Agenda Item 10.0

Report on Legislation

BRN Board Meeting | February 28-29, 2024

Legislative Committee
February 28-29, 2024

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Agenda Item 10.1

Legislative Updates

BRN Board Meeting | February 28-29, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 10.0
DATE: February 28-29, 2024

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.

Please see list of bills without an accompanying analysis and the reason.

AB 1944 (Waldron) – Confirmed with the author's office the bill does not impact nurses.

AB 2526 (Gipson) – Still in spot bill format when meeting materials were finalized.

AB 2578 (Flora) – Still in spot bill format when meetings materials were finalized.

AB 2679 (Rubio) – Still in spot bill format when meeting materials were finalized.

AB 2682 (Gipson) – Bill number was accidentally transposed; it should have been listed as AB 2862. Per Bagley-Keene we cannot discuss a bill that was not listed on the agenda.

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

PERSON TO CONTACT:

Marissa Clark
Chief of Legislative Affairs
Marissa.Clark@dca.ca.gov
916-574-7438

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2015
AUTHOR: Assemblymember Schiavo
BILL DATE: January 31, 2024 – Introduced
SUBJECT: Nursing schools and programs: faculty members, directors, and assistant directors

SUMMARY

This bill would establish a process and the criteria for registered nurses (RN) to obtain approval from the Board of Registered Nursing (Board) to serve as a faculty member, assistant director, or director at any approved prelicensure nursing program throughout the state.

BACKGROUND

The Board is responsible for implementation and enforcement of the Nursing Practice Act, which consists of laws related to nursing education, licensure, practice, and discipline. This includes approving faculty for all Board approved prelicensure nursing programs in California.

The Board is responsible for verifying that prospective faculty meet the minimum qualifications outlined in Title 16 California Code of Regulations (CCR) Section 1425. The Board also ensures compliance with Title 16 CCR Section 1424(h), which requires faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing to be clinically competent in the areas to which they are assigned. The Board's current faculty approval process is outlined below.

Current Faculty Approval Process

1. Nursing program advertises faculty positions and conducts recruitment efforts.
2. Prospective faculty member applies to teach at nursing program.
3. Nursing program director screens resumes and selects candidates for interviews.
4. Nursing program director conducts interviews with top candidates.
5. Nursing program direction makes final hiring decision.
6. Prior to extending an offer, nursing program director submits request for approval to their assigned Nursing Education Consultants (NEC).
7. NEC reviews information and confirms whether the applicant meets the faculty qualifications outlined in Title 16 CCR Section 1425.
    a. If the applicant meets the qualifications, the school receives approval to proceed with hiring and onboarding the applicant.
    b. If the applicant does not meet the qualifications, the school does not receive approval and must either remediate the nursing faculty if they have a previous faculty approval from another school, submit another applicant, or begin the advertising, screening, and interviewing process from the beginning.
8. If seeking a leveling increase or new nursing content area for the faculty member, nursing program director submits request for approval to their NEC.

9. NEC reviews information and confirms whether the applicant meets qualifications for new designation.
    a. If the applicant meets the qualifications, the school receives approval to increase the faculty's approved level.
    b. If the applicant does not meet the qualifications, the school receives approval to increase the faculty's approved level and must identify another way to fill that need.
    c. The school can also follow the remediation process outlined in 16 CCR 1425.1(d).
10. Nursing program director reports to the Board any changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member.

REASON FOR THE BILL

The Board's current faculty approval process is not efficient and limits the potential pool of qualified faculty. Having the Board conduct its vetting and approval after a nursing program has gone through a lengthy hiring process and chosen a top candidate is backwards, creates an additional workload for the school, and can cause unnecessary delays if the top candidate does not meet the minimum qualifications.

This bill would transition the Board's faculty approval to being applicant based, rather than school-based to streamline the approval process, reduce administrative burden for the schools, and assist the Board with gathering critical data on California's nursing faculty labor pool.

ANALYSIS

Approval

The bill would require all faculty members, assistant directors, and directors of an approved school of nursing or nursing program to hold an active license in good standing as a RN and be approved by the Board as possessing the minimum qualifications for their level and content area.

That bill states that to obtain approval as a faculty member, assistant director, or director of an approved school of nursing or nursing program, an individual must submit a completed application in the form prescribed by the Board and accompanied by evidence, statements, or documents, as required by the Board.

The bill would require a faculty member to be clinically competent in the nursing area in which they teach and defines the term, "clinically competent" as possessing and exercising the degree of learning, skill, care, and experience ordinarily possessed and exercised by staff-level registered nurses of the nursing area to which the faculty member is assigned.

The bill states that clinical competence is established through direct patient care experience obtained within the previous five years by either of the following:

- One year of continuous, full-time experience, or its equivalent, providing direct patient care as a registered nurse in the designated nursing area.
- One academic year of registered nurse-level clinical teaching experience, or its equivalent, in the designated nursing area that demonstrate clinical competency.

Verification

The bill would require the Board to display an individual's faculty approval status, including the approved level and content areas, with the status of their nursing license on the Department of Consumer Affairs (DCA) online search tool.

The bill would then require an approved school of nursing or nursing program, before extending an offer of employment, to use the DCA online search tool to verify both of the following:

- The applicant holds a clear and active license issued by the Board.
- The applicant is approved by the Board to teach in the level and content areas relevant to the open position or assignment.

The bill states that Board's faculty approval is valid for a period of five years and can be renewed with evidence of continued clinical competence.

Remediation

The bill states that if an applicant has a current faculty position in a nursing content area and does not meet the requirement regarding clinical competency relevant to an open or new position or assignment, an approved school of nursing or nursing program may use the Board's faculty remediation process to assist the faculty member to become approved in the new nursing content area.

The bill would authorize the Board to provide a one-year temporary faculty approval in a nursing content area while the applicant is completing a board-approved remediation plan.

The bill states that a temporary faculty approval would only apply to instruction in theory and would require the applicant be under mentorship and supervision of a content expert for that nursing content area.

Reporting

The bill would require an approved school of nursing or nursing program to report to the Board changes in the program's director or assistance director.

The bill would prohibit the Board from requiring an approved school of nursing or nursing program to report to the Board any of the following faculty changes:

- A change in a faculty member's teaching area.
- An offer of employment for a faculty member position.
- Termination of employment of a faculty member.

Lastly, the bill would require the Executive Officer to develop a uniform method for evaluation requests and granting approvals under the provisions of this bill.

FISCAL IMPACT
None. The current faculty approval is conducted by the Board's Nursing Education Consultants using a paper process. If the bill were to pass, the process would be updated, and the form would be made available to the public for licenses to access.

On a separate but related note, the Board began working on incorporating the faculty approval process into Breeze back in Summer of 2022. It is currently included as part of the BRN Modernization Project with some of the desired system changes having already been completed, such as adding a licensee's faculty approval status to the DCA License Look Up website.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2104
AUTHOR: Assemblymember Soria
BILL DATE: February 5, 2024 – Introduced
SUBJECT: Community colleges: Baccalaureate Degree in Nursing Pilot Program

SUMMARY

The bill would require the California Community Colleges Chancellor's Office (CCCO) to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes no more than 15 community college districts to offer a Bachelor of Science in Nursing (BSN) degree.

The bill would also require the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program.

BACKGROUND

As outlined in the Master Plan for Higher Education and by state statute, the California Community Colleges are designated to have an open admission policy and bear the most extensive responsibility for lower-division undergraduate instruction. Its three primary areas of mission include education leading to associate degrees and university transfer, career technical education, and basic skills. The primary mission of the California State Universities is undergraduate and graduate instruction through the master's degree. The University of California was granted the sole authority to offer doctoral degrees.

