

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 890
AUTHOR: Wood
BILL DATE: August 6, 2020, Amended
SUBJECT: Nurse practitioners: scope of practice: practice
without standardized procedures
SPONSOR: Author
POSITION: Oppose

DESCRIPTION OF CURRENT LEGISLATION:

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

RECENT AMENDMENTS:

Following the Medical Board of California's (Board) May 2020 meeting, AB 890 was amended, as follows:

- Establishes the Committee within BRN (no longer as a separate licensing board)
- Updates the requirements for an NP to qualify to practice independently and when Advanced Practice Nurse Practitioners (APNP) must consult with, or refer a patient to, a physician.
- Excludes correctional treatment centers and state hospitals, and adds home health agencies and hospice facilities, as authorize settings for certain NPs to practice independently.
- Clarifies certain diagnostic procedures that may be ordered by an NP practicing independently.

On Saturday, August 8, the Senate Business, Professions, and Economic Development Committee approved the bill with the following amendments that are not yet in print:

- Require the national certification that certain NPs must hold be from an accredited body and that BRN shall approve boards that meet quality standards.
- Require NPs practicing independently and APNPs to post a notice in a conspicuous location that they are licensed and regulated by BRN.

These amendments further the goals of the bill and do not address the Board's concerns with granting NPs authority to practice without physician supervision.

BACKGROUND:

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

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

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

ANALYSIS:

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

The first tier authorizes an NP to practice independently (referred to in this analysis as an “independent NP”) in specified settings if they meet certain requirements. The second tier would require BRN to license an NP (referred to in this analysis as an APNP) to practice outside those settings, if they meet additional requirements.

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

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

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

Requirements to be an Independent NP

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

- Pass a national NP board certification exam and holds an NP certification from a national body recognized by BRN
- Provide documentation that their education and training was consistent with BRN's established clinical practice requirements.
- Complete three years of full-time practice or 4600 hours

Authorized Services and Functions for Independent NPs

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

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

Practice Settings for Independent NPs

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

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

Licensure of APNPs

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

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

APNPs shall consult with a physician under the following circumstances:

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

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

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

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

FISCAL: None

SUPPORT: AARP; Alliance of Catholic Health Care, Inc.; American Nurses Association/California; Anthem Blue Cross; Association of California Healthcare Districts; Association of Community Human Service Agencies; Association of Physician Groups; California Alliance of Child and Family Services; California Association of Clinical Nurse Specialists; California Association for Health Services at Home; California Association for Nurse Practitioners; California Hospital Association; California Naturopathic Doctors Association; California State Council of Service Employees; Casa Pacifica; Congress of California Seniors; Engineers and Scientists of California Local 20, IFPTE AFL-CIO & CLC; Essential Access Health; Hathaway Sycamores; Mental Health Association in California; Providence St. Joseph; Steinberg Institute; Western University of Health Sciences; and Numerous Individuals, including licensed NPs **[partial list]**

OPPOSITION: American Congress of Obstetricians & Gynecologists – District IX; American Society of Plastic Surgeons; American Society of Radiologic Technologists; California Chapter American College of Cardiology; California Chapter of the American College of Emergency Physicians; California Medical Association (unless amended); California Rheumatology Alliance; California Orthopedic Association; California Society of Plastic Surgeons; Physicians for Patient Protection; Osteopathic Physicians and Surgeons of California; San Diego Psychiatric Society; Union of American Physicians and Dentists; and Numerous Individuals **[partial list]**

ATTACHMENT: [AB 890, as amended, Wood. Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures.](#)
Version: 08/06/20 – Amended Senate