



AB 890 IMPLEMENTATION: FAQ PART III

As part of an ongoing series of informational updates, the California Association for Nurse Practitioners (CANP) is pleased to provide the following **Frequently Asked Questions: PART III** covering many questions and issues that have been submitted since the 103 NP application process began in January 2023.

We encourage you to also read the [Frequently Asked Questions \(FAQ\): PART I](#) and [FAQ: Part II](#) that CANP released after the AB 890 regulations were formally adopted by the Board of Registered Nursing (BRN).

The FAQ Part III addresses the most common questions in these key areas:

- Regulatory & 103 NP Application Process (p. 1-3)
- Attestation Questions (p. 3-4)
- Legal Questions (p. 4-6)
- Business & Employment Questions (p. 6)

REGULATORY & 103 NP APPLICATION PROCESS

1. *Where can I find step-by-step instructions to help guide me through the BRN's 103 NP application?*

Please follow these step-by-step instructions provided by the [BRN outlined here](#).

You must carefully follow these directions. They are detailed and complex and have all the information that you will need to successfully apply.

2. *What are the six categories included for 103 NP application from which I must select one?*

A NP can only become certified as a 103 NP and practice without standardized procedures in whichever of the six NP categories outlined in 16 CCR 1481(a) that they received their education and training in, hold a national certification in and completed their transition to practice clinical experience in. Those categories are as follows:

1. Family/individual across the lifespan;
2. Adult-gerontology, primary care or acute care;
3. Neonatal;
4. Pediatrics, primary care or acute care;
5. Women's health/gender-related;
6. Psychiatric-Mental Health across the lifespan.

You must select only **ONE**; do not submit more than one application. If you qualify for an additional certification, apply *after* the previous one is approved.

3. Are there any costs to apply?

No. Currently, the application to apply for 103 NP is free of charge.

4. When will DNPs be able to apply for a 104 NP certificate?

You must first be licensed as a 103 NP and hold this certificate for three years in good standing prior to applying for the 104 NP certificate. With a DNP you can use direct patient care time that was completed in your DNP program as credit to apply following the 2026 go-live if the clinical hours were in the specialty that you hold a national certification, and the hours were not credited towards your master's degree.

5. Once an NP becomes a 103 NP practicing independently in group setting, can that NP still practice with standardized procedures with a collaborator?

Once you receive your BRN certificate as a 103 NP practicing within one of the six settings, you are not required to use standardized procedures. However, the clinical agency could still require 103 NPs to practice under standardized procedures.

6. Will NPs that do not meet 103 NP or 104 NP guidelines still need a standardized procedures collaboration agreement?

If an NP does not qualify as a 103 NP or 104 NP, they must continue to practice under a standardized procedure.

7. When submitting a 103 NP application to the BRN, I was notified that I have to contact the American Nurses Credentialing Center (ANCC) to submit confirmation of my national certification to the BRN. Would it be best to alert NPs to do this prior to applying for 103 NP to not hold up the application process?

No, we recommend that the NP requests national certification after submission of the BRN application.

8. I have maintained board certification as a family nurse practitioner (FNP) for individuals across the lifespan who have chronic non-healing wounds in a wound specialty clinic. Do I qualify under one of the six categories?

Yes, If the specialty falls within the population focus national certification that is recognized by the BRN and is performed within the settings or organizations listed in BPC 2837.103 (a)(2).

There is no law that restricts the practice to a medical specialty or practice setting.

9. Did NPs get any new initials to list on our academic credentials?

No, the BRN NP Advisory Committee had an extensive discussion about 103 NP designation and the agreement was to not add anything or change your title. You can continue to identify yourself as a nurse practitioner.

10. One of the requirements indicates that the RN should have a masters or higher in their specialty. Do post-masters certification count?

Yes, you would still qualify.

11. In private practice as a psychiatric mental health nurse practitioner (PMHNP), if I work with a primary care physician as my primary collaborating physician with a hired psychiatrist as an additional consultant, will these hours count with respect to 103 NP?

The hours that count would be the ones that are with the psychiatrist.

12. How are national certifications obtained/submitted to the BRN?

Please refer to your national certification corporation for the verification process.

