

AMENDED IN ASSEMBLY JUNE 19, 2024

AMENDED IN SENATE APRIL 17, 2024

SENATE BILL

No. 1451

Introduced by Senator Ashby

February 16, 2024

An act to amend Sections 1926, 2054, 2837.101, 2837.103, 2837.104, 2837.105, 3765, 7423, 8593, and 8593.1 ~~of of~~, and to add Section 4069 to, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1451, as amended, Ashby. Professions and vocations.

(1) Existing law, the Dental Practice Act, establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Existing law authorizes a registered dental hygienist in alternative practice to perform specified duties in dental health professional shortage areas, as certified by the Department of Health Care Access and Information, in accordance with specified guidelines.

This bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is ~~removed~~. *removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.*

(2) Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. Existing law makes it a misdemeanor for a person who is not licensed as a physician and surgeon under the act, except as specified, to use certain words, letters, and phrases or any other terms that imply

that the person is authorized to practice medicine as a physician and surgeon.

This bill would add the initials “D.O.” to the list of prohibited terms under that provision. The bill would also prohibit a person from using the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.” or “D.O.,” or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that the person is a licensed “M.D.” or ~~“D.O.”~~. “D.O.” By expanding the scope of a crime, this bill would impose a state-mandated local program. *The bill would also authorize certain persons to use the words “doctor” or “physician,” the letters or prefix “Dr.,” or the initials “M.D.” or “D.O.”*

(3) Existing law, the Nursing Practice Act, provides for the licensure and certification of nurse practitioners by the Board of Registered Nursing. Existing law requires the Office of Professional Examination Services in the Department of Consumer Affairs, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing specified functions, and requires the board and the office to assess the alignment of competencies tested in the national nurse practitioner certification examination with the occupational analysis.

This bill would make the provision requiring the assessment of the alignment of competencies inapplicable to a national nurse practitioner certification examination discontinued before January 1, 2017.

(4) Existing law establishes the Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to ~~Nurse Practitioners~~. *nurse practitioners*. Existing law requires the board, by regulation, to define minimum standards for transition to practice, as defined, and provides that clinical experience may include experience obtained before January 1, 2021, if the experience meets requirements established by the board.

This bill would specify that, for purposes of transition to practice, clinical experience shall not be limited to experience in a single category in which a nurse practitioner may practice, as specified, and would prohibit experience obtained before a person is certified as a nurse practitioner from being considered clinical experience for purposes of transition to practice requirements.

Existing law authorizes a nurse practitioner to perform specified functions without standardized procedures if the nurse practitioner satisfies certain requirements, including having completed a transition

to practice in California of 3 full-time equivalent years of practice, or 4,600 hours.

This bill would deem a nurse practitioner who has been practicing as a nurse practitioner *in direct patient care* for 3 full-time equivalent years or 4,600 hours within the last 5 years, as of January 1, 2023, to have satisfied this requirement. The bill would require proof of completion of a *one* transition to practice to be provided to the board as an attestation from either a licensed physician and surgeon or a nurse practitioner. The bill would prohibit the board from requiring a nurse practitioner *practicing under those provisions* to tell a patient that the patient has a right to see a physician and surgeon, and would delete a provision requiring a *the* nurse practitioner to use a certain phrase to inform Spanish language speakers that the nurse practitioner is not a physician and surgeon.

(5) *Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy to license and regulate the practice of pharmacy. Existing law authorizes a pharmacist to provide consultation to a patient about, among other things, drug therapy, disease management, and disease prevention.*

This bill would require a pharmacist who dispenses or furnishes a dangerous drug pursuant to a veterinary prescription to include, as part of the consultation, the option for a representative of an animal patient to also receive drug documentation specifically designed for veterinary drugs.

~~(5)~~

(6) Existing law, the Respiratory Care Practice Act, establishes the Respiratory Care Board of California to license and regulate the practice of respiratory care. Existing law authorizes a licensed vocational nurse who is employed by a home health agency to perform respiratory tasks and services identified by the board if, on or before January 1, 2025, the licensed vocational nurse has completed patient-specific training satisfactory to their employer, and, on and after January 1, 2025, the licensed vocational nurse has completed that training in accordance with guidelines promulgated by the Respiratory Care Board of California, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

This bill would extend those dates to January 1, 2028. The bill, on and after January 1, 2028, would also authorize a licensed vocational nurse to perform respiratory care services identified by the board while practicing in certain settings identified in the bill if the ~~license~~ *licensed*

vocational nurse has completed patient-specific training satisfactory to their employer and holds a current and valid certification of competency for each respiratory task to be performed, as specified.

