

Date of Hearing: August 3, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

SB 1375 (Atkins) – As Amended June 22, 2022

Policy Committee: Business and Professions Vote: 14 - 3

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill revises the competency requirements for a certified or licensed nurse practitioner (NP) or certified nurse midwife (CNM) to perform aspiration abortions. The revisions include the definition of “transition to practice” (TTP) to include a minimum of three full-time equivalent years or 4,600 hours of practice as of January 1, 2023, and allow the required clinical experience to include experience obtained before January 1, 2023.

FISCAL EFFECT:

Costs of \$36,000 to the Board of Registered Nursing (BRN) for staff time to make and implement regulatory changes, and to make changes to the BRN’s licensing systems (BRN Fund).

COMMENTS:

1) **Purpose.** According to the author:

SB 1375 will clarify that [NPs] who have been practicing for three or more years satisfy the [TTP] requirement established in AB 890 (Wood, Ch. 2020). The bill would also allow NPs to utilize prior practice experience to satisfy the TTP...These changes will allow thousands of experienced California NPs, many of whom have been practicing in good standing for decades, to begin expanding access to critically-needed health care services.

2) **Background.** Existing law authorizes CNMs and NPs who meet specified training and supervision requirements to perform aspiration abortions. The training requirements were established as part of the Health Workforce Pilot Project (HWPP) No. 171 under the Department of Health Care Access and Information. As part of the HWPP No. 171 study, researchers with UCSF’s Advancing New Standards in Reproductive Health program evaluated a standardized, competency-based curriculum and training plan for the education of primary care clinicians in early abortion care. The BRN has since adopted that curriculum as the required training for aspiration abortion in its regulations. However, a recent review of the curriculum has raised questions about whether the level of rigor is necessary.

- 3) **NPs.** NPs are registered nurses (RNs) who have additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care. NPs are licensed and certified by the BRN. An NP has earned a postgraduate nursing degree, such as a master's or doctorate degree, and has obtained a certificate from a national certifying body or BRN-approved educational program. An NP must also pass a national certifying examination. There are six specialty areas of practice for NPs, including: family/individual across the lifespan, adult-gerontology, primary care or acute care, neonatal, pediatrics, primary care or acute care, women's health/gender related, and psychiatric-mental health across the lifespan. The BRN sets the educational standards for NP certification and education program approval.
- 4) **CNMs.** CNMs are RNs with additional training in the field of obstetrics and certification by the American Midwifery Certification Board or an equivalent program. As RNs, CNMs also generally have the same base scope of practice as other RNs and their additional training classifies them as advanced practice RNs. CNMs are specifically authorized to perform midwifery services and attend childbirth without physician supervision in many settings, including the home, birth centers, clinics, and hospitals, if certain safety requirements are met. With additional training, CNMs may also perform abortions by aspiration techniques.
- 5) **Prior Legislation.** AB 890 (Wood), Chapter 256, Statutes of 2020, established a new regulatory framework for an NP to practice without physician supervision. AB 890 created a three-tiered framework for NPs who choose to practice independently in California, depending on the healthcare setting where the NP practices. Under the provisions of AB 890, NPs will have the option to practice independently of physician supervision, either in a defined health care setting, or outside of such a setting (for example, in private practice). Pursuant to AB 890, the BRN is developing regulations for the minimum standards for a transition to practice. NPs may continue to operate under the current structure, which allows NPs to practice in any healthcare facility under established protocols and procedures with physician supervision.
- 6) **Support.** The California Association of Nurse Practitioners (CANP), sponsor of this bill, states California is facing a severe provider shortage, especially in primary care: in 10 years, the state will face a shortage of 4,100 primary care clinicians. CANP writes this shortage is especially acute in rural and underserved areas, where NPs are more likely to practice. The shortage is reflected in Latino, Black, and Native American communities, and is expected to worsen. According to CANP, states that have already granted NPs authority to practice independently have seen an increase in care for underserved populations. CANP concludes deploying experienced NPs more quickly will allow them to help close the provider gap in underserved communities.
- 7) **Opposition.** The California Academy of Family Physicians, California Medical Association, and other physician groups write they oppose this bill because of the changes to the TTP requirements that AB 890 codified, among other concerns.