In 2014, Governor Brown signed Senate Bill 850 (Block, Chapter 747, Statutes of 2014) which authorized the California Community Colleges Board of Governors to establish the statewide baccalaureate degree pilot program at 15 California community colleges. In November 2014, the CCCO sought applications from colleges that were interested in participating in the pilot program. In May 2015, the Board of Governors approved 15 colleges to participate. The first Baccalaureate Degree Program graduates received their degrees in spring 2018.

In 2021, Governor Newsom signed AB 927 (Medina, Chapter 565, Statutes of 2021) authorizing the Board of Governors to expand and extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill authorized the Board of Governors to establish up to 30 baccalaureate degree programs in two applications cycles per academic year.

Among other requirements and criteria, baccalaureate degree programs at community colleges are currently subject to the following limitations:

- A district must identify and document unmet workforce needs in the subject area of the baccalaureate degree to be offered and offer a baccalaureate degree at a

campus in a subject area with unmet workforce needs in the local community or region of the district.

- A baccalaureate degree program shall not offer a baccalaureate degree program or program curricula already offered by the California State University or the University of California.

- A district must have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

For a list of currently approved California Community College Bachelor's Degree Programs, please visit the following website, CCCO Baccalaureate Degree Program.

REASON FOR THE BILL
To be determined pending receipt of fact sheet.

ANALYSIS
This bill would require the CCCO to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes select community college districts to offer a BSN degree.

The bill would limit the pilot program to 15 community college districts statewide and authorize the CCCO to identify eligible community college districts that apply based on at least two of the following criteria:

- Community college districts that demonstrate equitable access to the pilot program, with a particular focus on regions showing a need for healthcare professionals.
    - This includes regions with a projected significant growth rate above 7 percent over the years 2025 to 2030, inclusive, and regions encompassing northern, central, and southern parts of the state.
- Priority is given to community college districts that are located in broadly recognized underserved nursing areas.
- Priority is given to community college districts where the service area of the community college district includes communities with persistent poverty.

The bill limits the total number of participants in a pilot program at a community college district to 25 percent of the community college district's associate degree in nursing class size. The only exception is for community college districts located in persistent poverty communities, which may increase the participants up to 75 percent of the community college district's associate degree in nursing class size.

Lastly, the bill requires the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program with a program sunset date of January 1, 2031.

Additional Considerations
The bill does not currently reference the involvement of or approval from the Board. However, state law requires prelicensure nursing programs to receive Board approval

before making a substantive change to their nursing program or degree option. This would include the type of major curriculum revision that would be needed for a community college nursing program to offer a BSN.

FISCAL IMPACT
Any requested changes to the community colleges prelicensure nursing programs would be submitted to the Board and go through the standard review/approval process. The related workload could be absorbed within existing resources.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2200
AUTHOR: Assemblymember Kalra
BILL DATE: February 7, 2024 – Introduced
SUBJECT: Guaranteed Health Care for All

SUMMARY

This bill would create the California Guaranteed Health Care for All program (CalCare) to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program.

The bill would make specified persons eligible to enroll as CalCare members during the implementation period and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.

BACKGROUND

The United States healthcare system is a complex blend of both private and public elements. Healthcare is largely provided by private sector healthcare facilities, and paid for by a combination of public programs, private insurance, and out-of-pocket payments.

Public Healthcare

The United States has established several publicly funded healthcare programs that collectively serve more than half of its population. Eligibility for public healthcare is determined by specific age and income requirements. The largest of these programs are Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

- *Medicare* is a federal program designed to help cover healthcare costs for individuals aged 65 and older, as well as certain younger individuals with disabilities or specific diseases.

- *Medicaid* is a state and federal program that provides health coverage to people with low income, including some low-income adults, children, pregnant women, elderly adults, and people with disabilities.

- *CHIP* is a state and federal partnership that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.

Private Healthcare

The private health insurance market also provides several options for obtaining coverage. The most common options are through employer-based coverage, health insurance marketplace, and direct purchasing. Regardless of the method chosen, private health insurance costs can vary widely based on the coverage level, the policyholder's health status, age, geographic location, and other factors.

- *Employment-Based Coverage* is one of the most common ways people obtain health insurance in the U.S. Many employers offer health insurance as part of their benefits package, covering a portion of the premiums, with the remainder typically deducted from the employee's paycheck. This coverage can extend to an employee's spouse and dependents as well.

- *Health Insurance Marketplace* allows individuals, families, and small businesses to explore and purchase health insurance plans. Plans offered on the Marketplace are divided into four categories – Bronze, Silver, Gold, and Platinum – which have varying levels of cost sharing between the insurer and insured.

- *Direct Purchase from Insurance Companies* provides individuals the ability to bypass the Marketplace and purchase health insurance directly from a private insurance company.

Previous California Legislation

AB 1810 (Committee on Budget, Chapter 34, Statutes of 2018) created a five-member Council on Health Care Delivery Systems to write a plan to provide California residents with universal health care coverage. The charge to the Council was to make recommendations to the Governor and Legislature regarding steps needed to achieve access to health care for all Californians through a unified financing system.

SB 104 (Committee on Budget and Fiscal Review, Chapter 67, Statutes of 2019) revised some provisions of AB 1810 and changed the five-member Council on Health Care Delivery Systems to the 13-member Healthy California for All Commission (HCFA). SB 104 charged the HCFA with developing a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians.

In April 2022, the HCFA issued its final report and endorsed a unified financing system with the following characteristics:

- All Californians will be entitled to receive a standard package of health care services;
- Entitlement will not vary by age, employment status, disability status, income, immigration status, or other characteristics; and,

- Distinctions among Medicare, Medi-Cal, employer-sponsored insurance, and individual market coverage will be eliminated within the system of unified financing.

One of the main questions on how unified financing could be achieved is how to draw down the federal dollars that are currently being spent on health care in California. The HCFA report found that unified financing cannot be accomplished in California without federal support. Commissioners disagreed about whether federal participation could be accomplished through existing Medicare, Medicaid, and ACA waiver authority, or whether changes in federal law would be required. Waiver authority allows a state to ignore certain federal program rules for experimental or demonstration projects which are generally required to cost no more than what the federal government would have spent on the program without the waiver.

SB 770 - Health Care: Unified Health Care Financing
Last year, Governor Newsom signed into law SB 770 (Weiner, Chapter 412, Statutes of 2023) which directs the Secretary of the California Health and Human Services Agency to research, develop, and pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specific features, including a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, without cost sharing for essential services and treatments.

The bill requires the Secretary to provide an interim report by January 1, 2025, detailing the agency's preliminary analysis and input from stakeholders, and to propose statutory language authorizing the development and submission of federal waiver applications. The bill then requires the Secretary to complete the waiver framework by June 1, 2025, and hold a 45-day public comment period and produce a report on the finalized waiver framework by November 1, 2025.

REASON FOR THE BILL
According to the author's office, today's U.S. health care system is a complex, fragmented, multi-payer system that leaves wide gaps of coverage and poses major issues of affordability. Despite health care spending in the U.S. far exceeding other high-income, industrialized countries that offer a publicly financed single-payer system, we consistently report worse health outcomes and disparities among vulnerable populations.

The author's office goes on to state that AB 2200 sets in motion a single-payer health care coverage system in California, called CalCare, for all residents, regardless of citizenship status. By streamlining payments and lowering per-capita health care spending, CalCare guarantees quality health care and long-term care and eliminates barriers to care and out-of-pocket costs.

