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AB-2684 Nursing. (2021-2022)

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Assembly Bill No. 2684

CHAPTER 413

An act to amend Sections 1206.5, 2242.2, 2571, 2701, 2706, 2708, 2717, 2746.51, 2746.53, 2786, 2786.2, 2786.3, 2786.5, 2815, 2815.5, 2836.3, 2837.104, 3703, 4024, 4040, 4060, 4061, 4170, and 4174 of, and to add Sections 2785.6, 2786.4, and 2837.103.5 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 18, 2022. Filed with Secretary of State September 18, 2022.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2684, Berman. Nursing.

Existing law, the Nursing Practice Act, establishes the Board of Registered Nurses within the Department of Consumer Affairs, until January 1, 2023, for the licensure and regulation of the practice of nursing, and makes a violation of the act a crime. Existing law grants the power to remove, for cause, a member of any board within the department to the appointing authority that appointed that member. Existing law also grants the Governor the power to remove any member of the board from office for cause, as specified.

This bill would extend the provisions establishing the board and the power of the board to January 1, 2027. The bill would authorize each appointing power, rather than only the Governor, to remove members of the board for cause, as specified. The bill would also make other nonsubstantive changes.

Existing federal law, the Clinical Laboratory Improvement Amendments of 1988 (CLIA), requires all United States facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease, to abide by specific standards. Existing law authorizes various licensed medical professionals, as specified, to perform provider-performed microscopy, as described, under CLIA, to dispense, furnish, prescribe, and order contraceptives, drugs, and devices, as appropriate, to their patients, and to apply topical medications, as specified.

The bill would extend these authorizations to nurse practitioners, as specified.

Existing law authorizes the board, with the permission of the Director of Consumer Affairs, to form advisory committees that advise the board on the implementation of the Nursing Practice Act. The Administrative Procedure Act generally governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law.

This bill would create within the board a Nursing Education and Workforce Advisory Committee, which the bill would require to solicit input from approved nursing programs and members of the nursing and health care profession to study and recommend nursing education standards, simulated clinical experiences, and solutions to workforce issues to the board. The bill would require the committee be comprised of representatives from various sectors of the nursing profession. The bill would limit the terms of these appointments as specified. The bill would authorize the committee to establish subcommittees as specified. The bill would

authorize the board to implement, interpret, or make specific the provisions governing the committee in a charter, which would be exempt from the requirements of the Administrative Procedure Act.

Existing law specifies that an approved school of nursing, or an approved nursing program, is one that has been approved by the board, gives the course of instruction approved by the board, covering not less than 2 academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education, as specified. Existing law imposes specified duties on the board related to the approval and regulation of schools of nursing and nursing programs, including a requirement that the board prepare and maintain a list of approved schools of nursing in this state whose graduates are eligible to apply for a license to practice nursing.

This bill would provide that the board's executive officer is required to develop a uniform method for evaluating requests and granting approvals pursuant to the above-described provisions, as specified, and would require the executive officer to post the uniform method and any revisions on the board's website. The bill would prohibit an institution of higher education or a private postsecondary school of nursing subject to the above-described provisions from paying any clinical agency or facility for clinical experience placements for students enrolled in a nursing program offered by that school of nursing, as specified. By adding a prohibition to the Nursing Practice Act, the violation of which is a crime, this bill would impose a state-mandated local program.

This bill would additionally require an approved school of nursing or nursing program to meet a minimum of 500 direct patient care clinical hours, as specified. The bill would authorize an approved school of nursing or nursing program to cover fewer than 2 academic years if approved to providing a course of instruction that prepares a licensed vocational nurse, as specified.

This bill would, for approved schools of nursing actively accredited, as specified, require the board to accept continuing approval decisions from the accreditor, approve substantive change requests if approved by the accreditor, and consider limited factors when considering a request to increase enrollment, among other things. The bill would prohibit the board from requiring a fee for substantive changes approved under those provisions.

Existing law, until the end of the 2021–22 academic year, and whenever the Governor declares a state of emergency for a county, as provided, requires a board nursing education consultant to approve a request from an approved nursing program to revise certain clinical experience requirements, provided the request meets specified conditions. Existing law authorizes an approved nursing program to request to reduce the required number of direct patient care hours as specified if it meets certain conditions, including using the list of alternative agencies or facilities designated by the facility finder on the Office of Statewide Health Planning and Development website to show no alternative agency or facility has a sufficient number of open placements, as specified. Existing law requires the board's executive officer to develop a uniform method for evaluating those requests and granting approvals.

This bill would extend these provisions to the end of the 2023–24 academic year and require the board's executive officer to post the uniform method and any revisions on the board's website. The bill would authorize an approved nursing program to request to reduce the number of direct patient care hours only when it provides more than 500 direct patient care hours and would specify the approved nursing program would use the list of alternative agencies or facilities on the facility finder on the Department of Health Care Access and Information's website.

Existing law prescribes various fees, not to subceed or exceed specified amounts, to be paid by licensees and applicants for licensure, and requires these fees to be credited to the Board of Registered Nursing Fund, which is available upon appropriation by the Legislature. Existing law prescribes specified fees for certain approvals by the board of institutions of higher education or a private postsecondary school of nursing approved by the board, and requires these fees not to subceed or exceed certain amounts. Existing law requires these fees to be deposited into the Registered Nurse Education Fund, as specified, which is available upon appropriation by the Legislature.

This bill would remove the minimum fee amounts stated for each type of licensure application, as specified. The bill would require fees for certificates, as specified, to be an amount sufficient to cover the reasonable regulatory cost of issuing that certificate.

