SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	SB 1302	**Hearing Date:**	April 20, 2026
Author:	Wahab		
Version:	April 15, 2026		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Elissa Silva		

Subject: Nursing.

SUMMARY: Makes numerous updates and revisions to the Nursing Practice Act (Act) and the Board of Registered Nursing (BRN) and extends the BRN and its authority to appoint an Executive Officer (EO) until January 1, 2031.

Existing law:

1) Establishes the BRN under the jurisdiction of the Department of Consumer Affairs to license and regulate registered nurses (RNs), advanced practice registered nurses (APRN), pre-licensure nursing programs and continuing education (CE) providers until January 1, 2027. (Business and Professions Code (BPC § 2701, *et. seq.)*

2) Requires, until January 1, 2027, the BRN to appoint an EO who must be a current, licensed RN in this state. (BPC § 2708)

3) Requires the BRN to meet at least once every three months, and meetings must be held in both Northern and Southern California, as specified. (BPC § 2709)

4) Defines an APRN, as those licensed RNs who have met specified requirements for registration as Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, and Clinical Nurse Specialists, as specified. (BPC § 2725.5)

5) Requires written examinations for licensure, but in the discretion of the BRN may be supplemented by an oral examination in subjects determined by the BRN, as specified. (BPC § 2740)

6) Permits nursing services to be rendered by a student when those services are incidental to the course of study when a student is enrolled in a BRN-approved prelicensure program or school of nursing, or a nurse licensed in another state is taking a BRN-approved CE course or post-licensure course. (BPC § 2729)

7) Authorizes an RN whose license has been suspended, revoked, or placed on probation to petition the BRN for reinstatement or modification, after a period not less than the following minimum periods has elapsed from the effective date of the decision, as specified:

    a) At least three years for reinstatement of a license that was revoked, except that the board may, in its sole discretion, specify in its order a

lesser period of time provided that the period shall be not less than one year.

b) At least two years for early termination of a probation period of three years or more.

c) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years. (BPC § 2760.1)

8) Requires the BRN to establish one or more Intervention Evaluation Committees (IEC), and each IEC must have five members, who cannot be a member of the BRN. (BPC § 2770.2)

9) Requires whenever the Governor declares a state of emergency for a county in which an agency or facility used by an approved nursing program for direct patient care clinical practice is no longer available, the director may submit a request to the BRN to, among other accommodations, reduce the number of direct patient care hours to 50% in geriatrics and medical-surgical and to 25% in mental health-psychiatric nursing, obstetrics, and pediatrics if specified conditions are met. (BPC § 2786.3(a)(3))

10) States that it is the duty of the BRN, through its EO, to inspect all schools of nursing in this state at such times the BRN deems necessary; and written reports of the EO's visits are to be made to the BRN, as specified. (BPC § 2788)

11) Requires an NP to obtain a furnishing number from the BRN to furnish drugs or devices, as specified and permits the BRN issue a furnishing number upon initial application and, if approved by the board, the applicant is not required to make a separate application. (BPC § 2836.3)

12) Defines a "transition to practice" to means additional clinical experience and mentorship provided to prepare a NP 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. (BPC § 2837.101(c))

This bill:

1) Requires the BRN to make a list of approved schools of nursing available on its website.

2) Revises the requirement for the BRN to meet in northern and southern California and allows the BRN to meet in appropriate locations that are necessary to transact its business.

3) Requires the BRN's inspection criteria to be consistent with the 2020 Nursing Education Approved Guidelines established by the National Council of State Board

of Nursing (NCSBN) or its successor as approved by the BRN.

4) Deletes the requirement for licensure examinations to be written and the authorization for the BRN to offer a supplemental oral or practical examination.

5) Combines the renewal and furnishing application for CNMs, and NPs.

6) Replaces the percentage requirement for clinical experience with an hourly requirement during a declared state of emergency, as specified.

7) Requires any clinical practice hours that are not required to be in direct patient care and are provided using simulation experience to be 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 approved by the BRN.

8) Allows the transition to practice qualification for NPs to be completed in another state, in addition to California.

9) Repeals outdated references to fee floors, as specified.

10) Extends the operations of the BRN and its authority to appoint an EO by four years, until January 1, 2031.

11) Makes additional technical and clarifying changes.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill makes various technical updates and revisions along with policy changes to enhance operations and efficiencies at the BRN stemming from the BRN's participation in the Committee's 2026 sunset review process. This bill is one of five sunset bills sponsored by the Author. According to the Author, "this bill is necessary to make changes to the BRN to improve oversight of the regulated professions under its jurisdiction."

