



## Agenda Item 6.0

**Discussion and Possible Action on bills relevant to the Board from the 2023-2024 legislative session**

BRN Board Meeting | April 20, 2023

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM:** 6.0  
**DATE:** April 20, 2023

**ACTION REQUESTED:** Legislative Update

**REQUESTED BY:** Dolores Trujillo, RN, Chairperson

**BACKGROUND:** Presentation of recently introduced or amended bills in 2023-2024 Legislative Session. Opportunity for Board members to discuss and take a position through vote, if desired.

**NEXT STEPS:** Continue tracking and analysis of BRN related bills during 2023-2024 Legislative Session.

**FINANCIAL IMPLICATIONS, IF ANY:** Typically, only for direct impact bills, if any, as reflected by the proposed legislation and contained in the bill analysis.

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## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 19](#)  
**AUTHOR:** Assemblymember Patterson  
**BILL DATE:** February 27, 2023 – Amended  
**SUBJECT:** Pupil health: opioid antagonists  
**SPONSOR:** Author

### **SUMMARY**

This bill would require each individual public school operated by a school district, county office of education, or charter school to maintain at least two doses of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations.

### **BACKGROUND**

According to the California Department of Public Health, Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications. Naloxone can be given through nasal spray (Narcan) in the nose, or through an injectable or auto-injector into the outer thigh or another major muscle. Naloxone is safe and easy to use, works almost immediately, and is not addictive. Naloxone has very few negative effects and has minimal side effects.

Under current law, school districts, county offices of education, and charter schools are authorized to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered. School nurses or trained personnel are then authorized to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

However, it is up to each public and private elementary and secondary school in the state to determine whether to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school.

### **REASON FOR THE BILL**

According to the author's office, while some K-12 schools have opted to offer this inexpensive life-saving medication, most still do not provide Naloxone on campus. AB 19 would require K-12 schools to have naloxone as a life-saving measure on campus for students experiencing an opioid overdose. AB 19 is a victory in the fight against the fentanyl epidemic on K-12 campuses.

### **ANALYSIS**

This bill would require each individual public school operated by a school district, county office of education, or charter school to maintain at least two doses of naloxone hydrochloride or another opioid antagonist on its campus for use.

### **FISCAL IMPACT**

None.

**SUPPORT**

None on File.

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 689](#)  
**AUTHOR:** Assemblymember Carrillo  
**BILL DATE:** March 23, 2023 – Amended  
**SUBJECT:** Community colleges: enrollment and registration:  
Incumbent health care workers  
**SPONSOR:** California Hospital Association & Service Employees International  
Union

### **SUMMARY**

This bill would, among other provisions, require community colleges to reserve at least 15 percent of the slots in impacted courses for incumbent health care employees and provide those employees with priority registration.

### **BACKGROUND**

The California Community Colleges (CCC) are the largest system of higher education in the country, serving roughly one out of every four of the nation's community college students, or approximately 1.8 million students. The CCCs provide basic skills, vocational, and undergraduate transfer education with 73 districts, 116 campuses, and 78 educational centers. In 2021-22, the CCCs awarded over 110,000 certificates and 198,000 degrees and transferred over 107,000 students to four-year institutions

Under the state's *Master Plan for Higher Education* and state law, community colleges operate as open access institutions, in that all persons 18 years or older may attend a community college. However, while CCC does not deny admission to students, there is no guarantee of access to a particular class. Many factors affect the number of students who attend community colleges, including changes in the state's population, particularly among young adults; local economic conditions, particularly the local job market; the availability of certain classes; and the perceived value of the education to potential students.

### **REASON FOR THE BILL**

According to the author's office, California is facing an unprecedented health care workforce crisis. Since the pandemic, these challenges have dramatically worsened and deepened. California is currently facing a deficit of 40,000 registered nurses, a gap that disproportionately affects disadvantaged communities. In many cases, existing employees can advance their careers and train into in-demand, high-wage positions. These incumbent worker training programs represent a win-win scenario: workers earn significantly higher wages, and employers can fill in-demand positions that help deliver care to those in need.

The author's office goes on to state that, unfortunately, incumbent worker training programs face significant hurdles in their implementation. High-demand healthcare training programs in community college settings frequently have more interest than

available student slots, making slots available either on a “first come-first served” basis or by lottery.

## **ANALYSIS**

### **Limited Enrollment Course or Program**

This bill would require that, commencing with the 2024–25 academic year, a community college with a limited enrollment course or program shall ensure that at least 15 percent of admitted students, but no less than 3 students per incoming cohort, in the course or program are incumbent health care workers, so long as they meet the eligibility requirements for admittance into the course or program.

A community college’s limited enrollment course or program would be considered in compliance with this requirement if, after following the admittance requirement, the community college does not receive a sufficient number of incumbent health care workers who apply for admittance into the course or program.

### **Priority Enrollment System**

The bill would require that, commencing with the 2024–25 academic year, a community college that administers a priority enrollment system shall grant registration priority, for each term in which the registration priority system is administered, to students who are incumbent health care workers.

### **Registered Nursing Program**

The bill would require that, commencing with the 2024–25 academic year, a community college registered nursing program shall have at least 15 percent of the admitted students, but no less than 3 students per incoming cohort, be incumbent health care workers, so long as they meet the eligibility requirements for admittance into the program.

A community college registered nursing program would be considered in compliance with this requirement if, after following the admittance requirement, the community college does not receive a sufficient number of incumbent health care workers who apply for admittance into the course or program.

## **Definitions**

For the purposes of the above provisions the following definitions apply:

Healthcare Facility – any of the following locations:

- A general acute care hospital as defined in [Health and Safety Code \(HSC\) Section 1250 subdivision \(a\)](#).
- An acute psychiatric hospital as defined in [HSC Section 1250 subdivision \(b\)](#).
- A skilled nursing facility as defined in [HSC Section 1250 subdivision \(c\)](#).
- A clinic organized under [HSC Section 1206 subdivision \(l\)](#) that is affiliated, owned, or controlled by a person or entity that owns or operates a facility described in subparagraph (A).