(6)

(7) Existing law, the Barbering and Cosmetology Act, establishes the State Board of Barbering and Cosmetology to license and regulate barbering and cosmetology, and establishes a hairstylist application and examination fee of \$50 or a fee determined by the board, not to exceed the reasonable cost of developing, purchasing, grading, and administering the examination.

This bill would instead require the hairstylist application and examination fee to be the actual cost to the board for developing, purchasing, grading, and administering the examination, and would establish that an initial licensee fee for a hairstylist shall be not more than \$50.

(7)

(8) Existing law establishes the Structural Pest Control Board in the Department of Consumer Affairs to license and regulate structural pest control operators, structural pest control field representatives, and structural pest control applicators. Existing law requires those licensees, as a condition of license renewal, to submit proof to the board that they have informed themselves of the developments in the field of pest control by completing continuing education courses or equivalent activity approved by the board, or taking and completing an examination given by the board, as specified.

This bill would delete the authorization for a licenseholder to take and complete an examination given by the board to satisfy that requirement.

(8)

(9) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1926 of the Business and Professions
2 Code is amended to read:

3 1926. In addition to practices authorized in Section 1925, a
4 registered dental hygienist in alternative practice may perform the
5 duties authorized pursuant to subdivision (a) of Section 1907,
6 subdivision (a) of Section 1908, and subdivisions (a) and (b) of
7 Section 1910 in the following settings:

8 (a) Residences of the homebound.

9 (b) Schools.

10 (c) Residential facilities and other institutions and medical
11 settings that a residential facility patient has been transferred to
12 for outpatient services.

13 (d) Dental health professional shortage areas, as certified by the
14 Department of Health Care Access and Information in accordance
15 with existing office guidelines. If the dental health professional
16 shortage area certification is removed, a registered dental hygienist
17 in alternative practice with an existing practice in the area may
18 continue to provide dental hygiene ~~services~~. *services, and shall*
19 *annually provide patients treated at an existing practice with a*
20 *list of dentists in the previous dental health professional shortage*
21 *area who may be able to see the patient for comprehensive services.*

22 (e) Dental offices.

23 SEC. 2. Section 2054 of the Business and Professions Code is
24 amended to read:

25 2054. (a) Any person who uses in any sign, business card, or
26 letterhead, or, in an advertisement, the words “doctor” or
27 “physician,” the letters or prefix “Dr.,” the initials “M.D.” or
28 “D.O.,” or any other terms or letters indicating or implying that
29 the person is a physician and surgeon, physician, surgeon, or
30 practitioner under the terms of this or any other law, or that the
31 person is entitled to practice hereunder, or who represents or holds
32 themselves out as a physician and surgeon, physician, surgeon, or
33 practitioner under the terms of this or any other law, without having
34 at the time of so doing a valid, unrevoked, and unsuspended
35 certificate as a physician and surgeon under this chapter, is guilty
36 of a misdemeanor. No person shall use the words “doctor” or
37 “physician,” the letters or prefix “Dr.,” the initials “M.D.” or
38 “D.O.,” or any other terms or letters indicating or implying that

1 the person is a physician and surgeon, physician, surgeon, or
2 practitioner in a health care setting that would lead a reasonable
3 patient to determine that person is a licensed “M.D.” or ~~“D.O.”~~.
4 “D.O.”

5 (b) Notwithstanding subdivision (a), any of the following
6 persons may use the words “doctor” or “physician,” the letters or
7 prefix “Dr.,” or the initials “M.D.” or “D.O.”:

8 (1) A graduate of a medical or an osteopathic medical school
9 approved or recognized by the medical or osteopathic medical
10 board while enrolled in a postgraduate training program approved
11 by the board.

