

AMENDED IN ASSEMBLY JUNE 23, 2015

AMENDED IN SENATE APRIL 22, 2015

AMENDED IN SENATE MARCH 26, 2015

SENATE BILL

No. 323

Introduced by Senator Hernandez

(Principal coauthor: Assembly Member Eggman)

(Coauthor: Assembly Member Mark Stone)

February 23, 2015

An act to *amend Sections 650.01 and 805 of*, to amend and renumber Section 2837 of, and to add Section 2837 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 323, as amended, Hernandez. Nurse practitioners: scope of practice.

The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. The act authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including ordering durable medical equipment in accordance with standardized procedures, certifying disability for purposes of unemployment insurance after physical examination and collaboration with a physician and surgeon, and, for an individual receiving home health services or personal care services, approving, signing, modifying, or adding to a plan of treatment or plan of care after consultation with a physician and surgeon. A violation of those provisions is a crime.

This bill would authorize a nurse practitioner who holds a national certification from a national certifying body recognized by the board

to practice without the supervision of a physician and surgeon, if the nurse practitioner meets existing requirements for nurse practitioners and practices in one of certain specified settings. The bill would authorize such a nurse practitioner, in addition to any other practice authorized in statute or regulation, to perform specified acts, including the acts described above, without reference to standardized procedures or the specific need for the supervision of a physician and surgeon. The bill, instead, would require a nurse practitioner to refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of the patient is beyond the scope of the nurse practitioner's education and training. The bill would require a nurse practitioner practicing under these provisions to maintain professional liability insurance appropriate for the practice setting. By imposing new requirements on nurse practitioners, the violation of which would be a crime, this bill would impose a state-mandated local program.

Existing law prohibits a licensee, as defined, from referring a person for laboratory, diagnostic, nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, or diagnostic imaging goods or services if the licensee or his or her immediate family has a financial interest with the person or entity that receives the referral, and makes a violation of that prohibition punishable as a misdemeanor. Under existing law, the Medical Board of California is required to review the facts and circumstances of any conviction for violating the prohibition, and to take appropriate disciplinary action if the licensee has committed unprofessional conduct.

This bill would include a nurse practitioner, as specified, under the definition of a licensee, which would expand the scope of an existing crime and therefore impose a state-mandated local program. The bill would also require the Board of Registered Nursing to review the facts and circumstances of any conviction of a nurse practitioner, as specified, for violating that prohibition, and would require the board to take appropriate disciplinary action if the nurse practitioner has committed unprofessional conduct.

Existing law provides for the professional review of specified healing arts licentiates through a peer review process. Existing law defines the term "licentiate" for those purposes to include, among others, a physician and surgeon.

This bill would include a nurse practitioner, as specified, under the definition of licentiate, and would require the Board of Registered Nursing to disclose reports, as specified.

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. The Legislature finds and declares all of the
2 following:

3 (a) Nurse practitioners are a longstanding, vital, safe, effective,
4 and important part of the state's health care delivery system. They
5 are especially important given California's shortage of physicians,
6 with just 16 of 58 counties having the federally recommended ratio
7 of physicians to residents.

8 (b) Nurse practitioners will play an especially important part in
9 the implementation of the federal Patient Protection and Affordable
10 Care Act (Public Law 111-148), which will bring an estimated
11 five million more Californians into the health care delivery system,
12 because they will provide for greater access to primary care
13 services in all areas of the state. This is particularly true for patients
14 in medically underserved urban and rural communities.

15 (c) Due to the excellent safety and efficacy record that nurse
16 practitioners have earned, the Institute of Medicine of the National
17 Academies has recommended full practice authority for nurse
18 practitioners. Currently, 20 states allow nurse practitioners to
19 practice to the full extent of their training and education.

20 (d) Furthermore, nurse practitioners will assist in addressing
21 the primary care provider shortage by removing delays in the
22 provision of care that are created when dated regulations require
23 a physician's signature or protocol before a patient can initiate
24 treatment or obtain diagnostic tests that are ordered by a nurse
25 practitioner.