- A clinic organized under [HSC Section 1206 subdivision \(b\), \(d\), or \(r\)](#) that is affiliated, owned, or controlled by a person or entity that owns or operates a facility described in subparagraph (A) or Parts 405 and 491 of Title 42 of the United States Code.
- A physician organization that is part of a fully integrated delivery system that includes a physician organization, health facility or health system, and a nonprofit health care service plan that provides medical services to enrollees in a specific geographic region of the state through an affiliate hospital system and an exclusive contract between the nonprofit health care service plan and a single physician organization in each geographic region to provide those medical services.
- A designated public hospital system that is comprised of a designated public hospital, as defined in [Welfare and Institutions Code Section 14184.10 subdivision \(f\)](#), and its affiliated governmental health and behavioral health provider entities, including nonhospital settings. A single designated public hospital system may include multiple designated public hospitals under common government ownership.

Incumbent Healthcare Worker - A worker who meets all of the following requirements:

- The worker is paid to work in a health care facility to directly or indirectly care for or assist patients.
  - This may include, but is not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, and persons not directly involved in patient care, such as clerical, dietary, environmental services, laundry, security, maintenance, engineering, and facilities management, administrative, and billing personnel.
- The worker has an established employment history with the health care facility for six months or more.
- The worker meets the necessary prerequisites and corequisites established pursuant to [Title 5 CCR Section 55003](#).

### Admission Processes

Current law authorizes a community college registered nursing program, if it determines that the number of applicants to the program exceeds its capacity, to admit students to the program using a multicriteria screening process, a random selection process, or a blended combination of random selection and a multicriteria screening process. Existing law repeals these provisions on January 1, 2025.

This bill would extend the operation of these provisions indefinitely by removing the January 1, 2025 sunset date.

### **FISCAL IMPACT**

None.

### **SUPPORT**

- California Hospital Association
- Service Employees International Union

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.



## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 996](#)  
**AUTHOR:** Assemblymember Low  
**BILL DATE:** March 27, 2023 - Amended  
**SUBJECT:** DCA: continuing education: conflict-of-interest policy  
**SPONSOR:** Author

### **SUMMARY**

This bill would require any of the board and bureaus within the Department of Consumer Affairs (DCA) that require licensees to satisfy continuing education course requirements, to develop and maintain a conflict-of-interest policy.

### **RECENT AMENDMENTS**

Not Applicable.

### **BACKGROUND**

The Board of Registered Nursing (Board) requires all Registered Nurses (RN) to complete 30 contact hours of continuing education every two years to maintain an active license. Continuing education courses must have been completed during the preceding renewal period (when renewing), or during the preceding two years (when renewing a delinquent or lapsed license or going from an inactive to active license).

All courses must be taken through a continuing education provider that is recognized by the Board. Learning experiences are expected to enhance the knowledge of the RN at a level above that required for licensure. Courses must be related to the scientific knowledge and/or technical skills required for the practice of nursing or be related to direct and/or indirect patient/client care.

### **REASON FOR THE BILL**

Board staff have not been able to obtain a fact sheet from the author's office. However, the need for a conflict-of-interest policy for continuing education providers has been brought up by the Legislature several times before, including during the Board's last sunset hearing. It is assumed that the intent is to ensure the continuing education providers are solely focused on the important job of educating our licensees.

### **ANALYSIS**

The bill would require any board or bureau within DCA that is responsible for approving continuing education providers or courses to develop and maintain a conflict-of-interest policy.

The bill states that the conflict-of-interest policy shall, at a minimum, do both of the following:

- Discourage the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.
- Require conflicts to be disclosed at the beginning of each continuing education course.

**FISCAL IMPACT**

The Board anticipates minor IT related costs to update the Board's continuing education provider application in BreEZe to include a conflict-of-interest policy.

**SUPPORT**

None on File.

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1028](#)  
**AUTHOR:** McKinnor  
**BILL DATE:** February 15, 2023 - Introduced  
**SUBJECT:** Reporting of crimes: mandated reporters  
**SPONSOR:** Futures Without Violence & California Partnership to End Domestic Violence and others.

### **SUMMARY**

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. This bill does not change the reporting laws for child abuse and elder and vulnerable adult abuse.

The bill would instead require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence to provide brief counseling, education, or other support, and a warm handoff or referral to local and national domestic violence or sexual violence advocacy services. The bill would also specify that a health practitioner is not civilly or criminally liable for any report that is made in good faith and in compliance the provisions of the bill.

### **RECENT AMENDMENTS**

Not Applicable.

### **BACKGROUND**

According to the California Penal Code, a health care practitioner who treats a person brought into a health care facility or clinic who is suffering from specified injuries must report that fact immediately, by telephone and in writing, to the local law enforcement authorities.

This duty to report extends to physicians and surgeons, psychiatrists, psychologists, dentists, medical residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, marriage and family therapists, clinical social workers, professional clinical counselors, emergency medical technicians, paramedics, and others.

The duty to report is triggered when a health practitioner knows or reasonably suspects that the patient is suffering from a wound or other physical injury that is the result of assaultive or abusive conduct caused by another person, or when there is a gunshot wound or injury regardless of whether it self-inflicted or one cause by another person. Health practitioners are required to report if these triggering conditions are met, regardless of patient consent. Failure to make the required report is a misdemeanor.

## **REASON FOR THE BILL**

According to the author's office, while the current statute covers a broad range of physical injuries, survivors of domestic and sexual violence can be put in more danger with non-consensual reports to law enforcement. In a survey of survivors who had experienced mandated reporting, 83 percent stated mandatory reporting made the situation much worse, somewhat worse, or did nothing to improve the domestic violence situation. Other research demonstrates that mandatory reporting laws can discourage immigrant survivors from seeking health care. This is due to fear that law enforcement involvement could lead to detention or deportation for themselves or their family in cases where they lack protected status.

The author's office goes on to state that when providers are able to have open, trauma-informed conversations with patients about abuse, survivors are four times more likely to access an intervention, such as domestic violence advocacy. Additionally, medical mandated reporting requirements may place women of color, particularly Black women, at risk of increased violence.

## **ANALYSIS**

Beginning January 1, 2025, this bill would limit a health practitioner's duty to make a report of injuries to law enforcement to instances where the wound or injury is self-inflicted or caused by a firearm.

Rather, the bill would require a health care practitioner, who in their professional capacity or within the scope of their employment, knows or reasonably suspects that their patient is experiencing any form of domestic violence or sexual violence, to provide brief counseling and offer a referral to domestic violence or sexual violence advocacy services before the end of treatment, to the extent that it is medically possible.

A health practitioner will be considered to have met the above requirement when the brief counseling, education, or other support is provided and warm hand off or referral is offered by a member of the health care team.

