



Home	Bill Information	California Law	Publications	Other Resources	My Subscriptions	My Favorites
------	------------------	----------------	--------------	-----------------	------------------	--------------

Code:  Section:

[Up^](#) [Add To My Favorites](#)

**BUSINESS AND PROFESSIONS CODE - BPC**

**DIVISION 2. HEALING ARTS [500 - 4999.129]** ( *Division 2 enacted by Stats. 1937, Ch. 399.*  )

**CHAPTER 6. Nursing [2700 - 2838.4]** ( *Chapter 6 repealed and added by Stats. 1939, Ch. 807.*  )

**ARTICLE 8. Nurse Practitioners [2834 - 2837]** ( *Article 8 added by Stats. 1977, Ch. 439.*  )

**2834.** The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title "nurse practitioner" by registered nurses.

(*Added by Stats. 1977, Ch. 439.*)

**2835.** No person shall advertise or hold himself out as a "nurse practitioner" who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

(*Added by Stats. 1977, Ch. 439.*)

**2835.5.** On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

- (a) Hold a valid and active registered nursing license issued under this chapter.
- (b) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.
- (c) Satisfactorily complete a nurse practitioner program approved by the board.

(*Amended by Stats. 2015, Ch. 426, Sec. 31. (SB 800) Effective January 1, 2016.*)

**2835.7.** (a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment.

(*Added by Stats. 2009, Ch. 308, Sec. 34. (SB 819) Effective January 1, 2010.*)

**2836.** (a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, as outlined in the nurse practitioner curriculum core competencies specified in the National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies (2022), or a successor

approved by the board, experience, or both, needed to practice safely at those levels. In setting the standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations using nurse practitioners. Established standards shall apply to persons without regard to the date of meeting the standards. If the board sets standards for use of nurse practitioner titles that include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed the program.

(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

*(Amended by Stats. 2023, Ch. 510, Sec. 50. (SB 887) Effective January 1, 2024.)*

**2836.1.** Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.

(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal

Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

*(Amended by Stats. 2018, Ch. 693, Sec. 8. (SB 1109) Effective January 1, 2019.)*

**2836.2.** Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2836.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

*(Amended by Stats. 2011, Ch. 350, Sec. 20. (SB 943) Effective January 1, 2012.)*

**2836.3.** (a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the requirements of subdivision (g) of Section 2836.1. The board may issue a furnishing number upon initial application and, if approved by the board, the applicant shall not be required to make a separate application. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section, that shall be not more than one thousand five hundred dollars (\$1,500) for an initial application, nor more than one thousand dollars (\$1,000) for an application for renewal. The board may charge a penalty fee for failure to renew a furnishing number within the prescribed time that shall be not more than five hundred dollars (\$500).

(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.

(c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.

*(Amended by Stats. 2022, Ch. 413, Sec. 18. (AB 2684) Effective January 1, 2023.)*

**2836.4.** Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act (Public Law 114-198), as enacted on July 22, 2016, including the following:

(a) The requirement that the nurse practitioner complete not fewer than 24 hours of initial training provided by an organization listed in sub-subclause (aa) of subclause (II) of clause (iv) of subparagraph (G) of paragraph (2) of subdivision (g) of Section 823 of Title 21 of the United States Code, or any other organization that the United States Secretary of Health and Human Services determines is appropriate for the purposes of that sub-subclause, that addresses the following:

- (1) Opioid maintenance and detoxification.
- (2) Appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder.
- (3) Initial and periodic patient assessments, including substance use monitoring.
- (4) Individualized treatment planning, overdose reversal, and relapse prevention.
- (5) Counseling and recovery support services.
- (6) Staffing roles and considerations.
- (7) Diversion control.
- (8) Other best practices, as identified by the United States Secretary of Health and Human Services.

(b) The alternative requirement that the nurse practitioner have other training or experience that the United States Secretary of Health and Human Services determines will demonstrate the ability of the nurse practitioner to treat and manage opiate-dependent patients.

(c) The requirement that the nurse practitioner be supervised by, or work in collaboration with, a licensed physician and surgeon.

*(Added by Stats. 2017, Ch. 242, Sec. 1. (SB 554) Effective January 1, 2018.)*

**2836.5.** In determining its continuing education requirements, the board shall consider including a course in infection-associated chronic conditions, including, but not limited to, long COVID, as defined by the United States Department of Health and Human Services, myalgic encephalomyelitis, and dysautonomia.

*(Added by Stats. 2024, Ch. 433, Sec. 3. (AB 3119) Effective January 1, 2025.)*

**2837.** Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.

*(Added by Stats. 1977, Ch. 439.)*