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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 Nursing [2700 - 2838.4] (*Chapter 6 repealed and added by Stats. 1939, Ch. 807.*)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 8.5. Advanced Practice Registered Nurses [2837.100 - 2837.105] (*Article 8.5 added by Stats. 2020, Ch. 265, Sec. 4.*)

2837.100. It is the intent of the Legislature that the requirements under this article shall not be an undue or unnecessary burden to licensure or practice. The requirements are intended to ensure the new category of licensed nurse practitioners has the least restrictive amount of education, training, and testing necessary to ensure competent practice.

(*Added by Stats. 2020, Ch. 265, Sec. 4. (AB 890) Effective January 1, 2021.*)

2837.101. For purposes of this article, the following terms have the following meanings:

- (a) "Committee" means the Nurse Practitioner Advisory Committee.
- (b) "Standardized procedures" has the same meaning as that term is defined in Section 2725.
- (c) "Transition to practice" means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. "Transition to practice" includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. The board shall, by regulation, define minimum standards for transition to practice. For purposes of the transition to practice:

(1) Clinical experience shall not be limited to experience in a single category that a nurse practitioner may practice in pursuant to Section 2836.

(2) Clinical experience may include experience obtained before January 1, 2021, but clinical experience obtained before a person is certified by the board as a nurse practitioner shall not be included.

(*Amended by Stats. 2024, Ch. 481, Sec. 9. (SB 1451) Effective January 1, 2025.*)

2837.102. (a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board. The committee shall provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner.

(b) The committee shall consist of four qualified nurse practitioners, two physicians and surgeons with demonstrated experience working with nurse practitioners, and one public member.

(*Added by Stats. 2020, Ch. 265, Sec. 4. (AB 890) Effective January 1, 2021.*)

2837.103. (a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (4) of subdivision (a) of Section 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board.

(C) Provides documentation that educational training was consistent with standards established by the board pursuant to Section 2836 and any applicable regulations as they specifically relate to requirements for clinical practice hours. Online educational programs that do not include mandatory clinical hours shall not meet this requirement.

(D) Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours. A nurse practitioner who has been practicing as a nurse practitioner in direct patient care for a minimum of three full-time equivalent years or 4,600 hours within the last five years, as indicated on the application, may be deemed to have satisfied this requirement. For purposes of this subparagraph:

(i) Proof of completion of one transition to practice shall be provided to the board, on a form prescribed by the board, as an attestation from either a licensed physician and surgeon, a certified nurse practitioner practicing pursuant to this section, or a certified nurse practitioner practicing pursuant to Section 2837.104.

(ii) A licensed physician and surgeon or a certified nurse practitioner who attests to the completion of a transition to practice is not required to specialize in the same category as the applicant pursuant to Section 2836.

(iii) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice is not required to verify competence, clinical expertise, or any other standards related to the practice of the applicant and shall only attest to the completion of the transition to practice, as defined in Section 2837.101.

(iv) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice shall not be subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability for providing an attestation or refusing to provide an attestation pursuant to this section unless the attestation was produced fraudulently.

(2) A nurse practitioner who meets all of the requirements of paragraph (1) may practice, including, but not limited to, performing the functions authorized pursuant to subdivision (c), in one of the following settings or organizations in which one or more physicians and surgeons practice with the nurse practitioner without standardized procedures:

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

(B) A health facility, as defined in Section 1250 of the Health and Safety Code, except for the following:

(i) A correctional treatment center, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code.

(ii) A state hospital, as defined in Section 4100 of the Welfare and Institutions Code.

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

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

(E) A home health agency, as defined in Section 1727 of the Health and Safety Code.

(F) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

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

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

(B) A nurse practitioner shall be eligible to serve on medical staff and hospital committees.

(C) A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned. A nurse practitioner shall not vote at department, division, or other meetings unless the vote is regarding the determination of nurse practitioner privileges with the organization, peer review of nurse practitioner clinical practice, whether a licensee's employment is in the best interest of the communities served by a hospital pursuant to Section 2401, or the vote is otherwise allowed by the applicable bylaws.

(b) An entity described in subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a nurse practitioner functioning pursuant to this section in a manner prohibited by Section 2400 or any other law.

