Agenda Item 5.0

Discussion and Possible Action: On Bills Relevant to the Board from the 2023-2024 Legislative Session

BRN Board Meeting | March 16, 2023

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 633
AUTHOR: Patterson
BILL DATE: February 9, 2023 - Introduced
SUBJECT: Nursing: licensure: renewal fees: reduced fee
SPONSOR: Author
BOARD IMPACT: Direct

SUMMARY

This bill would authorize the Board of Registered Nursing (Board) to reduce the renewal fee for a licensee who meets certain age and practice qualifications.

RECENT AMENDMENTS

Not Applicable.

BACKGROUND

The Board requires its licensees to renew their Registered Nurses (RN) license every two years. As part of the renewal process, 16 CCR 1417(i) requires licensees to pay a $190 renewal fee, with $180 covering BRN workload costs and $10 going towards the RN Education Fund administered by the Department of Health Care Access and Information.

There are three main statuses a license can be in: active, inactive, and delinquent. The Board currently does not have a formal status for a nurse who wishes to retire from the formal practice of nursing, but still maintain their RN identifier and have the option to voluntarily provide nursing services in certain situations.

In 2016, AB 2859 (Low, Chapter 473, Statutes of 2016) authorized any of the boards within the Department of Consumer Affairs (DCA) to establish, by regulation, a system for a retired category of licensure for persons not actively engaged in the practice of their profession. Since then, multiple boards within DCA have issued regulations that established a separate retired category for their licensees.

Over the last few months, Board staff began working on proposed text to bring before the Full Board at a future meeting in the hopes of pursing a regulatory change to establish a retired license category as authorized by AB 2859.

REASON FOR THE BILL

According to the author, the problem is that while many retired nurses are fully eligible and willing to volunteer their services, in order to do so they must continue to pay the full fee when renewing their licenses. For some who are no longer making income working as a nurse, this is an expensive option. The need for nurses is severe throughout the state, even in volunteer capacities. During this ongoing public health crisis, this need has become critical.

ANALYSIS
This bill would authorize the Board to reduce the renewal fee for a licensee who meets the following age and practice qualifications.

1. Has been licensed to practice under this chapter for 20 years or more in this state.

2. Has reached the age of retirement under the federal Social Security Act (42 U.S.C. Sec. 301 et seq.).

3. Customarily provides their services free of charge to any person, organization, or agency. Any charge made shall be nominal. The aggregate of charges in any single calendar year shall not exceed an amount that would render the licensee ineligible for full social security benefits.

The bill also states that the Board shall not reduce the current renewal fee to an amount less than one-half of the regular renewal fee.

In discussions with the author's office, Board staff confirmed that the bill has the same intent as the retired category rulemaking package that staff have begun working on. Internal discussions are still occurring to see if there is a way to align both statutory and regulatory efforts. The author's office expressed willingness to work with the Board in whichever way is desired to streamline the establishment of a new retired category.

FISCAL IMPACT
Board staff anticipates workload and IT costs associated updating the BreEZe system, DCA License look up, and any other internal/extremal systems to reflect this a new licensing category.

Board staff also anticipates potential workload costs related investigating complaints that are filed against a licensee in this new category, as well as enforcement/disciplinary related actions, if applicable.

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 883
AUTHOR: Mathis
BILL DATE: February 14, 2023 - Introduced
SUBJECT: Business licenses: US Department of Defense SkillBridge program
SPONSOR: Author
BOARD IMPACT: Direct

SUMMARY

This bill would require a board within the Department of Consumer Affairs (DCA) to expedite, and authorize a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is enrolled in the US Department of Defense (DOD) SkillBridge program.

RECENT AMENDMENTS

Not Applicable.

BACKGROUND

The DOD SkillBridge program is an opportunity for US service members to gain civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. The intent of SkillBridge is to connect service members with industry partners in real-world job experiences.

The program provides service members a chance to work and learn in civilian career areas prior to being discharged from Active Duty in an attempt to help bridge the gap between the end of service and the beginning of their civilian careers. Service members participating in SkillBridge receive their military compensation and benefits, and industry partners provide the training and work experience.

