

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 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.

(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.”. By expanding the scope of a crime, this bill would impose a state-mandated local program.

(2)

(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. 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 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 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 to tell a patient that the patient has a right to see a physician and surgeon, and would delete a provision requiring a nurse practitioner to use a certain phrase to inform Spanish language speakers that the nurse practitioner is not a physician and surgeon.

(3)

(5) 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 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.

(4)

(6) 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.

(5)

(7) 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) *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: ~~no~~-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

1 in alternative practice with an existing practice in the area may
2 continue to provide dental hygiene services.

3 (e) Dental offices.

4 *SEC. 2. Section 2054 of the Business and Professions Code is*
5 *amended to read:*

6 2054. (a) Any person who uses in any sign, business card, or
7 letterhead, or, in an advertisement, the words “doctor” or
8 “physician,” the letters or prefix “Dr.,” the initials ~~“M.D.”~~ “M.D.”
9 or “D.O.,” or any other terms or letters indicating or implying that
10 ~~he or she~~ *the person* is a physician and surgeon, physician, surgeon,
11 or practitioner under the terms of this or any other law, or that ~~he~~
12 ~~or she~~ *the person* is entitled to practice hereunder, or who
13 represents or holds ~~himself or herself~~ *themselves* out as a physician
14 and surgeon, physician, surgeon, or practitioner under the terms
15 of this or any other law, without having at the time of so doing a
16 valid, unrevoked, and unsuspended certificate as a physician and
17 surgeon under this chapter, is guilty of a misdemeanor. *No person*
18 *shall use the words “doctor” or “physician,” the letters or prefix*
19 *“Dr.,” the initials “M.D.” or “D.O.,” or any other terms or letters*
20 *indicating or implying that the person is a physician and surgeon,*
21 *physician, surgeon, or practitioner in a health care setting that*
22 *would lead a reasonable patient to determine that person is a*
23 *licensed “M.D.” or “D.O.”.*

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

27 (1) A graduate of a medical *or an osteopathic medical* school
28 approved or recognized by the *medical or osteopathic medical*
29 board while enrolled in a postgraduate training program approved
30 by the board.

31 (2) A graduate of a medical *or an osteopathic medical* school
32 who does not have a certificate as a physician and surgeon under
33 this chapter if ~~he or she~~ *the individual* meets all of the following
34 requirements:

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

37 (B) Does not otherwise hold ~~himself or herself~~ *themselves* out
38 as a physician and surgeon entitled to practice medicine in this
39 state except to the extent authorized by this chapter.

1 (C) Does not engage in any of the acts prohibited by Section
2 2060.

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

5 *SEC. 3. Section 2837.101 of the Business and Professions Code*
6 *is amended to read:*

7 2837.101. For purposes of this article, the following terms have
8 the following meanings:

9 (a) “Committee” means the Nurse Practitioner Advisory
10 Committee.

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

13 (c) “Transition to practice” means additional clinical experience
14 and mentorship provided to prepare a nurse practitioner to practice
15 independently. “Transition to practice” includes, but is not limited
16 to, managing a panel of patients, working in a complex health care
17 setting, interpersonal communication, interpersonal collaboration
18 and team-based care, professionalism, and business management
19 of a practice. The board shall, by regulation, define minimum
20 standards for transition to practice. ~~Clinical experience may include~~
21 ~~experience obtained before January 1, 2021, if the experience~~
22 ~~meets the requirements established by the board. For purposes of~~
23 ~~the transition to practice:~~

24 (1) *Clinical experience shall not be limited to experience in a*
25 *single category that a nurse practitioner may practice in pursuant*
26 *to Section 2836.*

27 (2) *Clinical experience may include experience obtained before*
28 *January 1, 2021, but clinical experience obtained before a person*
29 *is certified by the board as a nurse practitioner shall not be*
30 *included.*

31 *SEC. 4. Section 2837.103 of the Business and Professions Code*
32 *is amended to read:*

33 2837.103. (a) (1) Notwithstanding any other law, a nurse
34 practitioner may perform the functions specified in subdivision
35 (c) pursuant to that subdivision, in a setting or organization
36 specified in paragraph (2) pursuant to that paragraph, if the nurse
37 practitioner has successfully satisfied the following requirements:

38 (A) Passed a national nurse practitioner board certification
39 examination and, if applicable, any supplemental examination

1 developed pursuant to paragraph (4) of subdivision (a) of Section
2 2837.105.