Existing law authorizes a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including prescribing, administering, dispensing, and furnishing pharmacological agents. Existing law, beginning January 1, 2023, also authorizes a nurse practitioner who holds an active certification issued by the board to perform those functions without standardized procedures outside of specified settings in accordance with certain conditions and requirements. Existing law requires a nurse practitioner who is practicing pursuant to those provisions to consult with a physician under specified circumstances and to establish a referral plan for referral of complex medical cases and emergencies that addresses specified situations.

This bill would revise the circumstances under which consultation with a physician is required and the situations required to be addressed in the referral plan, including when a patient is acutely decompensating. The bill would impose additional requirements

for a nurse practitioner practicing pursuant to the above provisions to prescribe, administer, dispense, and furnish pharmacological agents, including requiring the issuance of a furnishing number by the board.

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 Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1206.5 of the Business and Professions Code is amended to read:

1206.5. (a) Notwithstanding subdivision (b) of Section 1206 and except as otherwise provided in Sections 1206.6 and 1241, no person shall perform a clinical laboratory test or examination classified as waived under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

- (1) A licensed physician and surgeon holding a M.D. or D.O. degree.
- (2) A licensed podiatrist, a licensed dentist, or a licensed naturopathic doctor, if the results of the tests can be lawfully utilized within their practice.
- (3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory.
- (4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code.
- (5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.
- (6) A person licensed under Chapter 6 (commencing with Section 2700).
- (7) A person licensed under Chapter 6.5 (commencing with Section 2840).
- (8) A perfusionist if authorized by and performed in compliance with Section 2590.
- (9) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).
- (10) A medical assistant, as defined in Section 2069, if the waived test is performed pursuant to a specific authorization meeting the requirements of Section 2069.
- (11) A pharmacist, as defined in Section 4036, if ordering drug therapy-related laboratory tests in compliance with paragraph (2) of subdivision (a) of Section 4052.1 or paragraph (2) of subdivision (a) of Section 4052.2, if performing skin puncture in the course of performing routine patient assessment procedures in compliance with Section 4052.1, or if performing testing as authorized in Section 4052.4.
- (12) A naturopathic assistant, as defined in Sections 3613 and 3640.2, if the waived test is performed pursuant to a specific authorization meeting the requirements of Sections 3613 and 3640.2.
- (13) A licensed optometrist as authorized under Chapter 7 (commencing with Section 3000).
- (14) Other health care personnel providing direct patient care.
- (15) Any other person performing nondiagnostic testing pursuant to Section 1244.

(b) Notwithstanding subdivision (b) of Section 1206, no person shall perform clinical laboratory tests or examinations classified as of moderate complexity under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

- (1) A licensed physician and surgeon holding a M.D. or D.O. degree.

- (2) A licensed podiatrist or a licensed dentist if the results of the tests can be lawfully utilized within their practice.
- (3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory.
- (4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code.
- (5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.
- (6) A person licensed under Chapter 6 (commencing with Section 2700).
- (7) A perfusionist if authorized by and performed in compliance with Section 2590.
- (8) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).
- (9) A person performing nuclear medicine technology if authorized by and performed in compliance with Article 6 (commencing with Section 107150) of Chapter 4 of Part 1 of Division 104 of the Health and Safety Code.
- (10) Any person if performing blood gas analysis in compliance with Section 1245.

(11) (A) A person certified or licensed as an "Emergency Medical Technician II" or paramedic pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code while providing prehospital medical care, a person licensed as a psychiatric technician under Chapter 10 (commencing with Section 4500) of Division 2, as a vocational nurse pursuant to Chapter 6.5 (commencing with Section 2840), or as a midwife licensed pursuant to Article 24 (commencing with Section 2505) of Chapter 5, or certified by the department pursuant to Division 5 (commencing with Section 70001) of Title 22 of the California Code of Regulations as a nurse assistant or a home health aide, who provides direct patient care, if the person is performing the test as an adjunct to the provision of direct patient care by the person, is utilizing a point-of-care laboratory testing device at a site for which a laboratory license or registration has been issued, meets the minimum clinical laboratory education, training, and experience requirements set forth in regulations adopted by the department, and has demonstrated to the satisfaction of the laboratory director that the person is competent in the operation of the point-of-care laboratory testing device for each analyte to be reported.

(B) Before being authorized by the laboratory director to perform laboratory tests or examinations, testing personnel identified in subparagraph (A) shall participate in a preceptor program until they are able to perform the clinical laboratory tests or examinations authorized in this section with results that are deemed accurate and skills that are deemed competent by the preceptor. For the purposes of this section, a "preceptor program" means an organized system that meets regulatory requirements in which a preceptor provides and documents personal observation and critical evaluation, including review of accuracy, reliability, and validity, of laboratory testing performed.

(12) Any other person within a physician office laboratory if the test is performed under the supervision of the patient's physician and surgeon or podiatrist who shall be accessible to the laboratory to provide onsite, telephone, or electronic consultation as needed, and shall: (A) ensure that the person is performing test methods as required for accurate and reliable tests; and (B) have personal knowledge of the results of the clinical laboratory testing or examination performed by that person before the test results are reported from the laboratory.

(13) A pharmacist, if ordering drug therapy-related laboratory tests in compliance with paragraph (2) of subdivision (a) of Section 4052.1 or paragraph (2) of subdivision (a) of Section 4052.2.

(c) Notwithstanding subdivision (b) of Section 1206, no person shall perform clinical laboratory tests or examinations classified as of high complexity under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

- (1) A licensed physician and surgeon holding a M.D. or D.O. degree.
- (2) A licensed podiatrist or a licensed dentist if the results of the tests can be lawfully utilized within their practice.
- (3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory if the test or examination is within a specialty or subspecialty authorized by the person's licensure.
- (4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code if the test or examination is within a specialty or subspecialty

authorized by the person's certification.