REASON FOR THE BILL

According to the author's office, the State of California has a long-held policy to expedite veterans' applications. Specifically, the state's Business, Consumer Services and Housing Agency has a *Military Veteran Expedite Request* form to accompany any application submitted by a veteran to the various licensing entities within the agency in order to expedite their application. However, those service members who are within 180 days of their separation of service are ineligible to use this form.

The author's office goes on to state that as individuals prepare for their separation orders and work to get the vital documents needed to start their civilian life, too much is lost, causing some to miss valuable career opportunities or have to wait until they receive their separation orders and then wait again for the state to fully process their application for a license. Furthermore, some state agencies take months to process an application, forcing additional financial hardship on the applicant, thus contributing to high-unemployment rate.

ANALYSIS
Under current law, all boards within the Department of Consumer Affairs must expedite, and may assist, the initial licensure process for an applicant who has served as an active-duty member of the Armed Forces of the United States and was honorably discharged.

This bill would additionally require all boards to expedite, and authorize a board to assist, in the initial licensure process for an applicant who is enrolled in the US DOD SkillBridge program.

In discussions with the author's office, staff confirmed the following points:

- The main reason for the bill is to provide active-duty service members with a head start on the licensing process by allowing them to submit their application, and have it expedited, up to 180 days before they separate from service, so long as they are enrolled in the SkillBridge program.

- There is no requirement for the applicant's SkillBridge apprenticeship or internship to align with the subject matter expertise or content area of the license they will ultimately be pursuing.

FISCAL IMPACT
Board staff anticipates both workload and IT costs associated updating the BreEZe system to expedite a new group of military licensees.

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 996
AUTHOR: Low
BILL DATE: February 15, 2023 - Introduced
SUBJECT: DCA: continuing education: conflict-of-interest policy
SPONSOR: Author
BOARD IMPACT: Direct

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 requirement, to develop and maintain a conflict-of-interest policy that, at minimum, discourages 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.

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

To Be Determined.

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, 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.

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 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.
BOARD IMPACT: Direct

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.

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 opposed 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 stakeholder 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
None Anticipated.

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 1651
AUTHOR: Sanchez
BILL DATE: February 17, 2023 - Introduced
SUBJECT: Pupil health: emergency medical care: epinephrine auto-injectors
SPONSOR: Author
BOARD IMPACT: Direct

SUMMARY

This bill would require school districts, county offices of education, and charter schools to store emergency epinephrine auto-injectors (EAI) in an accessible location upon need for emergency use and include that location in specified annual notices.

The bill would authorize a school employee that is not school nurse or trained personnel to administer EAI to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity if a school nurse, trained personnel, or a physician is not available.

RECENT AMENDMENTS

Not Applicable.

BACKGROUND

Emergency EAIs in School

Under current law, school districts, county offices of education, and charter schools are required to provide EAIs to school nurses or trained personnel who have volunteered, and school nurses or trained personnel may use EAIs to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.

In addition, public and private elementary and secondary schools in the state may designate one or more volunteers to receive initial and annual refresher training regarding the storage and emergency use of an EAI from the school nurse or other qualified person designated by an authorizing physician and surgeon. The trainings provided shall include all of the following:

- Techniques for recognizing symptoms of anaphylaxis.
- Standards and procedures for the storage, restocking, and emergency use of epinephrine auto-injectors.
- 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.

- Instruction on how to determine whether to use an adult epinephrine auto-injector or a junior epinephrine auto-injector, which shall include consideration of a pupil's grade level or age as a guideline of equivalency for the appropriate pupil weight determination.

- Written materials covering the information required under this subdivision.

Current law also requires a school district, county office of education, or charter school to distribute a notice at least once per school year to all staff that contains the following information:

- A request for volunteers to be trained to administer an EAI to a person if the person is suffering, or reasonably believed to be suffering, from anaphylaxis.

- A description of the training that the volunteer will receive.

Definitions
For purposes of the above section, the following definitions apply:

- EAI - a disposable delivery device designed for the automatic injection of a premeasured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

- Anaphylaxis - a potentially life-threatening hypersensitivity to a substance.

- Volunteer or trained personnel - an employee who has volunteered to administer epinephrine auto-injectors to a person if the person is suffering, or reasonably believed to be suffering, from anaphylaxis, has been designated by a school, and has received specified training.

- Authorizing physician and surgeon - a physician and surgeon employed by, or contracting with, a local educational agency, a medical director of the local health department, or a local emergency medical services director.

