

**California Board of Registered Nursing
California Department of Consumer Affairs**

INITIAL STATEMENT OF REASONS

Hearing Date: No hearing has been scheduled.

Subject Matter of Proposed Regulations: Nurse Practitioner Education

Section(s) Affected: Section 1484 of Title 16, California Code of Regulations (CCR)

Specific Purpose of Each Adoption, Amendment, or Repeal:

1. Background/Introduction:

Pursuant to Business and Professions Code (BPC) section 2700 *et seq.*, the Board of Registered Nursing (Board) licenses registered nurses, and certifies advanced practice nurses, which include certified nurse-midwives, nurse practitioners, registered nurse anesthetists, clinical nurse specialists, and public health nurses. In addition to licensing and certification, the Board establishes accreditation requirements for California nursing schools and reviews nursing school criteria (“prelicensure”); receives and investigates complaints against its licensees; and takes disciplinary action as appropriate. As of 2020, the Board licenses over 450,000 RNs and certifies approximately 97,000 advanced practice nurses.

BPC section 2715 authorizes the Board to amend or adopt regulations in accordance with the Administrative Procedure Act that may be reasonably necessary to enable it to carry into effect the Nursing Practice Act (Act). Section(s) 2835 and 2835.7 of the Business and Professions Code (BPC) authorize the Board to standardize procedures for licensing nurse practitioners. BPC section 2835.5 sets forth the requirements for an applicant to qualify or certify as a nurse practitioner, including the requirement that an applicant satisfactorily complete a nurse practitioner program approved by the Board.

Existing regulation at Section 1484 of Title 16 of the California Code of Regulations (CCR) sets forth the Board’s minimum requirements for nurse practitioner curriculum, including at subdivision (h)(5), the minimum number of required clinical hours of supervised direct patient care (500 clinical hours) “as specified in current nurse practitioner standards.”

2. Problem Being Addressed/Purpose of the Amendments

Stakeholders, including applicants and educational institutions, have contacted the Board regarding whether the existing minimum 500-hour requirement would be in conflict with other requirements in regulation and expressed confusion regarding whether the educational program's length could exceed 500 hours and still meet the Board's curriculum requirements. The Board issued a memo on May 4, 2020 to highlight this issue (see Underlying Data).

To address stakeholder confusion, the Board proposes the following amendments to section 1484:

- (a) This proposal would add language to Section 1484, subsection (h)(5) that the program shall meet "and may exceed" the minimum of 500 clinical hours of supervised direct patient care experiences; and,
- (b) Add a comma to subdivision (h)(5) and new text that such specifies that current nurse practitioner standards are "described in this section."

3. Anticipated Benefits of the Regulatory Action:

This proposal will eliminate stakeholder confusion regarding the Board's interpretation of its existing regulations regarding the educational program curriculum requirements for Nurse Practitioners, and benefit the general health and safety of all Californians by making education requirements for Nurse Practitioners (who care for Californians) less confusing.

Factual Basis/Rationale

Amend Subdivision (h)(5) to add "and may exceed" to existing text (so that the sentence would read: "The program shall meet **and may exceed** the minimum of 500 clinical hours of supervised direct patient care experiences....")

Existing section 1484 sets forth the standards of education for a Board-approved program of study preparing an applicant to become a nurse practitioner. The requirements include that the educational program have at least 500 clinical hours of supervised direct patient care to meet their educational goals as specified in the current nurse practitioner national education standards. Section 1484(h)(7) requires the program standards to be consistent with the guidelines criteria contained in 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) (“nurse practitioner standards” -- see Underlying Data).

However, AACN standards indicate that educational programs may often exceed the 500-hour clinical hours of supervised direct patient care experiences (see, p. 12 of Criteria for Evaluation of Nurse Practitioner Programs, “In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g., FNP (or lifespan), will exceed this minimum requirement. The distribution of hours is based on the program’s population-focused area of practice.”)

The Board has historically interpreted section 1484 to require a minimum of 500 clinical hours of direct patient care but that an educational program may exceed the minimum 500-hour standard and would still be considered compliant. However, stakeholders have expressed concern that other subdivisions within this section render that interpretation unclear.

Section 1484(h)(5) states: "The program shall meet the minimum of 500 clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category."

