 70703 of Title 22 of the California Code of Regulations, the
13 following apply:

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

15 (B) A nurse practitioner shall be eligible to serve on medical
16 staff and hospital committees. A nurse practitioner who is not the
17 holder of an active certificate pursuant to Section 2837.105 shall
18 not serve as chair of medical staff committees.

19 (C) A nurse practitioner shall be eligible to attend meetings of
20 the department to which the nurse practitioner is assigned. A nurse
21 practitioner who is not the holder of an active certificate pursuant
22 to Section 2837.105 shall not vote at department, division, or other
23 meetings.

24 (b) An entity described in subparagraphs (A) to (D), inclusive,
25 of paragraph (1) of subdivision (a) shall not interfere with, control,
26 or otherwise direct the professional judgment of a nurse
27 practitioner functioning pursuant to this section in a manner
28 prohibited by Section 2400 or any other law.

29 (c) In addition to any other practices authorized by law, a nurse
30 practitioner who meets the requirements of this section may
31 perform the following functions without the supervision of a
32 physician and surgeon in accordance with their education and
33 training:

34 (1) Conduct an advanced assessment.

35 (2) Order and interpret diagnostic procedures.

36 (3) Establish primary and differential diagnoses.

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

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

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

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

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

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

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

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

26 2837.105. (a) Notwithstanding any other law, the following
27 apply to a nurse practitioner who is actively licensed under this
28 article and who holds an active certification issued by the board
29 under this section:

30 (1) The nurse practitioner may practice without supervision by
31 a physician and surgeon outside of the settings or organizations
32 specified under subparagraphs (A) to (D), inclusive, of paragraph
33 (1) of subdivision (a) of Section 2387.104.

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

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

1 ***(b) The board shall issue a certificate to practice outside of the***
2 ***settings and organizations specified under subparagraphs (A) to***
3 ***(D), inclusive, of paragraph (1) of subdivision (a) if, in addition***
4 ***to satisfying the requirements of this article, the nurse practitioner***
5 ***satisfies all of the following requirements:***

6 ***(1) The nurse practitioner meets one of the following:***

7 ***(A) Holds a Doctorate of Nursing Practice degree (DNP) and***
8 ***holds active national certification in a nurse practitioner role and***
9 ***population foci by a national certifying body recognized by the***
10 ***board.***

11 ***(B) Holds a Master of Science degree in Nursing (MSN) and***
12 ***holds active national certification in a nurse practitioner role and***
13 ***population foci by a national certifying body recognized by the***
14 ***board and has two years of licensed practice as a nurse***
15 ***practitioner.***

16 ***(2) The nurse practitioner has successfully completed a***
17 ***transition to practice.***

18 ***(c) (1) Upon application of an applicant who meets the***
19 ***requirements for a certificate under this section, the board shall***
20 ***issue an inactive certificate.***

21 ***(2) Upon application of a holder of a certificate issued pursuant***
22 ***to this section, the board shall change the status of an active***
23 ***certificate to inactive.***

24 ***(3) The holder of an inactive certificate shall not engage in any***
25 ***activity for which an active certificate under this section is required***
26 ***and is not otherwise subject to the provisions of this section.***

27 ***(4) Upon application of the holder of a certificate issued***
28 ***pursuant to this section, the board shall change the status of an***
29 ***inactive certificate to active if the holder's license is in good***
30 ***standing and the holder pays the renewal fee.***

31 ***(d) A nurse practitioner authorized to practice pursuant to this***
32 ***section shall comply with all of the following:***

33 ***(1) The nurse practitioner, consistent with applicable standards***
34 ***of care, shall practice within the scope of their clinical and***
35 ***professional education and training and within the limits of their***
36 ***knowledge and experience.***

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

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

4 (e) *For purposes of this section, “transition to practice” means*
5 *additional clinical experience and mentorship are provided to*
6 *prepare a nurse practitioner to practice without the routine*
7 *presence of a physician and surgeon. A transition to practice shall*
8 *meet all of the following requirements:*

9 (1) *The transition to practice shall consist of a minimum of three*
10 *years or 4,600 hours.*

11 (2) *The transition to practice shall require proficiency in*
12 *competencies identified by the board by regulation.*

13 (3) *The transition to practice is conducted in one of the settings*
14 *or organizations specified in subparagraphs (A) to (D), inclusive,*
15 *of paragraph (1) of subdivision (a) of Section 2837.104 in which*
16 *one or more physicians and surgeons practice with the nurse*
17 *practitioner.*