REASON FOR THE BILL
According to the author, California requires school districts to "provide emergency epinephrine auto-injectors to school nurses or trained personnel" to ensure that schools have the tools they need to intervene in anaphylaxis. However, many schools do not have full time nurses or other personnel authorized to administer EAIs during school hours and after school programming.

The author goes on to state that the Lucile Packard Foundation's recent KidsData report shows that California has one of the worst school nurse to student ratios in the country.

No county in the state comes close to meeting the American Academy of Pediatrics' recommendation of one full-time nurse per school. The problem is even more pronounced in rural counties, with Yuba County having one nurse for every 14,700 students, and Alpine, Mono, and Sierra counties providing no school nurses.

ANALYSIS
This bill would require school districts, county offices of education, and charter schools to do all of the following as it relates to providing emergency EAIs to school nurses or trained personnel:

- Store the EAIs in an accessible location upon need for emergency use.

- Include the location of the EAIs in the annual notice that is sent to all staff requesting volunteers to be trained to administer an EAI.

- Make accessible, such as through publicly posting, written materials that contain the information provided during EAI trainings.

This bill would also provide that if school nurse or trained personnel are not onsite or available to administer an EAI to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity and a physician is not immediately available, any school employee may administer an EAI to the person.

Lastly, a school employee who administers an EAI in the above-mentioned situation shall be immunized from liability pursuant to California's Good Samaritan law.

FISCAL IMPACT
None anticipated.

SUPPORT
- Allergy Strong
- California Food Allergy Moms
- Food Allergy Research and Education
- Latino Food Allergy Network
- Red Sneakers for Oakley

OPPOSITION
None on file.

LEGISLATIVE COMMITTEE POSITION
Not Applicable.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 1722
AUTHOR: Dahle
BILL DATE: February 17, 2023 - Introduced
SUBJECT: School nurses: requirements
SPONSOR: Author
BOARD IMPACT: Direct

SUMMARY

This bill would allow a school nurse to be a currently licensed vocational nurse (LVN) provided they also meet the minimum requirements for a credential in school nursing.

RECENT AMENDMENTS

Not Applicable.

BACKGROUND

School Nurse

According to the California Education Code, school nurses strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

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

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

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.

As an example, included below are the essential responsibilities for a School Nurse in the Los Angeles Unified School District pulled from a current job announcement:

- Provides nursing services at assigned school sites or Early Education Centers.
- Identifies health problems that could impact a student's ability to learn and provide intervention by helping families find resolution to identified health barriers to learning.
- Determines, provides, and supervises the appropriate skilled care for students with special health needs, such as diabetes, severe allergies, spina bifida, asthma, cardiac conditions, respirator dependency, seizures, etc.
- Refers students and parents to Special Programs-Central Nursing, School Wellness Centers, or appropriated community resources for necessary services related to physical or mental health.
- Responds to emergency needs of students, accidents, emergency illnesses, and crisis situations at school.
- Evaluates immunizations required for school entry and follow-up for compliance.
- Provides in-service education to school personnel on CPR, Automated External Defibrillator usage, First Aid, communicable disease control, asthma triggers, and diabetic care.
- Provides appropriate health education for students, individually and in groups, in a variety of health topics; relates health instruction and guidance to specific health needs of students.
- Participates with school administrators and school personnel in developing Individualized Education Program and 504 Plans for students with special needs.

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:

- 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.

- 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
To Be Determined.

ANALYSIS
Under current law, a school nurse is a registered nurse (RN), licensed by the Board of Registered Nursing (Board), that has completed the additional educational requirements for, and possesses a current credential in, school nursing.

This bill would allow for LVNs that are licensed by the Board of Vocational Nursing and Psychiatric Technicians, to also serve as school nurses so long as they meet the same additional educational and credentialing requirements established in law.

When discussing implementation of this bill, internal and external stakeholders expressed concerns with a LVNs limited scope of practice. A school nurse is expected to be able to assess and evaluate the health and development status of pupils. While an LVN may provide information that can support a patient's assessment, such as taking their vitals, they may not conduct full patient assessments, development assessments or interpret data under their scope of practice.