(5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.

(6) A perfusionist if authorized by and performed in compliance with Section 2590.

(7) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).

(8) A person performing nuclear medicine technology if authorized by and performed in compliance with Article 6 (commencing with Section 107150) of Chapter 4 of Part 1 of Division 104 of the Health and Safety Code.

(9) Any person if performing blood gas analysis in compliance with Section 1245.

(10) Any other person within a physician office laboratory if the test is performed under the onsite supervision of the patient's physician and surgeon or podiatrist who shall: (A) ensure that the person is performing test methods as required for accurate and reliable tests; and (B) have personal knowledge of the results of clinical laboratory testing or examination performed by that person before the test results are reported from the laboratory.

(d) Clinical laboratory examinations classified as provider-performed microscopy under CLIA may be personally performed using a brightfield or phase/contrast microscope by one of the following practitioners:

(1) A licensed physician and surgeon using the microscope during the patient's visit on a specimen obtained from their own patient or from a patient of a group medical practice of which the physician is a member or employee.

(2) A nurse practitioner practicing pursuant to Section 2837.103 or 2837.104 using the microscope during the patient's visit on a specimen obtained from their own patient or from a patient of a group nurse practitioner practice of which the nurse practitioner is a member or employee.

(3) A nurse midwife holding a certificate as specified by Section 2746.5, a licensed nurse practitioner as specified in Section 2835.5, or a licensed physician assistant acting under the supervision of a physician pursuant to Section 3502 using the microscope during the patient's visit on a specimen obtained from their own patient or from the patient of a clinic, group medical practice, or other health care provider of which the certified nurse midwife, licensed nurse practitioner, or licensed physician assistant is an employee.

(4) A licensed dentist using the microscope during the patient's visit on a specimen obtained from their own patient or from a patient of a group dental practice of which the dentist is a member or an employee.

SEC. 2. Section 2242.2 of the Business and Professions Code is amended to read:

2242.2. Notwithstanding any other law, a physician and surgeon, a nurse practitioner acting within the scope of Section 2837.103 or 2837.104, a registered nurse acting in accordance with Section 2725.2, a certified nurse-midwife acting within the scope of Section 2746.51, a nurse practitioner acting within the scope of Section 2836.1, a physician assistant acting within the scope of Section 3502.1, and a pharmacist acting within the scope of Section 4052.3 may use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after an appropriate prior examination, prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient. Blood pressure, weight, height, and patient health history may be self-reported using the self-screening tool that identifies patient risk factors.

SEC. 3. Section 2571 of the Business and Professions Code is amended to read:

2571. (a) An occupational therapist licensed pursuant to this chapter and approved by the board in the use of physical agent modalities may apply topical medications prescribed by the client's physician and surgeon, certified nurse-midwife pursuant to Section 2746.51, nurse practitioner pursuant to Section 2836.1, or nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or physician assistant pursuant to Section 3502.1, if the licensee complies with regulations adopted by the board pursuant to this section.

(b) The board shall adopt regulations implementing this section, after meeting and conferring with the Medical Board of California, the California State Board of Pharmacy, and the Physical Therapy Board of California, specifying those topical medications applicable to the practice of occupational therapy and protocols for their use.

(c) This section does not authorize an occupational therapist to prescribe medications.

SEC. 4. Section 2701 of the Business and Professions Code is amended to read:

2701. (a) There is in the Department of Consumer Affairs the Board of Registered Nursing consisting of nine members.

(b) For purposes of this chapter, "board" means the Board of Registered Nursing. Any reference in state law to the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration shall be construed to refer to the Board of Registered Nursing.

(c) The board shall have all authority vested in the previous board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2027, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2027, deletes or extends that date.

SEC. 5. Section 2706 of the Business and Professions Code is amended to read:

2706. Pursuant to Section 106, each appointing authority has the power to remove from office, at any time, any member of the board appointed by that authority under Section 2703 for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

SEC. 6. Section 2708 of the Business and Professions Code is amended to read:

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and be responsible to the board for the accomplishment of those duties.

(b) The executive officer shall be a nurse currently licensed under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) The executive officer is authorized to adopt a decision entered by default and a stipulation for surrender of a license.

(e) This section shall remain in effect only until January 1, 2027, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2027, deletes or extends that date.

SEC. 7. Section 2717 of the Business and Professions Code is amended to read:

2717. (a) The board shall incorporate regional forecasts into its biennial analyses of the nursing workforce conducted pursuant to Section 502.

(b) The board shall develop a plan to address regional areas of shortage identified by its nursing workforce forecast.

SEC. 8. Section 2746.51 of the Business and Professions Code is amended to read:

2746.51. (a) Neither this chapter nor any other law shall be construed to prohibit a certified nurse-midwife from furnishing or ordering drugs or devices, including controlled substances classified in Schedule II, III, IV, or V under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code), when all of the following apply:

(1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following:

(A) The care and services described in Section 2746.5.

(B) Care rendered, consistent with the certified nurse-midwife's educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(C) Care rendered in an out-of-hospital setting pursuant to subdivision (d) of Section 2746.5.

(2) The furnishing or ordering of drugs or devices by a certified nurse-midwife for services that do not fall within the scope of services specified in subdivision (a) of Section 2746.5, and Schedule IV or V controlled substances by a nurse-midwife for any condition, including, but not limited to, Schedule IV or V controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, are in accordance with the standardized procedures or protocols. For purposes

of this section, standardized procedure means a document, including protocols, developed in collaboration with, and approved by, a physician and surgeon and the certified nurse-midwife. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices.

(B) Which drugs or devices may be furnished or ordered and under what circumstances.