12 (2) A graduate of a medical or an osteopathic medical school
13 who does not have a certificate as a physician and surgeon under
14 this chapter if the individual meets all of the following
15 requirements:

16 (A) If issued a license to practice medicine in any jurisdiction,
17 has not had that license revoked or suspended by that jurisdiction.

18 (B) Does not otherwise hold themselves out as a physician and
19 surgeon entitled to practice medicine in this state except to the
20 extent authorized by this chapter.

21 (C) Does not engage in any of the acts prohibited by Section
22 2060.

23 (3) A person authorized to practice medicine under Section 2111
24 or 2113 subject to the limitations set forth in those sections.

25 (4) *A person holding a current and active license under another*
26 *chapter of this division or any initiative act referred to in this*
27 *division, to the extent the use of the title is consistent with the act*
28 *governing the practice of that license.*

29 (5) *A person whose use of the word “doctor” or the prefix “Dr.”*
30 *is not associated with any claim of entitlement to practice medicine*
31 *or any other professional service for which the use of the title*
32 *would be untrue or misleading pursuant to Section 17500.*

33 SEC. 3. Section 2837.101 of the Business and Professions
34 Code is amended to read:

35 2837.101. For purposes of this article, the following terms have
36 the following meanings:

37 (a) “Committee” means the Nurse Practitioner Advisory
38 Committee.

39 (b) “Standardized procedures” has the same meaning as that
40 term is defined in Section 2725.

1 (c) “Transition to practice” means additional clinical experience
2 and mentorship provided to prepare a nurse practitioner to practice
3 independently. “Transition to practice” includes, but is not limited
4 to, managing a panel of patients, working in a complex health care
5 setting, interpersonal communication, interpersonal collaboration
6 and team-based care, professionalism, and business management
7 of a practice. The board shall, by regulation, define minimum
8 standards for transition to practice. For purposes of the transition
9 to practice:

10 (1) Clinical experience shall not be limited to experience in a
11 single category that a nurse practitioner may practice in pursuant
12 to Section 2836.

13 (2) Clinical experience may include experience obtained before
14 January 1, 2021, but clinical experience obtained before a person
15 is certified by the board as a nurse practitioner shall not be
16 included.

17 SEC. 4. Section 2837.103 of the Business and Professions
18 Code is amended to read:

19 2837.103. (a) (1) Notwithstanding any other law, a nurse
20 practitioner may perform the functions specified in subdivision
21 (c) pursuant to that subdivision, in a setting or organization
22 specified in paragraph (2) pursuant to that paragraph, if the nurse
23 practitioner has successfully satisfied the following requirements:

24 (A) Passed a national nurse practitioner board certification
25 examination and, if applicable, any supplemental examination
26 developed pursuant to paragraph (4) of subdivision (a) of Section
27 2837.105.

28 (B) Holds a certification as a nurse practitioner from a national
29 certifying body accredited by the National Commission for
30 Certifying Agencies or the American Board of Nursing Specialties
31 and recognized by the board.

32 (C) Provides documentation that educational training was
33 consistent with standards established by the board pursuant to
34 Section 2836 and any applicable regulations as they specifically
35 relate to requirements for clinical practice hours. Online educational
36 programs that do not include mandatory clinical hours shall not
37 meet this requirement.

38 (D) Has completed a transition to practice in California or
39 another state of a minimum of three full-time equivalent years of
40 practice or 4600 hours. A nurse practitioner who has been

1 practicing as a nurse practitioner *in direct patient care* for a
2 minimum of three full-time equivalent years or 4,600 hours within
3 the last ~~5~~ *five* years, as of January 1, 2023, may be deemed to have
4 satisfied this requirement. For purposes of this subparagraph:

5 (i) Proof of completion of ~~a~~ *one* transition to practice shall be
6 provided to the board, on a form prescribed by the board, as an
7 attestation from either a licensed physician and surgeon, a certified
8 nurse practitioner practicing pursuant to this section, or a certified
9 nurse practitioner practicing pursuant to Section 2837.104.

10 (ii) A licensed physician and surgeon or a certified nurse
11 practitioner who attests to the completion of a transition to practice
12 is not required to specialize in the same category as the applicant
13 pursuant to Section 2836.