Furthermore, a school nurse is expected to be able to design and implement a health maintenance plan to meet the individual health needs of the students, incorporating plans directed by a physician. Again, while a LVN can contribute information to an individualized health care plan, their scope of practice does not allow an LVN to develop one themselves.

FISCAL IMPACT
None anticipated.

SUPPORT
None on File

OPPOSITION
- California School Nurses Organization

LEGISLATIVE COMMITTEE POSITION
Not Applicable.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 345
AUTHOR: Senator Skinner
BILL DATE: February 7, 2023 – Introduced
SUBJECT: Fetus-related terminology
SPONSOR: Author

SUMMARY

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.”

BACKGROUND

The Nurse Practice Act outlines the scope of practice for a certified nurse midwife and contains references to both the term “fetus” and the term “unborn child.”

Fetus is a medical term that refers to the fetal state of pregnancy. When egg and sperm meet, a zygote is formed and quickly begins dividing to become an embryo. As pregnancy progresses the embryo becomes a fetus. Pregnancy moves from the embryonic period and to the fetal period approximately 8 weeks after conception which is approximately 10 weeks from last period. The fetal stage is characterized by increased growth and by the full development of the organ systems.

REASON FOR THE BILL

To Be Determined.

ANALYSIS

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.”

The statutes this bill would update are the Nursing Practice Act, Code of Civil Procedure, Education Code, Health and Safety Code, and the Probate Code.

It would also update gendered terminology throughout those statutes.

FISCAL IMPACT

None Anticipated.

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: Senate Bill 372
AUTHOR: Menjivar
BILL DATE: February 9, 2023 - Introduced
SUBJECT: DCA: licensee and registrant records: name and gender changes
SPONSOR: CA Association of Marriage and Family Therapists and others.
BOARD IMPACT: Direct

SUMMARY

This bill would require a board within the Department of Consumer Affairs (DCA) to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed.

RECENT AMENDMENTS

Not Applicable.

BACKGROUND

DCA License Search

The DCA License Search provides consumers with around-the-clock access to information about 3.9 million licensees. Consumers can access the DCA License Search to verify if a professional is licensed by a DCA board or bureau.

In furtherance of DCA's mission of public protection, each license record reflects if a license is current, expired, or has been subject to disciplinary action such as suspension or revocation. This allows consumers to make informed decisions about who they choose to seek a variety of services from, such as healthcare services.

Deadnaming

Deadnaming occurs when someone refers to a transgender or non-binary person by a name they no longer use—typically a birth name given to them before their transition. When transgender or non-binary people transition or come out, they may choose a new name to affirm their identity. This new name, in a way, marks the "death" of their old identity and the person they once were.

Like misgendering, deadnaming is a harmful practice because it fails to recognize a person's identity. Both accidental and intentional deadnaming can both undermine a person's gender identity. Whereas intentional deadnaming is often seen as a form of verbal harassment, even accidental deadnaming can upset or hurt others because it conveys a lack of awareness of the trans or non-binary person's life. Research has shown that referring to someone using their chosen name can reduce depressive symptoms and even suicidal ideation and behavior for transgender people.

Furthermore, public deadnaming can force an individual to disclose that they are transgender before they wish to. Transgender people experience high rates of discrimination, especially if they are known or believed to be trans. The National Center for Transgender Equality found in their 2015 US Trans Survey that 46% of people surveyed had been verbally harassed and 9% had been physically assaulted for their trans identity. Additionally, 30% reported experiencing discrimination in the workplace or with prospective employers. The UCLA Williams Institute found that trans adults have a suicidal ideation rate 12 times higher and a suicide attempt rate 18 times higher than the general population.

REASON FOR THE BILL

According to the author, deadnaming occurs when someone intentionally or unintentionally refers to a trans or non-binary person by the name they previously used. Currently, when a licensed professional has legally changed their name, their original or deadname still appears in the DCA's BreEZe online license verification system. This practice can both negatively impact the mental health as well as the physical safety of all licensees under DCA who are identified by their deadname online.

ANALYSIS

This bill would require a board within DCA that receives a government-issued documentation from a licensee demonstrating that the licensee or registrant's legal name or gender has been changed, to update their records, including any records contained within an online license verification system, to include the updated legal name or gender.

