



CALIFORNIA ASSOCIATION
FOR NURSE PRACTITIONERS

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Lorretta Melby, RN, MSN
Executive Officer
Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

Dear Ms. Melby:

I write on behalf of the membership of the California Association for Nurse Practitioners (CANP), representing the interests of licensed nurse practitioners (NPs) in the State of California. We appreciate the opportunity we have had to meet with you informally over recent months to discuss the Board of Registered Nursing's (BRN) role in the implementation of AB 890 (Assembly Member Jim Wood, Chapter 265, Statutes of 2020). I would like to take this opportunity to formally share CANP's perspective on the most critical components of implementation facing the BRN.

As you know, the provisions of AB 890 that will allow the majority of NPs who practice in the majority of settings in the healthcare delivery system, i.e. hospitals, clinics, medical groups, etc. to work without physician supervision went into effect on January 1, 2021. However, in order for these NPs to practice without physician supervision and increase access to high-quality healthcare for Californians, particular action must be taken by the BRN that I will enumerate in this letter.

Transition to Practice

AB 890 includes a "transition to practice (TTP)," a period of time that is intended to allow newly-licensed NPs to receive hands on experience and mentoring, working under physician supervision, for a period of "three full-time equivalent years of practice or 4600 hours" BPC Code Section 2837.103 (D).

Specifically, "Transition to practice" means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. "Transition to practice" 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. The board shall, by regulation, define minimum standards for transition to practice. Clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board. (Business and Professions Code Section 2837.101 (c).

This construct was always intended to apply to new graduates only, recognizing that many of California's experienced NPs with years of experience, would not need to complete the TTP. Many discussions occurred during the legislative process about how to appropriately structure the transition to practice, and the decision was made to defer this to the BRN and its subject matter expertise. It is imperative that the BRN begin the promulgation of these regulations following the Administrative Procedures Act on this provision as soon as possible – until there is clarity around which NPs the TPP will apply to, many of California's most experienced NPs are not able to work without physician

supervision, despite this being the clear intention of Assembly Member Wood and the overwhelming bipartisan support of the Legislature.

Possible Supplemental Exam in Partnership with the Office of Professional Examination Services

Second, AB 890 calls for the BRN to, “request the department’s Office of Professional Examination Services..... to perform an occupational analysis of nurse practitioners.”

“The board, together with the Office of Professional Examination Services , shall assess the alignment of the competencies tested in the national nurse practitioner certification examination” BPC Section 2837.105.

This is a critical component of the bill and will be determinative to what educational standards NPs will be held to prior to their ability to practice without physician supervision whether in a health setting as delineated in Business & Professions Code 2837.103 or in other settings as delineated in Business and Professions Code 2837.104, which is authorized by AB 890 beginning on January 1, 2023. We request that the BRN begin the process of working with OPES as quickly as possible to allow adequate time for this review to take place.

Last but certainly not least, we must express our disappointment with the appointments made to the Nurse Practitioner Committee, created by AB 890. We applaud the NPs who have been appointed for their breadth of knowledge and expertise and we very much look forward to working with them. However, we think it is a misstep that the BRN did not include NPs who are working in primary care, in clinic or hospital settings, where the majority of NPs currently practice. We very much respect our colleagues and their specialty training but believe that leaving out primary care NPs overlooks an important population of patient care.

We look forward to working with the BRN to work on these important implementation components. Please consider CANP, and our members, to be a resource and a support to the BRN’s efforts in whatever way is most helpful. I can be reached at (916) 218-5243 or p.anaya.gurney@gmail.com should you wish to discuss any of these matters further. Thank you in advance for your consideration of CANP’s comments.

Sincerely,

Patti Gurney, MSN, NP-BC
President

cc: Board Members, Board of Registered Nursing
Governor Gavin Newsom
Senator Richard Roth, Chair, Senate Business and Professions Committee
Assembly Member Evan Low, Chair, Assembly Business and Professions Committee
Kimberly Kirchmeyer, Director, Department of Consumer Affairs