ATTESTATION QUESTIONS

13. Will doctors of osteopathy (DO) be included in the physician attestation?

Yes, DO numbers are accepted. If you applied initially in error with an MD, please correct your application by completing the “Add Additional Nurse Practitioner Providers” to your existing open 103 NP application.

14. How do I proceed if my medical group or attesting physician states that attestation is a liability or puts physician at risk?

Persons attesting to the 103 NP application (e.g., an already certified 103 NP, 104 NP, or physician and surgeon) do so under penalty of perjury. There is no additional risk beyond that risk. One possible way, among many other ways, to assure the person attesting to the application could be to create a portfolio with all of the required elements and giving that evidence to the person attesting to the application as documentation.

CANP is awaiting additional information from the BRN on the verification process and penalties of perjury.

15. If you have 103 NP status, what is the physicians' liability in an approved 103 NP practice setting?

There is no liability for the physician to attest the application beyond penalty of perjury. There is no additional liability for a physician in a practice where 103 NPs work. The attester is asked to attest that the 103 NP applicant has performed a certain number of qualifying hours towards fulfillment of the 4,600 hour “transition to practice” (TTP) requirement. Thus, the attester(s) will attest:

- To the fact that the 103 NP has completed the required clinical experience and mentorship in the direct patient care area focus listed in Section 1481 (a) in which the applicant seeks independent practice, for the number of hours identified by the 103 NP applicant
- Supervision here does not require constant, direct oversight
- That they specialize in the same area or category in which the 103 NP applicant seeks certification
- That they do not have a familial or financial interest with the 103 NP applicant
- That the facts to which they are attesting are correct, under penalty of perjury

16. The physician is refusing to attest my hours for the 103 NP application. Is there another process or other options?

Have a conversation with the physician to determine what the concerns are. There is no liability for the physician to attest to the application if it is true and done in good faith.

17. The NP I work with is granted 103 NP status by the BRN. Can the NP attest for me?

Yes, the regulations allow for 103 NPs and 104 NPs who are certified as a 103 NP or 104 NP by the BRN to attest for other NP applicants pursuant to Title 16 §1483.3(a)(13).

18. I have been practicing as an NP for three years but recently received my board certifications. Can I still apply for my 103 NP?

Yes, as long as you have completed 4,600 hours in California and have national certification at the time of your application submission to the BRN.

19. What if the person I have asked to attest to my “transition to practice” (TTP) is hesitant to attest?

If an attestor is concerned about signing the attestation under penalty of perjury, an NP could create a portfolio with the required elements of the TTP as evidence of meeting the requirements.

LEGAL QUESTIONS

20. What happens if my national certification expires?

You need to immediately practice under standardized procedures and re-apply to become a 103 NP once you have regained national certification.

21. Can the NP be with a solo practitioner?

Yes, if that solo practitioner's clinic or practice is one of the six entities outlined in Business and Professions Code Section 2837.103(a)(2)(A)-(F).

22. Would working as an independent contractor or in a nursing corporation qualify for 103 NP status?

Yes, if the NP is working in a practice that is one of the six entities outlined in Business and Professions Code Section 2837.103(a)(2)(A)-(F).

23. Would the NP need standardized procedures (SP) for procedures? (i.e., assisting in surgical procedures, specialty procedures)?

No, if the NP qualifies as a 103 NP, then the NP can practice with the scope of practice that has been defined by AB 890 in Business and Professions Code Section 2837.103(c). However, the NP must ensure that they have the requisite and documented education and training to establish competence and be privileged by your organization before performing that procedure.

24. What are the signage requirements for 103 NP and 104 NPs?

Pursuant to the new regulations in [Title 16, Section 1487](#), a notice in at least 48-point Arial font must be posted in a conspicuous location accessible to public view on the premises. The following information must be included:

NOTICE. Nurse practitioners are licensed and regulated by the Board of Registered Nursing. (916) 322-3350. www.rn.ca.gov

25. Are there activities that a 103 NP still must do under standardized procedures (SPs)? Is there any limit to the NP scope of practice, even with SPs?