If requested by the licensee, the bill also requires a board reissue any documents conferred upon the licensee with the licensee updated legal name or gender, if requested by the licensee. The bill also states that a board may not charge a higher than they typically would for reissuing a document with other corrected or updated information.

The bill defines documentation sufficient to demonstrate a legal name or gender change as including, but not limited to, any of the following:

- State-issued driver's license or identification card.
- Birth certificate.
- Passport.
- Social security card.
- Court order indicating a name change or a gender change.

Lastly, the bill clarifies that the board is not required to modify records that the licensee or registrant has not requested for modification or reissuance.

Under current processes, when a licensee changes their name and requests that their records be updated, both the licensees previous and current names are displayed on external facing websites, such as the DCA License Search. This is to ensure that a

consumer can access any disciplinary or administrative action that may have been taken against a licensee under their previous name as well as their current name. Although it is not currently specified in the bill, the author's office has indicated the intent of the bill is for the licensee's deadname to be removed from any public facing websites or documents, when requested by the licensee.

When discussing implementation of this bill, operational concerns were expressed with how to ensure that a consumer would be made aware of any disciplinary or administrative action that was taken against a licensee while they were registered under their deadname, if that name is removed.

One amendment suggested was to have the Board do an enforcement check whenever an applicant requests the name on their license be changed. If there is no disciplinary or administrative action found in the recent past, then removing the previous name would not compromise public protection. Since a small percentage of the Board's overall licensees have received some type of discipline on their license, the hope is that this could address both concerns in most situations.

FISCAL IMPACT
Board staff anticipates workload and IT costs associated updating the BreEZe system and manually redacting previous names from public facing enforcement documents such as legal pleadings, decisions, etc. The overall cost will likely depend on the volume of licensees who request removal of a previous name.

SUPPORT
- CA Association of Marriage and Family Therapists (Co-Sponsor)
- CA State Association of Psychiatrists (Co-Sponsor)
- CA Association of Social Rehabilitation Agencies (Co-Sponsor)
- CA Council of Community Behavioral Health Agencies (Co-Sponsor)
- CA Psychological Association (Co-Sponsor)
- CA Association for Licensed Professional Clinical Counselors (Co-Sponsor)
- National Association of Social Workers – CA Chapter (Co-Sponsor)
- Psychiatric Physicians Alliance of California (Co-Sponsor)

OPPOSITION
None on File.

LEGISLATIVE COMMITTEE POSITION
Not Applicable.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 472
AUTHOR: Senator Hurtado
BILL DATE: February 13, 2023 – Introduced
SUBJECT: Pupil health: opioid overdose reversal medication
SPONSOR: Author

SUMMARY

This bill would require each public school operated by a school district, county office of education, or charter school to maintain at least 2 doses of naloxone hydrochloride or another opioid antagonist or to report annually to the Department of Education and the Department of Health Care Services the reason for not distributing naloxone hydrochloride or another opioid antagonist

The bill also states that it is the intent of the Legislature to enact future legislation that would authorize school districts to host trainings to parents regarding naloxone hydrochloride or another opioid antagonist.

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 or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school.

REASON FOR THE BILL

The author's office states that the current opioid crisis ranks as one of the most significant public health concerns of our time. According to the Center Disease Control more than 932,000 people have died since 1999 from drug overdoses. In 2020, 92,000 drug overdose deaths occurred in the United States, 75% of those deaths involved an opioid. Director of the California Department of Health Care Services, Michelle Baass, stated that "the opioid epidemic is one of the biggest challenges facing California today."

In 2019, the California Department of Public Health reported 3,244 deaths related to opioid overdose.

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

Alternatively, the bill would require any school district, county office of education, or charter school that does not exercise their authorization to distribute naloxone hydrochloride or another opioid antagonist on its campus to annually report Department of Education and the Department of Health Care Services the following information:

- Why they are not distributing naloxone hydrochloride or another opioid antagonist.
- How they made the determination to not distribute naloxone hydrochloride or another opioid antagonist.

The bill also contains intent language regarding the Legislature's desire to enact future legislation that would authorize school districts to host trainings to parents regarding naloxone hydrochloride or another opioid antagonist.

FISCAL IMPACT
None.

SUPPORT
None on File.

OPPOSITION
None on File.

LEGISLATIVE COMMITTEE POSITION
Not Applicable.

FULL BOARD POSITION
To Be Determined.