A health practitioner may offer a warm handoff and referral to other available victim services, including, but not limited to, legal aid, community-based organizations, behavioral health, crime victim compensation, forensic evidentiary exams, trauma recovery centers, family justice centers, and law enforcement to patients who are suspected to have suffered any nonaccidental injury.

The bill states that the patient may decline the "warm hand-off", which is defined as the health practitioner establishing direct and live connection through a call with survivor advocate, in-person on site survivor advocate, in-person on-call survivor advocate, or some other form of tele advocacy.

The term "referral" is defined as the health practitioner sharing information about how a patient can get in touch with a local or national survivor advocacy organization, information about how the survivor advocacy organization information about how the

survivor organization could be helpful for the patient, what the patient could expect when contacting the survivor organization, the survivor advocacy organizations contact information.

The bill provides that nothing limits or overrides the ability of a health care practitioner to alert law enforcement to an imminent or serious threat to health or safety of an individual or the public, or at the patient's request.

Lastly, the bill states that a health practitioner shall not be civilly or criminally liable for any report that is made in good faith and in compliance with this section and all other applicable state and federal laws.

It should be noted that the laws related to the duty to report child abuse and neglect or the duty to report suspected abuse of an elder or a dependent adult are separate from the law regarding a health care practitioner's duty to report injuries generally. This bill does not eliminate the duty of health care practitioners under those other provisions of law.

This same bill was brought before the Board last year when it was being carried by Assemblymember Buffy Wicks as AB 2790. After a robust discussion, the Board voted to oppose it. AB 2790 (Wicks) was ultimately held in committee and did not make it to the Governor's desk. This year Assemblymember McKinnor introduced AB 1028, which has the same language as the final version of AB 2790 before it died.

When discussing implementation of this bill with internal and external stakeholders some expressed concerns with unintended consequences that could result in survivors slipping through the cracks or being placed back in harm's way. One concern was what happens if there aren't sufficient domestic violence or sexual violence advocacy services available in the geographical area for the nurse to refer the patient to. Another concern raised was that removing the legal reporting requirement could remove some amount of accountability for the nurse to report. Lastly, a concern was raised about the lack of data and ongoing tracking of domestic occurrences when they aren't formally reported.

One amendment suggested was to still require that an incident report be completed and maintained internally by the facility for a set timeframe where the survivors of domestic and sexual violence within that timeframe can request to have it shared with law enforcement. Another amendment suggested was to combine the current and proposed processes by still requiring a report be made to law enforcement, but also requiring that an advocate accompany the patient during any interactions or conversations with law enforcement to ensure they are being properly advocated for and their decisions are being respected. However, it is unclear where the additional staffing and resources needed for this scenario would come from.

### **FISCAL IMPACT**

The Board estimates a minor fiscal impact to update the form used for abuse reporting.

**SUPPORT**

- Futures Without Violence (Sponsor)
- Alliance for Boys and Men of Color (Co-Sponsor)
- California Partnership to End Domestic Violence (Co-Sponsor)
- Culturally Responsive Domestic Violence Network (Co-Sponsor)
- Los Angeles LGBT Center (Co-Sponsor)
- UCI Domestic Violence Law Clinic (Co-Sponsor)

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1283](#)  
**AUTHOR:** Assemblymember Chen  
**BILL DATE:** March 23, 2023 - Amended  
**SUBJECT:** Pupil health: emergency stock albuterol inhalers  
**SPONSOR:** Author

### **SUMMARY**

This bill would authorize a school district, county office of education, or charter school to provide emergency stock albuterol inhalers to school nurses or trained personnel who have volunteered and would authorize school nurses or trained personnel to use an emergency stock albuterol inhaler to provide emergency medical aid to persons suffering from respiratory distress.

The bill would require the Superintendent of Public Instruction to establish minimum standards of training for the administration of stock albuterol inhalers and review those standards at least every 5 years.

### **RECENT AMENDMENTS**

Not Applicable.

### **BACKGROUND**

#### **School Based Allergies and Asthma Management Program (HR 2468)**

In January 2021, a piece of federal legislation was signed into law that encourages States to improve allergy and asthma care in schools by increasing the preference given, in awarding allergy and asthma-related grants, to States that require public schools to have allergy and asthma management programs.

Under HR 2468, additional preference is provided to a State that requires each public elementary school and secondary school in the State to satisfy the criteria related to increased access to medications to treat asthma and allergic reactions such as epinephrine. The criteria specific to asthma includes the following:

#### **Criteria for school comprehensive allergies and asthma management program**

- Has in place a plan for having on the premises of the school during all operating hours of the school a school nurse or one or more other individuals who are designated by the principal (or other appropriate administrative staff) of the school to direct and apply the program on a voluntary basis outside their scope of employment; and
- Has in place, under the direction of a school nurse or other designated individual, a comprehensive school-based allergies and asthma management program that includes the following:

- A method to identify all students of such school with a diagnosis of allergies and asthma;
- An individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;
- Allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;
- Efforts to reduce the presence of environmental triggers of allergies and asthma; and
- A system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, primary asthma or allergy care providers of such students, and others as necessary.

### **REASON FOR THE BILL**

According to the author's office, while this legislation does not require states to allow albuterol stocking in schools, it would encourage schools to put into place; methods to identify all students who have allergies or asthma, individual student action plans, school nurses or trained staff on-site during operating hours to give medicines for both asthma and allergies, education for school staff, efforts to reduce environmental triggers, and support for families managing asthma and allergies. Without state legislation, schools will be unable to receive any of the federal funding provided for them under the School Based Allergies and Asthma Management Program.

The author goes on to state that according to the Asthma and Allergy Foundation of America, as of 2020, about 52.9% of school children under the age of five with Asthma had an attack. Stocking albuterol in schools would enhance trained personnel abilities to provide emergency medical aid to persons suffering or reasonably believed to be suffering from respiratory distress, such as asthma attacks.

### **ANALYSIS**

#### **Stock Albuterol Inhaler**

This bill would allow school districts, county offices of education, and charter schools to provide emergency stock albuterol inhalers, including single-use disposable holding chambers, to school nurses or trained personnel who have volunteered. The bill would authorize school nurses or trained personnel to use an emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress.

The bill would allow each private elementary and secondary school to voluntarily determine whether or not to make emergency stock albuterol inhalers and trained personnel available at its school. However, in making this determination, the bill would require a school to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to stock albuterol inhalers and trained personnel.