The law states the NP can practice what they have been educated and trained to practice within the Board recognized population focus of the national certification. With SPs, the NP still must demonstrate that they have had didactic, clinical, and evaluations in any area that was not covered in their education as a NP.

If the 103 NP or 104 NP wishes to add additional privileges, they do not need a SP. They must be educated and trained for that procedure and follow the agency's privileging requirements (e.g., focused professional performance evaluation/proctoring). If these additional privileges fall outside of focus and evaluation of the population focused national certification used for the 103 NP an additional national certification would be required, a separate TTP must be completed, and an additional BRN 103 NP application and approval will need to be granted before practicing without standardized procedures in that new focus area.

26. Could a health care entity determine that all NPs must work under standardized procedures?

Yes, they could. The individual entity can have its own qualifications for NPs. CANP recommends having respectful conversations with leadership to determine a path towards recognition of 103 NPs.

27. What if my medical group refuses to recognize my 103 NP license?

While the law permits NP practice without physician supervision, individual agencies can further restrict activities within their organization. CANP recommends having a respectful dialogue with the leadership about the benefits, reductions in waste, and reassurance that policies surrounding professional practice standards will be adhered to.

28. In addition to the verbal disclosure required of NPs, is there additional information patients/families must know about 103 NPs and 104 NPs?

[Title 16, Section 1487 \(b\)](#) requires the NP to verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.

Title 16, Section 1487 (c) requires that patients must be advised that 1) they have the right to see a physician and surgeon on request and 2) the circumstances under which they must be referred to see a physician and surgeon.

For purposes of Spanish language speakers, the NP shall use the standardized phrases "enfermera especializada" or "enfermero especializado."

29. If I own my own nursing corporation and have a collaborating physician, will that work be eligible for 103 NP status since the corporation is not owned by a physician?

No. The NP needs to practice in one of the designated settings to qualify to become a 103 NP. Business ownership does not equate to working as a 103 NP.

30. How are Medi-Cal payers going to handle the billing? Will they permit empanelment or are we still going to have to bill through a physician partner?

Currently, you can bill directly to Medi-Cal. If you bill under the physician, the NP gets 100% of the billing. If you bill under the NP, you get 85% of the billing. CANP is working with the Department of Health Care Services to revise the Non-physician Provider Manual to remove the requirement for physician supervision for 103 NPs and 104 NPs.

BUSINESS & EMPLOYMENT QUESTIONS

31. How do I initiate bylaw changes in my organization? How does this process work?

Every organization that has an organized medical staff must have bylaws that govern the medical staff pursuant to Title 22, Sections 70701 and 70703 for general acute care hospitals and Sections 71501 and 71503 in acute psychiatric hospitals.

However, each institution has written their bylaws differently as to how bylaw changes can be made. Therefore, CANP recommends that NPs reach out to the Medical Staff Office or Medical Staff Services to get a copy of the bylaws for guidance on revisions. Additionally, NPs should discuss their interest in bylaw changes with the Chief Nursing Officer, Chief of the Medical Staff, and Chief Medical Officer and engage in bylaw change discussions. CANP is working on a playbook for NPs for bylaw changes.

32. Are there any samples of updated bylaws considering AB 890 and the creation of the NP 103? Particularly as it relates to medical staff and the creation of a peer biased review.

Given all bylaws are created differently, we do not have sample language at this time. CANP is working on a playbook for NPs.

33. Are there other human resources process changes that also need to occur for hiring 103 NPs?

Each agency has unique policies, procedures, and job descriptions. 103 NPs should work with their human resources departments to understand which policies, procedures, and job descriptions need to be changed.

34. With the approval of 103 NP status, will our names be added to the provider database for anyone who wants to have a NP as their provider? Will a patient be able to have an NP in their insurance card as a primary care provider (PCP)?

Being licensed as a 103 NP or 104 NP will not automatically require payors to empanel NPs as PCPs. Most insurance companies do not recognize NPs as PCPs and do not list NPs in their insurance catalogs. Health care organizations will need to negotiate with their contracted insurance companies to list NPs as PCPs.

The 104 NP practicing independently will need to negotiate directly with insurance companies to be listed as empaneled providers and allow patients to select as a PCP.

CANP is aware of this issue and is working on next steps with third party payors.