ANALYSIS

Due to the length and complexity of the proposed legislation, the following is not an exhaustive overview of every bill provision. Please refer to the bill text for complete details: AB 2200 (Kalra) Guaranteed Health Care for All.

Governance

CalCare Board

The bill would establish a 9-member CalCare Board as an independent public entity not affiliated with an agency or department.

CalCare Public Advisory Committee

The bill would establish a 17-member CalCare Public Advisory Committee to advise the board on all matters of policy for CalCare.

Advisory Commission on Long-Term Services and Support

The bill would establish a 11-member Advisory Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports for CalCare.

Advisory Committee on Public Employees' Retirement System Health Benefits

The bill would establish an Advisory Committee on Public Employees' Retirement System Health Benefits to provide input, including recommendations, to the board on matters of policy related to public employee retiree health benefits and CalCare.

The bill would authorize the CalCare Board to establish and implement CalCare to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

The bill would allow the board to delegate authority to the executive director to employ staff and perform a variety of responsibilities necessary to implement the purposes and intent of CalCare. Examples of these responsibilities include, but are not limited to, the following:

- Determine goals, standards, guidelines, and priorities for CalCare.
- Annually assess projected revenues and expenditures and ensure the financial solvency of CalCare.
- Develop CalCare's budget to ensure adequate funding to meet the health care needs of the population.
- Establish standards and criteria for the development and submission of provider operating and capital expenditure requests.
- Establish standards and criteria for the allocation of funds from the CalCare Trust Fund.
- Establish an enrollment system that ensures all eligible California residents, are aware of their right to health care and are formally enrolled in CalCare.
- Negotiate payment rates, set payment methodologies, and set prices involving aspects of CalCare.

The bill would prohibit, a carrier from offering benefits or cover health care items or services for which coverage is offered to individuals under CalCare, except for in the following instances:

- Benefits to or for individuals, including their families, who are employed or self-employed in the state, but who are not residents of the state.
- Benefits during the implementation period to individuals who enrolled or may enroll as members of CalCare.

The bill states that a carrier may offer benefits to cover health care items or services that are not offered to individuals under CalCare.

The bill states that no later than two years after the effective date, the board shall develop proposals for the following:

- In consultation with the Advisory Committee on Public Employees' Retirement System Health Benefits, accommodating employer retiree health benefits for people who have been members of the Public Employees' Retirement System, but live as retirees out of the state.
- Accommodating employer retiree health benefits for people who earned or accrued those benefits while residing in the state before the implementation of CalCare and live as retirees out of the state.

The bill states that the board shall develop a proposal for CalCare coverage of health care items and services currently covered under the workers' compensation system, including whether and how to continue funding for those item and services under that system and how to incorporate experience rating.

The bill would authorize the board to contract with not-for-profit organizations to provide both of the following:

- Assistance to CalCare members with respect to selection of a participating provider, enrolling, obtaining health care items and services, disenrolling, and other matters relating to CalCare.
- Assistance to a health care provider providing, seeking, or considering whether to provide health care items and services under CalCare.

The bill would require the board to provide funds from the CalCare Trust Fund to the Secretary of Labor and Workforce Development for program assistance to the displaced health insurance workforce. Program assistance includes, job training and retraining, job placement, preferential hiring, wage replacement, retirement benefits, and education benefits.

The bill would require the board to collect and publicly share data to promote transparency, assess quality of care, compare patient outcomes, and review utilization of health care items and services paid by CalCare. The bill would prohibit the board from disclosing personally identifiable information.

The bill would require the board to conduct and deliver a fiscal analysis to determine both of the following:

- Whether or not CalCare may be implemented.
- If revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation.

Eligibility And Enrollment

The bill requires every resident of the state to be eligible and entitled to enroll as a member of CalCare and prohibits the requirement of any charge, premium, or cost-sharing.

The bill authorizes a college, university, or other institution of higher education in the state to purchase coverage under CalCare for a student, or a student's dependent, who is not a resident of the state.

The bill states that an individual entitled to benefits through CalCare may obtain health care items and services from any institution, agency, or individual participating provider.

The bill requires the board to establish a process for automatic CalCare enrollment at the time of birth in California.

The bill strictly prohibits any type of discrimination under CalCare.

Benefits

The bill states that enrolled CalCare individuals are entitled to have health care items and services paid if medically necessary or appropriate for maintenance of health or for the prevention, diagnosis, treatment, or rehabilitation of a health condition.

The bill states that determination of medical necessity or appropriateness is determined by treating physician or appropriate health care professional.

The bill states that Californians will have access to comprehensive health care benefits, including and not limited to all primary and preventive care, hospital and outpatient services, prescription drugs, dental, vision, audiology, abortion and other reproductive health services, gender-affirming care, maternity and newborn care, long-term services and supports, mental health and substance abuse treatment, laboratory and diagnostic services, and ambulatory services.

The bill states that covered benefits are not subject to prior authorization or limitation applied through the use of step therapy protocols.

The bill states that enrolled individuals are entitled to long-term services and supports if a condition causes a functional limitation in performing one or more activities of daily living or is a disability that substantially limits one or more of the member's major life activities.

The bill requires the board to regularly evaluate if benefits should be expanded or adjusted and to establish a process to petition the Board to add or expand benefits.

The bill requires the board to establish a process for individuals enrolled in CalCare to dispute a health care coverage decision through an Independent Medical Review.

Delivery Of Care

Health Care Providers

The bill states that a health care provider or entity is qualified to participate as a provider in CalCare if the health care provider furnishes health care items and services while the provider, or, if the provider is an entity, the individual health care professional of the entity furnishing the health care items and services, is physically present within the State of California, and if the provider meets all of the following:

- The provider or entity is a health care professional, group practice, or institutional health care provider licensed to practice in California.
- The provider or entity agrees to accept CalCare rates as payment in full for all covered health care items and services.
- The provider or entity has filed with the board a participation agreement.
- The provider or entity is otherwise in good standing.

The bill requires the board to establish and maintain procedures and standards for recognizing health care providers located out of the state for purposes of providing coverage under CalCare for members who require out-of-state health care services while the member is temporarily located out of the state.

The bill states that a health care provider must enter into a participation agreement to qualify as a CalCare provider and receive payment for items or services.

The bill outlines minimum provisions a participation agreement must contain, including but not limited to, a requirement for the provider to follow CalCare policies and procedures, a requirement for the provider to furnish information reasonably required to meet reporting requirements, and a prohibition on the provider entering into risk-bearing, risk-sharing, or risk-shifting agreements with other health care providers or entities other than CalCare.

The bill prohibits a CalCare provider from billing or entering in contract with individual CalCare member or for services covered by CalCare but authorizes a provider to enter into contract with individual non-CalCare members or for services not covered by CalCare.

The bill requires the board to adopt regulations regarding contracting for, and establishing payment methodologies for, covered health care items and services provided to members under CalCare by participating providers.

Payment for Health Care Items and Services

The bill requires all payment rates under CalCare to be reasonable and reasonably related to all of the following:

- The cost of efficiently providing health care items and services.
- Ensuring availability and accessibility of CalCare health care services, including compliance with state requirements regarding network adequacy, timely access, and language access.
- Maintaining an optimal workforce and the health care facilities necessary to deliver quality, equitable health care.

The bill requires an institutional provider's global budget to be negotiated with CalCare on an annual basis, based on a number of payment factors, to cover operating expenses associated with direct care for patients for covered health care items and services.