18 (4) *After the nurse practitioner satisfies paragraph (1) of this*
19 *subdivision, the nurse practitioner shall pass an objective*
20 *examination developed and administered by the board. The*
21 *examination shall test the competencies identified under paragraph*
22 *(2) of this subdivision.*

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

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

29 (h) *Subdivision (g) shall not apply to a nurse practitioner if any*
30 *of the following apply:*

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

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

35 ~~SEC. 5.~~

36 SEC. 4. No reimbursement is required by this act pursuant to
37 Section 6 of Article XIII B of the California Constitution because
38 the only costs that may be incurred by a local agency or school
39 district will be incurred because this act creates a new crime or
40 infraction, eliminates a crime or infraction, or changes the penalty

1 for a crime or infraction, within the meaning of Section 17556 of
2 the Government Code, or changes the definition of a crime within
3 the meaning of Section 6 of Article XIII B of the California
4 Constitution.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
January 09, 2020**

BILL ANALYSIS

AUTHOR:	Roth	BILL NUMBER:	SB 700
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Business and professions: noncompliance with support orders and tax delinquencies	DATE LAST AMENDED:	Introduced

SUMMARY:

Under existing law, each applicant for the issuance or renewal of a license, certificate, registration, or other means to engage in a business or profession regulated by specified entities, who is not in compliance with a judgment or order for child or family support, is subject to support collection and enforcement proceedings by the local child support agency.

Existing law also makes each licensee or applicant whose name appears on a list of the 500 largest tax delinquencies subject to suspension or revocation of the license or renewal by a state governmental licensing entity.

ANALYSIS:

This bill would make non-substantive changes to those provisions.

BOARD POSITION: Watch (4/11/19)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (3/14/19)

SUPPORT:

OPPOSE:

Introduced by Senator Roth

February 22, 2019

An act to amend Section 31 of the Business and Professions Code, relating to business and professions.

LEGISLATIVE COUNSEL'S DIGEST

SB 700, as introduced, Roth. Business and professions: noncompliance with support orders and tax delinquencies.

Under existing law, each applicant for the issuance or renewal of a license, certificate, registration, or other means to engage in a business or profession regulated by specified entities, who is not in compliance with a judgment or order for child or family support, is subject to support collection and enforcement proceedings by the local child support agency. Existing law also makes each licensee or applicant whose name appears on a list of the 500 largest tax delinquencies subject to suspension or revocation of the license or renewal by a state governmental licensing entity, as specified.

This bill would make nonsubstantive changes to those provisions.

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

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

- 1 SECTION 1. Section 31 of the Business and Professions Code
- 2 is amended to read:
- 3 31. (a) As used in this section, "board" means any entity listed
- 4 in Section 101, the entities referred to in Sections 1000 and 3600,
- 5 the State Bar, the ~~Bureau~~ Department of Real Estate, and any other

1 state agency that issues a license, certificate, or registration
2 authorizing a person to engage in a business or profession.

3 (b) Each applicant for the issuance or renewal of a license,
4 certificate, registration, or other means to engage in a business or
5 profession regulated by a board who is not in compliance with a
6 judgment or order for support shall be subject to Section 17520 of
7 the Family Code.

8 (c) “Compliance with a judgment or order for support” has the
9 meaning given in paragraph (4) of subdivision (a) of Section 17520
10 of the Family Code.

11 (d) Each licensee or applicant whose name appears on a list of
12 the 500 largest tax delinquencies pursuant to Section 7063 or 19195
13 of the Revenue and Taxation Code shall be subject to Section
14 494.5.

15 (e) Each application for a new license or renewal of a license
16 shall indicate on the application that the law allows the State Board
17 of Equalization and the Franchise Tax Board to share taxpayer
18 information with a board and requires the licensee to pay ~~his or~~
19 ~~her~~ *the licensee’s* state tax obligation and that ~~his or her~~ *the* license
20 may be suspended if the state tax obligation is not paid.

21 (f) For purposes of this section, “tax obligation” means the tax
22 imposed under, or in accordance with, Part 1 (commencing with
23 Section 6001), Part 1.5 (commencing with Section 7200), Part 1.6
24 (commencing with Section 7251), Part 1.7 (commencing with
25 Section 7280), Part 10 (commencing with Section 17001), or Part
26 11 (commencing with Section 23001) of Division 2 of the Revenue
27 and Taxation Code.