14 (iii) A licensed physician and surgeon or a certified nurse
15 practitioner practicing pursuant to this section or Section 2837.104
16 who attests to the completion of a transition to practice is not
17 required to verify competence, clinical expertise, or any other
18 standards related to the practice of the applicant and shall only
19 attest to the completion of the transition to practice, as defined in
20 Section 2837.101.

21 (iv) A licensed physician and surgeon or a certified nurse
22 practitioner practicing pursuant to this section or Section 2837.104
23 who attests to the completion of a transition to practice shall not
24 ~~be liable for any civil damages and shall not be subject to an~~
25 ~~administrative action, sanction, or penalty for attesting only to the~~
26 ~~completion of a transition to practice.~~ *be subject to civil, criminal,*
27 *administrative, disciplinary, employment, credentialing,*
28 *professional discipline, contractual liability, or medical staff*
29 *action, sanction, or penalty or other liability for providing an*
30 *attestation or refusing to provide an attestation pursuant to this*
31 *section.*

32 (2) A nurse practitioner who meets all of the requirements of
33 paragraph (1) may practice, including, but not limited to,
34 performing the functions authorized pursuant to subdivision (c),
35 in one of the following settings or organizations in which one or
36 more physicians and surgeons practice with the nurse practitioner
37 without standardized procedures:

38 (A) A clinic, as defined in Section 1200 of the Health and Safety
39 Code.

1 (B) A health facility, as defined in Section 1250 of the Health
2 and Safety Code, except for the following:

3 (i) A correctional treatment center, as defined in paragraph (1)
4 of subdivision (j) of Section 1250 of the Health and Safety Code.

5 (ii) A state hospital, as defined in Section 4100 of the Welfare
6 and Institutions Code.

7 (C) A facility described in Chapter 2.5 (commencing with
8 Section 1440) of Division 2 of the Health and Safety Code.

9 (D) A medical group practice, including a professional medical
10 corporation, as defined in Section 2406, another form of
11 corporation controlled by physicians and surgeons, a medical
12 partnership, a medical foundation exempt from licensure, or another
13 lawfully organized group of physicians and surgeons that provides
14 health care services.

15 (E) A home health agency, as defined in Section 1727 of the
16 Health and Safety Code.

17 (F) A hospice facility licensed pursuant to Chapter 8.5
18 (commencing with Section 1745) of Division 2 of the Health and
19 Safety Code.

20 (3) In health care agencies that have governing bodies, as
21 defined in Division 5 of Title 22 of the California Code of
22 Regulations, including, but not limited to, Sections 70701 and
23 70703 of Title 22 of the California Code of Regulations, the
24 following apply:

25 (A) A nurse practitioner shall adhere to all applicable bylaws.

26 (B) A nurse practitioner shall be eligible to serve on medical
27 staff and hospital committees.

28 (C) A nurse practitioner shall be eligible to attend meetings of
29 the department to which the nurse practitioner is assigned. A nurse
30 practitioner shall not vote at department, division, or other meetings
31 unless the vote is regarding the determination of nurse practitioner
32 privileges with the organization, peer review of nurse practitioner
33 clinical practice, whether a licensee's employment is in the best
34 interest of the communities served by a hospital pursuant to Section
35 2401, or the vote is otherwise allowed by the applicable bylaws.

36 (b) An entity described in subparagraphs (A) to (F), inclusive,
37 of paragraph (2) of subdivision (a) shall not interfere with, control,
38 or otherwise direct the professional judgment of a nurse practitioner
39 functioning pursuant to this section in a manner prohibited by
40 Section 2400 or any other law.

1 (c) In addition to any other practices authorized by law, a nurse
2 practitioner who meets the requirements of paragraph (1) of
3 subdivision (a) may perform the following functions without
4 standardized procedures in accordance with their education and
5 training:

6 (1) Conduct an advanced assessment.

7 (2) (A) Order, perform, and interpret diagnostic procedures.

8 (B) For radiologic procedures, a nurse practitioner can order
9 diagnostic procedures and utilize the findings or results in treating
10 the patient. A nurse practitioner may perform or interpret clinical
11 laboratory procedures that they are permitted to perform under
12 Section 1206 and under the federal Clinical Laboratory
13 Improvement Act (CLIA).