The bill requires the board to use existing Medicare prospective payment systems to establish and serve as the comparative payment rate system in global budget negotiations.

The bill requires the board to engage in good faith negotiations with health care providers to determine fee-for-service payment rates annually, with a rebuttable presumption that Medicare fee-for-service rates constitute reasonable payment rates.

The bill requires the board to adopt payment methodologies for payment of capital expenditures of specifically identified capital projects incurred by non-profit or governmental health facilities, separate from global budgets for operating expenses.

The bill requires the board, in consultation with the California Department of General Services, the California Department of Health Care Services, and other relevant state agencies, to negotiate prices to be paid for pharmaceuticals, medical supplies, medical technology, and medically necessary assistive equipment covered through CalCare.

The bill requires the board to in consultation with the California Department of General Services, the California Department of Health Care Services, the CalCare Public Advisory Committee, patient advocacy organizations, physicians, registered nurses, pharmacists, and other health care professionals, establish a prescription drug formulary system.

The bill requires the board to negotiate prices to be paid for pharmaceuticals, medical supplies, medical technology, and medically necessary assistive equipment covered through CalCare.

Program Standards

The bill requires the board to establish requirements and standards, by regulation, for CalCare and health care providers consistent with the applicable professional practice and licensure standards of health care providers and health care professionals established pursuant to the Business and Professions Code, the Health and Safety

Code, the Insurance Code, and the Welfare and Institutions Code, including requirements and standards for, as applicable:

- The scope, quality, and accessibility of health care items and services.
- Relations between participating providers and members.
- Relations between institutional providers, group practices, and individual health care organizations, including credentialing for participation in CalCare and clinical and admitting privileges, and terms, methods, and rates of payment.

The bill requires the board to establish requirements and standards, by regulation, under CalCare that include provisions to promote all the following:

- Simplification, transparency, uniformity, and fairness in the following:
    - Health care provider credentialing for participation in CalCare.
    - Health care provider clinical and admitting privileges in health care facilities.
    - Clinical placement for educational purposes, including clinical placement for prelicensure registered nursing students without regard to degree type, that prioritizes nursing students in public education programs.
    - Payment procedures and rates.
    - Claims processing.
- In-person primary and preventive care, efficient and effective health care items and services, quality assurance, and promotion of public, environmental, and occupational health.
- Elimination of health care disparities.
- Nondiscrimination.
- Accessibility of health care items and services, including accessibility for people with disabilities and people with limited ability to speak or understand English.
- Providing health care items and services in a culturally, linguistically, and structurally competent manner.
- Prevention-oriented care.

The bill would prohibit certain types of financial interest and bonus payments for providers and require providers to report financial interests or relationships with other providers to the California Department of Health Care Access and Information.

The bill would authorize a patient's treating health care professional to override health information technology or clinical practice guidelines based on independent professional judgment if the override is consistent with medical necessity, in the best interest of the patient, and consistent with the patient's wishes.

The bill would establish the Office of Health Equity under the direction of the California Department of Health Care Access and Information.

The bill charges the Office Health Equity with coordination and collaboration across the programs and activities of CalCare and the California Health and Human Services Agency with respect to ensuring health equity under CalCare and other health programs of the California Health and Human Services Agency.

Funding
The bill authorizes the board to seek all federal waivers and other federal approvals and arrangements and submit state plan amendments as necessary to operate CalCare.

The bill requires the board to apply for a federal waiver or federal approval as necessary to receive funds to operate CalCare by January 1, 2026.

The bill establishes the CalCare Trust Fund is in the State Treasury to be administered by the CalCare Board, to consist of the following state and federal funds for health care services:

- All moneys obtained pursuant to legislation enacted as part of a CalCare revenue plan
- Federal payments received as a result of any waiver of requirements granted or other arrangements agreed to by the United States Secretary of Health and Human Services or other appropriate federal officials for health care programs established under Medicare, any federally matched public health program, or the Affordable Care Act.
- The amounts paid by the State Department of Health Care Services that are equivalent to those amounts that are paid on behalf of residents of this state under Medicare, any federally matched public health program, or the Affordable Care Act for health benefits that are equivalent to health benefits covered under CalCare.
- Federal and state funds for purposes of the provision of services authorized under the federal Social Security Act that would otherwise be covered under CalCare.
- State moneys that would otherwise be appropriated to any governmental agency, office, program, instrumentality, or institution that provides health care items or services for services and benefits covered under CalCare.

The bill establishes the intent of the Legislature to enact legislation that would develop a revenue plan, in consultation with appropriate official and stakeholders, that takes into consideration anticipated federal revenue available for CalCare.

Transition
The bill requires the board to ensure that all persons enrolled, or who seek to enroll, in a health plan during the implementation period are protected from disruptions in their care during the implementation period, including continuity of care with current health care teams.

The bill requires the board to provide funds to the Secretary of Labor and Workforce Development for programs to address health care workforce education, recruitment, and retention to meet health workforce demands under CalCare.

The bill requires the board to coordinate with the CalCare Public Advisory Committee, the Office of Health Equity, the Department of Health Care Access and Information, the Labor and Workforce Development Agency, the California Health and Human Services

Agency, and health care professional licensing boards, including the Board of Registered Nursing, Medical Board of California, and Dental Board of California, to implement programs and policies related to health care workforce education, recruitment, and retention.

The bill would require the board to establish a CalCare Health Workforce Working Group to provide input, including recommendations, to the board and Secretary of Labor and Workforce Development on issues related to health care workforce education, recruitment, and retention, including all of the following:

- Programs and measures to expand clinical education capacity at California community colleges providing associate degree programs in health professions, including through programs to ensure the fair and equitable distribution of clinical placement at clinical education sites among approved health professions education programs and through programs to recruit and retain clinical faculty.
- Data collection and analysis and recommendations on health workforce attrition from direct care positions, including on moral distress and moral injury, safe staffing, and gaps in active California health professions licensees and those working in direct care.
- Identification and prioritization of geographical areas or populations in the state with unmet primary care or other health care needs, including access and availability of family physicians, primary care clinics, and registered nurses.
- Programs and measures to retain health care workforces, including public loan repayment assistance programs, minimum safe staffing requirements, investments in personal protective equipment, and occupational safety and health programs.
- Programs and measures to support expansion of graduate medical education programs and assistance for medical residents.
- Career ladders into health professions for ancillary and allied health workers, including licensed vocational nurses, certified nursing assistants, medical technicians, behavioral health technicians, health navigators, and community health workers.
- Career technical education pathways toward an associate degree at a California community college in a health professions education program.
- Programs to address barriers to health professions, including student debt levels, tuition assistance, childcare or other support, and debt-free residency or mentorship programs.

Operative Date

The bill states that, except for Chapter 1 (Intent & Definitions), Chapter 2 (Governance), and Chapter 7, Article 1 (Federal Health Programs and Funding), the rest of the title shall not become operative until the Secretary of California Health and Human Services notifies the Secretary of the Senate and the Chief Clerk of the Assembly in writing that the secretary has determined that the CalCare Trust Fund has the revenues to fund the costs of implementing this title.

FISCAL IMPACT

To Be Determined.

SUPPORT
- California Nurses Association

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2270
AUTHOR: Assemblymember Maienschein
BILL DATE: February 8, 2024 – Introduced
SUBJECT: Healing arts: continuing education: menopausal mental and physical health

SUMMARY

This bill would require healing art board licensees to have the option of taking coursework on menopausal mental and physical health to satisfy continuing education requirements.