### Training Requirements

The bill would allow each public and private elementary and secondary school in the state to designate one or more volunteers to receive initial and annual refresher training, regarding the storage and emergency use of a stock albuterol inhaler from the school nurse or other qualified person designated by an authorizing physician and surgeon, with a recommendation for each school to have a minimum of two trained school employees.

The bill would further require the Superintendent of Public Instruction to establish minimum standards of training for the administration of stock albuterol inhalers that are consistent with the department's guidelines for medication administration and include all the following:

- Techniques for recognizing symptoms of respiratory distress.
- Standards and procedures for the storage, restocking, and emergency use of stock albuterol inhalers.
- Emergency follow up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil's parent and physician.
- Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
- Written materials covering this information.

The bill would also require the Superintendent to review the minimum standards of training at least every five years, in consultation with organizations that have expertise in this subject area.

### Definitions

Respiratory Distress - sudden appearance of signs and symptoms of difficulty breathing. Signs and symptoms of respiratory distress may include one or more of the following:

- Complaints of a tight chest or chest pain.
- Wheezing or noisy breathing.
- Persistent coughing.
- Difficulty breathing.
- Appears to be in distress.
- Lips or fingernails turning blue.
- Shortness of breath.

Stock Albuterol Inhaler - an albuterol medication in the form of a metered-dose inhaler that is ordered by a health care provider and is not prescribed for a specific person and includes, if necessary, a single-use disposable holding chamber.

Albuterol - a bronchodilator used to open the airways by relaxing the muscles around the bronchial tubes.

Inhaler - a device for the delivery of prescribed asthma medication that is inhaled.

**FISCAL IMPACT**

None anticipated.

**SUPPORT**

None on file.

**OPPOSITION**

None on file.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1292](#)  
**AUTHOR:** Assemblymember Flora  
**BILL DATE:** March 16, 2023 – Amended  
**SUBJECT:** Nursing: distance education nursing program students  
**SPONSOR:** Nightingale Education Group

### **SUMMARY**

This bill would authorize a student to render nursing services who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution for the purpose of gaining clinical experience in a clinical setting that meets certain criteria.

### **BACKGROUND**

Nursing program accreditation is a voluntary process that is typically carried out by private, nonprofit organizations that are recognized by federal and state government agencies. These organizations evaluate nursing programs from a national perspective to see if they meet certain standards of the profession such as continuous improvement and program effectiveness.

Nursing program approval is a required process that is typically carried out by the public Board of Nursing (BON) in each state. The BONs evaluate programs from a state perspective, to see if they meet the specifications of the state's Nursing Practice Act for the purpose of protecting both the students and the public. Approval is tied to student's ability to enter the profession and practice as a nurse. Nursing students are only eligible to take the National Council Licensure Examination (NCLEX-RN) if they graduated from a BON-approved nursing program.

Every state has its own Nursing Practice Act that sets the framework for how nurses are prepared and able to practice within that state. The NPA for each state sets different standards and rules related to nursing education, nursing discipline, and nursing scope of practice. Consequently, without Board approval, there is no way to ensure that the education students are receiving complies with that state's laws and regulations.

For that reason, under current California law, a nursing student can only provide nursing services if they are enrolled in a California Board approved nursing program. This is for the sole purpose of public protection. The Board of Registered Nursing provides initial vetting and ongoing oversight to California nursing programs through its program approval process to ensure that they comply the laws set by the California Legislature related to nursing education and scope of practice.

### **REASON FOR THE BILL**

According to the author, a strong California nursing workforce decreases the dependency on costly travel nurses that currently exacerbates the already detrimental

financial situations of nursing employers. Rural California communities are especially affected and are at increased risk for hospital and healthcare clinic closures, disproportionately affecting underserved populations. AB 1292 provides relief to California's healthcare financial crisis by allowing existing fully regulated distance nursing education programs to assist California healthcare institutions in alleviating this dependency by partnering together to educate ready and willing local California residents.

### **ANALYSIS**

According to Business and Professions Code Section 2729, a student may render nursing services if those services are incidental to the course of study of one of the following:

- a) A student enrolled in a board-approved prelicensure program or school of nursing.
- b) A nurse licensed in another state or country taking a board-approved continuing education course or a post licensure course.

This bill would amend that section to add the following:

- c) A student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution for the purpose of gaining clinical experience in a clinical setting that meets both of the following criteria:
  - The program is accredited by a programmatic accreditation entity recognized by the United States Department of Education.
  - The Board has not otherwise approved the program.
- d) A student described by this subdivision shall be supervised by a registered nurse licensed by the board pursuant to this chapter while rendering nursing services.

The bill defines an out-of-state private postsecondary educational institution as a private entity without a physical presence in this state that offers distance education to California students for an institutional charge, regardless of whether the institution has affiliated institutions or institutional locations in California.

When discussing implementation of this bill, internal and external stakeholders expressed significant concerns about the negative impact it could have on public protection, including clinical impaction.

The Board of Registered Nursing is currently required to vet, approve, and provide ongoing oversight to California nursing programs to ensure that they comply the laws set by the Legislature related to nursing education and scope of practice. While the bill would require a school to be accredited by a national accrediting agency, that does not take the place of Board approval. There can be overlap between the two roles, however, national accrediting agencies have a distinctly different mission and purpose than the Board of Nursing in each state, as was explained in the background portion of this analysis.

Furthermore, California's existing nursing programs are having a very hard time securing clinical placement slots for their students. Some have struggled so much they have had to decrease their enrollment numbers and skip enrollment cycles. Clinical impaction is so significant in parts of the state that, at their February 23 meeting, the Board denied a nursing program's request to increase their enrollment, because there were not enough clinical spots available. This bill would allow schools from across the country to further reduce the already insufficient number of clinical placement slots by utilizing them for their students, with no Board oversight.

**FISCAL IMPACT**

Board staff anticipates the bill would require both staffing and IT costs in order to develop regulations and establish an online application and vetting process for schools, nursing students, etc. in accordance with the eligibility provisions of this bill.

**SUPPORT**

Nightingale Education Group

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1577](#)  
**AUTHOR:** Assemblymember Low  
**BILL DATE:** March 23, 2023 – Amended  
**SUBJECT:** General acute care hospitals: clinical placements: nursing  
**SPONSOR:** Author

### **SUMMARY**

This bill would require a general acute care hospital, as a condition of licensure, to provide clinical placements for postsecondary educational students enrolled in an approved school of nursing or an approved program of nursing education.