3 (B) Holds a certification as a nurse practitioner from a national
4 certifying body accredited by the National Commission for
5 Certifying Agencies or the American Board of Nursing Specialties
6 and recognized by the board.

7 (C) Provides documentation that educational training was
8 consistent with standards established by the board pursuant to
9 Section 2836 and any applicable regulations as they specifically
10 relate to requirements for clinical practice hours. Online educational
11 programs that do not include mandatory clinical hours shall not
12 meet this requirement.

13 (D) Has completed a transition to practice in California *or*
14 *another state* of a minimum of three full-time equivalent years of
15 practice or 4600 hours. *A nurse practitioner who has been*
16 *practicing as a nurse practitioner for a minimum of three full-time*
17 *equivalent years or 4,600 hours within the last 5 years, as of*
18 *January 1, 2023, may be deemed to have satisfied this requirement.*
19 *For purposes of this subparagraph:*

20 (i) *Proof of completion of a transition to practice shall be*
21 *provided to the board, on a form prescribed by the board, as an*
22 *attestation from either a licensed physician and surgeon, a certified*
23 *nurse practitioner practicing pursuant to this section, or a certified*
24 *nurse practitioner practicing pursuant to Section 2837.104.*

25 (ii) *A licensed physician and surgeon or a certified nurse*
26 *practitioner who attests to the completion of a transition to practice*
27 *is not required to specialize in the same category as the applicant*
28 *pursuant to Section 2836.*

29 (iii) *A licensed physician and surgeon or a certified nurse*
30 *practitioner practicing pursuant to this section or Section 2837.104*
31 *who attests to the completion of a transition to practice is not*
32 *required to verify competence, clinical expertise, or any other*
33 *standards related to the practice of the applicant and shall only*
34 *attest to the completion of the transition to practice, as defined in*
35 *Section 2837.101.*

36 (iv) *A licensed physician and surgeon or a certified nurse*
37 *practitioner practicing pursuant to this section or Section 2837.104*
38 *who attests to the completion of a transition to practice shall not*
39 *be liable for any civil damages and shall not be subject to an*

1 *administrative action, sanction, or penalty for attesting only to the*
2 *completion of a transition to practice.*

3 (2) A nurse practitioner who meets all of the requirements of
4 paragraph (1) may practice, including, but not limited to,
5 performing the functions authorized pursuant to subdivision (c),
6 in one of the following settings or organizations in which one or
7 more physicians and surgeons practice with the nurse practitioner
8 without standardized procedures:

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

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

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

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

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

19 (D) A medical group practice, including a professional medical
20 corporation, as defined in Section 2406, another form of
21 corporation controlled by physicians and surgeons, a medical
22 partnership, a medical foundation exempt from licensure, or another
23 lawfully organized group of physicians and surgeons that provides
24 health care services.

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

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

30 (3) In health care agencies that have governing bodies, as
31 defined in Division 5 of Title 22 of the California Code of
32 Regulations, including, but not limited to, Sections 70701 and
33 70703 of Title 22 of the California Code of Regulations, the
34 following apply:

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

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

38 (C) A nurse practitioner shall be eligible to attend meetings of
39 the department to which the nurse practitioner is assigned. A nurse
40 practitioner shall not vote at department, division, or other meetings

1 unless the vote is regarding the determination of nurse practitioner
2 privileges with the organization, peer review of nurse practitioner
3 clinical practice, whether a licensee’s employment is in the best
4 interest of the communities served by a hospital pursuant to Section
5 2401, or the vote is otherwise allowed by the applicable bylaws.

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

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

16 (1) Conduct an advanced assessment.

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

18 (B) For radiologic procedures, a nurse practitioner can order
19 diagnostic procedures and utilize the findings or results in treating
20 the patient. A nurse practitioner may perform or interpret clinical
21 laboratory procedures that they are permitted to perform under
22 Section 1206 and under the federal Clinical Laboratory
23 Improvement Act (CLIA).

