## State of California Office of Administrative Law

In re:

**Board of Registered Nursing** 

**Regulatory Action:** 

Title 16, California Code of Regulations

Adopt sections:

Amend sections: 1452

Repeal sections:

NOTICE OF APPROVAL OF REGULATORY ACTION

**Government Code Section 11349.3** 

OAL Matter Number: 2024-0201-03

OAL Matter Type: Regular (S)

This action amends regulations to align with AB 1407 (2021), reflecting that all new licensees in California must complete one hour of implicit bias continuing education training within the first two years of licensure. This action also bars a licensee from requesting an exemption for implicit bias continuing education course work.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2024.

Date:

March 14, 2024

Digitally signed by Mark

Date: 2024.03.14 10;13:53

Mark Storm Senior Attorney

For:

Kenneth J. Pogue

Director

Original: Loretta Melby, Executive Officer

Copy:

Marissa Clark

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIV NOTICE PUBLICATION/R STD. 400 (REV. 10/2019)	EGULA LONS SHE VI	ESDN	AR	For use by Secretary of State only
OAL FILE NOTICE FILE NUMBER Z_	REGULATORY ACTION NUMBER  REGULATORY ACTION NUMBER  REGULATORY ACTION NUMBER  EMERGENCY NUMBER			
For use by Office of Administrative Law (OAL) only				ENDORSED - FILED in the office of the Secretary of State of the State of California
	×	OFFICE OF 2024 FE	ADMIN. LAW 8 1 PW4:34	MAR 1 4 2024
				2:05 pm
NOTICE		ı	REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Board of Registered Nursin			£	AGENCY FILE NUMBER (If any)
A. PUBLICATION OF NOT	ICE (Complete for publ	ication in Notic	e Register)	l .
<ol> <li>subject of Notice</li> <li>Continuing Education Requ</li> </ol>	irement; Exemptions 16	E(S)	FIRST SECTION AFFECT	2. REQUESTED PUBLICATION DATE  November 17, 2023
NOTICE TYPE 4. AGENCY CONTAC		PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
Notice is Proposed Regulatory Action Other Marissa Clark  OAL USE ACTION ON PROPOSED NOTICE    Marissa Clark   Marissa Clark			916-574-7438	916-574-7700  WBER PUBLICATION DATE
ONLY Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn		6-2 11/17/23
B. SUBMISSION OF REGU	JLATIONS (Complete w	hen submitting	regulations)	
a. SUBJECT OF REGULATION(S)	V K		1b. ALL PREVIOU	US RELATED OAL REGULATORY ACTION NUMBER(S)
Continuing Education Requ				
2. SPECIFY CALIFORNIA CODE OF REGUL	ATIONS TITLE(S) AND SECTION(S) (In ADOPT	cluding title 26, if toxics	related)	
SECTION(S) AFFECTED (List all section number(s)	1,001			
individually. Attach	AMEND	5	VII	
additional sheet if needed.)	CCR 1452			
16	REPEAL			
3. TYPE OF FILING				E .
Regular Rulemaking (Gov. Code §11346)	Certificate of Compliance: The		Emergency Reador (Gov. Code, §1134	
Resubmittal of disapproved	below certifies that this agency provisions of Gov. Code §§113	46.1(h)) Regulatory Effect (Cal. Code Regs., title 1, §100)		
or withdrawn nonemergency filing (Gov. Code §§11349.3, within the time period required by statute.			File & Print	Print Only
11349.4) Emergency (Gov. Code, §11346.1(b))	Resubmittal of disapproved or emergency filing (Gov. Code,		Other (Specify)	
			IAL ADDED TO THE RULEMA	AKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1
5. EFFECTIVE DATE OF CHANGES (Gov. C Effective January 1, April 1, July October 1 (Gov. Code §11343.4(a	<ol> <li>or Effective on filing wit</li> </ol>			ther
6. CHECK IF THESE REGULATIONS REQU Department of Finance (Form STI	IIRE NOTICE TO, OR REVIEW, CONSUL	TATION, APPROVAL OR		HER AGENCY OR ENTITY State Fire Marshal
Cther (Specify) Kimberly Kirc	hmeyer, Director, Department	of Consumer Affair	S Shirt declara	PARTIES CONTRACTOR OF THE PROPERTY.
7. CONTACT PERSON Marissa Clark	120374070	216) 574-7438	FAX NUMBER (O	Optional) E-MAIL ADDRESS (Optional) marissa.clark@dca.ca.gov
8. I certify that the attached co of the regulation(s) identified	d on this form, that the inforn	nation specified o	n this form	For use by Office of Administrative Law (OAL) only
is true and correct, and that or a designee of the head of	i am the head of the agency fithe agency, and am author	y taking this action rized to make this	n, certification.	ENDORSED APPROVED
SIGNATURE OF AGENCY HEAD OR DESIGNATURE	SNEE	DATE 1/31/202	4	MAR 1 4 2021
TYPED NAME AND TITLE OF SIGNATORY	fficer Decade C		N.M.	W 1880-1891
Loretta Melby, Executive O	micer, Board of Registere	ed Nursing		Office of Administrative Law

## DEPARTMENT OF CONSUMER AFFAIRS TITLE 16. BOARD OF REGISTERED NURSING

## ORDER OF ADOPTION Continuing Education Requirements; Exemptions

Legend:	Added text is indicated with an underline.	
	Omitted text is indicated by (* * * *)	
	Deleted text is indicated by strikeout.	

Amend section 1452 of Division 14 of Title 16 of the California Code of Regulations to read as follows:

## § 1452. Exemption from Continuing Education Requirements; Exemptions

- (a) <u>All licensees shall complete one hour of implicit bias training specified in section 1456 within the first two years of licensure.</u>
- (ab) Except for the implicit bias training specified in subsection (a), during During the first two years immediately following initial licensure in California or other jurisdictions, licensees shall be exempt from completion of the continuing education requirements specified in Section 1451.
- (bc) Except for the implicit bias training specified in subsection (a), at At the time of making application for renewal, an applicant a licensee may request exemption from continuing education requirements if:
  - (1) The licensee is requesting inactive status for the license; or
  - (2) The licensee can show evidence, satisfactory to the Board that
    - (A) the licensee has been employed overseas for a period of one (1) year or more, or a resident overseas for a period of one (1) year or more and currently employed; or
    - (B) the licensee is employed by a Federal Institution or Agency or one of the Military Services (USA), where that person licensee practicing nursing outside of the State of California on a California license, or
    - (C) the licensee has had hardship of one or more years' duration, if
      - 1. there is a total physical disability for one (1) year or more and verification of readiness or ability to return to work; or
      - 2. there is a total disability of a member of the immediate family for whom licensee has total responsibility for one (1) year or more.

NOTE: Authority: Section 2715, <u>2736.5</u>, and <u>2811.5</u>, Business and Professions Code. Reference: Section <u>2736.5</u> and <u>2811.5</u> Business and Professions Code.