### **BACKGROUND**

The California Department of Public Health (CDPH) oversees the licensing and certification (L&C) of certain health facilities the state, including general acute care hospitals, home health agencies, hospices, and skilled nursing facilities.

CDPH's L&C functions provide the following benefits to a health facility applicant:

- A state license allows a health facility to operate in California.
- CDPH contracts with the Centers for Medicare and Medicaid Services (CMS) to certify facilities on behalf of CMS. Federal certification allows a health facility to receive Medicare and Medi-Cal reimbursements.

### **REASON FOR THE BILL**

Board staff have not been able to obtain a fact sheet from the author's office. However, California nursing programs have struggled with securing enough clinical placement slots to accommodate their current and incoming students for several years now. This was further exacerbated during the COVID-19 pandemic when hospitals had to pause their student clinical rotations in an effort to lessen the spread of the deadly virus and ensure they were dedicating all of their finite resources towards providing care to an unprecedented amount of acutely sick patients.

### **ANALYSIS**

This bill would require a general acute care hospital, as condition of licensure by CDPH, to provide clinical placements for postsecondary educational students enrolled in an approved school of nursing or an approved program of nursing education, as defined in [Business and Professions Code Section 2786](#).

### **FISCAL IMPACT**

None.

### **SUPPORT**

None on File.

### **OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1707](#)  
**AUTHOR:** Assemblymember Pacheco  
**BILL DATE:** April 12, 2023 – Amended  
**SUBJECT:** Health professionals and facilities: adverse actions based on another state’s law  
**SPONSOR:** Planned Parenthood Affiliates of California

### **SUMMARY**

This bill would, among other provisions, prohibit a healing arts board under the Department of Consumer Affairs (DCA) from denying an application for a license or imposing discipline upon a licensee solely on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state’s law that interferes with a person’s right to sensitive services that would be lawful in this state.

### **BACKGROUND**

In 2002, the California Legislature enacted the Reproductive Privacy Act, which grants every woman in California with the fundamental right to choose to bear a child or to choose and to obtain an abortion. Under the act, the state may not deny or interfere with a woman’s right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the woman. The only restriction on abortion is when, in the good faith medical judgment of a physician, the fetus is viable and there is no risk to the life or health of the pregnant woman associated with the continuation of the pregnancy. Currently in California, medical providers who can perform abortions within their scope of practice are Physician and Surgeons, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants.

On December 1, 2021, the Supreme Court of the United States heard oral arguments in *Dobbs v. Jackson Women’s Health Organization*, a case regarding a 2018 Mississippi state law that banned abortion after 15 weeks of pregnancy. *Dobbs* was a direct challenge to the legal precedent set in *Roe v. Wade* and was the first time the Court ruled on the constitutional right to pre-viability abortion since *Roe*. On June 24, 2022, the Court ruled that abortion is not a constitutional right. This effectively overturned *Roe* and left the question of whether to ban it, and how, up to individual states.

While California law protects a pregnant person’s right to choose in a manner consistent with *Roe*, it has been estimated that approximately 26 states would likely seek to ban abortion with *Roe* overturned, resulting in 36 million women and other people who may become pregnant losing access to abortion care nationwide. In spite of this, medical professionals may still choose to provide abortions in defiance of another state’s law. This potentially includes professionals licensed in California who may travel to other states to provide these services.



## **REASON FOR THE BILL**

According to the bill sponsors, AB 1707 aims to protect California's reproductive health care providers by ensuring their ability to provide care is not at risk if they faced disciplinary action in another state related to reproductive health care services.

California's health care providers are becoming increasingly essential for providing care to residents in other states and it is critical to ensure that providers in California, abiding by California laws, are protected from adverse actions based on another state's hostile law.

## **ANALYSIS**

This bill would prohibit a healing arts board under DCA from denying an application for licensure or suspending, revoking, or otherwise disciplining a licensee solely on the basis of a civil judgment, criminal conviction, or disciplinary action in another state based solely on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California.

This bill would also prohibit a health facility from denying staff privileges to, removing from medical staff, or restricting the staff privileges of, a person licensed by a healing arts board solely on the basis of a civil judgment, criminal conviction, or disciplinary action in another state based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in California.

Lastly, the bill would prohibit the California Department of Public Health from denying or disciplining a license for a clinic or health facility on the basis of a civil judgment, criminal conviction, or disciplinary action in another state based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in California.

The bill clarifies that its provisions so do not apply to any judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under provisions of California law.

The bill defines "sensitive services" as all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service.

## **FISCAL IMPACT**

None.

## **SUPPORT**

- Planned Parenthood Affiliates of California

- California Chapter of the American College of Emergency Physicians
- California Nurse Midwives Association
- NARAL Pro-Choice California

**OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Assembly Bill 1722](#)  
**AUTHOR:** Assemblymember Dahle  
**BILL DATE:** March 30, 2023 - Amended  
**SUBJECT:** School nurses: requirements  
**SPONSOR:** Author

### **SUMMARY**

This bill would, among other provisions, authorize a local educational agency (LEA) to employ a licensed vocational nurse (LVN) who is supervised by a credentialed school nurse (CSN) employed by the same LEA or a partnering LEA.

### **RECENT AMENDMENTS**

- Requires an LVN to be supervised by a CSN in the same LEA or a partnering LEA
- Requires partnering LEAs to establish a written agreement that addresses certain provisions such as duties, communications, finances, liability, etc.
- States an LEA can only hire an LVN if they are unable to hire a CSN.
- Clarifies an LVN cannot work outside of their scope of practice.

### **BACKGROUND**

#### School Nurse

Current law requires the qualifications for a school nurse to include a Registered Nurse (RN) license from the Board of Registered Nursing, a Baccalaureate degree or higher, and completion of a commission approved school nurse program that includes proof that the RN has acquired training in child abuse and neglect detection.

School nurses may perform, if authorized by the local governing board, the following:

1. Conduct immunization programs;
2. Assess and evaluate the health and development status of pupils;
3. Interpret the health and development assessment to parents, teachers, administrators and other professionals directly concerned with the pupil;
4. Design and implement individual student health maintenance plans;
5. Maintain communication with parents and all involved community practitioners and agencies;
6. Interpret medical and nursing findings appropriate to the student's individualized education program and make recommendations to professional personnel directly involved;
7. Consult, conduct, and serve as a resource person for in-service training to teachers and administrators;
8. Develop and implement health education curriculum; act as a participant in implementing a comprehensive health instruction curriculum for students;
9. Counsel and assist pupils and parents in health related and school adjustment services; and
10. Teach health-related subjects under the supervision of a classroom teacher.