26 SEC. 2. Section 650.01 of the Business and Professions Code
27 is amended to read:

650.01. (a) Notwithstanding Section 650, or any other provision of law, it is unlawful for a licensee to refer a person for laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, or diagnostic imaging goods or services if the licensee or his or her immediate family has a financial interest with the person or in the entity that receives the referral.

(b) For purposes of this section and Section 650.02, the following shall apply:

(1) “Diagnostic imaging” includes, but is not limited to, all X-ray, computed axial tomography, magnetic resonance imaging nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

(2) A “financial interest” includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service specified in subdivision (a). A financial interest also exists if there is an indirect financial relationship between a licensee and the referral recipient including, but not limited to, an arrangement whereby a licensee has an ownership interest in an entity that leases property to the referral recipient. Any financial interest transferred by a licensee to any person or entity or otherwise established in any person or entity for the purpose of avoiding the prohibition of this section shall be deemed a financial interest of the licensee. For purposes of this paragraph, “direct or indirect payment” shall not include a royalty or consulting fee received by a physician and surgeon who has completed a recognized residency training program in orthopedics from a manufacturer or distributor as a result of his or her research and development of medical devices and techniques for that manufacturer or distributor. For purposes of this paragraph, “consulting fees” means those fees paid by the manufacturer or distributor to a physician and surgeon who has completed a recognized residency training program in orthopedics only for his or her ongoing services in making refinements to his or her medical devices or techniques marketed or distributed by the manufacturer or distributor, if the manufacturer or distributor does not own or control the facility to which the physician is

1 referring the patient. A “financial interest” shall not include the
2 receipt of capitation payments or other fixed amounts that are
3 prepaid in exchange for a promise of a licensee to provide specified
4 health care services to specified beneficiaries. A “financial interest”
5 shall not include the receipt of remuneration by a medical director
6 of a hospice, as defined in Section 1746 of the Health and Safety
7 Code, for specified services if the arrangement is set out in writing,
8 and specifies all services to be provided by the medical director,
9 the term of the arrangement is for at least one year, and the
10 compensation to be paid over the term of the arrangement is set
11 in advance, does not exceed fair market value, and is not
12 determined in a manner that takes into account the volume or value
13 of any referrals or other business generated between parties.

14 (3) For the purposes of this section, “immediate family” includes
15 the spouse and children of the licensee, the parents of the licensee,
16 and the spouses of the children of the licensee.

17 (4) “Licensee” means a physician as defined in Section 3209.3
18 of the Labor-~~Code~~. *Code, and a nurse practitioner practicing*
19 *pursuant to Section 2837.*

20 (5) “Licensee’s office” means either of the following:

21 (A) An office of a licensee in solo practice.

22 (B) An office in which services or goods are personally provided
23 by the licensee or by employees in that office, or personally by
24 independent contractors in that office, in accordance with other
25 provisions of law. Employees and independent contractors shall
26 be licensed or certified when licensure or certification is required
27 by law.

28 (6) “Office of a group practice” means an office or offices in
29 which two or more licensees are legally organized as a partnership,
30 professional corporation, or not-for-profit corporation, licensed
31 pursuant to subdivision (a) of Section 1204 of the Health and Safety
32 Code, for which all of the following apply:

33 (A) Each licensee who is a member of the group provides
34 substantially the full range of services that the licensee routinely
35 provides, including medical care, consultation, diagnosis, or
36 treatment through the joint use of shared office space, facilities,
37 equipment, and personnel.

38 (B) Substantially all of the services of the licensees who are
39 members of the group are provided through the group and are
40 billed in the name of the group and amounts so received are treated

1 as receipts of the group, except in the case of a multispecialty
2 clinic, as defined in subdivision (l) of Section 1206 of the Health
3 and Safety Code, physician services are billed in the name of the
4 multispecialty clinic and amounts so received are treated as receipts
5 of the multispecialty clinic.

6 (C) The overhead expenses of, and the income from, the practice
7 are distributed in accordance with methods previously determined
8 by members of the group.