24 (3) Establish primary and differential diagnoses.

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

27 (A) Diagnose, prescribe, and institute therapy or referrals of
28 patients to health care agencies, health care providers, and
29 community resources.

30 (B) Prescribe, administer, dispense, and furnish pharmacological
31 agents, including over-the-counter, legend, and controlled
32 substances.

33 (C) Plan and initiate a therapeutic regimen that includes ordering
34 and prescribing nonpharmacological interventions, including, but
35 not limited to, durable medical equipment, medical devices,
36 nutrition, blood and blood products, and diagnostic and supportive
37 services, including, but not limited to, home health care, hospice,
38 and physical and occupational therapy.

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

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

5 (d) A nurse practitioner shall ~~verbally~~ inform all new patients
6 in a language understandable to the patient that a nurse practitioner
7 is not a physician and surgeon. ~~For purposes of Spanish language~~
8 ~~speakers, the nurse practitioner shall use the standardized phrase~~
9 ~~“enfermera especializada.”~~

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

12 ~~(e)~~

13 (f) A nurse practitioner shall post a notice in a conspicuous
14 location accessible to public view that the nurse practitioner is
15 regulated by the Board of Registered Nursing. The notice shall
16 include the board’s telephone number and the internet website
17 where the nurse practitioner’s license may be checked and
18 complaints against the nurse practitioner may be made.

19 ~~(f)~~

20 (g) A nurse practitioner shall refer a patient to a physician and
21 surgeon or other licensed health care provider if a situation or
22 condition of a patient is beyond the scope of the education and
23 training of the nurse practitioner.

24 ~~(g)~~

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

27 ~~(h)~~

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

30 *SEC. 5. Section 2837.104 of the Business and Professions Code*
31 *is amended to read:*

32 2837.104. (a) Beginning January 1, 2023, notwithstanding
33 any other law, the following apply to a nurse practitioner who
34 holds an active certification issued by the board pursuant to
35 subdivision (b):

36 (1) The nurse practitioner may perform the functions specified
37 in subdivision (c) of Section 2837.103 pursuant to that subdivision
38 outside of the settings or organizations specified under
39 subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision
40 (a) of Section 2837.103.

1 (2) Subject to subdivision (f) and any applicable conflict of
2 interest policies of the bylaws, the nurse practitioner shall be
3 eligible for membership of an organized medical staff.

4 (3) Subject to subdivision (f) and any applicable conflict of
5 interest policies of the bylaws, a nurse practitioner member may
6 vote at meetings of the department to which nurse practitioners
7 are assigned.

8 (b) The board shall issue a certificate to perform the functions
9 specified in subdivision (c) of Section 2837.103 pursuant to that
10 subdivision outside of the settings and organizations specified
11 under subparagraphs (A) to (F), inclusive, of paragraph (2) of
12 subdivision (a) of Section 2837.103, if the nurse practitioner
13 satisfies all of the following requirements:

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

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

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

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

28 (1) The nurse practitioner, consistent with applicable standards
29 of care, shall not practice beyond the scope of their clinical and
30 professional education and training, including specific areas of
31 concentration and shall only practice within the limits of their
32 knowledge and experience and national certification.

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

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

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

3 (C) History, physical, or lab findings inconsistent with the
4 clinical perspective.

5 (D) Upon request of patient.

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

9 (4) The nurse practitioner shall establish a plan for referral of
10 complex medical cases and emergencies to a physician and surgeon
11 or other appropriate healing arts providers. The nurse practitioner
12 shall have an identified referral plan specific to the practice area,
13 that includes specific referral criteria. The referral plan shall
14 address the following:

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

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

20 (C) Any patient with a rare condition.

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

23 (E) All emergency situations after initial stabilizing care has
24 been started.