Section 1484(h)(8) provides a formula for calculating the course of instruction program units and contact hours, and subdivision (h)(9) provides that, "Supervised clinical practice shall consist of at least 12 semester units or 18 quarter units." Reading subsections (h)(8) and (h)(9) in conjunction has been construed to suggest that a minimum of 540 clinical hours of direct patient care are required, as opposed to the 500 hours referenced in subsection (h)(5).

This proposal will address any confusion that might be generated when subsections (h)(5) and the formulas in subsections (h)(8) and (h)(9) are used together which can produce a 540-hour result, which is above the required minimum of 500. The amendment will erase this potential discrepancy. Without this change, the confusion will continue.

This proposal is also necessary to make specific the Board’s interpretation that an educational program’s supervised direct patient care clinical hour requirements may exceed the 500-hour minimum and be considered compliant with the Board’s standards for an approved program, consistent with current nurse practitioner standards.

Amend subdivision (h)(5) to add a comma and new text that specifies that current nurse practitioner standards are “described in this section.”

Existing regulation at subdivision (h)(5) refers to the program requirement of 500 clinical hours of supervised direct patient care experiences “as specified in current nurse practitioner standards.” However, that provision does not specify what and where those current nurse practitioner standards are. This proposal would provide such clarification by specifying that such standards are the current standards specified by the Board in this regulatory section. This will help further alleviate the stakeholder confusion described above, by linking the Board’s 500-hour clinical requirements to those nurse practitioner standards recognized in the educational community and as set forth in this section (see subdivision (h)(7) and underlying data). The Board uses the terms “as described in this section” rather than another cross-reference to allow for future renumbering of this section. The Board adds a comma before the words “as specified” so that it is clearer grammatically that the Board’s 500-hour requirement is a separate independent concept from the nurse practitioner standards referenced in this section.

Underlying Data:

- NP Direct Patient Care Educational Hours BRN memo May 4, 2020: <https://www.rn.ca.gov/pdfs/regulations/np1484memo.pdf>
- American Association of Colleges of Nursing (AACN). Criteria for Evaluation of Nursing Programs (2016): <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf>
- National Organization of Nurse Practitioner Faculties. Core Competencies for Nurse Practitioners (2017): <https://www.nursingworld.org/certification/aprn-consensus-model/>

Business Impact

The Board has made the initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the following facts.

There is no significant statewide adverse economic impact directly affecting business with this regulation proposal. There are currently approximately 27,600 Certified Nurse Practitioners (CNPs) in California. The proposed regulation encourages increased program transparency and oversight integrity and makes explicit the Board’s longstanding interpretation of its existing regulation regarding educational qualifications

for CNPs in California. This proposal would not change the Board's existing interpretation. Therefore, this proposal would not result in any further economic impact to business.

ECONOMIC IMPACT ASSESSMENT/ANALYSIS

This regulatory proposal will not:

- Create or eliminate jobs or businesses within the State of California because the regulations make explicit the Board's long-standing interpretation of its existing regulation that 500 clinical hours of supervised direct patient care for nurse practitioners is a minimum education requirement that may be exceeded.
- Affect the expansion of businesses currently doing business within the State of California, as the proposed regulations only state the Board's existing interpretation of an existing regulation.
- Affect the state's environment because it is not related to any environmental issues.
- Affect worker safety because this regulation does not relate to worker safety.

This regulation proposal will affect the general health and safety of California residents by:

- Eliminating stakeholder confusion regarding the Board's interpretation of its existing regulation regarding the education requirement for Nurse Practitioners.
- Making regulatory language consistent with authorizing statutes.
- Making education of Nurse Practitioners (who care for Californians) less confusing.

SPECIFIC TECHNOLOGIES OR EQUIPMENT

This regulation does not mandate the use of specific technologies or equipment.

CONSIDERATION OF ALTERNATIVES

The Board has made an initial determination that no reasonable alternative to the regulatory proposal would be more effective in carrying out the purpose for which the regulation is proposed, would be as effective or less burdensome to affected private persons than the proposed regulation, or equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives that were considered and the reason the alternative was rejected or adopted:

Option 1: Change the formula and redo the math in Section 1484(h)(8)

This option was rejected because it could add further confusion and add to the problem which the Board is trying to resolve here.