

BOARD OF REGISTERED NURSING

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Protection of the public shall be the highest priority for the Board of Registered Nursing in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

— Business and Professions Code § 2708.1

The Board of Registered Nursing (BRN) is a consumer protection agency within the California Department of Consumer Affairs (DCA). Pursuant to the Nursing Practice Act, Business and Professions Code section 2700 et seq., BRN institutes the scope of practice and responsibilities for registered nurses (RNs). Through these actions, BRN safeguards the health, safety, and well-being of the greater public in California. To fulfill this mandate, BRN licenses RNs and certifies advanced practice nurses, including certified nurse-midwives (CNMs), nurse practitioners (NPs), registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs), and public health nurses (PHNs). Alongside licensing and certification, BRN establishes accreditation requirements and reviews criteria for California nursing schools. This agency also receives and investigates complaints against its licensees, taking disciplinary action as appropriate. BRN's regulations implementing the Nursing Practice Act are codified in Division 14, Title 16 of the California Code of Regulations (CCR). As of May 2024, BRN licenses over 529,000 RNs and certifies approximately 131,000 advanced practice nurses.

By law, the [nine-member Board](#) consists of four public members and five nurse licensees. The licensee members must include two direct patient care nurses, an advanced practice nurse, a nurse administrator, and a nurse educator. The governor of California appoints seven of the

members (including all RN members), the Senate Committee on Rules appoints one of the public members, and the Speaker of the Assembly appoints the other public member. The Nursing Practice Act also requires BRN's Executive Officer to be a BRN licensee, a unique requirement among DCA boards.

At its November 15, 2023, [meeting](#), the Board appointed board member Allison Cormack to the Enforcement Committee and Nilu Patel to the Legislative Committee. In addition, the Board re-elected current President Dolores Trujillo (RN) and Vice President Mary Fagan (Ph.D, RN, NEA-B.C.).

During the coverage period, the Board changed the name of the Enforcement and Intervention Committee (EIC) to Enforcement, Investigation, and Intervention Committee (EIIC).

At this writing, there are two nursing licensee vacancies

MAJOR PUBLICATIONS

The following reports/studies/guidelines have been conducted by or about BRN during this reporting period:

- [Healthcare Workforce Annual Report to Legislature](#): Department of Health Care Access Information, January 2024 (The Health Workforce Research Data Center at the Department of Health Care Access and Information (HCAI) generates an annual report for the legislature. The report outlines education and employment trends in the healthcare profession, supply and demand for health care workers, and gaps in the pipeline to certain professional and geographic areas. The report describes healthcare workforce program outcomes and effectiveness. The report makes policy recommendations to address workforce shortages and distribution. The data also covers other medical professions in California.)

RULEMAKING

The following is a status update on recent rulemaking proceedings initiated or completed by BRN:

- **Continuing Education Requirements; Exemptions:** On March 14, 2024, the Office of Administrative Law (OAL) [approved](#) the Board’s amendments to Title 16, Division 14, Article 5, section 1452 of the CCR. Aiming to reduce healthcare disparities and ensuring health equity through fair and equal treatment to California’s diverse population, the Board adopted more comprehensive language to align with [AB 1407 \(Burke\) \(Chapter 445, Statutes of 2021\)](#), reflecting that all new licenses in California must complete one hour of implicit bias continuing education training within the first two years of licensure. This action also bars a licensee from requesting an exemption for implicit bias continuing education course work. The Board originally [noticed](#) the amendments on September 10, 2021. [[27:1 CRLR 100](#)] This regulatory action will go into effect on July 1, 2024.

- **Required Curriculum:** On May 1, 2024, OAL [approved](#) the Board’s amendments to section 1426 of Title 16, Division 14, Article 3 of the CCR. Originally noticed on December 7, 2023, the [proposed text](#) would amend section (g)(2) to remove its reference to the 75% direct patient care clinical requirement. According to the [Initial Statement of Reasons](#), this action would allow prelicensure nursing programs to defer solely to the statutory requirement in Business and Professions Code section 2786 for a program to have a minimum 500 direct patient care clinical hours with at least 30 hours in each nursing area. Moreover, this action would ensure uniform direct patient care experience for nursing students statewide before entering the workforce, while allowing prelicensure nursing programs the flexibility to design their curricula to meet their unique

needs. It also clarifies clinical hour requirements, addressing discrepancies between programs to ensure licensees are adequately trained to treat the public. This regulatory action will go into effect on July 1, 2024.