25 (d) A nurse practitioner shall ~~verbally~~ inform all new patients
26 in a language understandable to the patient that a nurse practitioner
27 is not a physician and surgeon. ~~For purposes of Spanish language~~
28 ~~speakers, the nurse practitioner shall use the standardized phrase~~
29 ~~“enfermera especializada.”~~

30 (e) *A nurse practitioner shall not be required by the board to*
31 *tell a patient that the patient has a right to see a physician and*
32 *surgeon.*

33 (e)

34 (f) A nurse practitioner shall post a notice in a conspicuous
35 location accessible to public view that the nurse practitioner is
36 regulated by the Board of Registered Nursing. The notice shall
37 include the board’s telephone number and internet website where
38 the nurse practitioner’s license may be checked and complaints
39 against the nurse practitioner may be made.

40 (f)

1 (g) A nurse practitioner practicing pursuant to this section shall
2 maintain professional liability insurance appropriate for the practice
3 setting.

4 ~~(g)~~

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

8 ~~(h)~~

9 (i) Subdivision ~~(g)~~ (h) shall not apply to a nurse practitioner if
10 either of the following apply:

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

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

15 ~~SEC. 2.~~

16 *SEC. 6.* Section 2837.105 of the Business and Professions Code
17 is amended to read:

18 2837.105. (a) (1) The board shall request the department's
19 Office of Professional Examination Services, or an equivalent
20 organization, to perform an occupational analysis of nurse
21 practitioners performing the functions specified in subdivision (c)
22 of Section 2837.103 pursuant to that subdivision.

23 (2) The board, together with the Office of Professional
24 Examination Services, shall assess the alignment of the
25 competencies tested in the national nurse practitioner certification
26 examination required by subparagraph (A) of paragraph (1) of
27 subdivision (a) of Section 2837.103 with the occupational analysis
28 performed according to paragraph (1). This paragraph shall not
29 apply to a national nurse practitioner certification examination
30 discontinued before January 1, 2017.

31 (3) The occupational analysis shall be completed by January 1,
32 2023.

33 (4) If the assessment performed according to paragraph (2)
34 identifies additional competencies necessary to perform the
35 functions specified in subdivision (c) of Section 2837.103 pursuant
36 to that subdivision that are not sufficiently validated by the national
37 nurse practitioner board certification examination required by
38 subparagraph (A) of paragraph (1) of subdivision (a) of Section
39 2837.103, the board shall identify and develop a supplemental
40 exam that properly validates identified competencies.

1 (b) The examination process shall be regularly reviewed
2 pursuant to Section 139.

3 ~~SEC. 3.~~

4 *SEC. 7.* Section 3765 of the Business and Professions Code is
5 amended to read:

6 3765. This act does not prohibit any of the following activities:

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

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

14 (c) The respiratory care practitioner from performing advances
15 in the art and techniques of respiratory care learned through formal
16 or specialized training.

17 (d) The performance of respiratory care in an emergency
18 situation by paramedical personnel who have been formally trained
19 in these modalities and are duly licensed under the provisions of
20 an act pertaining to their specialty.

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

25 (f) Persons from engaging in cardiopulmonary research.

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

29 (h) The performance by a person employed by a home medical
30 device retail facility or by a home health agency licensed by the
31 State Department of Public Health of specific, limited, and basic
32 respiratory care or respiratory care related services that have been
33 authorized by the board.

34 (i) The performance, by a vocational nurse licensed by the Board
35 of Vocational Nursing and Psychiatric Technicians of the State of
36 California who is employed by a home health agency licensed by
37 the State Department of Public Health, of respiratory tasks and
38 services identified by the board, if the licensed vocational nurse
39 complies with the following:

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

3 (2) On or after January 1, 2028, the licensed vocational nurse
4 has completed patient-specific training by the employer in
5 accordance with guidelines that shall be promulgated by the board
6 no later than January 1, 2028, in collaboration with the Board of
7 Vocational Nursing and Psychiatric Technicians of the State of
8 California.

9 (j) The performance of respiratory care services identified by
10 the board by a licensed vocational nurse who satisfies the
11 requirements in paragraph (1) in the settings listed in paragraph
12 (2).

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

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

17 (C) The licensed vocational nurse holds a current and valid
18 certification of competency for each respiratory task to be
19 performed from the California Association of Medical Product
20 Suppliers, the California Society for Respiratory Care, or another
21 organization identified by the board.