14 (3) Establish primary and differential diagnoses.

15 (4) Prescribe, order, administer, dispense, procure, and furnish
16 therapeutic measures, including, but not limited to, the following:

17 (A) Diagnose, prescribe, and institute therapy or referrals of
18 patients to health care agencies, health care providers, and
19 community resources.

20 (B) Prescribe, administer, dispense, and furnish pharmacological
21 agents, including over-the-counter, legend, and controlled
22 substances.

23 (C) Plan and initiate a therapeutic regimen that includes ordering
24 and prescribing nonpharmacological interventions, including, but
25 not limited to, durable medical equipment, medical devices,
26 nutrition, blood and blood products, and diagnostic and supportive
27 services, including, but not limited to, home health care, hospice,
28 and physical and occupational therapy.

29 (5) After performing a physical examination, certify disability
30 pursuant to Section 2708 of the Unemployment Insurance Code.

31 (6) Delegate tasks to a medical assistant pursuant to Sections
32 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with
33 Section 1366) of Chapter 3 of Division 13 of Title 16 of the
34 California Code of Regulations.

35 (d) A nurse practitioner *practicing under this section and not*
36 *working under standardized procedures* shall inform all new
37 patients in a language understandable to the patient that a nurse
38 practitioner is not a physician and surgeon.

39 (e) A nurse practitioner shall not be required to tell a patient the
40 patient has a right to see a physician and surgeon.

1 (f) A nurse practitioner *practicing under this section and not*
2 *working under standardized procedures* shall post a notice in a
3 conspicuous location accessible to public view that the nurse
4 practitioner is regulated by the Board of Registered Nursing. The
5 notice shall include the board's telephone number and the internet
6 website where the nurse practitioner's license may be checked and
7 complaints against the nurse practitioner may be made.

8 (g) A nurse practitioner shall refer a patient to a physician and
9 surgeon or other licensed health care provider if a situation or
10 condition of a patient is beyond the scope of the education and
11 training of the nurse practitioner.

12 (h) A nurse practitioner practicing under this section shall have
13 professional liability insurance appropriate for the practice setting.

14 (i) Any health care setting operated by the Department of
15 Corrections and Rehabilitation is exempt from this section.

16 SEC. 5. Section 2837.104 of the Business and Professions
17 Code is amended to read:

18 2837.104. (a) Beginning January 1, 2023, notwithstanding
19 any other law, the following apply to a nurse practitioner who
20 holds an active certification issued by the board pursuant to
21 subdivision (b):

22 (1) The nurse practitioner may perform the functions specified
23 in subdivision (c) of Section 2837.103 pursuant to that subdivision
24 outside of the settings or organizations specified under
25 subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision
26 (a) of Section 2837.103.

27 (2) Subject to subdivision-~~(f)~~ (g) and any applicable conflict of
28 interest policies of the bylaws, the nurse practitioner shall be
29 eligible for membership of an organized medical staff.

30 (3) Subject to subdivision-~~(f)~~ (g) and any applicable conflict of
31 interest policies of the bylaws, a nurse practitioner member may
32 vote at meetings of the department to which nurse practitioners
33 are assigned.

34 (b) The board shall issue a certificate to perform the functions
35 specified in subdivision (c) of Section 2837.103 pursuant to that
36 subdivision outside of the settings and organizations specified
37 under subparagraphs (A) to (F), inclusive, of paragraph (2) of
38 subdivision (a) of Section 2837.103, if the nurse practitioner
39 satisfies all of the following requirements:

1 (1) Meets all of the requirements specified in paragraph (1) of
2 subdivision (a) of Section 2837.103.

3 (2) Holds a valid and active license as a registered nurse in
4 California and a master's degree in nursing or in a clinical field
5 related to nursing or a doctoral degree in nursing.

6 (3) Has practiced as a nurse practitioner in good standing for at
7 least three years, not inclusive of the transition to practice required
8 pursuant to subparagraph (D) of paragraph (1) of subdivision (a)
9 of Section 2837.103. The board may, at its discretion, lower this
10 requirement for a nurse practitioner holding a Doctorate of Nursing
11 Practice degree (DNP) based on practice experience gained in the
12 course of doctoral education experience.