2. **Oversight Hearings and Sunset Review of Licensing Boards and Programs.** In early 2026, the Senate Business, Professions and Economic Development Committee and the Assembly Committee on Business and Professions (Committees) began their comprehensive sunset review oversight of 10 regulatory entities including the BRN. The Committees conducted three oversight hearings in March of this year. This bill and the accompanying sunset bills aim to implement legislative changes as recommended by staff of the Committees, which are reflected in the Background Papers prepared by Committee staff for each agency and program reviewed this year.

3. **Board of Registered Nursing and Sunset Review Oversight of the BRN.** The BRN licenses and regulates over 500,000 nurse-licensees in California, which is typically one of the highest population of nurses in any state. In addition to licensing

RNs, the BRN issues certificates to APRNs which include NPs, Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Clinical Nurse Specialists (CNSs). The BRN is responsible for determining educational standards for all prelicensure nursing programs, approving such programs, approving continuing education providers, evaluating and licensing applicants, administering discipline, managing an intervention program for licensees with substance use disorders or mental illness, and providing stakeholder information and outreach. The BRN is a special fund agency that obtains its revenues from licensing, renewal and other fees. The BRN does not receive funding from the General Fund.

To be eligible for licensure in California, an individual must complete an education program approved by the BRN. Today, approved RN programs are offered at various academic institutions throughout California including Community Colleges, California State Universities, California Universities, and private for-profit institutions regulated by the Bureau of Private Postsecondary Education. All programs are required to meet the BRN's regulatory requirements for approved programs and curriculum and the BRN must determine the areas of course work required for each program through regulations.

4. **Review of BRN.** The following are selected issues pertaining to the BRN that are addressed in this bill, along with background information concerning the particular issue.

a) Issue #2. Geographic Meeting Requirements.

Current law requires the BRN to meet at least once every three months in both Northern and Southern California. The mandate for the BRN to meet once every three months has been in statute since inception of the board. However, the requirement to meet in specific regions of the state was added in 2012, SB 122, (Price, Chapter 789, Statutes of 2012). In the mid-2000s, regulatory board meetings were conducted in-person, with limited web access or availability. Requiring board meetings to be available in different regions of the state was likely to ensure that a wide representation of stakeholders would be able to attend and participate. The BRN reports that meetings outside of Sacramento cost approximately $38,000 per meeting for travel, lodging, and hotel contracts (normally for rooms to host the meetings). Eliminating the traveling requirement for meetings may reduce BRN expenditures.

This bill modifies the BRN's existing mandate to allow the BRN flexibility to determine when and where it is appropriate to meet to help ensure the greatest amount of public participation.

b) Issue #7. Transition to Practice Acceptance: Experience Gained in Another State.

AB 890 (Wood, Chapter 256, Statutes of 2020) authorized certain NPs to practice independently of physician supervision. AB 890 created a multi-tiered framework for NPs to practice in California. Under current law, NPs may practice independent of physician supervision in a defined health care setting (i.e. general acute care hospital, intermediate care facility, nursing facility), outside of one of those defined

settings (a private practice), or NPs may practice in any healthcare facility under established protocols and procedures with physician supervision.

AB 890 specified education and experience requirements for an NP to be eligible to practice independent of physician supervision. NPs who seek independent practice in a defined healthcare setting are referred to as "103 NPs". Applicants for a 103 NP designation are required to pass a national NP examination, obtain certification as an NP from an accredited national certifying body, and complete a transition to practice (TTP). Notably, the law limits these individuals to having to complete the TTP in California. The TTP consists of a minimum of three full-time equivalent years of practice or 4,600 hours. NPs who want to practice independently outside of a defined healthcare setting, are referred to as "104 NPs." 104 NPs are required to meet additional requirements and provide proof of practice for three-years as a 103 NP in good standing, in addition to satisfying the TTP requirement. Twenty-seven states allow NPs to practice independently of physician supervision. However, the scope of NP practice varies. *This bill authorizes TTP to be completed in California or another state.*

c) Issue #11. Furnishing Number and Streamlining the renewal process for NPs and CNMs.