(C) The method of periodic review of the certified nurse-midwife's competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife for any condition, including, but not limited to, Schedule II or III controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(b) (1) The furnishing or ordering of drugs or devices by a certified nurse-midwife is conditional on the issuance by the board of a number to the applicant who has successfully completed the requirements of paragraph (2). 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 certified nurse-midwife. The board shall maintain a list of the certified nurse-midwives that it has certified pursuant to this paragraph and the number it has issued to each one. The board shall make the list available to the California State Board of Pharmacy upon its request. Every certified nurse-midwife who is authorized pursuant to this section to furnish or issue a drug order for a controlled substance shall register with the United States Drug Enforcement Administration and the Controlled Substance Utilization Review and Enforcement System (CURES) pursuant to Section 11165.1 of the Health and Safety Code.

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section, including the risks of addiction and neonatal abstinence syndrome associated with the use of opioids. The board shall establish the requirements for satisfactory completion of this paragraph.

(3) A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse-midwife to perform these functions.

(4) Certified nurse-midwives who are certified by the board and hold an active furnishing number, who are currently authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) under the following conditions:

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in subdivisions (a) and (b).

(2) When Schedule II controlled substances, as defined in Section 11055 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon.

(d) Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient. Use of the term "furnishing" in this section shall include the following:

(1) The ordering of a nonscheduled drug or device for services that fall within the scope of services specified in subdivision (a) of Section 2746.5.

(2) The ordering of a nonscheduled drug or device for services that fall outside the scope of services specified in subdivision (a) of Section 2746.5 in accordance with standardized procedures or protocols pursuant to paragraph (2) of subdivision (a).

(3) The ordering of a Schedule IV or V drug for any condition, including, but not limited to, for care that falls within the scope of services specified in subdivision (a) of Section 2746.5, in accordance with standardized procedures or protocols pursuant to paragraph (2) of subdivision (a).

(4) The ordering of a Schedule II or III drug in accordance with a patient-specific protocol approved by a physician and surgeon pursuant to paragraph (3) of subdivision (a).

(5) Transmitting an order of a physician and surgeon.

(e) "Drug order" or "order" for purposes of this section means an order for medication or for a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 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 certified nurse-midwives; and (3) the signature of a certified nurse-midwife 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.

(f) Notwithstanding any other law, a certified nurse-midwife may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5.

SEC. 9. Section 2746.53 of the Business and Professions Code is amended to read:

2746.53. The board may charge the applicant a fee to cover all necessary costs to implement Section 2746.51, 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).

SEC. 10. Section 2785.6 is added to the Business and Professions Code, to read:

2785.6. There is created within the jurisdiction of the board a Nursing Education and Workforce Advisory Committee, which shall solicit input from approved nursing programs and members of the nursing and health care professions to study and recommend nursing education standards and solutions to workforce issues to the board.

(a) The committee shall be comprised of the following:

(1) One nursing program director representative of a statewide association for associate's degrees in nursing programs.

(2) One nursing program director representative of a statewide association representing bachelor's degrees in nursing programs.

(3) One California Community Colleges Chancellor's Office representative.

(4) One California State University Office of the Chancellor representative.

(5) One currently practicing registered nurse representative.

(6) Two currently practicing advanced practice registered nurse representatives.

(7) Two registered nurse employer representatives in nursing service administration.

(8) One professional nursing organization representative.

(9) Three nursing union organization representatives.

(10) One public representative.

(11) One Health Workforce Development Division representative.

(12) One board research vendor.

(13) Any other members representing an organization in the nursing education or workforce field that the board determines is necessary for the work of the committee and is not listed under this subdivision.

(b) (1) Except as provided in paragraph (2), all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms except for the representatives from organizations.

(2) (A) The initial appointments for the education representatives shall be for the following terms:

(i) One Nursing Program Director who is a member of a statewide association for associate's degrees in nursing programs shall serve three years.

(ii) One nursing program director who is a member of a statewide association representing bachelor's degrees in nursing programs shall serve a term of two years.

(iii) One California Community Colleges Chancellor's Office representative shall serve a term of four years.

(B) The initial appointments for the workforce representatives shall be for the following terms:

(i) One practicing registered nurse representative shall serve a term of four years.

(ii) One of the two practicing advanced practice registered nurse representatives shall serve a term of three years and the other shall serve a term of two years.

(C) The initial appointments for the employer representatives shall be for the following terms:

(i) One of the two registered nurse employer representatives shall serve a term of three years and the other shall serve a term of four years.

(ii) One professional nursing organization representative shall serve a term of two years.

(D) The public member shall serve a term of four years.

(c) The committee shall meet a minimum of two times per year and shall appoint officers annually.

(d) (1) The committee shall dedicate a minimum of one meeting each towards nursing education issues and nursing workforce issues.

(2) The committee may establish subcommittees to study issues specific to education, workforce, or any other topic relevant to the purpose of the committee.

(e) The committee may refer information and recommendations to the board or other committees of the board.

(f) (1) The board may implement, interpret, or make specific this section by means of a charter, or other similar document, approved by the board.

(2) The board may revise the charter, or other similar document, developed pursuant to this section, as necessary. The development or revision of the charter, or other similar document, shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code).

(g) The committee shall study and recommend standards for simulated clinical experiences based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards.

SEC. 11. Section 2786 of the Business and Professions Code is amended to read:

2786. (a) (1) An approved school of nursing, or an approved nursing program, is one that has been approved by the board, gives the course of instruction approved by the board, covering not fewer than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education. For purposes of this section, "institution of higher education" includes, but is not limited to, community colleges offering an associate of arts or associate of science degree and private postsecondary institutions offering an associate of arts, associate of science, or baccalaureate degree or an entry-level master's degree, and is an institution that is not subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code).