9 (c) It is unlawful for a licensee to enter into an arrangement or
10 scheme, such as a cross-referral arrangement, that the licensee
11 knows, or should know, has a principal purpose of ensuring
12 referrals by the licensee to a particular entity that, if the licensee
13 directly made referrals to that entity, would be in violation of this
14 section.

15 (d) No claim for payment shall be presented by an entity to any
16 individual, third party payer, or other entity for a good or service
17 furnished pursuant to a referral prohibited under this section.

18 (e) No insurer, self-insurer, or other payer shall pay a charge or
19 lien for any good or service resulting from a referral in violation
20 of this section.

21 (f) A licensee who refers a person to, or seeks consultation from,
22 an organization in which the licensee has a financial interest, other
23 than as prohibited by subdivision (a), shall disclose the financial
24 interest to the patient, or the parent or legal guardian of the patient,
25 in writing, at the time of the referral or request for consultation.

26 (1) If a referral, billing, or other solicitation is between one or
27 more licensees who contract with a multispecialty clinic pursuant
28 to subdivision (l) of Section 1206 of the Health and Safety Code
29 or who conduct their practice as members of the same professional
30 corporation or partnership, and the services are rendered on the
31 same physical premises, or under the same professional corporation
32 or partnership name, the requirements of this subdivision may be
33 met by posting a conspicuous disclosure statement at the
34 registration area or by providing a patient with a written disclosure
35 statement.

36 (2) If a licensee is under contract with the Department of
37 Corrections or the California Youth Authority, and the patient is
38 an inmate or parolee of either respective department, the
39 requirements of this subdivision shall be satisfied by disclosing

1 financial interests to either the Department of Corrections or the
2 California Youth Authority.

3 (g) A violation of subdivision (a) shall be a misdemeanor. ~~The~~
4 *In the case of a licensee who is a physician, the Medical Board of*
5 *California shall review the facts and circumstances of any*
6 *conviction pursuant to subdivision (a) and take appropriate*
7 *disciplinary action if the licensee has committed unprofessional*
8 *conduct. In the case of a licensee who is a nurse practitioner*
9 *functioning pursuant to Section 2837, the Board of Registered*
10 *Nursing shall review the facts and circumstances of any conviction*
11 *pursuant to subdivision (a) and take appropriate disciplinary*
12 *action if the licensee has committed unprofessional conduct.*

13 Violations of this section may also be subject to civil penalties of
14 up to five thousand dollars (\$5,000) for each offense, which may
15 be enforced by the Insurance Commissioner, Attorney General,
16 or a district attorney. A violation of subdivision (c), (d), or (e) is
17 a public offense and is punishable upon conviction by a fine not
18 exceeding fifteen thousand dollars (\$15,000) for each violation
19 and appropriate disciplinary action, including revocation of
20 professional licensure, by the Medical Board of ~~California~~
21 *California, the Board of Registered Nursing*, or other appropriate
22 governmental agency.

23 (h) This section shall not apply to referrals for services that are
24 described in and covered by Sections 139.3 and 139.31 of the
25 Labor Code.

26 (i) This section shall become operative on January 1, 1995.

27 *SEC. 3. Section 805 of the Business and Professions Code is*
28 *amended to read:*

29 805. (a) As used in this section, the following terms have the
30 following definitions:

31 (1) (A) "Peer review" means both of the following:

32 (i) A process in which a peer review body reviews the basic
33 qualifications, staff privileges, employment, medical outcomes,
34 or professional conduct of licentiates to make recommendations
35 for quality improvement and education, if necessary, in order to
36 do either or both of the following:

37 (I) Determine whether a licentiate may practice or continue to
38 practice in a health care facility, clinic, or other setting providing
39 medical services, and, if so, to determine the parameters of that
40 practice.

(II) Assess and improve the quality of care rendered in a health care facility, clinic, or other setting providing medical services.

(ii) Any other activities of a peer review body as specified in subparagraph (B).

(B) “Peer review body” includes:

(i) A medical or professional staff of any health care facility or clinic licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center.

(ii) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code.

(iii) Any medical, psychological, marriage and family therapy, social work, professional clinical counselor, dental, or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code.

