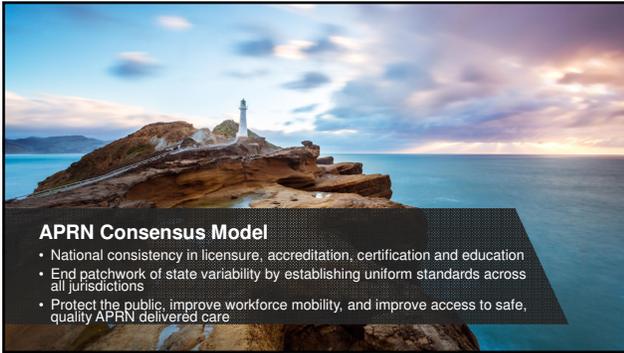


Objectives

1. Describe the political landscape impacting nursing licensure nationally and how that shaped California's new law.
2. Articulate the impact of a state-based certification requirement.
3. Discuss the role of certifying boards in response and in future legislative efforts impacting certification exams and the profession.

How it Started | How it's Going

The slide features two side-by-side photographs. The left image shows a rugged, rocky coastline under a dramatic sunset sky with orange and purple hues. The right image shows a lighthouse on a rocky island, with a large wave crashing against its base, symbolizing challenges and resilience.





How It Started: California AB 890 As Introduced

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

SECTION 1. Section 2827.1 is added to the Business and Professions Code, to read:

2827.1. (a) Notwithstanding any other law, a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body may practice under this section without supervision by a physician and surgeon if the nurse practitioner has practiced under the supervision of a physician and surgeon for at least _____ years.

(b) In addition to any other practices authorized by law, a nurse practitioner may do all of the following without supervision by a physician and surgeon:

- (1) Conduct an advanced assessment.
- (2) Order and interpret diagnostic procedures.
- (3) Establish primary and differential diagnoses.
- (4) Prescribe, order, administer, dispense, and furnish therapeutic measures, including, but not limited to, the following:
 - (A) Diagnosis, prescribing, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.
 - (B) Prescribe, administer, dispense, and furnish pharmaceutical agents, including over-the-counter, legend, and controlled substances.
- (5) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.
- (6) After performing a physical examination, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.
- (7) Delegate tasks to a medical assistant pursuant to Sections 1306.5, 2060, 2070, and 2071, and Article 2 (commencing with Section 1360) of Chapter 3 of Division 13 of Title 16 of the California Code of Regulations.
- (8) Perform additional acts that require education and training and that are recognized by the nursing profession as appropriate acts to be performed by a nurse practitioner.
- (9) A nurse practitioner shall refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of a patient is beyond the scope of the education and training of the nurse practitioner.
- (10) A nurse practitioner practicing under this section shall maintain professional liability insurance appropriate for the practice setting.

SEC. 2. No referendum is required by this act pursuant to Section 6 of Article II of the California Constitution because the state credit that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17056 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article II of the California Constitution.

How It Going : California AB 890 is LAW

- Created a new physician and NP committee to make recommendations "on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and disciplinary action of individual NPs".
- Regulates NPs under **4 different ways** based on **setting, employer, and time** in practice.
 - Establishes formalized 3 years in TTP for NPs in select physician-linked settings
 - Requires above TTP, an additional 3 years in practice, and other requirements for NPs who own their own practice or work for another NP.
- Requires an NP to "verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon" and "post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and the internet website where the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made".
- Establishes other new requirements, permits NPs to serve on medical staffs with limited voting on committees they are assigned, subjects NPs to the state's peer review process and anti-kickback statutes, and...

How It Going : California AB 890 is LAW

- Requires review of national certification exams and the potential creation of a supplemental state-based competency exam

2837.105. (a) (1) The board shall request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision.

(2) The board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

(3) The occupational analysis shall be completed by January 1, 2023.

(4) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision that are not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103, the board shall identify and develop a supplemental exam that properly validates identified competencies.

(b) The examination process shall be regularly reviewed pursuant to Section 139.

What's Happening Now: Regulatory Phase

- ✓ BRN formed the statutorily required physician-NP committee
- ✓ BRN hosting interested parties discussions on various elements of new statute
- ✓ BRN and the Office of Professional Examination Services on an occupational analysis, an assessment of the competencies
 - National Nursing certifiers sent letter shared letter to OPE
 - OPE conducting OA via workgroups with SME
 - Outcome of review is pending

No regulations yet posted for public comment

Process	Topic	Target Date
Interviews	Defining Occupational tasks and knowledge	July 2021
Workshop 1	Review occupational tasks and knowledge statements for: • Pediatric Primary Care • Adult/Gerontology Primary Care	August 17, 2021 8:30 am – 5:00 pm
Workshop 2	Review occupational tasks and knowledge statements for: • Pediatric Acute Care • Adult/Gerontology Acute Care	August 18, 2021 8:30 am – 5:00 pm
Workshop 3	Review occupational tasks and knowledge statements for: • Psychiatric • Family	September 28, 2021 8:30 am – 5:00 pm
Workshop 4	Review occupational tasks and knowledge statements for: • Neonatal • Women's Health	September 29, 2021 8:30 am – 5:00 pm



Managing Next Steps

- Public Comment
- Alternative Paths
- California Assembly Bill 852 and 1532
- Future Legislation

Preventing the First Follower:
What other states need to know

- This **new** tactic designed to cast doubt on existing Nursing national certification and competency requirements and undermine their validity as the "universal gold standard." **This is not an area for compromise.**
- Existing national professional certification exams developed by certification boards are rigorous, legally defensible, and psychometrically sound. National certifiers undertake extensive, periodic, scheduled reviews to remain current with existing practice standards. Each of the national certification boards are themselves overseen by the National Commission for Certifying Agencies or the American Board of Nursing Specialties. NP national boards are recognized in all other jurisdictions and by the federal government.
- Creating a state-specific exam is an unnecessary expense to the state. Exam development costs hundreds of thousands of dollars.
- A state-based exam created by individual state agencies as a pre-requisite for licensure or practice expose the state to litigation.
- These are inconsistent with the APRN Consensus Model, a national standard for new barrier NP practice.






what we're doing **WHY IT MATTERS**