13 (c) A nurse practitioner authorized to practice pursuant to this
14 section shall comply with all of the following:

15 (1) The nurse practitioner, consistent with applicable standards
16 of care, shall not practice beyond the scope of their clinical and
17 professional education and training, including specific areas of
18 concentration and shall only practice within the limits of their
19 knowledge and experience and national certification.

20 (2) The nurse practitioner shall consult and collaborate with
21 other healing arts providers based on the clinical condition of the
22 patient to whom health care is provided. Physician consultation
23 shall be obtained as specified in the individual protocols and under
24 the following circumstances:

25 (A) Emergent conditions requiring prompt medical intervention
26 after initial stabilizing care has been started.

27 (B) Problem which is not resolving as anticipated after an
28 ongoing evaluation and management of the situation.

29 (C) History, physical, or lab findings inconsistent with the
30 clinical perspective.

31 (D) Upon request of patient.

32 (3) Nurse practitioner consultation with a physician and surgeon
33 alone shall not create a physician-patient relationship. The nurse
34 practitioner shall be solely responsible for the services they provide.

35 (4) The nurse practitioner shall establish a plan for referral of
36 complex medical cases and emergencies to a physician and surgeon
37 or other appropriate healing arts providers. The nurse practitioner
38 shall have an identified referral plan specific to the practice area,
39 that includes specific referral criteria. The referral plan shall
40 address the following:

1 (A) Whenever situations arise which go beyond the competence,
2 scope of practice, or experience of the nurse practitioner.

3 (B) Whenever patient conditions fail to respond or the patient
4 is acutely decompensating in a manner that is not consistent with
5 the progression of the disease and corresponding treatment plan.

6 (C) Any patient with a rare condition.

7 (D) Any patient conditions that do not fit the commonly accepted
8 diagnostic pattern for a disease or disorder.

9 (E) All emergency situations after initial stabilizing care has
10 been started.

11 (d) A nurse practitioner *practicing under this section and not*
12 *working under standardized procedures* shall inform all new
13 patients in a language understandable to the patient that a nurse
14 practitioner is not a physician and surgeon.

15 (e) A nurse practitioner *practicing under this section and not*
16 *working under standardized procedures* shall not be required by
17 the board to tell a patient that the patient has a right to see a
18 physician and surgeon.

19 (f) A nurse practitioner *practicing under this section and not*
20 *working under standardized procedures* shall post a notice in a
21 conspicuous location accessible to public view that the nurse
22 practitioner is regulated by the Board of Registered Nursing. The
23 notice shall include the board's telephone number and internet
24 website where the nurse practitioner's license may be checked and
25 complaints against the nurse practitioner may be made.

26 (g) A nurse practitioner practicing pursuant to this section shall
27 maintain professional liability insurance appropriate for the practice
28 setting.

29 (h) For purposes of this section, corporations and other artificial
30 legal entities shall have no professional rights, privileges, or
31 powers.

32 (i) Subdivision (h) shall not apply to a nurse practitioner if either
33 of the following ~~apply~~: *applies*:

34 (1) The certificate issued pursuant to this section is inactive,
35 surrendered, revoked, or otherwise restricted by the board.

36 (2) The nurse practitioner is employed pursuant to the
37 exemptions under Section 2401.

38 SEC. 6. Section 2837.105 of the Business and Professions
39 Code is amended to read:

1 2837.105. (a) (1) The board shall request the department's
2 Office of Professional Examination Services, or an equivalent
3 organization, to perform an occupational analysis of nurse
4 practitioners performing the functions specified in subdivision (c)
5 of Section 2837.103 pursuant to that subdivision.

6 (2) The board, together with the Office of Professional
7 Examination Services, shall assess the alignment of the
8 competencies tested in the national nurse practitioner certification
9 examination required by subparagraph (A) of paragraph (1) of
10 subdivision (a) of Section 2837.103 with the occupational analysis
11 performed according to paragraph (1). This paragraph shall not
12 apply to a national nurse practitioner certification examination
13 discontinued before January 1, 2017.

14 (3) The occupational analysis shall be completed by January 1,
15 2023.