LEGISLATION

- [AB 2015 \(Schiavo\)](#), as introduced on January 31, 2024, would add section 2787 to the Business and Professions Code. This bill would require faculty, assistant directors, and directors of approved nursing programs to hold a registered nurse license and be Board-approved. This bill would allow for a one-year temporary faculty approval while individuals complete a board-approved remediation plan for new content areas. According to the author, the bill would provide clarity regarding hiring, and would allow nursing schools to verify if applicants are approved to teach, their levels of expertise and content areas, and their active nursing license. At the time of this writing, the Board supports the passage of this bill. *[A. B&P]*

- [AB 2270 \(Maienschein\)](#), as amended on April 10, 2024, would amend sections 2191, 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and add section 2914.4 to, the Business and Professions Code. This bill would allow licenses under various health practice acts to take coursework on menopausal mental and physical health to satisfy continuing education and professional development requirements. This bill would mandate 30 hours of continuing education every two years, emphasizing understudied and underrepresented areas like menopause and mental health. At the time of writing, the Board took no position on this bill. *[S. Appr]*

- [AB 2471 \(Patterson\)](#), as introduced on February 13, 2024, would amend section 2816 to the Education Code. This bill would remove provisions relating to the renewal of a certificate to practice as a public health nurse on a biannual basis. According to the author, the bill

would respond to the disparity in fees and renewal applications between public health nurses and registered nurses as both professions maintain similar scope of practice and the California state budget has already instituted a public health nurse certification fee waiver program. At the time of this writing, the Board supports the passage of this bill. *[A. Appr]*

- [AB 2526 \(Gipson\)](#), as amended on April 8, 2024, would amend sections 2827, 2833, and 2833.3 of, and would add sections 1646.14 and 2831.5 to, the Business and Professions Code. This bill, as it applies to the nursing profession, would authorize certified registered nurse anesthetists to administer general anesthesia or deep sedation in dental offices under certain conditions, including holding a valid anesthesia permit and passing onsite inspections by the Dental Board of California. This bill would allow for a pediatric endorsement for treating children under seven. Under this bill, non-compliance with inspection requirements could lead to permit suspension and disciplinary action. The bill would create a state-mandated local program and expand the scope of existing laws. *[A. B&P]*

- [AB 2578 \(Flora\)](#), as amended on March 21, 2024, would amend section 2729 of the Business and Professions Code. This bill would permit California residents enrolled in accredited out-of-state prelicensure distance education nursing programs to gain in-state clinical experience, supervised by a licensed registered nurse. This bill would require programs to meet faculty-student ratios similar to in-state programs and prohibits clinical placements for out-of-state programs if they conflict with the needs of in-state students. At the time of this writing, the Board supports the passage of this bill. *[A. B&P]*

- [AB 2581 \(Maienschein\)](#), as introduced on February 14, 2024, as applied to BRN, this bill would amend sections 2811.5 of the Business and Professions Code. This bill would allow

the Board under the Nursing Practices Act to consider including a course in maternal mental health to satisfy continuing education and professional development requirements. At the time of this writing, the Board took no position on this bill. *[A. Appr]*

- [SB 1015 \(Cortese\)](#), as amended on March 18, 2024, would amend sections 2785.6 and 2786 of the Business and Professions Code. This bill would require the Board’s Nursing Education and Workforce Advisory Committee to study how nursing schools maintain clinical education standards and report findings and recommendations to the legislature on managing clinical placements. This bill would require the Board to annually collect, analyze, and report data on clinical placement management and coordination with clinical facilities by approved schools of nursing or nursing programs. The bill would require the resulting 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. This bill would require the Board to publish this report on its website and submit the report to the legislature on an annual basis. This bill would make the provisions of the Nursing Practice Act severable. At the time of this writing, the Board supports the passage of this bill. *[S. Appr]*

- [SB 1451 \(Ashby\)](#), as introduced February 16, 2024, would amend sections 1926, 2837.105, 3765, 7423, 8593, and 8593.1 of the Business and Professions Code. This bill would adjust clinical experience requirements for nurse practitioners and would require the assessment of alignment of competencies inapplicable to a national nurse practitioner certification discontinued before January 1, 2017. *[S. BP&ED]*