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 pending receipt of fact sheet.

ANALYSIS

The law would amend the California Nursing Practice Act, along with the practice acts of other healing arts board under Department of Consumer Affairs, to require that licensees have the option of taking coursework on menopausal mental and physical health to satisfy continuing education requirements.

FISCAL IMPACT

None.

SUPPORT

None on File.

OPPOSITION

None on File.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2442
AUTHOR: Assemblymember Zbur
BILL DATE: February 13, 2024 – Introduced
SUBJECT: Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care

SUMMARY

The bill would require boards under the Department of Consumer Affairs to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care within the scope of practice of their license.

BACKGROUND

Current law requires all boards within the Department of Consumer Affairs to expedite the licensure process for the following individuals:

- An applicant that has served as an active-duty member of the Armed Forces of the United States and was honorably discharged.
- An applicant that is an active-duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program.
- An applicant that is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active-duty military orders.
- An applicant that has been admitted to the United States as a refugee, has been granted asylum, or has a special immigrant visa.
- An applicant that can demonstrate that they intend to provide abortions within their scope of practice.

Current law also requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within the scope of practice of their license.

REASON FOR THE BILL

To be determined, pending receipt of fact sheet.

ANALYSIS

The bill would require the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care or gender-affirming mental health care services within the scope of practice of their license.

The bill requires an applicant to demonstrate their intent to provide gender-affirming health care or gender-affirming mental health care by providing documentation, including a letter from an employer or contracting entity indicating that the applicant has accepted employment or entered into a contract to provide gender-affirming health care or gender-affirming mental health care, the applicant's starting date, and the location where the applicant will be providing gender-affirming health care or gender-affirming mental health care within the scope of practice of their license.

Gender-affirming health care is defined as 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 is defined 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.

FISCAL IMPACT
To Be Determined.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2471
AUTHOR: Assemblymember Patterson
BILL DATE: February 13, 2024 – Introduced
SUBJECT: Professions and vocations: public health nurses

SUMMARY

The bill would remove the requirement for public health nurses (PHN) to renew their certificates on a biennial basis with the Board of Registered Nursing (Board).

BACKGROUND

To receive a PHN certificate, an applicant must have an active RN license in California and must meet the following education and clinical experience requirements:

- A Baccalaureate or entry-level master's degree in nursing.
- Completion of PHN coursework or PHN certificate program
- Minimum of 90 hours supervised clinical experience in a public health setting with individuals, families, and the community.
- Completion of 7 hours training in the prevention, early detection, intervention, California reporting requirements, and treatment of child neglect and abuse.

Public Health Nurse Fees

Business and Professions Code Section 2816 authorizes the Board to establish fees within the following ranges for the issuance and renewal of a PHN certificate.

- Initial Application Fee – No less than $300 and no more than $1000
- Biennial Renewal Application Fee – No less than $125 and no more than $500

BPC 2816 also authorizes the Board to charge a penalty that is up to 50 percent of the renewal fee in effect on the date of renewal of the certificate if a licensee fails to renew their PHN certificate within the required timeframe.

Title 16 California Code of Regulations (CCR) Section 1417 establishes the following fees for the issuance and renewal of a PHN certificate.

- Initial Application Fee - $500
- Biennial Renewal Application Fee - $125

Public Health Nurse Fee Waiver

Senate Bill 104 (Skinner, Chapter 189, Statues of 2023) established a PHN Certification Fee Waiver Program. Effective January 1, 2024, the program provides a one-time waiver of initial application or renewal fees for PHN certifications.

- Initial Application Fee - Waived for all PHN applications submitted on or after January 1, 2024, and before January 1, 2025.
- Biennial Renewal Application Fee - Waived for all PHN certificates that expire on or after January 1, 2024, and before January 1, 2026.

REASON FOR THE BILL

Public health nurses play a crucial role in their communities by promoting better health, building health equity, and ensuring that the most vulnerable individuals have access to health care. Some common areas of employment for public health nurses are school districts, county or state health departments, and departments of correction.

The need for PHNs continues to increase as governments, hospitals and health systems, and nonprofits recognize the value of prevention and preparedness for pandemics. Removing the renewal requirement and associated fee would help to reduce financial burden for PHNs and assist in community recruitment efforts.

ANALYSIS

Current law states the following regarding PHN fee certificates:

- The nonrefundable fee to be paid by a registered nurse for an evaluation of their qualifications to use the title "public health nurse" shall not be less than three hundred dollars ($300) or more than one thousand dollars ($1,000).
- The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars ($125) and not more than five hundred dollars ($500).
- The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents ($62.50), and not more than two hundred fifty dollars ($250).
- All fees payable under this section shall be collected by and paid to the Board of Registered Nursing Fund.
- It is the intention of the Legislature that the costs of carrying out the purposes of this article shall be covered by the revenue collected pursuant to this section. The board shall refund any registered nurse who paid more than three hundred dollars ($300) for an evaluation of their qualifications to use the title "public health nurse" between April 5, 2018, and December 31, 2018.

This bill would remove reference to the PHN renewal application and fee by striking the following two bullet points from BPC Section 2816:

- The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars ($125) and not more than five hundred dollars ($500).
- The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents ($62.50), and not more than two hundred fifty dollars ($250).

Additional Considerations

Currently, a PHN must apply and pay a fee to renew their RN license as well as apply and pay a fee to renew their PHN certificate. The PHN renewal requirement and associated fee were established in 2018 and set up to mirror the certificate renewal

requirements and fees for Advance Practice Registered Nurses (APRNs). However, APRNs such as Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, etc. have an expanded scope of practice which incurs additional investigations and enforcement costs for the Board. These additional costs are covered by the fee APRNs pay to renew their certificates with the Board.

While PHNs complete specialized coursework and clinical experience to obtain a certificate, they do not have an expanded scope of practice beyond that of an RN. Consequently, PHNs do not have the same need for a renewal application and fee. Since PHNs would still be required to renew their RN license on a biennial basis, removing the additional PHN renewal would not cause a public safety risk.

FISCAL IMPACT
California has approximately 42,00 active public health nurses. That figure multiplied by the $125 biennial renewal fee could result in up to an approximate revenue loss of 5.25 million dollars every two years. Given the Board's current fund balance, the potential revenue lost is anticipated to be absorbable.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2532
AUTHOR: Assemblymember Mathis
BILL DATE: February 13, 2024 – Introduced
SUBJECT: Community colleges: registered nursing programs

SUMMARY

This bill would add residing within a medically underserved area to the list of life experiences or special circumstances used for consideration in a multicriteria screening process. The bill would extend operation of provisions relating to admission to community college nursing programs until January 1, 2030.

BACKGROUND

The California Community Colleges (CCC) is the only open-access public college system in California. The CCC accepts 100% of applicants and provides education to all students regardless of academic or socioeconomic background. However, being open access does not infer that courses are readily available to any one student. The CCC has prerequisites and corequisites for specified courses. The CCC also has limited enrollment courses that have limited enrollment capacity either due to the teaching method (limited lab placements or equipment) or due to limited qualified faculty. These courses are typically Career Technical Education courses or nursing courses.

Signed in 2007, AB 1559 (Berryhill, Chapter 712, Statutes of 2007) authorized community colleges to use multicriteria screening measures and a random selection, or process, blending the two if it determines that the number of applicants to a registered nursing program exceeds its capacity.

REASON FOR THE BILL

To be determined, pending receipt of fact sheet.

