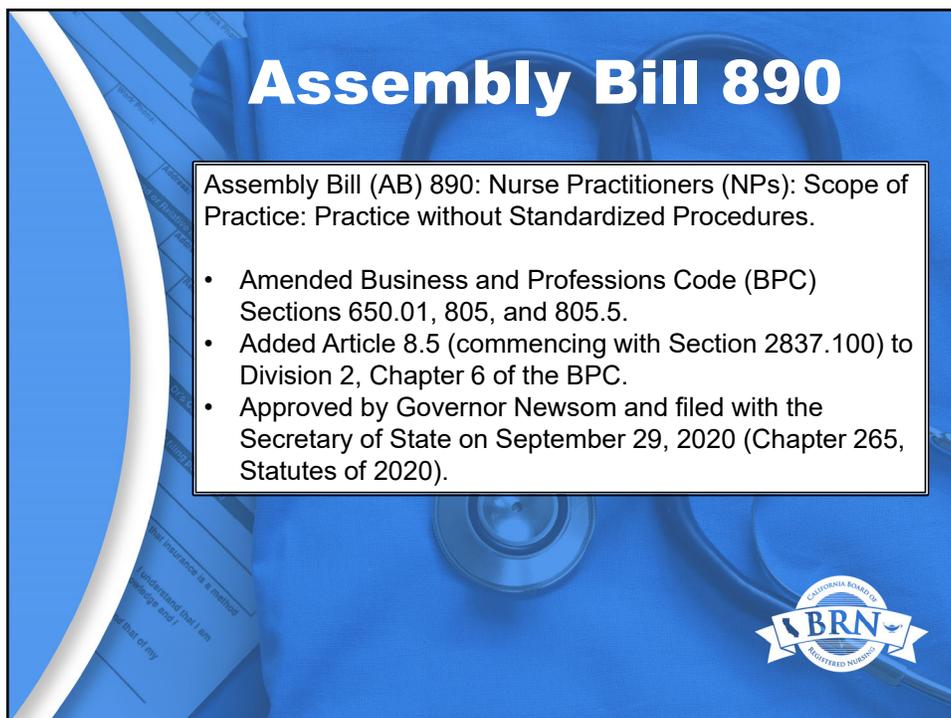




**Board of Registered Nursing
AB 890 Implementation Plan**

Loretta Melby, Executive Officer

Medical Board of California Board Meeting
February 5, 2021



Assembly Bill 890

Assembly Bill (AB) 890: Nurse Practitioners (NPs): Scope of Practice: Practice without Standardized Procedures.

- Amended Business and Professions Code (BPC) Sections 650.01, 805, and 805.5.
- Added Article 8.5 (commencing with Section 2837.100) to Division 2, Chapter 6 of the BPC.
- Approved by Governor Newsom and filed with the Secretary of State on September 29, 2020 (Chapter 265, Statutes of 2020).



AB 890

- Establishes the Nurse Practitioner Advisory Committee (NPAC).
- Requires the NPAC to provide recommendations and/or guidance to the Board when the Board is considering disciplinary action against a NP.
- Requires the Board, by regulation, to define minimum standards for NPs to transition to practice independently.
- Authorizes NPs who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.



AB 890 (cont'd)

- Beginning January 1, 2023, authorizes NPs to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the NP holds an active certification issued by the Board.
- Requires the Board to issue that certification to NPs who meets additional specified education and experience requirements, and authorizes the Board to charge a fee for the cost of issuing the certificate.
- Requires the Board to request the Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of NPs performing certain functions.
- Requires the occupational analysis to be completed by January 1, 2023.



AB 890 (cont'd)