(iv) A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity.

(2) “Licentiate” means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, ~~or physician assistant~~, *assistant, or nurse practitioner practicing pursuant to Section 2837*. “Licentiate” also includes a person authorized to practice medicine pursuant to Section 2113 or 2168.

(3) “Agency” means the relevant state licensing agency having regulatory jurisdiction over the licentiates listed in paragraph (2).

(4) “Staff privileges” means any arrangement under which a licentiate is allowed to practice in or provide care for patients in a health facility. Those arrangements shall include, but are not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens

1 arrangements, and contractual arrangements to provide professional
2 services, including, but not limited to, arrangements to provide
3 outpatient services.

4 (5) “Denial or termination of staff privileges, membership, or
5 employment” includes failure or refusal to renew a contract or to
6 renew, extend, or reestablish any staff privileges, if the action is
7 based on medical disciplinary cause or reason.

8 (6) “Medical disciplinary cause or reason” means that aspect
9 of a licentiate’s competence or professional conduct that is
10 reasonably likely to be detrimental to patient safety or to the
11 delivery of patient care.

12 (7) “805 report” means the written report required under
13 subdivision (b).

14 (b) The chief of staff of a medical or professional staff or other
15 chief executive officer, medical director, or administrator of any
16 peer review body and the chief executive officer or administrator
17 of any licensed health care facility or clinic shall file an 805 report
18 with the relevant agency within 15 days after the effective date on
19 which any of the following occur as a result of an action of a peer
20 review body:

21 (1) A licentiate’s application for staff privileges or membership
22 is denied or rejected for a medical disciplinary cause or reason.

23 (2) A licentiate’s membership, staff privileges, or employment
24 is terminated or revoked for a medical disciplinary cause or reason.

25 (3) Restrictions are imposed, or voluntarily accepted, on staff
26 privileges, membership, or employment for a cumulative total of
27 30 days or more for any 12-month period, for a medical disciplinary
28 cause or reason.

29 (c) If a licentiate takes any action listed in paragraph (1), (2),
30 or (3) after receiving notice of a pending investigation initiated
31 for a medical disciplinary cause or reason or after receiving notice
32 that his or her application for membership or staff privileges is
33 denied or will be denied for a medical disciplinary cause or reason,
34 the chief of staff of a medical or professional staff or other chief
35 executive officer, medical director, or administrator of any peer
36 review body and the chief executive officer or administrator of
37 any licensed health care facility or clinic where the licentiate is
38 employed or has staff privileges or membership or where the
39 licentiate applied for staff privileges or membership, or sought the

1 renewal thereof, shall file an 805 report with the relevant agency
2 within 15 days after the licentiate takes the action.

3 (1) Resigns or takes a leave of absence from membership, staff
4 privileges, or employment.

5 (2) Withdraws or abandons his or her application for staff
6 privileges or membership.

7 (3) Withdraws or abandons his or her request for renewal of
8 staff privileges or membership.

9 (d) For purposes of filing an 805 report, the signature of at least
10 one of the individuals indicated in subdivision (b) or (c) on the
11 completed form shall constitute compliance with the requirement
12 to file the report.

13 (e) An 805 report shall also be filed within 15 days following
14 the imposition of summary suspension of staff privileges,
15 membership, or employment, if the summary suspension remains
16 in effect for a period in excess of 14 days.

17 (f) A copy of the 805 report, and a notice advising the licentiate
18 of his or her right to submit additional statements or other
19 information, electronically or otherwise, pursuant to Section 800,
20 shall be sent by the peer review body to the licentiate named in
21 the report. The notice shall also advise the licentiate that
22 information submitted electronically will be publicly disclosed to
23 those who request the information.

24 The information to be reported in an 805 report shall include the
25 name and license number of the licentiate involved, a description
26 of the facts and circumstances of the medical disciplinary cause
27 or reason, and any other relevant information deemed appropriate
28 by the reporter.