ANALYSIS

Multi screening Process

Current law states that a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants shall apply those measures in accordance with all the following:

- The criteria applied in a multicriteria screening process shall include, but shall not necessarily be limited to, all the following:
    - Academic degrees or diplomas, or relevant certificates, held by an applicant.
    - Grade-point average in relevant coursework.
    - Any relevant work or volunteer experience.
    - Life experiences or special circumstances of an applicant, including, but not necessarily limited to, the following experiences or circumstances:
        - Disabilities.

        - Low family income.
        - First generation of family to attend college.
        - Need to work.
        - Disadvantaged social or educational environment.
        - Difficult personal and family situations or circumstances.
        - Refugee or veteran status.
    - Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data. These languages may include, but are not necessarily limited to, any of the following:
        - American Sign Language.
        - Arabic.
        - Chinese, including its various dialects.
        - Farsi.
        - Russian.
        - Spanish.
        - Tagalog.
        - The various languages of the Indian subcontinent and Southeast Asia.

- Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes, or other criteria, as approved by the chancellor, may be used, but are not required.

- A community college registered nursing program using a multicriteria screening process may use an approved diagnostic assessment tool before, during, or after the multicriteria screening process.

This law would add "residing within a medically underserved area, as listed pursuant to Health and Safety Code Section 124425" to the list of life experiences or special circumstances of an applicant that can be included in the criteria.

Sunset Date
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 those provisions by changing the sunset date to January 1, 2030.

FISCAL IMPACT
None.

SUPPORT

None on File.

OPPOSITION
None on File.

FULL BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2581
AUTHOR: Assemblymember Maienschein
BILL DATE: February 14, 2024 – Introduced
SUBJECT: Healing arts: continuing education: maternal mental health

SUMMARY

This bill would require healing arts board licensees to have the option of taking coursework on maternal mental health to satisfy continuing education requirements.

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, pending receipt of fact sheet.

ANALYSIS

The law would amend the California Nursing Practice Act, along with the practice acts of other healing arts boards under Department of Consumer Affairs, to require that licensees have the option of taking coursework on maternal mental health to satisfy continuing education requirements.

FISCAL IMPACT

None.

SUPPORT

None on File.

OPPOSITION

None on File.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Assembly Bill 2730
AUTHOR: Assemblymember Lackey
BILL DATE: February 15, 2024 – Introduced
SUBJECT: Sexual assault: medical evidentiary examinations

SUMMARY

This bill would revise the definition of a qualified health care professional, for the purposes of providing an examination for evidence of a sexual assault, to include a licensed nurse midwife who is working in consultation with a licensed physician and surgeon. The bill would also remove the requirement that the consulting physician and surgeon conducts examinations or provides treatment in a general acute care hospital or in a physician and surgeon's office.

The bill would no longer require a physician assistant to work in consultation with a physician and surgeon when conducting an examination for evidence of a sexual assault.

BACKGROUND

Current law requires the California Office of Emergency Services to establish a protocol for the examination and treatment of victims of sexual assault and attempted sexual assault and the collection of evidence.

The law also requires a qualified health care professional who conducts an examination for evidence of a sexual assault or an attempted sexual assault to use the standard form and to make those observations and perform those tests required to record the data required by the form.

Among other changes, AB 538 (Berman, Chapter 714, Statutes of 2019) amended the definition of qualified health care professional to include a licensed nurse practitioner or a physician assistant who is working in consultation with a physician and surgeon and who conducts examinations or provides treatment in a general acute care hospital or in a physician and surgeon's office.

REASON FOR THE BILL

To be determined, pending receipt of fact sheet.

ANALYSIS

Current law defines qualified health care professional for the purpose of conducting an examination for evidence of a sexual assault to mean any of the following:

- A physician and surgeon.
- A nurse or nurse practitioner working in consultation with a physician and surgeon who conducts examinations or provides treatment as described in Penal

Code Section 13823.9 in a general acute care hospital or in a physician and surgeon's office.
- A physician assistant working in consultation with a physician and surgeon who conducts examinations or provides treatment as described in Penal Code Section 13823.9 in a general acute care hospital or in a physician and surgeon's office.

This bill would revise the definition of a qualified health care professional by making the following changes:
- Include a nurse midwife who is working in consultation with a licensed physician and surgeon.
- Remove the requirement for a nurse, nurse practitioner, or nurse midwife's consulting physician and surgeon to conduct examinations or provide treatment as described in Penal Code Section 13823.9.
- Remove the requirement for a physician assistant to work in consultation with a physician and surgeon when conducting an examination for evidence of a sexual assault.

FISCAL IMPACT
None.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 895
AUTHOR: Senator Roth
BILL DATE: February 21, 2024 – Amended
SUBJECT: Community colleges: Baccalaureate Degree in Nursing Pilot Program

SUMMARY

The bill would require the California Community College Chancellor's Office (CCCO) to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes no more than 15 community college districts to offer a Bachelor of Science in Nursing (BSN) degree.

The bill would also require the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program.

BACKGROUND

As outlined in the Master Plan for Higher Education and by state statute, the California Community Colleges are designated to have an open admission policy and bear the most extensive responsibility for lower-division undergraduate instruction. Its three primary areas of mission include education leading to associate degrees and university transfer, career technical education, and basic skills. The primary mission of the California State Universities is undergraduate and graduate instruction through the master's degree. The University of California was granted the sole authority to offer doctoral degrees.

In 2014, Governor Brown signed Senate Bill 850 (Block, Chapter 747, Statutes of 2014) which authorized the California Community Colleges Board of Governors to establish the statewide baccalaureate degree pilot program at 15 California community colleges. In November 2014, the CCCO sought applications from colleges that were interested in participating in the pilot program. In May 2015, the Board of Governors approved 15 colleges to participate. The first Baccalaureate Degree Program graduates received their degrees in spring 2018.

In 2021, Governor Newsom signed AB 927 (Medina, Chapter 565, Statutes of 2021) authorizing the Board of Governors to expand and extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill authorized the Board of Governors to establish up to 30 baccalaureate degree programs in two applications cycles per academic year.

Among other requirements and criteria, baccalaureate degree programs at community colleges are currently subject to the following limitations:

- A district must identify and document unmet workforce needs in the subject area of the baccalaureate degree to be offered and offer a baccalaureate degree at a

campus in a subject area with unmet workforce needs in the local community or region of the district.

- A baccalaureate degree program shall not offer a baccalaureate degree program or program curricula already offered by the California State University (CSU) or the University of California (UC).

- A district must have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

For a list of currently approved California Community College Bachelor's Degree Programs, please visit the following website, CCCO Baccalaureate Degree Program.

REASON FOR THE BILL

According to the author's office, one factor expected to contribute to the nursing shortage in the future is the changing requirements of the State's healthcare employers. In 2010, the Institute of Medicine (now the National Academy of Medicine) issued its Future of Nursing report which contained a set of recommendations, including the recommendation that the proportion of registered nurse with a BSN degree in health care facilities increase to 80% by 2020. Although that goal was not met by 2020, in recent years, there has been an increased push by credentialing organizations to meet that 80% goal.

The author's office goes on to state that the way to bridge the BSN gap in this State is to utilize existing Associate Degree in Nursing (ADN) programs to assist the CSU and UC systems to close the supply-demand gap. SB 895 does this in an incremental way by creating a pilot program which authorizes the CCCO to select up to 15 community college districts with existing nationally accredited ADN programs to offer a BSN degree.

ANALYSIS

This bill would require the CCCO to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes select community college districts to offer a BSN degree.