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

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

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

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

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

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

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

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

- 1 (3) This subdivision is operative on January 1, 2028.
- 2 (k) The performance of pulmonary function testing by persons
- 3 who are currently employed by Los Angeles County hospitals and
- 4 have performed pulmonary function testing for at least 15 years.
- 5 ~~SEC. 4.~~
- 6 *SEC. 8.* Section 7423 of the Business and Professions Code is
- 7 amended to read:
- 8 7423. The amounts of the fees required by this chapter relating
- 9 to licenses for individual practitioners are as follows:
- 10 (a) (1) Cosmetologist application and examination fee shall be
- 11 the actual cost to the board for developing, purchasing, grading,
- 12 and administering the examination.
- 13 (2) A cosmetologist initial license fee shall not be more than
- 14 fifty dollars (\$50).
- 15 (b) (1) An esthetician application and examination fee shall be
- 16 the actual cost to the board for developing, purchasing, grading,
- 17 and administering the examination.
- 18 (2) An esthetician initial license fee shall not be more than forty
- 19 dollars (\$40).
- 20 (c) (1) A manicurist application and examination fee shall be
- 21 the actual cost to the board for developing, purchasing, grading,
- 22 and administering the examination.
- 23 (2) A manicurist initial license fee shall not be more than
- 24 thirty-five dollars (\$35).
- 25 (d) (1) A barber application and examination fee shall be the
- 26 actual cost to the board for developing, purchasing, grading, and
- 27 administering the examination.
- 28 (2) A barber initial license fee shall be not more than fifty dollars
- 29 (\$50).
- 30 (e) (1) An electrologist application and examination fee shall
- 31 be the actual cost to the board for developing, purchasing, grading,
- 32 and administering the examination.
- 33 (2) An electrologist initial license fee shall be not more than
- 34 fifty dollars (\$50).
- 35 (f) An apprentice application and license fee shall be not more
- 36 than twenty-five dollars (\$25).
- 37 (g) The license renewal fee for individual practitioner licenses
- 38 that are subject to renewal shall be not more than fifty dollars
- 39 (\$50).

1 (h) A hairstylist application and examination fee shall be the
2 actual cost to the board for developing, purchasing, grading, and
3 administering the examination.

4 (i) A hairstylist’s initial license fee shall be no more than fifty
5 dollars (\$50).

6 (j) Notwithstanding Section 163.5 the license renewal
7 delinquency fee shall be 50 percent of the renewal fee in effect on
8 the date of renewal.

9 ~~SEC. 5.~~

10 *SEC. 9.* Section 8593 of the Business and Professions Code is
11 amended to read:

12 8593. (a) The board shall require as a condition to the renewal
13 of each operator’s and field representative’s license that the holder
14 submit proof satisfactory to the board that they have informed
15 themselves of developments in the field of pest control either by
16 completion of courses of continuing education in pest control
17 approved by the board or equivalent activity approved by the board.

18 (b) The board shall develop a correspondence course or courses
19 with any educational institution or institutions as it deems
20 appropriate. This course may be used to fulfill the requirements
21 of this section. The institution may charge a reasonable fee for
22 each course.

23 ~~SEC. 6.~~

24 *SEC. 10.* Section 8593.1 of the Business and Professions Code
25 is amended to read:

26 8593.1. The board shall require as a condition to the renewal
27 of each applicator’s license that the holder thereof submit proof
28 satisfactory to the board that they have completed courses of
29 continuing education in pesticide application and use approved by
30 the board or equivalent activity approved by the board.

31 *SEC. 11.* *No reimbursement is required by this act pursuant*
32 *to Section 6 of Article XIII B of the California Constitution because*
33 *the only costs that may be incurred by a local agency or school*
34 *district will be incurred because this act creates a new crime or*
35 *infraction, eliminates a crime or infraction, or changes the penalty*
36 *for a crime or infraction, within the meaning of Section 17556 of*
37 *the Government Code, or changes the definition of a crime within*

- 1 *the meaning of Section 6 of Article XIII B of the California*
- 2 *Constitution.*

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