In California, CNMs and NPs may prescribe or furnish certain drugs and substances. CNMs and NPs may prescribe according to specified protocols and procedures while 103 and 104 NPs are authorized to prescribe independently. Both CNMs and NPs are restricted to only furnish those drugs or substances which fall within the scope of practice of their respective certification level. Furthermore, for an NP whose furnishing is subject to standardized procedures and protocols, they must be supervised by a physician and surgeon.

NPs and CNMs must also register with the DEA to prescribe schedule II medications and for all prescriptions to be filled by pharmacies. Those seeking furnishing authority must meet specified coursework in pharmacology covering the drugs or devices to be furnished by the licensee. Current law requires NPs that hold a furnishing number to register with the DEA and authorizes them to furnish Schedule II controlled substances either through protocols and procedures or by holding a 103 or 104 designation, and also requires them, as part of CE, to complete a course that includes Schedule II controlled substances and the risks of addiction associated with their use based on the standards developed by the BRN. CNMs must also complete this Schedule II substances CE. CNMs are authorized to furnish or order schedule II or III controlled substances pursuant to policies and procedures mutually agreed upon with a physician and surgeon.

AB 2684 (Berman, Chapter 413, Statutes of 2022) authorized the BRN to combine the application for a furnishing number into the same application for BRN-certification as an NP and CNM. Pursuant to BPC §§ 2746.51 and 2836.3, the BRN may issue a furnishing number upon initial application and, if approved by the BRN, the applicant is not required to make a separate application. However, the change does not affect renewal applications.

The BRN would like to streamline the application process to allow for furnishing upon NP and CNM licensure without issuing a separate furnishing number with their appropriate APRN application. The BRN notes that this would align with all other states and DEA, as the DEA currently utilizes the NP license number and not the furnishing license number, as they are the same in their system. *This bill permits the BRN to combine the renewal application for both furnishing and licensing into one application, similar to what is permitted for initial authorization. This bill would also remove unnecessary fees.*

d) Issue #19. Uniform Standards for Clinical Practice Hours and Simulation-based Learning Guidelines.

During the COVID-19 pandemic, when education and access to clinical settings became unattainable, AB 2288 (Low, Chapter 282, Statutes of 2020), authorized the director of an approved nursing program, during a state of emergency, to make requests to the BRN to revise the number of required clinical experience needed and allow greater flexibility to use clinical simulation. AB 2288 permitted the following: use of clinical simulation up to 50% for medical-surgical and geriatric courses; and up to 75% for psychiatric mental health nursing, obstetrics, and pediatrics courses, among other provisions. The goal was to provide nursing programs with flexibility in meeting clinical placement needs during a declared state of emergency. The designation in percentages was because at the time, the BRN's regulations required that 75% of a nursing student's clinical hours had to be in a direct patient care model. Direct patient care means providing services to a live patient, which can include both in-person and telehealth. The changes in AB 2288 are specific to a state of emergency and do not affect overall requirements when there is no state of emergency declaration. In addition, AB 2288 required for the substitute clinical practice hours that are simulation experiences to be 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 approved by the BRN.

The following year, during the BRN's sunset review discussions, the issue of simulation learning was once again raised. As a result, AB 2684 (Berman, Chapter 413, Statutes of 2022) revised the acceptance of simulation learning by replacing the percentage requirement of direct patient care clinical hours with a new 500-hour minimum number of direct patient care clinical hours that an approved nursing school or nursing program must meet with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area.
The changes based on AB 2684 have made the emergency provisions specified in statute inconsistent with existing practice. The BRN no longer has a "percentage based" mechanism for direct clinical care requirements and instead relies on hours.

Also, when AB 2864 was contemplated, matching language that simulation learning meets national association standards, which is currently required for simulation used during a state of emergency, was not included for general simulation learning. In the BRN's 2026 Sunset Review Report, the BRN requested updates to the Act to replace percentages with actual clinical hours permitted during a state of emergency for consistency purposes, and also specify that any and all clinical simulation reflect national standards for simulation learning from International

Nursing Association for Clinical Simulation and Learning, the NCSBN, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN (regardless of when the simulation is being utilized during a state of emergency or for general education purposes. *This bill specifically requires that anytime simulation is used for clinical experience, simulated learning meets the best practices published by the International Nursing Association for Clinical Simulation and Learning, the NCSBN, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN. In addition, this bill removes any references to percentages for simulation learning and instead replaces those numbers with the corresponding hours necessary to meet the BRN's requirements.*

e) Issue #22. School Approval Standards and Conformance with NCSBN Guidelines.

