UNFINISHED BUSINESS

Bill No: SB 1302
Author: Wahab (D)
Amended: 8/17/26
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 10-0, 4/20/26
AYES: Wahab, Choi, Archuleta, Caballero, Grayson, Menjivar, Niello, Smallwood-Cuevas, Strickland, Umberg
NO VOTE RECORDED: Arreguín

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/14/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

SENATE FLOOR: 38-0, 5/28/26
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Wiener
NO VOTE RECORDED: Dahle, Weber Pierson

ASSEMBLY FLOOR: 73-0, 8/26/26 - See last page for vote

SUBJECT: Nursing

SOURCE: Author

DIGEST: This bill makes various changes to the regulation of registered nurses (RNs) and advanced practice registered nurses (APRNs) recommended as part of the joint sunset review oversight of the Board of Registered Nursing (BRN).

Assembly Amendments revise the timeframe for a RN to petition for reinstatement of a license when the license was revoked by default for failure to submit a notice of defense; require the attestation for verification of Transition To Practice (TTP) requirements to be signed by a California-licensee; require the BRN to identify

states where practice experience meets or exceeds California's TTP requirements, as specified; require a licensee to submit proof of continuing education (CE) at the time of renewal; require the BRN to review comparable TTP requirements of other states; requires an Intervention Committee (IC) to determine, as part of a rehabilitation program, whether a participant would be required to practice nursing prior to completion of the program; and clarifies the authority of RNs to practice pursuant to direction of APRNs; and makes other technical changes.

ANALYSIS:

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 executive officer (EO) who must be a current, licensed RN in this state. (BPC § 2708)

This bill:

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

2) Requires the BRN's inspection criteria to be consistent with the 2020 Nursing Education Approved Guidelines established by the National Council of State Boards of Nursing (NCSBN) or its successor as approved by the BRN.

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

4) Combines the renewal and furnishing application for Certified Nurse Midwives (CNMs), and Nurse Practitioners (NPs).

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

6) 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.

7) Allows the transition to practice (TTP) for NPs to be completed in another state, in addition to California; requires the BRN to review out-of-state experience requirements by January 1, 2028; and require an attestation of completion of the TTP to be signed by a California licensee, as specified.

8) Permits a licensee whose license was suspended by default, to petition for reinstatement in a timeframe determined by the BRN.

9) Requires an IC to determine whether a participant is required to practice nursing prior to completing the program.

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

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

12) Establishes a remediation pathway for directors and assistant program directors of prelicensure nursing education programs.

13) Makes additional technical and clarifying changes.

Background

Board of Registered Nursing and Sunset Review Oversight of the BRN. The BRN licenses and regulates over 500,000 nurse-licensees in California. 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 CE 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.

Geographic Meeting Requirements. Current law requires the BRN to meet at least once every three months in both Northern and Southern California. The BRN reports that meetings outside of Sacramento cost approximately $38,000 per meeting for travel, lodging, and hotel contracts. 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.

Transition to Practice Acceptance: Experience Gained in Another State. Assembly Bill (AB) 890 (Wood, Chapter 256, Statutes of 2020) 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 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. This bill authorizes TTP to be completed in California or another state but requires that experience to be verified by a California licensed provider as authorized in current law. Further, this bill requires the BRN to review TTP requirements in other states that require a TTP to verify consistency in training.

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.

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. 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 also removes unnecessary fees.

Uniform Standards for Clinical Practice Hours and Simulation-based Learning Guidelines. 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. 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 from 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. 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. In addition, this bill 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.

School Approval Standards and Conformance with National Council of State Boards of Nursing (NCSBN) Guidelines. 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. 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.

Nursing Program Directors. 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.

Registered nurse practice conformity. RNs are required to operate pursuant to standardized procedures, which permits RNs and APRNs to delegate certain tasks, including the ordering of nursing services, as determined through the standardized procedures both at a facility and the standardized procedures between some NPs and supervising physicians. However, as recent legislative changes have granted authority for APRNs, including NPs, CRNAs, and CNMs to operate independent of standardized procedures, BRN believes there is ambiguity related to independently practicing APRNs and their authority to delegate or order tasks to other RNs. This bill adds clarifying language to ensure that RNs may continue to complete authorizes RN-related tasks as necessary.

Among other changes to update the BRN's operations, this bill requires a licensee to submit proof of completion of mandatory CE during the renewal process reducing the BRN's need to audit a licensee's CE history. This bill will also provide the BRN with flexibility to determine whether a licensee who is participating in an IP program will need to work as an RN in direct patient care prior to completing the IP.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Committee on Appropriations, this bill will result in costs of approximately $67.3 million to support the continued operation of the BRN's licensing and enforcement activities. The bill will result in additional costs of $218,000 in fiscal year (FY) 2026-27 and $210,000 in FY 2027-28 and ongoing for one staff position to interpret scope-of-practice implications, compare

transition-to-practice requirements to California standards, draft policy and guidance, validate vendor provided data, and both maintain Board specific historical analysis and a contract for a multi-state legislative tracking subscription service (BRN Fund). The bill will also result in minor and absorbable costs to the Department of Consumer Affairs' (DCA) Office of Information Services.

SUPPORT: (Verified 8/25/26)

Board of Registered Nursing
California Association for Nurse Practitioners
California Association of Nurse Anesthesiology

OPPOSITION: (Verified 8/25/26)

California Medical Association (04/23/2026 version)

ARGUMENTS IN SUPPORT: Supporters note general support for extending the operations of the Board of Registered Nursing.

ARGUMENTS IN OPPOSITION: California Medical Association writes in opposition to the April 23, 2026 version and notes "This bill lacks a sufficient clinical experience verification mechanism. An individual nurse practitioner attesting to completion of the transition period is not required to verify competence, clinical expertise, or other professional standards and is only attesting that the required three years of experience was completed. Time in practice alone should not be viewed as a substitute for meaningful evaluation of clinical competency. Additionally, this bill may encourage applicants to obtain qualifying experience in states with less rigorous oversight and then use that experience to obtain broader authority in California. This could create inconsistencies in preparation and training among practitioners exercising the same authority."

ASSEMBLY FLOOR: 73-0, 8/26/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Blanca Rubio, Sanchez, Schiavo, Schultz, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Rivas

NO VOTE RECORDED: Bains, Irwin, Celeste Rodriguez, Rogers, Sharp-Collins, Zbur

Prepared by: Elissa Silva / B. P., & E. D. / (916) 651-4104
11/6/26 10:26:07

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