16 (4) If the assessment performed according to paragraph (2)
17 identifies additional competencies necessary to perform the
18 functions specified in subdivision (c) of Section 2837.103 pursuant
19 to that subdivision that are not sufficiently validated by the national
20 nurse practitioner board certification examination required by
21 subparagraph (A) of paragraph (1) of subdivision (a) of Section
22 2837.103, the board shall identify and develop a supplemental
23 exam that properly validates identified competencies.

24 (b) The examination process shall be regularly reviewed
25 pursuant to Section 139.

26 SEC. 7. Section 3765 of the Business and Professions Code is
27 amended to read:

28 3765. This act does not prohibit any of the following activities:

29 (a) The performance of respiratory care that is an integral part
30 of the program of study by students enrolled in approved
31 respiratory therapy training programs.

32 (b) Self-care by the patient or the gratuitous care by a friend or
33 member of the family who does not represent or hold themselves
34 out to be a respiratory care practitioner licensed under the
35 provisions of this chapter.

36 (c) The respiratory care practitioner from performing advances
37 in the art and techniques of respiratory care learned through formal
38 or specialized training.

39 (d) The performance of respiratory care in an emergency
40 situation by paramedical personnel who have been formally trained

1 in these modalities and are duly licensed under the provisions of
2 an act pertaining to their specialty.

3 (e) Temporary performance, by other health care personnel,
4 students, or groups, of respiratory care services, as identified and
5 authorized by the board, in the event of an epidemic, pandemic,
6 public disaster, or emergency.

7 (f) Persons from engaging in cardiopulmonary research.

8 (g) Formally trained licensees and staff of child day care
9 facilities from administering to a child inhaled medication as
10 defined in Section 1596.798 of the Health and Safety Code.

11 (h) The performance by a person employed by a home medical
12 device retail facility or by a home health agency licensed by the
13 State Department of Public Health of specific, limited, and basic
14 respiratory care or ~~respiratory-care-related~~ *care-related* services
15 that have been authorized by the board.

16 (i) The performance, by a vocational nurse licensed by the Board
17 of Vocational Nursing and Psychiatric Technicians of the State of
18 California who is employed by a home health agency licensed by
19 the State Department of Public Health, of respiratory tasks and
20 services identified by the board, if the licensed vocational nurse
21 complies with the following:

22 (1) Before January 1, 2028, the licensed vocational nurse has
23 completed patient-specific training satisfactory to their employer.

24 (2) On or after January 1, 2028, the licensed vocational nurse
25 has completed patient-specific training by the employer in
26 accordance with guidelines that shall be promulgated by the board
27 no later than January 1, 2028, in collaboration with the Board of
28 Vocational Nursing and Psychiatric Technicians of the State of
29 California.

30 (j) The performance of respiratory care services identified by
31 the board by a licensed vocational nurse who satisfies the
32 requirements in paragraph (1) in the settings listed in paragraph
33 (2).

34 (1) (A) The licensed vocational nurse is licensed pursuant to
35 Chapter 6.5 (commencing with Section 2840).

36 (B) The licensed vocational nurse has completed patient-specific
37 training satisfactory to their employer.

38 (C) The licensed vocational nurse holds a current and valid
39 certification of competency for each respiratory task to be
40 performed from the California Association of Medical Product

1 Suppliers, the California Society for Respiratory Care, or another
2 organization identified by the board.

3 (2) A licensed vocational nurse may perform the respiratory
4 care services identified by the board pursuant to this subdivision
5 in the following settings:

6 (A) At a congregate living health facility licensed by the State
7 Department of Public Health that is designated as six beds or fewer.

8 (B) At an intermediate care facility licensed by the State
9 Department of Public Health that is designated as six beds or fewer.

10 (C) At an adult day health care center licensed by the State
11 Department of Public Health.

12 (D) As an employee of a home health agency licensed by the
13 State Department of Public Health or an individual nurse provider
14 working in a residential home.

15 (E) At a pediatric day health and respite care facility licensed
16 by the State Department of Public Health.

17 (F) At a small family home licensed by the *State* Department
18 of Social Services that is designated as six beds or fewer.

19 (G) As a private duty nurse as part of daily transportation and
20 activities outside a patient's residence or family respite for home-
21 and community-based patients.