The bill would limit the pilot program to 15 community college districts statewide and require the CCCO to identify eligible community college districts that apply based on the following criteria:

- There is equitable access between the northern, central, and southern parts of the state to the pilot program.
- Priority is given to community college districts in underserved nursing areas.
- The community college district has a nationally accredited nursing program.

The bill limits the total number of participants in a pilot program at a community college district to 25 percent of the community college district's associate degree in nursing class size or 35 students, whichever is greater.

The bill requires the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program.

The bill establishes a sunset date of January 1, 2031.

Additional Considerations
The bill does not currently reference involvement or approval from the Board. However, state law requires prelicensure nursing programs to receive Board approval before making a substantive change to their nursing program or degree option. This would include the type of major curriculum revision that would be needed for a community college nursing program to offer a BSN.

FISCAL IMPACT
Any requested changes to the community colleges prelicensure nursing programs would be submitted to the Board and go through the standard review/approval process. The related workload could be absorbed within existing resources.

SUPPORT
- United Nurses Associations of California
- Community College League of California
- Los Angeles Community College District
- American Federation of State, County and Municipal Employees
- California Hospital Association

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1015
AUTHOR: Senator Cortese
BILL DATE: February 5, 2024 – Introduced
SUBJECT: Nursing schools and programs

SUMMARY

This bill would require the Board of Registered Nursing (Board) Nursing Education and Workforce Advisory Committee (NEWAC) to study and submit a report making recommendations to the Legislature regarding how approved schools of nursing or nursing programs should manage or coordinate clinical placements.

The bill would also require the Board to annually collect, analyze, and report information related to the management of clinical placements and coordination with clinical facilities by approved schools of nursing or nursing programs. The bill would require the Board to annually publish the report on its internet website and submit the report to the Legislature.

BACKGROUND

Nursing Education and Workforce Advisory Committee (NEWAC)
Established under Business and Professions Code Section 2785.6, the NEWAC is tasked with soliciting input from approved nursing programs and members of the nursing and health care professions to study and recommend nursing education standards and solutions to workforce issues to the Board. The NEWAC also is also charged with recommending standards for simulated clinical experiences based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards.

California State Auditor Report Number: 2019-120
In 2019, the California State Auditor (CSA) conducted an audit of the Board's Oversight of Pre-Licensure Nursing School Programs. During this process, CSA found that the Board did not have the information about clinical placement slots that was needed when making enrollment decisions. Based on this finding, the CSA included a recommendation for the Board to improve upon its data collection in this area.

Recommendation 3: To ensure that Board is using up-to-date, accurate, and objective information to inform the governing board's enrollment decisions and to assess clinical capacity for student placements, by April 1, 2021, BRN should:

- Update its clinical facility approval form to capture annual capacity estimates from clinical facilities, as well as annual clinical placement needs of programs.
- Require nursing programs to report any changes they make to their use of clinical facilities within 90 days of making a change and report annually if the program has made no changes.

- Compile and aggregate the information from the facility approval forms into a database and take reasonable steps to ensure that the information is accurate and current.
- Annually publish clinical capacity information on its website for public use.
- Immediately discontinue its practice of having nursing programs seek statements of support or opposition from neighboring nursing programs when considering requests for new programs or increased enrollment at existing programs.

REASON FOR THE BILL

According to the author's office, when nursing education programs cannot place their students in clinical education slots, they cannot expand their programs to meet the growing interest of Californians in the nursing profession. The problem of clinical impaction and lack of access to clinical placements is acutely borne by community college and other public nursing education programs. Clinical impaction contributes to the overall decline in enrollment levels of Associate Degree Nursing and other public nursing education programs.

The author's office goes on to state that current regulatory oversight authority of the Board has been insufficient to ensure that all approved nursing education programs can obtain necessary clinical placement slots. A statutory change would provide the Board with clear authority to collect and report information from approved nursing programs on their use of regional nursing program consortiums and other arrangements with clinical facilities to manage clinical placements.

ANALYSIS

NEWAC

The bill would require NEWAC to study and recommend standards regarding how approved schools of nursing or nursing programs should manage or coordinate clinical placements.

The bill states that the study shall include, at a minimum, all the following topics:

- The maintenance of clinical education standards across approved schools of nursing or nursing programs.
- The participation of approved schools of nursing or nursing programs in consortiums with other approved schools of nursing or nursing programs to manage or coordinate clinical placements.
- The necessity and feasibility of a statewide consortium or regional consortiums under the regulatory oversight of the board to manage or coordinate clinical placements of approved schools of nursing or nursing programs.
- Identifying and reporting violations of Section 2786.4.
- Ensuring fair and equitable access to clinical placement among approved schools of nursing or nursing programs.
- Identifying necessary information for the board to collect to ensure that approved schools of nursing and nursing programs comply with standards recommended by the committee.

The bill requires the committee to submit a report to the Legislature detailing the committee's findings and recommendations.

Data Collection
The bill would require the Board to annually collect, analyze, and report information related to the management of clinical placements and coordination with clinical facilities by approved schools of nursing or nursing programs.

The bill would require the report to include information relating to how approved schools of nursing or nursing programs collaborate and coordinate with other approved schools of nursing, nursing programs, or regional planning consortiums that utilize the same clinical facility.

The bill would require the Board to publish the report on its website and submit to the Legislature on an annual basis.

Additional Considerations
Conversations with the author's office indicate an intent to amend BPC Section 2785.6(h)(2)(A) to clarify that the Board would be charged with submitting a report detailing the committee's findings and recommendations to the Legislature.

FISCAL IMPACT
None. The Board is in the process of developing a clinical facility approval database in response to California State Auditor Report Number: 2019-120. Once completed, the data base should be able to capture and report on the data points required by this bill.

The requirements in the bill for the NEWAC committee are within their charge and should be able to be accomplished as part of their normal course of business.

SUPPORT
- California Nurses Association

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1042
AUTHOR: Senator Roth
BILL DATE: February 7, 2024 – Introduced
SUBJECT: General acute care hospitals: clinical placements: nursing

SUMMARY

This bill would require approved schools of nursing or nursing programs to report their clinical placement needs and require health facilities to report their capacity to provide clinical placement slots for nursing students.

The bill would require the Board of Registered Nursing (Board) and the Department of Health Care Access and Information (HCAI) to utilize the data in both reports to confer with health facilities within the appropriate geographic region of each program to match available clinical placement slots with nursing programs' needed placements, and to attempt to identify additional clinical placement slots in a broader range of healthcare facilities to meet program demands.

BACKGROUND

Department of Health Care Access and Information

HCAI's mission is to expand equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs. Their main program areas including the following:

- Facilities: monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.
- Financing: provide loan insurance for nonprofit healthcare facilities to develop or expand services.
- Workforce: promote a culturally competent and diverse healthcare workforce
- Data: collect, manage, analyze and report information about California's healthcare infrastructure and patient outcomes.
- Affordability: analyze health care cost trends and drivers of spending, enforce health care cost targets, and conduct cost and market impact reviews of proposed health care consolidations.

REASON FOR THE BILL

According to the author's office, the 2020 State Auditor Report on the Board specifically recommends that the Board require nursing programs to annually update information about the clinical facilities they use for student placements, and that compiling this information and comparing it with other available information about existing clinical facilities would allow the Board to identify clinical facilities that programs do not currently use for placements, which could help nursing programs find additional facilities for their students.

The author's office goes on to state that the bill does just that – by collecting data on nursing programs' clinical placement needs and comparing it with the availability of clinical placement slots at health facilities, the Board and HCAI would have the necessary information to properly match scarce clinical placements with the nursing students that need them.

