



California Association of
Health Plans

CAHP LEGISLATIVE INFORMATION

AB 890 (Wood) Chapter 265, Statutes of 2020

As a service to our members, the California Association of Health Plans produces guidelines designed to assist in the interpretation and implementation of new laws, and to promote full compliance with those laws. This document, however, is not intended to be authoritative. Any questions about official interpretations of the law should be directed to the appropriate state regulatory agency such as the Department of Managed Health Care or the Department of Health Care Services, as well as your legal counsel.

NURSE PRACTITIONERS: SCOPE OF PRACTICE: PRACTICE WITHOUT STANDARDIZED PROCEDURES

BACKGROUND

Assembly Bill 890 was introduced by Assemblymember Jim Wood (D-Healdsburg), the Chair of the Assembly Health Committee. The bill requires the Board of Registered Nursing (BRN) to establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners (NPs). Furthermore, this bill authorizes a NP to provide specified services in specified settings, without standardized procedures, if the NP meets additional education, examination, and training requirements. This bill establishes physician consultation, collaboration, and referral requirements, and also requires the BRN and the Department of Consumer Affairs to identify or develop an examination that tests for independent practice competency.

The issue of NP scope of practice has long been a contentious issue within the Legislature, which has often pitted physician groups against nursing and other healthcare group. Proponents of expanding the scope of practice for NPs argue AB 890 will result in high-quality health care, ensure more primary care providers in the system and enable cost savings in the health care sector. Physician groups argue that granting NP the ability to practice medicine without equivalent educational and competency requirements would diminish the quality of care provided.

This bill was supported by a large, diverse set of interest groups including, business groups, consumer organizations, nursing groups, health care facilities, behavioral health organizations and various other health care groups. The primary opposition to this bill was the California Medical Association, who has been fighting against similar scope-of-practice expansion bills for years. Various other health care-related organizations, including the California Psychiatric Association, California Orthopedic Association, California Chapter of the American College of Emergency Physicians and others opposed the bill as well. CAHP did not take a position on this bill.

Despite high-profile opposition from CMA, the bill enjoyed bipartisan support and was signed by the Governor.

REQUIREMENTS

AB 890 amends Sections 650.01, 805, and 805.5 of, and adds Article 8.5 (commencing with Section 2837.100) to Chapter 6 of Division 2 of, the Business and Professions Code, relating to healing arts.

Specifically, AB 890 does the following:

- 1) Requires the BRN to establish a Nurse Practitioner Advisory Committee (Committee) to advise and make recommendations to the BRN on all matters relating to NPs. Specifies that the Committee consists of four qualified NPs, two physicians and surgeons with demonstrated experience working with nurse practitioners, and one public member.
- 2) Defines a “transition to practice” as additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently and includes, but is not limited to managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism and business management of a practice and requires the BRN, by regulation, to define minimum standards for transition to practice and clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the BRN.
- 3) Authorizes an independently practicing NP to perform specified functions, in a defined healthcare setting, if the NP has successfully passed a national NP board certification examination; holds a certificate from a national certifying body recognized by the BRN; provides documentation that educational training was consistent with standards established by the BRN and; completed a transition to practice program in California consisting of a minimum of three full-time equivalent years of practice or 4,600 hours.
- 4) Authorizes an NP who meets these requirements to practice in an outpatient health facility, except for a correctional treatment center or a state hospital; a health facility including a general acute care hospital; a county hospital; a medical group practice, including a professional medical corporation, as specified, another form of corporation controlled by physicians, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians that provide healthcare services; and a licensed hospice facility.
- 5) Authorizes a certified NP to conduct an advanced assessment and establish primary and differential diagnoses; order, perform, and interpret diagnostic procedures (for radiologic procedures, a NP can order diagnostic procedures and utilize the findings or results in treating the patient, and perform or interpret clinical laboratory procedures permitted to do so under the Clinical Laboratory Improvement Act); prescribe, order, administer, dispense, procure, and furnish therapeutic measures and; after performing a physical examination, certify disability; and, delegate tasks to a medical assistant.
- 6) Requires an NP practicing independently inside and outside of a defined healthcare setting to verbally inform all new patients in a language understandable to the patient, that an NP is not a physician, and for Spanish speakers, the NP must use the phrase “enfermera especializada”.
- 7) Requires an NP practicing independently in a defined healthcare setting to refer a patient to a physician or other licensed health care provider if a situation or condition of a patient is beyond the education and training of the NP.

- 8) Requires an NP practicing independently in all settings to have professional liability insurance appropriate for the practice setting.
- 9) Prohibits entities in a defined healthcare setting, from interfering with, controlling or otherwise directing professional judgement of an NP functioning pursuant to the provisions of this bill.
- 10) Authorizes an NP, beginning January 1, 2023, to practice independently, outside of a defined healthcare setting and perform the same tasks as outlined in 4) above, if the NP meets all of the requirements for independent authority in a defined healthcare setting and if the NP has practiced as an NP in good standing for at least three years, not inclusive of the transition to practice; and, authorizes the BRN to charge a fee in an amount sufficient to cover the reasonable regulatory cost of issuing the certificate
- 11) Prohibits an NP authorized to practice independently outside of a defined healthcare setting from practicing beyond the scope of their clinical and professional education and training including specific areas of concentration and only practice within the limits of their knowledge of experience and national certification. Requires an NP authorized to practice independently outside of a defined healthcare setting to consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided and under specified circumstances. Requires an NP authorized to practice independently outside of a defined healthcare setting to establish a plan to refer complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers.
- 12) Requires the BRN to request the Department of Consumer Affairs Office of Professional Examination Services (OPES), or an equivalent organization, to perform an occupational analysis by January 1, 2023, of NPs performing the functions specified in 4) above. Requires the BRN, with the OPES to assess the alignment of competencies tested in the national NP certification examination. Requires the BRN, if the assessment identifies additional competencies, to identify and develop a supplemental examination that properly validates identified competencies, and requires the examination process to be regularly reviewed consistent with existing law, as specified.
- 13) Adds chaptering language, and makes technical changes.
- 14) States legislative intent that the requirements of this bill shall not be an undue or unnecessary burden to licensure or practice and the requirements are intended to ensure the new category of licensed NPs have the least restrictive amount of education, training, and testing necessary to ensure competent practice.