22 (3) This subdivision is operative on January 1, 2028.

23 (k) The performance of pulmonary function testing by persons
24 who are currently employed by Los Angeles County hospitals and
25 have performed pulmonary function testing for at least 15 years.

26 *SEC. 8. Section 4069 is added to the Business and Professions*
27 *Code, to read:*

28 *4069. A pharmacist who dispenses or furnishes a dangerous*
29 *drug, as defined in Section 4022, pursuant to a veterinary*
30 *prescription shall include, as part of the consultation, the option*
31 *for a representative of an animal patient to also receive drug*
32 *documentation specifically designed for veterinary drugs.*

33 ~~SEC. 8.~~

34 *SEC. 9. Section 7423 of the Business and Professions Code is*
35 *amended to read:*

36 *7423. The amounts of the fees required by this chapter relating*
37 *to licenses for individual practitioners are as follows:*

38 (a) (1) Cosmetologist application and examination fee shall be
39 the actual cost to the board for developing, purchasing, grading,
40 and administering the examination.

1 (2) A cosmetologist initial license fee shall not be more than
2 fifty dollars (\$50).

3 (b) (1) An esthetician application and examination fee shall be
4 the actual cost to the board for developing, purchasing, grading,
5 and administering the examination.

6 (2) An esthetician initial license fee shall not be more than forty
7 dollars (\$40).

8 (c) (1) A manicurist application and examination fee shall be
9 the actual cost to the board for developing, purchasing, grading,
10 and administering the examination.

11 (2) A manicurist initial license fee shall not be more than
12 thirty-five dollars (\$35).

13 (d) (1) A barber application and examination fee shall be the
14 actual cost to the board for developing, purchasing, grading, and
15 administering the examination.

16 (2) A barber initial license fee shall be not more than fifty dollars
17 (\$50).

18 (e) (1) An electrologist application and examination fee shall
19 be the actual cost to the board for developing, purchasing, grading,
20 and administering the examination.

21 (2) An electrologist initial license fee shall be not more than
22 fifty dollars (\$50).

23 (f) An apprentice application and license fee shall be not more
24 than twenty-five dollars (\$25).

25 (g) The license renewal fee for individual practitioner licenses
26 that are subject to renewal shall be not more than fifty dollars
27 (\$50).

28 (h) A hairstylist application and examination fee shall be the
29 actual cost to the board for developing, purchasing, grading, and
30 administering the examination.

31 (i) A hairstylist's initial license fee shall be no more than fifty
32 dollars (\$50).

33 (j) Notwithstanding Section 163.5 the license renewal
34 delinquency fee shall be 50 percent of the renewal fee in effect on
35 the date of renewal.

36 ~~SEC. 9.~~

37 *SEC. 10.* Section 8593 of the Business and Professions Code
38 is amended to read:

39 8593. (a) The board shall require as a condition to the renewal
40 of each operator's and field representative's license that the holder

1 submit proof satisfactory to the board that they have informed
2 themselves of developments in the field of pest control either by
3 completion of courses of continuing education in pest control
4 approved by the board or equivalent activity approved by the board.

5 (b) The board shall develop a correspondence course or courses
6 with any educational institution or institutions as it deems
7 appropriate. This course may be used to fulfill the requirements
8 of this section. The institution may charge a reasonable fee for
9 each course.

10 ~~SEC. 10.~~

11 *SEC. 11.* Section 8593.1 of the Business and Professions Code
12 is amended to read:

13 8593.1. The board shall require as a condition to the renewal
14 of each applicator’s license that the holder thereof submit proof
15 satisfactory to the board that they have completed courses of
16 continuing education in pesticide application and use approved by
17 the board or equivalent activity approved by the board.

18 ~~SEC. 11.~~

19 *SEC. 12.* No reimbursement is required by this act pursuant to
20 Section 6 of Article XIII B of the California Constitution because
21 the only costs that may be incurred by a local agency or school
22 district will be incurred because this act creates a new crime or
23 infraction, eliminates a crime or infraction, or changes the penalty
24 for a crime or infraction, within the meaning of Section 17556 of
25 the Government Code, or changes the definition of a crime within
26 the meaning of Section 6 of Article XIII B of the California
27 Constitution.