(2) An approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the board.

(A) Additional clinical hours required by the program for nursing education preparation in each nursing area as specified by the board shall be identified and documented in the curriculum plan for each area.

(B) An approved school of nursing or nursing program shall not be required to track the minimum clinical hours by individual students.

(3) An approved school of nursing or nursing program may cover fewer than two academic years if approved to providing a course of instruction that prepares a licensed vocational nurse licensed under the Vocational Nursing Practice Act

(commencing with Section 2840) for a license under this chapter.

(b) A school of nursing that is affiliated with an institution that is subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code), may be approved by the board to grant an associate of arts or associate of science degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.

(c) (1) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board's regulations shall be designed to require all schools to provide clinical instruction in all phases of the educational process, except as necessary to accommodate military education and experience as specified in Section 2786.1.

(2) Notwithstanding paragraph (1), whenever an agency or facility used by an approved nursing program for direct patient care clinical practice is no longer available or sufficient, the director of the approved nursing program may submit to a board nursing education consultant a request that the approved nursing program allow theory to precede clinical practice if all of the following conditions are met:

(A) No alternative agency or facility located within 25 miles of the impacted approved nursing program, campus, or location, as applicable, has a sufficient number of open placements that are available and accessible to the approved nursing program for direct patient care clinical practice hours in the same subject matter area. An approved program shall not be required to submit more than required under subparagraph (A) of paragraph (3) of subdivision (a) of Section 2786.3.

(B) Clinical practice takes place in the academic term immediately following theory.

(C) Theory is taught concurrently with clinical practice not in direct patient care if no direct patient care experiences are available.

(3) (A) The board shall annually collect, analyze, and report information related to the number of clinical placement slots that are available and the location of those clinical placement slots within the state, including, but not limited to, information concerning the total number of placement slots a clinical facility can accommodate and how many slots the programs that use the facility will need.

(B) The board shall utilize data from available regional or individual institution databases.

(C) The board shall place the annual report on its internet website.

(d) The board shall perform or cause to be performed an analysis of the practice of the registered nurse no less than every five years. Results of the analysis shall be utilized to assist in the determination of the required subjects of instruction, validation of the licensing examination, and assessment of the current practice of nursing.

(e) (1) The executive officer shall develop a uniform method for evaluating requests and granting approvals pursuant to this section.

(2) The executive officer may revise the uniform method developed pursuant to this subdivision, as necessary. The development or revision of the uniform method shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code).

(3) The board's nursing education consultants shall use the uniform method to evaluate requests and grant approvals pursuant to this section.

(4) The board shall post the approved method and any revisions on the board's website.

(f) (1) Graduation requirements for an approved school of nursing, or an approved nursing program, shall include one hour of direct participation in an implicit bias training which shall include all of the following:

(A) Identification of previous or current unconscious biases and misinformation.

(B) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion.

(C) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.

(D) Information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities.

(E) Information about cultural identity across racial or ethnic groups.

(F) Information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities.

(G) Discussion on power dynamics and organizational decisionmaking.

(H) Discussion on health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes.

(I) Perspectives of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community.

(J) Information on reproductive justice.

(2) This subdivision shall not be construed to do any of the following:

(A) Affect the requirements for licensure under this chapter.

(B) Require a curriculum revision.

(C) Affect licensure by endorsement under this chapter.

SEC. 12. Section 2786.2 of the Business and Professions Code is amended to read:

2786.2. (a) A private postsecondary school of nursing approved by the board pursuant to subdivision (b) of Section 2786 shall comply with Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code. The board shall have a memorandum of understanding with the Bureau for Private Postsecondary Education to delineate the powers of the board to review and approve schools of nursing and the powers of the bureau to protect the interest of students attending institutions governed by the California Private Postsecondary Education Act of 2009, Chapter 8 (commencing with Section 94800) of Division 10 of Title 3 of the Education Code.

(b) (1) For approved schools of nursing that are actively accredited by an institutional or programmatic accreditor recognized by the United States Department of Education, the board shall, without requiring additional documentation or action, do the following, unless unrelated to the scope of accreditation:

(A) Perform site inspections jointly with accreditors.

(B) Accept continuing accreditation decisions from accreditors.

(C) Accept faculty hiring decisions made by the approved program director.

(D) Accept the self-study required by programmatic accreditors as a substitute for board self-study or data collection if the following are met:

(i) The program provides a crosswalk connecting the items in the report to the board's regulatory requirements.

(ii) If the report does not address any of the board's regulatory requirements, the program provides an addendum to the report to address those requirements.

(E) Accept substantive change requests, as defined under the uniform method developed under subdivision (e) of Section 2786, if approved by the accreditor unless the request is a request to increase enrollment or perform a major curriculum revision.

(F) When considering a request to increase enrollment, the board may consider only the following factors related to the ability to adequately train additional students:

(i) Adequacy of resources, including, but not limited to, faculty, facilities, equipment, and supplies.

(ii) Availability of clinical placements.

(iii) Complaints that have been verified by the board from students, faculty, or other interested parties.

(iv) Licensing examination pass rates, graduation rates, and retention rates.

(v) Any other similar factors specified by the board in regulations. The board shall not consider nursing workforce issues, including those identified under Section 2717, as factors for purposes of this subparagraph.

(2) Upon complaint or other evidence that an approved school of nursing does not meet the board's standards, the board may withhold approval under this subdivision or perform additional site inspections pursuant to Section 2788.

(3) The board may make or withhold approvals under this subdivision prior to the adoption of implementing regulations.