The BRN has received criticism for using outdated, inefficient, and inconsistent standards when providing initial and continuing approval to nursing programs. To help establish more consistency and efficiency in the program approval process, the BRN seeks to revise some of its current standards and replace them with evidence-based standards that are recognized at the national level developed through the NCBSN.

Nationally, all state boards of nursing are engaged in the initial approval and subsequent review of prelicensure nursing education programs. States are similar in approach, however, each state board of nursing is individually responsible for the core elements required for each program and thus determines the curriculum requirements, faculty requirements, clinical and simulation standards, among others. This led to multiple approaches for initial approval, continued approval or enrollment increases. The core indicators of a prelicensure educational program's success include NCLEX pass rates, graduation rates, and employment rates.

In response to state boards of nursing searching for consistency of educational programs approval process and success rates, the NCSBN conducted three national studies of nursing education outcomes and a literature review. Based on the NCSBN's work, a panel of representatives from state boards of nursing, the College of Nurses Ontario, the National League for Nursing, the American Association of Colleges for Nursing, the Organization of Associate Degree Nursing and NCSBN staff developed guidelines to help guide state boards of nursing in their approval of prelicensure programs and to understand potential warning signs in the process. In 2020, the NCSBN published Guidelines for Prelicensure Nursing Approval. The guidelines were created to help regulatory boards identify quality indicators while recognizing warning signs at the same time and when they should intervene and provide technical assistance to a program prior to them falling below standards. *This bill requires the BRN, in its inspection and oversight authority of prelicensure nursing programs, to be sure any inspections are consistent with the national guidelines established by the NCSBN.*

f) Issue #21. Nursing Program Directors.

Background. The BRN sponsored AB 2015 (Schiavo, Chapter 370, Statutes of 2023) with the goal of additionally streamlining the BRN's approval process for

faculty and program directors. AB 2015 did two things: it provided a pathway for an RN to proactively be approved by the BRN as a faculty, director, or assistant director and established a temporary approval process for a RN seeking approval to be a faculty member (education) that they would be able to meet within a year, allowing them to fill the vacant role while remedying any deficiencies as laid out in a remediation plan accepted by the BRN

While AB 2015 resulted in the BRN establishing a remediation program for faculty, it did not result in a similar remediation pathway or any conditional approval process for nursing program directors or assistant directors, even though they are comparable to approval requirements and oversight by the BRN. This issue was raised this year as part of the comprehensive sunset review oversight process.

As identified in the staff background paper for the BRN, If a program seeks to have an already approved nursing faculty member teach in a new content area they don't have competency in, the BRN provides an opportunity through the BRN's faculty remediation plan to allow faculty to remediate their clinical competency in that content area through a plan developed by the program director, their content expert and that faculty seeking remediation and provide that to the BRN. The Committees have been advised that some programs located in smaller, rural colleges offering prelicensure programs face challenges finding program directors that meet all the BRN requirements. Although the BRN does consider equivalencies to meet the four requirements, there is not a process for program directors who do not meet the standards after considering those equivalencies to remediate any deficiencies and therefore nursing programs must find new candidates.

If an approved prelicensure nursing program does not hold national accreditation, they must obtain BRN faculty approval prior to hiring. Pursuant to current regulations (16 CCR § 1425), the BRN requires nursing program faculty, the director, and the assistant director be approved by the BRN. Nursing education programs are required to report to the changes in the nursing program's director and assistant director of nursing positions to the BRN. Faculty members, program directors, and assistant directors must have an active license, in good-standing, and meet certain qualifications, of which they may need additional time to meet the qualifications.

g) Issue #32. Technical Changes may Improve the Act.

There are likely a number of provisions contained in the Act which need updates, revisions or technical changes to address outdated, unnecessary or inconsistent language.

For example, Pursuant to BPC § 2788, the BRN is required, through its EO, to inspect all schools of nursing at the times deemed necessary. The EO is required to provide written reports of those visits to the BRN.

Although the BRN should maintain the requirement to inspect schools, this is no longer a task that the BRN's EO conducts on their own. NECs and other education staff are delegated the authority to conduct school visits, education and curriculum review, faculty approval, etc., while the nursing education and licensing committee

and the full board consider the approvals, denials, reapprovals, enrollment increases and decreases, and any curriculum changes of BRN-approved educational providers. As a result, this statute, which was last amended in 1983, should be revised to more appropriately clarify the BRN's EO role in school approvals.