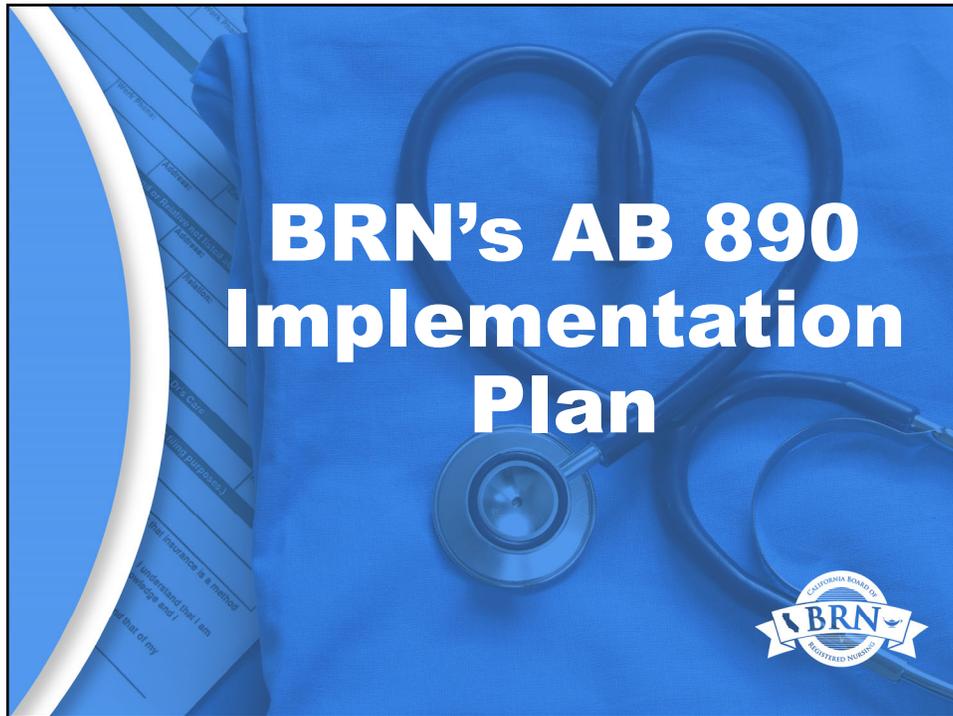
- Requires the Board to take specified measures to identify and assess competencies and to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided.
- Includes NP in the list of healing arts practitioners where it is unlawful to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician and surgeon or their immediate family has a financial interest with the person or in the entity that receives the referral.
- Includes, as a licentiate, a NPs practicing pursuant to the provisions and make conforming changes.



AB 890 (cont'd)

- Exempts a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a NP's license by the Board or a licensing agency of another state.
- Requires the action or proceeding to be brought by the Board if the person who failed to file an 805 report is a licensed NP.





AB 890 Implementation Plan Outreach Efforts

- The BRN conducted outreach to stakeholders on the recruitment efforts for the NPAC.
- Applications were posted on the BRN website with a due date of December 4, 2020.
- Emails were sent to licensees of BRN, the Medical Board of California, Osteopathic Medical Board of California, and other health-related organizations.

The image shows a slide titled "AB 890 Implementation Plan Outreach Efforts". The slide has a white background with a blue curved graphic element on the left side. The title is in bold blue text. Below the title, there is a bulleted list of three items. In the bottom right corner, there is a circular logo for the California Board of Registered Nurses (BRN). The logo contains the text "CALIFORNIA BOARD OF", "BRN", and "REGISTERED NURSES".

AB 890 Implementation Plan Advisory Committee

- BRN received over 300 applications.
- NPAC nominations will be presented for Board vote.
- BRN and DCA staff will orientate committee members and facilitate the process for committee meetings.



AB 890 Implementation Plan Regulations

- Development of regulation language and presentation to the Board for approval.
- Promulgation of regulation through the Office of Administrative Law (OAL).



AB 890 Implementation Plan Information Technology (IT)

- Partner with DCA to enhance BreEZe, as needed, to meet the needs of the new law.
- Develop, implement, and train BRN staff on new IT changes and processes.



Resources

- BRN Website: <https://www.rn.ca.gov/>
- AB 890: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB890
- Article 8: Nurse Practitioners (BPC Sections 2834 - 2837) https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=8.
- Article 8.5: Advanced Practice Registered Nurses (BPC Sections 2837.100 - 2837.105) https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=8.5.



Contact Information



Loretta.Melby@dca.ca.gov



(916) 330-0454



Questions?



MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 890
 AUTHOR: Wood
 CHAPTER: Chaptered, #265
 BILL DATE: August 28, 2020, Amended
 SUBJECT: Nurse practitioners: scope of practice: practice without standardized procedures
 SPONSOR: Author

DESCRIPTION OF CURRENT LEGISLATION:

Creates two pathways for nurse practitioners (NP) licensed by the Board of Registered Nursing (BRN) to practice without the supervision of a physician and surgeon, as specified. Establishes the Nurse Practitioner Advisory Committee (Committee) to advise BRN on all matters related to NPs, including on disciplinary matters.