### Licensed Vocational Nurse

LVN's are responsible for rendering basic nursing care and practice under the direction of a physician or RN. According to 16 CCR Section 2518.5, the scope of practice for a LVN includes the following:

1. Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
2. Provides direct patient/client care by which the licensee:
  - Performs basic nursing services as defined in subdivision (a);
  - Administers medications;
  - Applies communication skills for the purpose of patient/client care and education; and
  - Contributes to the development and implementation of a teaching plan related to self-care for the patient/client.

### REASON FOR THE BILL

According to the author, we have had a shortage of school nurses in California for years. The recent pandemic has highlighted this crisis, bringing the problem to the forefront of my conversations nearly every day. Our statewide nursing and school nurses' shortage preceded COVID-19, but it has accelerated over the past several years as qualified medical professionals retire, experience burn out, battle high cost of living, lack of housing, lower wages and scarce credentialing programs.

The author goes on to state that, as a result, the reality for our students means going without a school nurse and/or school staff without medical training are the ones applying bandages, dispensing medication, managing allergies, asthma, monitoring blood glucose levels, and handling medical emergencies.

### ANALYSIS

This bill would allow for a LEA to hire a LVN to provide nursing services so long as the LVN is supervised by CSN that is employed by the same or a partnering LEA.

The bill would require that, if a LEA hires a LVN that is supervised by an CSN that is employed by a different LEA, both LEAs to enter into a written agreement that addresses all of the following:

- The duties of the CSN and the LVN.
- A communication policy delineating how the LVN and the CSN are to communicate.
- An indemnification policy for the LEA employing a supervising CSN.
- The financial arrangement between the LEAs.
- The additional compensation for the CSN to act as a supervisor.

The bill would provide that a LEA can only hire a LVN under the provisions of this bill if a diligent search has been conducted for a suitable CSN each school year. At a minimum, the diligent search must include distributing job announcements, contacting college and university placement centers, and advertising in print or electronic media.

The bill would also provide that the LVN cannot practice outside of their approved scope of practice and that the LEA employing a CSN shall have indemnification for the supervisorial liability from the LEA employing the LVN.

The bill would include RNs and LVNs under the supervision of a CSN, on the list of authorized school personnel to complete vision and hearing screenings

Lastly, the bill would encourage county offices of education to establish networks of CSNs for employment by LEAs that are not able to hire a CSN. It would also encourage county offices of education are to provide mentoring opportunities for LVNs.

The bill defines an LEA as a school district, county office of education or a charter school.

When discussing implementation of this bill, although great improvements were made from the previous version, some still expressed concerns with an LVNs ability to provide care to students with more specialized healthcare needs, such as students with disabilities who have nursing services included as part of their Individualized Education Plans or Section 504 plans, if the CSN was not physically on site.

#### **FISCAL IMPACT**

None anticipated.

#### **SUPPORT**

None on File.

#### **OPPOSITION**

None on File.

#### **LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

#### **BOARD POSITION**

The Board took an OPPOSE position on the 2/17 version at the March meeting.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Senate Bill 345](#)  
**AUTHOR:** Senator Skinner  
**BILL DATE:** April 10, 2023 – Amended  
**SUBJECT:** Health care services: legally protected health care activities.  
**SPONSOR:** Black Women for Wellness Action Project  
NARAL Pro-Choice California  
ACCESS Reproductive Justice  
Training in Early Abortion For Comprehensive Health Care  
California Nurse-Midwives Association

### **SUMMARY**

This bill would provide legal protections for California health care providers that provide or dispense medication or other services for abortion, contraception or gender-affirming care, regardless of their patient's geographic location.

### **RECENT AMENDMENTS**

See Analysis Section.

### **BACKGROUND**

The US Supreme Court's Dobbs decision reversed the constitutional right to abortion and left it to states to legislate reproductive care. Twenty-four states have now criminalized abortion and other reproductive health care with some of those states also outlawing gender-affirming care.

Since the reversal of Dobbs, California has passed multiple laws intended to protect and expand upon access to reproductive and gender affirming healthcare. This included establishing legal protections for patients and providers and appropriating \$200 million to support access to reproductive healthcare.

### **REASON FOR THE BILL**

According to the author's office, there is an ongoing assault on reproductive justice which is the right to bodily autonomy, to bear children or not, and to parent our children in safe communities. This assault has also extended to those seeking gender affirming care. While *Dobbs* ostensibly has left it to states to legislate these issues, that has not satisfied anti-abortion or anti-trans dogmatists. Courts are now ruling in ways that endanger safe, federally approved medications and healthcare practices. As a result, regardless of where someone lives or where they may be located when in need of such care, there are obstacles to receiving that care in a legal and medically safe manner. Healthcare professionals who want to do their jobs pursuant to their medical training also face these obstacles, preventing them from providing the care they know is best for their patients.

The author's offices goes on to state that, while California's laws have done much to address these issues, to date our laws do not address how to protect a healthcare provider who is delivering such care regardless of their patient's location. Accessing a provider and obtaining a prescription remotely for medication abortions, contraception, or gender affirming care is one way to help ensure that people in communities with few medical providers, students who are away for college, individuals who travel for work, or others who for any number of reasons cannot travel to a physical location for their care, can obtain these essential healthcare services.

## **ANALYSIS**

### **Healing Arts Boards**

- The bill would prohibit a healing arts licensing board within the Department of Consumer Affairs (DCA) from suspending or revoking a license solely because the person provided a legally protected health care activity.
- The bill would also prohibit a healing arts licensing board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline on a licensed person because they were disciplined or convicted of an offense in another state if that disciplinary action was for providing a legally protected health care activity.
- The bill would further provide that the performance, recommendation, or provision of a legally protected health care activity by a health care practitioner acting within their scope of practice for a patient who resides in a state in which the performance, recommendation, or provision of that legally protected health care activity is illegal, does not, by itself, constitute professional misconduct, upon which discipline or other penalty may be taken.