ANALYSIS

The bill would require a health facility as defined in Health and Safety Code Section 1250, that offers prelicensure clinical placement slots to, upon the request of an approved school of nursing or an approved nursing program and regardless of whether the school or program is public or private, meet with representatives from the school or program to discuss the clinical placement needs of the school or program.

The bill would require the health facility and the school or program to work together in good faith to meet the demands of the school or program to educate and train nursing students.

Approved Nursing Program – Clinical Placement Data

The bill would require, by March 1 of each year, an approved school of nursing or an approved nursing program to report to the Board and HCAI the following information:

- The beginning and end dates of the academic term for each clinical slot needed by a clinical group with content area and education level.
- The number of clinical slots that the school or program has been unable to fill.

Health Facility – Clinical Placement Data

The bill would require health facilities to report to HCAI, the following information:

- A report on clinical placement data that includes, but is not limited to, all of the following information:
- Estimated number of days and shifts available for student use for each type of licensed bed or unit.
- Number of days and shifts being utilized for student use for each type of licensed bed or unit.
- Name of the academic institution with an approved school of nursing or nursing program utilizing each type of licensed bed or unit.
- Average daily patient census per type of licensed bed or unit.
- Average daily number of registered nurses staffing each type of licensed bed or unit.

The bill states that if a prelicensure clinical placement slot is available or filled for a period of time that begins in one reporting period, but ends in another reporting period, the slot shall be reported for the period in which the student began the clinical placement and not for the reporting period in which the student ended the clinical placement.

State Use of Clinical Placement Data

The bill would require HCAI to post the clinical placement data collected from approved nursing programs and health facilities on its website in a manner that allows for the data sets to be cross-referenced.

The bill would require the Board and HCAI to use the data to work to meet the clinical placement needs of all approved schools of nursing or approved nursing programs, regardless of whether the school or program is public or private, by conferring with health facilities within the appropriate geographic region of each school or program in an attempt to match available clinical placement slots with needed slots and to create additional clinical placement slots to meet school or program demands.

The bill would require the Board and HCAI, in meeting the clinical placement needs, to prioritize the clinical placement needs of the approved schools of nursing or approved nursing programs of community colleges and California State University campuses.

The bill states that if a health facility cannot provide additional slots, the health facility shall provide HCAI with written justification of its lack of capability or capacity within 30 days.

The bill would require HCAI, in collaboration with the Board, to notify the health facility within 30 days of its acceptance or rejection of the health facility's justification.

The bill would require HCAI to post all written justifications and outcomes on the department's internet website.

The bill states that any attempt to create or secure additional clinical placement slots by the Board, HCAI, or a health facility shall not supplant or disrupt the clinical placement of any nursing student for whom a clinical placement is already in progress or has already been scheduled.

The bill states that nothing in the section shall be construed to limit, prevent, or justify the approval or denial of new schools of nursing or the expansion of approved nursing programs.

FISCAL IMPACT
To Be Determined.

SUPPORT
- United Nurses Associations of California

OPPOSITION
- None on File

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1067
AUTHOR: Senator Smallwood-Cuevas
BILL DATE: February 12, 2024 – Introduced
SUBJECT: Healing arts: expedited licensure process: medically underserved area or population

SUMMARY

The bill would require healing arts boards under the Department of Consumer Affairs (DCA) to expedite the licensure process for an applicant who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.

BACKGROUND

Current law requires all boards within the Department of Consumer Affairs to expedite the licensure process for the following individuals:

- An applicant that has served as an active-duty member of the Armed Forces of the United States and was honorably discharged.
- An applicant that is an active-duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program.
- An applicant that is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active-duty military orders.
- An applicant that has been admitted to the United States as a refugee, has been granted asylum, or has a special immigrant visa.
- An applicant that can demonstrate that they intend to provide abortions within their scope of practice.

Current law also requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within the scope of practice of their license.

REASON FOR THE BILL

To be determined, pending receipt of fact sheet.

ANALYSIS

The bill would require each healing arts board under the DCA to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.

The bill would authorize an applicant to demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

Definitions
Healing Arts Board - any board, division, or examining committee in the Department of Consumer Affairs that licenses or certifies health professionals.

Medically Underserved Area - an area defined as a health professional shortage area in Part 5 of Subchapter A of Chapter 1 of Title 42 of the Code of Federal Regulations or an area of the state where unmet priority needs for physicians exist as determined by the Department of Healthcare Access and Information.

Medically Underserved Population - the Medi-Cal program and uninsured populations.

FISCAL IMPACT
To Be Determined.

SUPPORT
None on File.

OPPOSITION
None on File.

BOARD POSITION
To Be Determined.

BOARD OF REGISTERED NURSING
BILL ANALYSIS

BILL NUMBER: Senate Bill 1183
AUTHOR: Senator Hurtado
BILL DATE: February 14, 2024 – Introduced
SUBJECT: Community colleges: registered nursing programs

SUMMARY

This bill would add living a medically underserved area to the list of life experiences or special circumstances used for consideration in a multicriteria screening process. The bill would extend operation of provisions relating to admission to community college nursing programs until January 1, 2030.

BACKGROUND

The California Community Colleges (CCC) is the only open-access public college system in California. The CCC accepts 100% of applicants and provides education to all students regardless of academic or socioeconomic background. However, being open access does not infer that courses are readily available to any one student. The CCC has prerequisites and corequisites for specified courses. The CCC also has limited enrollment courses that have limited enrollment capacity either due to the teaching method (limited lab placements or equipment) or due to limited qualified faculty. These courses are typically Career Technical Education courses or nursing courses.

Signed in 2007, AB 1559 (Berryhill, Chapter 712, Statutes of 2007) authorized community colleges to use multicriteria screening measures and a random selection, or process, blending the two if it determines that the number of applicants to a registered nursing program exceeds its capacity.

REASON FOR THE BILL

To be determined, pending receipt of fact sheet.

ANALYSIS

Multi screening Process

Current law states that a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants shall apply those measures in accordance with all the following:

- The criteria applied in a multicriteria screening process shall include, but shall not necessarily be limited to, all the following:
    - Academic degrees or diplomas, or relevant certificates, held by an applicant.
    - Grade-point average in relevant coursework.
    - Any relevant work or volunteer experience.
    - Life experiences or special circumstances of an applicant, including, but not necessarily limited to, the following experiences or circumstances:
        - Disabilities.
        - Low family income.

        - First generation of family to attend college.
        - Need to work.
        - Disadvantaged social or educational environment.
        - Difficult personal and family situations or circumstances.
        - Refugee or veteran status.
    - Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data. These languages may include, but are not necessarily limited to, any of the following:
        - American Sign Language.
        - Arabic.
        - Chinese, including its various dialects.
        - Farsi.
        - Russian.
        - Spanish.
        - Tagalog.
        - The various languages of the Indian subcontinent and Southeast Asia.

- Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes, or other criteria, as approved by the chancellor, may be used, but are not required.

- A community college registered nursing program using a multicriteria screening process may use an approved diagnostic assessment tool before, during, or after the multicriteria screening process.

The bill would add "living a medically underserved area or population, as designated by the federal Health Resources and Services Administration" to the list of life experiences or special circumstances of an applicant that can be included in the criteria.

Sunset Date
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 those provisions by changing the sunset date to January 1, 2030.

FISCAL IMPACT
None.

SUPPORT
None on File.

OPPOSITION
None on File.

FULL BOARD POSITION
To Be Determined.