(c) In addition to any other practices authorized by law, a nurse practitioner who meets the requirements of paragraph (1) of subdivision (a) may perform the following functions without standardized procedures in accordance with their education and training:

(1) Conduct an advanced assessment.

(2) (A) Order, perform, and interpret diagnostic procedures.

(B) For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).

(3) Establish primary and differential diagnoses.

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

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

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

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

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

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

(d) A nurse practitioner practicing under this section and not working under standardized procedures shall inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.

(e) A nurse practitioner shall not be required to tell a patient the patient has a right to see a physician and surgeon.

(f) A nurse practitioner practicing under this section and not working under standardized procedures shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and the internet website where the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made.

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

(h) A nurse practitioner practicing under this section shall have professional liability insurance appropriate for the practice setting.

(i) Any health care setting operated by the Department of Corrections and Rehabilitation is exempt from this section.

(Amended by Stats. 2024, Ch. 481, Sec. 10. (SB 1451) Effective January 1, 2025.)

2837.103.5. (a) Notwithstanding paragraph (1) of subdivision (a) of Section 2837.103, the authority for a nurse practitioner to prescribe, order, dispense, procure, and furnish pharmacological agents pursuant to subparagraph (B) of paragraph (4) of subdivision (c) of Section 2837.103 is conditional on all of the following:

(1) The issuance of a furnishing number by the board pursuant to Section 2836.3.

(2) If prescribing, ordering, dispensing, procuring, or furnishing controlled substances, registration with the United States Drug Enforcement Administration.

(3) If prescribing, ordering, dispensing, procuring, or furnishing Schedule II controlled substances, as part of their continuing education requirements, completion of 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 paragraph.

(b) This section shall not be construed to require a nurse practitioner practicing pursuant to Sections 2837.103 or 2837.104 to practice under standardized procedures or physician supervision.

2837.104. (a) Beginning January 1, 2023, notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

- (1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.
- (2) Subject to subdivision (g) and any applicable conflict of interest policies of the bylaws, the nurse practitioner shall be eligible for membership of an organized medical staff.
- (3) Subject to subdivision (g) and any applicable conflict of interest policies of the bylaws, a nurse practitioner member may vote at meetings of the department to which nurse practitioners are assigned.

(b) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103, if the nurse practitioner satisfies all of the following requirements:

- (1) Meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.
- (2) Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.
- (3) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(c) A nurse practitioner authorized to practice pursuant to this section shall comply with all of the following:

- (1) The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.
- (2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:
 - (A) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
 - (B) Problem which is not resolving as anticipated after an ongoing evaluation and management of the situation.
 - (C) History, physical, or lab findings inconsistent with the clinical perspective.
 - (D) Upon request of patient.
- (3) Nurse practitioner consultation with a physician and surgeon alone shall not create a physician-patient relationship. The nurse practitioner shall be solely responsible for the services they provide.
- (4) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:
 - (A) Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.
 - (B) Whenever patient conditions fail to respond or the patient is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.
 - (C) Any patient with a rare condition.

(D) Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.

(E) All emergency situations after initial stabilizing care has been started.

(d) A nurse practitioner practicing under this section and not working under standardized procedures shall inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.

(e) A nurse practitioner practicing under this section and not working under standardized procedures shall not be required by the board to tell a patient that the patient has a right to see a physician and surgeon.

(f) A nurse practitioner practicing under this section and not working under standardized procedures shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and internet website where the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made.

(g) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

(h) For purposes of this section, corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(i) Subdivision (h) shall not apply to a nurse practitioner if either of the following applies:

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

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

(Amended by Stats. 2024, Ch. 481, Sec. 11. (SB 1451) Effective January 1, 2025.)

2837.105. (a) (1) The board shall request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision.

(2) The board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1). This paragraph shall not apply to a national nurse practitioner certification examination discontinued before January 1, 2017.

(3) The occupational analysis shall be completed by January 1, 2023.

(4) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision that are not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103, the board shall identify and develop a supplemental exam that properly validates identified competencies.

(b) The examination process shall be regularly reviewed pursuant to Section 139.

(Amended by Stats. 2024, Ch. 481, Sec. 12. (SB 1451) Effective January 1, 2025.)