BACKGROUND:

Existing law provides for the regulation and licensure of the practice of nursing by BRN under the Nursing Practice Act (Act). Existing law defines the nursing scope of practice, in general, as functions, including basic healthcare, that help people cope with or treat difficulties in daily living that are associated with their actual or potential health problems or illness, and that require a substantial amount of scientific knowledge or technical skill.

Existing law defines “standardized procedures” as either of the following: policies and protocols developed by a licensed health facility through collaboration among administrators and health professionals including physicians and nurses; and policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system that is not a licensed health facility.

Existing law provides for the additional certification of registered nurses as NPs and specifies requirements and conditions of the certification.

ANALYSIS:

This bill would create a two-tier framework in statute to authorize NPs to practice without the supervision of a physician and surgeon if they meet certain educational, training, or examination requirements.

The first tier authorizes an NP to practice independently (referred to in this analysis as an “independent NP”) in specified settings if they meet certain requirements. The

second tier would require BRN to license an NP (referred to in this analysis as an APNP) to practice outside those settings, if they meet additional requirements.

Independent NPs and APNPs shall maintain professional liability insurance appropriate for their practice setting. The bill prevents facilities from interfering with, controlling, or directing the professional judgment of these professionals and extends certain statutes to them that ban the corporate practice of medicine.

In addition, they shall refer a patient to a physician or other licensed health care provider if a situation or condition of a patient is beyond the scope of their education and training. APNPs may not practice beyond their scope of clinical and professional education and training, within the limits of their knowledge, experience, and national certification.

The bill extends the peer review requirements in Business and Professions Code sections 805 and 805.5 to NPs, as specified.

Requirements to be an Independent NP

To transition to practice as an independent NP, NPs would have to meet certain clinical experience and mentorship requirements, as established by BRN regulations, including the following:

- Pass a national NP board certification exam and hold an NP certification from a national body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by BRN
- Provide documentation that their education and training was consistent with BRN's established clinical practice requirements.
- Complete three years of full-time practice or 4600 hours that includes managing a panel of patients, working in a complex health care setting, interpersonal communication, team-based care, professionalism, and business management of a practice.

Authorized Services and Functions for Independent NPs

In addition to other practices authorized by law, an independent NP may do the following without standardized procedures (in the settings discussed below) in accordance with their education and training:

- Conduct an advanced assessment
- Order, perform, and interpret diagnostic procedures, as specified
- Establish primary and differential diagnoses
- Prescribe, order, administer, dispense, and furnish therapeutic measures, as specified
- Certify disability, following a physical examination
- Delegate tasks to a medical assistant

Practice Settings for Independent NPs

Independent NPs who meets the above requirements may practice without standardized procedures in the following settings or organizations in which one or more physicians or surgeons are practicing:

- Outpatient clinics
- Various locations including hospital, skilled nursing, county medical, hospice, and congregant care facilities (except for correctional treatment centers or state hospitals), as specified
- Medical group practices and home health agencies

Licensure of APNPs

Beginning January 1, 2023, BRN would be required to issue a certification to an NP to practice as an APNP outside of the settings and organizations discussed previously in this analysis, if the NP meets the following additional requirements:

- Holds a valid and active registered nurse license by BRN and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing (DNP).
- Has practiced as an NP in good standing for at least three years, as specified. BRN may lower this requirement for an NP holding a DNP.

APNPs shall consult with a physician under the following circumstances:

- Emergent conditions requiring prompt medical intervention
- Acute decompensation of patient situation
- Problems not resolving as anticipated
- History, physical, or lab findings inconsistent with the clinical perspective
- Upon request of patient

APNPs shall establish a plan for referral of complex medical cases and emergencies to a physician or other provider that address the following:

- Situations beyond the competence, scope of practice, or experience of the NP
- Patient conditions failing to respond to the management plan as anticipated
- Patients with acute decomposition or rare conditions
- Patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder
- All emergency situations after initial stabilizing care has been started

BRN shall conduct an occupational analysis by January 1, 2023 and consider whether a supplemental examination is necessary assess the competencies of independent NPs and APNPs, as specified.

FISCAL: None

ATTACHMENT: [AB 890, as amended, Wood. Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures.](#)
Version: 09/29/20 – Chaptered