SEC. 13. Section 2786.3 of the Business and Professions Code is amended to read:

2786.3. (a) Until the end of the 2023–24 academic year, or whenever the Governor declares a state of emergency for a county in which an agency or facility used by an approved nursing program for direct patient care clinical practice is no longer available, the director of the approved nursing program may submit to a board nursing education consultant requests to do any of the following:

(1) Utilize a clinical setting until the end of the academic term without the following:

(A) Approval by the board.

(B) Written agreements with the clinical facility.

(C) Submitting evidence of compliance with board regulations relating to the utilization of clinical settings, except as necessary for a board nursing education consultant to ensure course objectives and faculty responsibilities will be met.

(2) Utilize preceptorships until the end of the academic term without having to maintain written policies relating to the following:

(A) Identification of criteria used for preceptor selection.

(B) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities.

(C) Identification of preceptor qualifications for both the primary and the relief preceptor.

(D) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship.

(E) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships.

(F) Plan for an ongoing evaluation regarding the continued use of preceptors.

(3) Subject to subparagraph (F), request that the approved nursing program be allowed to reduce the required number of direct patient care hours to 50 percent in geriatrics and medical-surgical and 25 percent in mental health-psychiatric nursing, obstetrics, and pediatrics if all of the following conditions are met:

(A) No alternative agency or facility has a sufficient number of open placements that are available and accessible within 25 miles of the approved nursing program for direct patient care clinical practice hours in the same subject matter area. An approved nursing program shall submit, and not be required to provide more than, the following:

(i) The list of alternative agencies or facilities listed within 25 miles of the impacted approved nursing program, campus, or location, as applicable, using the facility finder on the Department of Health Care Access and Information website.

(ii) The list of courses impacted by the loss of clinical placements and the academic term the courses are offered.

(iii) Whether each of the listed alternative agencies or facilities would meet the course objectives for the courses requiring placements.

(iv) Whether the approved nursing program has contacted each of the listed alternative agencies or facilities about the availability of clinical placements. The approved nursing program shall not be required to contact a clinical facility that would not meet course objectives.

(v) The date of contact or attempted contact.

(vi) The number of open placements at each of the listed alternative agencies or facilities that are available for the academic term for each course. If an alternative agency or facility does not respond within 48 hours, the approved nursing program may list the alternative agency or facility as unavailable. If the alternative agency or facility subsequently responds prior to the submission of the request to a board nursing education consultant, the approved nursing program shall update the list to reflect the response.

(vii) Whether the open and available placements are accessible to the students and faculty. An open and available placement is accessible if there are no barriers that otherwise prohibit a student from entering the facility, including, but not limited to, the lack of personal protective equipment or cost-prohibitive infectious disease testing. An individual's personal unwillingness to enter an alternative agency or facility does not make a placement inaccessible.

(viii) The total number of open and available placements that are accessible to the students and faculty compared to the total number of placements needed.

(B) The substitute clinical practice hours not in direct patient care provide a learning experience, as defined by the board consistent with Section 2708.1, that is at least equivalent to the learning experience provided by the direct patient care clinical practice hours.

(C) The temporary reduction provided in paragraph (3) shall cease as soon as practicable or by the end of the academic term, whichever is sooner.

(D) The substitute clinical practice hours not in direct patient care that are simulation experiences are based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the board.

(E) A maximum of 25 percent of the direct patient care hours specified in paragraph (3) in geriatrics and medical-surgical may be completed via telehealth.

(F) Notwithstanding subdivision (a), no new requests under this paragraph shall be approved after the 2023–2024 academic year and any requests approved under this paragraph shall expire at the end of the 2023–24 academic year.

(b) If the conditions in paragraph (1), (2), or (3) of subdivision (a), as applicable to the request, are met, a board nursing education consultant shall approve the request. If an approved nursing program fails to submit information satisfactory to the board nursing education consultant, or fails to meet the conditions specified, the board nursing education consultant shall deny the request. If the request is not approved or denied on or before 5:00 p.m. on the date seven business days after receipt of the request, the request shall be deemed approved.

(c) (1) Within 30 days of the effective date of this section, the board's executive officer shall develop a uniform method for evaluating requests and granting approvals pursuant to this section.

(2) The executive officer may revise the uniform method developed pursuant to this subdivision from time to time, as necessary. The development or revision of the uniform method shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code).

(3) The board's nursing education consultants shall use the uniform method to evaluate requests and grant approvals pursuant to this section.

(4) The board shall post the uniform method and any revisions on the board's website.

SEC. 14. Section 2786.4 is added to the Business and Professions Code, to read:

2786.4. (a) An institution of higher education or a private postsecondary school of nursing subject to Section 2786, or an entity affiliated with the institution or school of nursing, shall not make a payment to any clinical agency or facility in exchange for clinical experience placements for students enrolled in a nursing program offered by or affiliated with the institution or private postsecondary school of nursing.

(b) A payment shall be deemed a violation of subdivision (a) if made within two years of a clinical experience placement at a facility.

(c) The payment of reasonable administrative fees for purposes of credentialing, databank registration, purchasing supplies, or similar costs or reimbursements does not constitute a violation of subdivision (a).

SEC. 15. Section 2786.5 of the Business and Professions Code is amended to read:

2786.5. (a) Subject to the provisions of Section 128.5, an institution of higher education or a private postsecondary school of nursing approved by the board pursuant to subdivision (b) of Section 2786 shall remit to the board for deposit in the Board of Registered Nursing Fund the following fees, in accordance with the following schedule:

(1) The fee for approval of a school of nursing shall be fixed by the board at not more than eighty thousand dollars (\$80,000).

