

Beth Haney, MSN, FNP-C
Health Policy Chair – CANP
October/November 2009

Big changes to our bill: SB 294 had moved through the legislative process swiftly but during the time of the BRN upheaval, our language was amended into SB 819; an omnibus bill that is 131 pages in length. The Governor signed SB 819 on October 4th and this made SB 819 only one of seventy bills that were signed: There were a total of 700 bills before the Governor. Alternatively, SB 294 has now taken a different turn and will still be alive in January 2010; Senator Negrete-McLeod has transformed that bill into a BRN bill and although our language is still included in it, it will be removed in Jan. 2010. We left our language in the bill in the event SB 819 did not pass.

A re-cap of our language that was inserted into SB 819 is:

SEC. 2. Section 2835.7 is added to the Business and Professions Code, to read:

2835.7. (a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, **standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:**

(1) **Order durable medical equipment**, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payor to require prior approval.

(2) **After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability** pursuant to Section 2708 of the Unemployment Insurance Code.

(3) **For individuals receiving home health services or personal**

care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

The signing of SB 819 is an important step for nurse practitioners in California because it clarifies to stakeholders in the health care industry, such as insurance companies and medical supply companies, some of the functions nurse practitioners can perform. In essence, it alleviates some of the confusion and reduces barriers to health care caused from mis-information. These items were listed by many of our members as barriers to health care and decreased their ability to deliver timely care. Currently, our standardized procedure document gives nurse practitioners as much independence or restriction as desired by the facility, the physician, *and the nurse practitioner*. However, CANP will continue to work diligently and appropriately to obtain a defined scope of practice for nurse practitioners in California.

A huge **thank you** to our lobbyist Kristy Wiese – we couldn't have done it without you!