### **Family Planning Center Location Data**

- The bill would prohibit a business that tracks, uses, collects, or stores geographic location data from tracking, using, storing, or selling data that contains the personally identifying information of a person physically located in or in close proximity to a family planning center.
- The bill defines "family planning center" as a business categorized as a family planning center by the North American Industry Classification System, including, but not limited to, an abortion clinic, birth control clinic, pregnancy counseling center, or reproductive health services center.

### **Reproductive and Gender-Affirming Health Care Services**

- The bill would state that interference with the right to reproductive health care services and gender-affirming health care services is against the public policy of California.
- The bill would declare as a violation of public policy a public act or record of a foreign jurisdiction that authorizes a person to bring a civil action against a person,

provider, or other entity in California for seeking or providing reproductive or gender-affirming health care services.

- The bill would authorize a person to institute and prosecute a civil action against a person who engages in abusive litigation that infringes on or interferes with a legally protected health care activity.
  - If the court finds for the petitioner the civil action, recovery shall be in the amount of three times the amount of actual damages, which shall include damages for the amount of a judgment issued in connection with an abusive litigation, and any other expenses, costs, or reasonable attorney's fees incurred in connection with the abusive litigation.
- A court may exercise jurisdiction over a person in a civil action if any of the following apply:
  - Personal jurisdiction is found under [California Code of Civil Procedure Section 410.10](#).
  - The person has commenced an action in a court in California and, during the pendency of that action or an appeal therefrom, a summons and complaint is served on the person or the attorney appearing on the person's behalf in that action or as otherwise permitted by law.
  - The exercise of jurisdiction is permitted under the Constitution of the United States.
- The bill would authorize an aggrieved person, provider, or other entity to move to modify or quash a subpoena issued in connection with abusive litigation on the grounds that the subpoena is unreasonable, oppressive, or inconsistent with the public policy of California.
- The bill would specify that the laws of California govern in a case or controversy heard in California related to reproductive or gender-affirming health care services, except as required by federal law.
- The bill states that its provisions shall not be construed to provide jurisdiction over a California resident in an out-of-state forum when the California resident has not availed themselves of that forum.
- The bill would specify that California law governs in any action against a person who provides or receives by any means, including telehealth, reproductive health care services or gender-affirming health care services if care was legal in the state in which it was provided at the time of the challenged conduct.

#### Terminology Changes

- This bill would update statutory terminology regarding fetuses, including changing references from "unborn child" to "fetus", and "unborn or unascertained person" to "unborn or unascertained beneficiary."



## Definitions

- Legally Protected Health Care Activity - any of the following:
  - The exercise and enjoyment, or attempted exercise and enjoyment, by a person of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California or the provision of insurance coverage for such services.
  - An act or omission undertaken to aid or encourage, or attempt to aid or encourage, a person in the exercise and enjoyment or attempted exercise and enjoyment of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California.
  - The provision of the health care services by a person duly licensed under the laws of California and physically present in California and the provision of insurance coverage for the services, if the service is permitted under the laws of California, regardless of the patient's location.
  
- Reproductive Health Care Services - all services, care, or products of a medical, surgical, psychiatric, therapeutic, diagnostic, mental health, behavioral health, preventative, rehabilitative, supportive, consultative, referral, prescribing, or dispensing nature relating to the human reproductive system provided in accordance with the constitution and laws of this state, whether provided in person or by means of telehealth services which includes, but is not limited to, all services, care, and products relating to pregnancy, assisted reproduction, contraception, miscarriage management, the termination of a pregnancy, or self-managed terminations.
  
- Gender-Affirming Health Care Services - medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, the following:
  - Interventions to suppress the development of endogenous secondary sex characteristics.
  - Interventions to align the patient's appearance or physical body with the patient's gender identity.
  - Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.
  
- Gender-Affirming Mental Health Care Services - mental health care or behavioral health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, developmentally appropriate exploration and integration of identity, reduction of distress, adaptive coping, and strategies to increase family acceptance.

- Abusive Litigation - litigation or other legal action to deter, prevent, sanction, or punish a person engaging in legally protected health care activity by either of the following:
  - Filing or prosecuting an action in a state other than California where liability, in whole or part, directly or indirectly, is based on a legally protected health care activity that was legal in the state in which it occurred, including an action in which liability is based on a theory of vicarious, joint, or several liability.
  - Attempting to enforce an order or judgment issued in connection with an action by a party to the action or a person acting on behalf of a party to the action. A lawsuit shall be considered to be based on conduct that was legal in the state in which it occurred if a part of an act or omission involved in the course of conduct that forms the basis for liability in the lawsuit occurs or is initiated in a state in which the health care was legal, whether or not the act or omission is alleged or included in a pleading or other filing in the lawsuit.

### **FISCAL IMPACT**

None Anticipated.

### **SUPPORT**

- Black Women for Wellness Action Project (Sponsor)
- NARAL Pro-Choice California (Sponsor)
- ACCESS Reproductive Justice (Sponsor)
- TEACH (Training in Early Abortion For Comprehensive Health Care) (Sponsor)
- California Nurse-Midwives Association (Sponsor)
- California Conference of Bar Associations
- California Women's Law Center
- Equality California
- Essential Health Access, Los Angeles
- Center for Reproductive Rights
- Feminist Majority
- Gender Spectrum
- USC Institute on Inequalities in Global Health
- ARIA Medical
- MYA Network
- TIA
- Plan C
- CHOIX INC
- Houston Women's Reproductive Center
- Kopcho Reproductive Justice Fund
- National Council of Jewish Women, Kansas City

### **OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

The Board took a Support position on the 2/7 version of the bill.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Senate Bill 544](#)  
**AUTHOR:** Senator Laird  
**BILL DATE:** March 20, 2023 – Amended  
**SUBJECT:** Bagley-Keene Open Meeting Act: teleconferencing.  
**SPONSOR:** Author

### **SUMMARY**

This bill removes certain teleconference requirements of the Bagley-Keene Open Meeting Act of 1967 (Bagley-Keene) including the requirement that each teleconference location be identified in a meeting notice and agenda and that each teleconference location be accessible to the public. This bill would require state bodies to provide a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, or attend the meeting.

### **BACKGROUND**

#### **Bagley-Keene Opening Meeting Act of 1967**

The Bagley-Keene originated as a response to growing concerns about transparency and public involvement in the decision-making process of state agencies. Bagley-Keene aimed to ensure that state boards, commissions, and agencies conduct their business openly and transparently, allowing the public to be informed and participate in the decision-making process.