(2) The processing fee for authorization of a substantive change to an approval of a school of nursing shall be fixed by the board at not more than five thousand dollars (\$5,000). The board shall not require a fee for substantive changes approved under subparagraph (E) of paragraph (1) of subdivision (b) of Section 2786.2 or curriculum revisions, as defined under the uniform method developed under subdivision (e) of Section 2786.

(b) If the board determines that the cost of providing oversight and review of a school of nursing, as required by this article, is less than the amount of any fees required to be paid by that institution pursuant to this article, the board may decrease the fees applicable to that institution to an amount that is proportional to the board's costs associated with that institution.

SEC. 16. Section 2815 of the Business and Professions Code is amended to read:

2815. Subject to the provisions of Section 128.5, the amount of the fees prescribed by this chapter in connection with the issuance of licenses for registered nurses under its provisions is that fixed by the following schedule:

(a) (1) The fee to be paid upon the filing by a graduate of an approved school of nursing in this state of an application for a licensure by examination shall be fixed by the board at not more than one thousand dollars (\$1,000).

(2) The fee to be paid upon the filing by a graduate of a school of nursing in another state, district, or territory of the United States of an application for a licensure by examination shall be fixed by the board at not more than one thousand dollars (\$1,000).

(3) The fee to be paid upon the filing by a graduate of a school of nursing in another country of an application for a licensure by examination shall be fixed by the board at not more than one thousand five hundred dollars (\$1,500).

(4) The fee to be paid upon the filing of an application for licensure by a repeat examination shall be fixed by the board at not more than one thousand dollars (\$1,000).

(b) The fee to be paid for taking each examination shall be the actual cost to purchase an examination from a vendor approved by the board.

(c) (1) The fee to be paid for application by a person who is licensed or registered as a nurse in another state, district, or territory of the United States for licensure by endorsement shall be fixed by the board at not more than one thousand dollars (\$1,000).

(2) The fee to be paid for application by a person who is licensed or registered as a nurse in another country for licensure by endorsement shall be fixed by the board at not more than one thousand five hundred dollars (\$1,500).

(d) (1) The biennial fee to be paid upon the filing of an application for renewal of the license shall be not more than seven hundred fifty dollars (\$750). In addition, an assessment of ten dollars (\$10) shall be collected and credited to the Registered Nurse Education Fund, pursuant to Section 2815.1.

(2) The fee to be paid upon the filing of an application for reinstatement pursuant to subdivision (b) of Section 2811 shall be not more than one thousand dollars (\$1,000).

(e) The penalty fee for failure to renew a license within the prescribed time shall be fixed by the board at not more than 50 percent of the regular renewal fee, but not more than three hundred seventy-five dollars (\$375).

(f) The fee to be paid for approval of a continuing education provider shall be fixed by the board at not more than one thousand dollars (\$1,000).

(g) The biennial fee to be paid upon the filing of an application for renewal of provider approval shall be fixed by the board at not more than one thousand dollars (\$1,000).

(h) The penalty fee for failure to renew provider approval within the prescribed time shall be fixed at not more than 50 percent of the regular renewal fee, but not more than five hundred dollars (\$500).

(i) The penalty for submitting insufficient funds or fictitious check, draft or order on any bank or depository for payment of any fee to the board shall be fixed at not more than thirty dollars (\$30).

(j) The fee to be paid for an interim permit shall be fixed by the board at not more than two hundred fifty dollars (\$250).

(k) The fee to be paid for a temporary license shall be fixed by the board at not more than two hundred fifty dollars (\$250).

(l) The fee to be paid for processing endorsement papers to other states shall be fixed by the board at not more than two hundred dollars (\$200).

(m) The fee to be paid for a certified copy of a school transcript shall be fixed by the board at not more than one hundred dollars (\$100).

(n) (1) The fee to be paid for a duplicate pocket license shall be fixed by the board at not more than seventy-five dollars (\$75).

(2) The fee to be paid for a duplicate wall certificate shall be fixed by the board at not more than one hundred dollars (\$100).

(o) (1) The fee to be paid by a registered nurse for an evaluation of their qualifications to use the title "nurse practitioner" shall be fixed by the board at not more than one thousand five hundred dollars (\$1,500).

(2) The fee to be paid by a registered nurse for a temporary certificate to practice as a nurse practitioner shall be fixed by the board at not more than five hundred dollars (\$500).

(3) The fee to be paid upon the filing of an application for renewal of a certificate to practice as a nurse practitioner shall be not more than one thousand dollars (\$1,000).

(4) The penalty fee for failure to renew a certificate to practice as a nurse practitioner within the prescribed time shall be not more than five hundred dollars (\$500).

(p) The fee to be paid by a registered nurse for listing as a "psychiatric mental health nurse" shall be fixed by the board at not more than seven hundred fifty dollars (\$750).

(q) The fee to be paid for duplicate National Council Licensure Examination for registered nurses (NCLEX-RN) examination results shall be not more than one hundred dollars (\$100).

(r) The fee to be paid for a letter certifying a license shall be not more than thirty dollars (\$30).

(s) The fee to be paid for a certificate issued pursuant to Section 2837.103 shall be an amount sufficient to cover the reasonable regulatory cost of issuing the certificate.

(t) The fee to be paid for a certificate issued pursuant to Section 2837.104 shall be an amount sufficient to cover the reasonable regulatory cost of issuing the certificate.

No further fee shall be required for a license or a renewal thereof other than as prescribed by this chapter.

SEC. 17. Section 2815.5 of the Business and Professions Code is amended to read:

2815.5. The amount of the fees prescribed by this chapter in connection with the issuance of certificates as nurse-midwives is that fixed by the following schedule:

(a) The fee to be paid upon the filing of an application for a certificate shall be fixed by the board at not more than one thousand five hundred dollars (\$1,500).