BPC § 2796 states that it is unlawful for any person or persons not licensed or certified as provided in this chapter to use the title "registered nurse," the letters "R.N.," or the words "graduate nurse," trained nurse," or "nurse anesthetist." The BRN reports that investigators have recently encountered cases where unlicensed individuals use the designation "RN" without periods, rather than "R.N." as specified in BPC § 2796. To ensure effective enforcement of existing laws prohibiting unlicensed practice, it is important to clarify that any variation of the title, such as "RN," "R.N.," or similar representations, is unlawful when used by individuals who are not licensed nurses. *This bill makes a number of technical updates to improve the Act.*

h) Issue #33 Continued Regulation by the BRN.

The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory BRN with oversight of RN and APRN professions. The BRN's role in school approval processes should remain but continue to be periodically assessed to ensure that students are able to enter and graduate from a prelicensure nursing program with the credentials and training necessary for licensure and the requisite preparedness for gainful employment in the nursing workforce. *This bill extends the sunset of the BRN and its authority to appoint an EO by four years, until January 1, 3031.*

5. **Related Legislation.** AB 876 (Flora, Chapter 169, Statutes of 2025) defines anesthesia services for purposes of clarifying the practice authority of a CRNA, under the nurse anesthetist practice act, as specified.

   SB 1451 (Ashby, Chapter 481, Statutes of 2024) makes changes to the requirements for NPs practicing independent of standardized procedures, as specified, amongst numerous other changes related to various other changes to the operation of programs governed by practice acts in the BPC and various professions regulated by these programs, stemming from prior sunset review oversight efforts.

   AB 2578 (Flora of 2024) authorizes a student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution to provide supervised nursing services that are incidental to the course of study for the purpose of gaining clinical experience in a clinical setting if specified criteria are met. (Status: *This bill died in the Senate Committee on Appropriations*)

   SB 1042 (Roth of 2024) among various other provisions, would require a defined health facility that offers clinical placement slots, upon the request of an approved school of nursing or an approved program, to meet with representatives of the

school or program to discuss the clinical placement needs, among other provisions. (Status: *This bill died in the Assembly Committee on Appropriations*)

SB 1015 (Cortese, Chapter 776, Statutes of 2024) requires the BRN to study and recommend standards regarding how approved schools of nursing or nursing programs manage or coordinate clinical placements and to annually collect, analyze, and report information related to the coordination of clinical placements.

AB 2015 (Schiavo, Chapter 370, Statutes of 2024) authorizes the BRN to approve an individual to serve as a member, director, or assistant director of faculty of a school of nursing or nursing program.

AB 1577 (Low, Chapter 680, Statutes of 2023) would have required hospitals that offer pre-licensure clinical training slots to work in good faith with community college nursing programs to meet their clinical training needs.

AB 2684 (Berman, Chapter 413, Statutes of 2022) made changes to address the lack of clinical placements, including establishing a lower 500 minimum number of clinical experience hours, authorizing clinical placements to take place in the academic term immediately following theory, prohibiting nursing schools and programs from paying for clinical placements, and requiring the BRN to utilize data from available regional or individual institution databases in collecting information related to the number of clinical placement slots available to nursing students.

AB 2288 (Low, Chapter 282, Statutes of 2020), authorized the director of an approved nursing program, during a state of emergency, to make requests to the BRN for the following: 1) use of a clinical setting without meeting specified requirements; 2) use of preceptorships without having to maintain specified written policies; 3) use of clinical simulation up to 50% for medical-surgical and geriatric courses; 4) use of clinical simulation up to 75% for psychiatric-mental health nursing, obstetrics, and pediatrics courses; and 5) allowing clinical placements to take place in the academic term immediately following theory.

AB 1015 (Blanca Rubio, Chapter 591, Statutes of 2021) requires the BRN to incorporate regional forecasts into its biennial analyses of the nursing workforce, develop a plan to address regional areas of shortage identified by its nursing workforce forecast, as specified, and annually collect, analyze, and report information related to the number of clinical placement slots that are available and the location of those clinical placement slots within the state.

6. **Arguments in Support.** The California Association for Nurse Practitioners and the California Association of Nurse Anesthesiology write in support of the continued regulation of the BRN.

7. **Author's Amendment.** The author proposes an amendment which will provide a remediation pathway for assistant directors and directors of prelicensure nursing programs for BRN approval.

SUPPORT AND OPPOSITION:

Support:

California Association for Nurse Practitioners
California Association of Nurse Anesthesiology

Opposition:

None received.

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