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. The act includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation, to protect the privacy and legal interests of individuals and the state. The act applies to state bodies, which include boards, commissions, committees, councils, and any other public agencies created by state statute or executive order, with some exceptions.

#### **COVID-19 and Executive Order N-29-20.**

In order to practice social distancing, facilitate remote work, and protect the population against the COVID-19 pandemic, Executive Order (EO) N-29-20 authorized a state body to hold public meetings via teleconferencing. The EO required public meetings be accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body. All requirements in both the Bagley-Keene and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting were temporarily waived.

In particular, the following otherwise applicable requirements were waived:

- State and local bodies notice each teleconference location from which a member will be participating in a public meeting.
- Each teleconference location be accessible to the public.
- Members of the public may address the body at each teleconference conference location.
- State and local bodies post agendas at all teleconference locations.
- At least one member of the state body be physically present at the location specified in the notice of the meeting.
- During teleconference meetings, at least a quorum of the members of the local body participate from locations within the boundaries of the territory over which the local body exercises jurisdiction.

The EO provided that state bodies holding a meeting via teleconferencing and allowing members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with specified notice and accessibilities requirements, would have satisfied any Bagley-Keene requirement that the body allow members of the public to attend the meeting and offer public comment.

#### Temporary Teleconferencing Extension in 2022.

Senate Bill 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022), among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings. The law suspended certain requirements that would typically apply to in-person meetings, such as having a physical location for the public to attend and providing access to all remote teleconference locations until July 1, 2023.

#### **REASON FOR THE BILL**

According to the author's office, in response to the COVID-19 pandemic and the widespread shutdown, the Governor signed an executive order to provide flexibility so state boards and commissions could continue to serve Californians remotely and safely. Although meant to be temporary, we saw significant benefits of remote meetings such as increased participation and reduced operating costs to the state.

The author's office goes on to state that, Senate Bill 544 codifies the Governor's Executive Order allowing state boards and commissions the opportunity to continue holding virtual meetings without being required to list the private addresses of each remote member or providing public access to private locations. The additional flexibility and safeguards may also help attract and retain appointees, who provide invaluable perspective. This bill will promote equity and public participation by removing barriers to Californians that experience challenges attending physical meetings, such as people with disabilities, caretakers, seniors, low-income individuals, and those living in rural or different areas of the state.

## **ANALYSIS**

- The bill would require a state body to provide a means by which the public may remotely hear audio of a teleconferenced meeting, remotely observe the meeting, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for at least one site, including, if available, access equivalent to the access for a member of the state body participating remotely.
- The bill would require the applicable teleconference telephone number, internet website or other online platform, and physical address indicating how the public can access the meeting remotely and in person to be specified in any notice required by Bagley-Keene.
- The bill would delete the requirement in Bagley-Keene that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location.
- The bill would clarify that the requirement for at least one member of the state body be physically present at the location specified in the notice of the meeting can be satisfied by at least one staff of the state body.
- The bill would require a state body holding a meeting through teleconferencing and allowing members of the public to observe and address the meeting telephonically or otherwise electronically, to also do both of the following:
  - Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990, and resolving any doubt whatsoever in favor of accessibility.
  - Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment.
- The bill defines “participate remotely” to mean participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

## **FISCAL IMPACT**

The Board staff do not anticipate a fiscal impact in terms of additional cost. However, Board staff anticipate a very significant cost savings from this bill from not having to pay for member travel and outside meeting space for our many Board, Subcommittee, and Advisory Committee meetings.

## **SUPPORT**

- California Commission on Aging
- Little Hoover Commission

## **OPPOSITION**

None on File.

**LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

**FULL BOARD POSITION**

To Be Determined.

## **BOARD OF REGISTERED NURSING BILL ANALYSIS**

**BILL NUMBER:** [Senate Bill 887](#)  
**AUTHOR:** Senate Committee on Business, Professions & Econ Development  
**BILL DATE:** March 14, 2023 – Introduced  
**SUBJECT:** Consumer affairs  
**SPONSOR:** Committee

### **SUMMARY**

This bill makes numerous technical and clarifying provisions related to programs within the Department of Consumer Affairs.

### **BACKGROUND**

Every year Senate Committee on Business, Professions and Economic Development (Committee) introduces a technical, non-substantive committee bill which revises provisions of the Business and Professions Code (BPC) pertaining to both the health and non-health professions and vocations under the Department of Consumer Affairs (DCA). The committee bill(s) may also include revisions to other codes that typically fall within the Committee's jurisdiction.

A request is typically sent out to the Board and Bureaus within DCA asking them to submit a proposal that contains any changes their respective body may want included in the bill. The proposals can only include statutory changes that are non-controversial, non-substantive, and intended to clarify, update, or strengthen existing law.

### **REASON FOR THE BILL**

The annual "committee bill" authored by the Committee is intended to consolidate a number of non-controversial provisions related to various regulatory programs and professions governed by the BPC. Consolidating the provisions into one bill is designed to relieve the various licensing boards, bureaus, professions, and other regulatory agencies from the necessity and burden of having separate measures for a number of non-controversial revisions.

### **ANALYSIS**

While this bill contains code clean up provisions for multiple different entities under DCA, this analysis will only highlight the changes that were included based a request from Board of Registered Nursing (Board) staff.

#### **Communication Method**

- The bill replaces references to Board communications sent via by snail mail with a reference to them being sent via electronic communications.

#### **NCLEX Exam**

- The bill removes a reference to the Board holding two in person nurse licensing examinations per year.



### Committee Term Limits

- The bill clarifies that the Board's Nursing Education and Workforce Advisory Committee representative for the California State University Chancellor's Office serves a 4-year appointment.

### Certified Registered Nursing Anesthetists (CRNA) Certifying Organization

- The bill adds the new name of the national certifying organization for CRNAs along with an evergreen reference to any future organizations that may precede the current one.

### Nurse Practitioner (NP) Core Competencies

- The bill adds a reference to the 2022 Nurse Practitioner Core Competencies Content issued by the National Organization of Nurse Practitioner Faculties along with an evergreen reference to any future versions of the NP core competencies issued by the same organization.

### Gender Neutral Terminology

- The bill updates gendered terminology throughout the Nursing Practice Act.

### **FISCAL IMPACT**

None.

### **SUPPORT**

None on File.

### **OPPOSITION**

None on File.

### **LEGISLATIVE COMMITTEE POSITION**

Not Applicable.

### **FULL BOARD POSITION**

To Be Determined.