(b) The biennial fee to be paid upon the application for a renewal of a certificate shall be fixed by the board at not more than one thousand dollars (\$1,000).

(c) The penalty fee for failure to renew a certificate within the prescribed time shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not more than five hundred dollars (\$500).

(d) The fee to be paid upon the filing of an application for the nurse-midwife equivalency examination shall be fixed by the board at not more than two hundred dollars (\$200).

(e) The fee to be paid for a temporary certificate shall be fixed by the board at not more than five hundred dollars (\$500).

SEC. 18. Section 2836.3 of the Business and Professions Code is amended to read:

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.

SEC. 19. Section 2837.103.5 is added to the Business and Professions Code, to read:

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.

SEC. 20. Section 2837.104 of the Business and Professions Code is amended to read:

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 (f) 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 (f) 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 shall verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase "enfermera especializada."

(e) A nurse practitioner 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.

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

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

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

(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.

SEC. 21. Section 3703 of the Business and Professions Code is amended to read:

3703. (a) The settings in which respiratory care may be practiced include licensed health care facilities, hospitals, clinics, ambulatory or home health care, physicians' offices, nurse practitioners' offices, and public or community health services. Respiratory care may also be provided during the transportation of a patient, and under any circumstances where an emergency necessitates respiratory care.

(b) The practice of respiratory care shall be performed under the supervision of a medical director in accordance with a prescription of a physician and surgeon or pursuant to respiratory care protocols as specified in Section 3702.

SEC. 22. Section 4024 of the Business and Professions Code is amended to read:

4024. (a) Except as provided in subdivision (b), "dispense" means the furnishing of drugs or devices upon a prescription from a physician, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or upon an order to furnish drugs or transmit a prescription from a certified nurse-midwife, nurse practitioner practicing pursuant to Section 2836.1, physician assistant, naturopathic doctor pursuant to Section 3640.5, or pharmacist acting within the scope of their practice.

(b) "Dispense" also means and refers to the furnishing of drugs or devices directly to a patient by a physician, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, dentist, optometrist, podiatrist, or veterinarian, or by a certified nurse-midwife, nurse practitioner practicing pursuant to Section 2836.1, naturopathic doctor, or physician assistant acting within the scope of their practice.

SEC. 23. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

SEC. 24. Section 4060 of the Business and Professions Code is amended to read:

4060. A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner practicing pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6. This section does not apply to the possession of any controlled substance by a manufacturer, wholesaler, third-party logistics provider, pharmacy, pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse practitioner, or physician assistant, if in stock in containers correctly labeled with the name and address of the supplier or producer.

This section does not authorize a certified nurse-midwife, a nurse practitioner practicing pursuant to Section 2836.1, a physician assistant, or a naturopathic doctor, to order their own stock of dangerous drugs and devices.

SEC. 25. Section 4061 of the Business and Professions Code is amended to read:

4061. (a) No manufacturer's sales representative shall distribute any dangerous drug or dangerous device as a complimentary sample without the written request of a physician, dentist, podiatrist, optometrist, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7. However, a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, a physician assistant who functions pursuant to a protocol described in Section 3502.1, or a naturopathic doctor who functions pursuant to a standardized procedure or protocol

described in Section 3640.5, may sign for the request and receipt of complimentary samples of a dangerous drug or dangerous device that has been identified in the standardized procedure, protocol, or practice agreement. Standardized procedures, protocols, and practice agreements shall include specific approval by a physician. A review process, consistent with the requirements of Section 2725, 3502.1, or 3640.5, of the complimentary samples requested and received by a nurse practitioner practicing pursuant to Section 2836.1, certified nurse-midwife, physician assistant, or naturopathic doctor, shall be defined within the standardized procedure, protocol, or practice agreement.

(b) Each written request shall contain the names and addresses of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor, if applicable, receiving the samples pursuant to this section, the date of receipt, and the name and quantity of the dangerous drugs or dangerous devices provided. These records shall be preserved by the supplier with the records required by Section 4059.

(c) Nothing in this section is intended to expand the scope of practice of a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor.

SEC. 26. Section 4170 of the Business and Professions Code is amended to read:

4170. (a) A prescriber shall not dispense drugs or dangerous devices to patients in the prescriber's office or place of practice unless all of the following conditions are met:

(1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant.

(2) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient.

(3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.

(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

(5) The prescriber does not use a dispensing device unless the prescriber personally owns the device and the contents of the device, and personally dispenses the dangerous drugs or dangerous devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).

(6) The prescriber, before dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy.

(7) The prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient's choice.

(8) A certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, a physician assistant who functions pursuant to Section 3502.1, or a naturopathic doctor who functions pursuant to Section 3640.5, may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, a manufacturer as defined in this chapter, or a pharmacist.

(b) The Medical Board of California, the California State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Podiatric Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, the Veterinary Medical Board, and the Physician Assistant Board shall have authority with the California State Board of Pharmacy to ensure compliance with this section, and those boards are specifically charged with the enforcement of this chapter with respect to their respective licensees.

(c) "Prescriber," as used in this section, means a person, who holds a physician's and surgeon's certificate, a license to practice optometry, a license to practice naturopathic medicine, a license to practice dentistry, a license to practice veterinary medicine, a certificate to practice podiatry, or a certificate to practice as a nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, and who is duly registered by the Medical Board of California, the Osteopathic Medical Board of California, the California State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Veterinary Medical Board, the Podiatric Medical Board of California, or the Board of Registered Nursing.

SEC. 27. Section 4174 of the Business and Professions Code is amended to read:

4174. Notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner practicing pursuant to Section 2836.1, 2837.103, or 2837.104, or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6.

SEC. 28. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.