29 A supplemental report shall also be made within 30 days
30 following the date the licentiate is deemed to have satisfied any
31 terms, conditions, or sanctions imposed as disciplinary action by
32 the reporting peer review body. In performing its dissemination
33 functions required by Section 805.5, the agency shall include a
34 copy of a supplemental report, if any, whenever it furnishes a copy
35 of the original 805 report.

36 If another peer review body is required to file an 805 report, a
37 health care service plan is not required to file a separate report
38 with respect to action attributable to the same medical disciplinary
39 cause or reason. If the Medical Board of ~~California~~ *California, the*
40 *Board of Registered Nursing*, or a licensing agency of another state

1 revokes or suspends, without a stay, the license of a physician and
2 surgeon, a peer review body is not required to file an 805 report
3 when it takes an action as a result of the revocation or suspension.

4 (g) The reporting required by this section shall not act as a
5 waiver of confidentiality of medical records and committee reports.
6 The information reported or disclosed shall be kept confidential
7 except as provided in subdivision (c) of Section 800 and Sections
8 803.1 and 2027, provided that a copy of the report containing the
9 information required by this section may be disclosed as required
10 by Section 805.5 with respect to reports received on or after
11 January 1, 1976.

12 (h) The Medical Board of California, the Osteopathic Medical
13 Board of California, *the Board of Registered Nursing*, and the
14 Dental Board of California shall disclose reports as required by
15 Section 805.5.

16 (i) An 805 report shall be maintained electronically by an agency
17 for dissemination purposes for a period of three years after receipt.

18 (j) No person shall incur any civil or criminal liability as the
19 result of making any report required by this section.

20 (k) A willful failure to file an 805 report by any person who is
21 designated or otherwise required by law to file an 805 report is
22 punishable by a fine not to exceed one hundred thousand dollars
23 (\$100,000) per violation. The fine may be imposed in any civil or
24 administrative action or proceeding brought by or on behalf of any
25 agency having regulatory jurisdiction over the person regarding
26 whom the report was or should have been filed. If the person who
27 is designated or otherwise required to file an 805 report is a
28 licensed physician and surgeon, the action or proceeding shall be
29 brought by the Medical Board of California. The fine shall be paid
30 to that agency but not expended until appropriated by the
31 Legislature. A violation of this subdivision may constitute
32 unprofessional conduct by the licensee. A person who is alleged
33 to have violated this subdivision may assert any defense available
34 at law. As used in this subdivision, "willful" means a voluntary
35 and intentional violation of a known legal duty.

36 (l) Except as otherwise provided in subdivision (k), any failure
37 by the administrator of any peer review body, the chief executive
38 officer or administrator of any health care facility, or any person
39 who is designated or otherwise required by law to file an 805
40 report, shall be punishable by a fine that under no circumstances

1 shall exceed fifty thousand dollars (\$50,000) per violation. The
2 fine may be imposed in any civil or administrative action or
3 proceeding brought by or on behalf of any agency having
4 regulatory jurisdiction over the person regarding whom the report
5 was or should have been filed. If the person who is designated or
6 otherwise required to file an 805 report is a licensed physician and
7 surgeon, the action or proceeding shall be brought by the Medical
8 Board of California. The fine shall be paid to that agency but not
9 expended until appropriated by the Legislature. The amount of the
10 fine imposed, not exceeding fifty thousand dollars (\$50,000) per
11 violation, shall be proportional to the severity of the failure to
12 report and shall differ based upon written findings, including
13 whether the failure to file caused harm to a patient or created a
14 risk to patient safety; whether the administrator of any peer review
15 body, the chief executive officer or administrator of any health
16 care facility, or any person who is designated or otherwise required
17 by law to file an 805 report exercised due diligence despite the
18 failure to file or whether they knew or should have known that an
19 805 report would not be filed; and whether there has been a prior
20 failure to file an 805 report. The amount of the fine imposed may
21 also differ based on whether a health care facility is a small or
22 rural hospital as defined in Section 124840 of the Health and Safety
23 Code.

24 (m) A health care service plan licensed under Chapter 2.2
25 (commencing with Section 1340) of Division 2 of the Health and
26 Safety Code or a disability insurer that negotiates and enters into
27 a contract with licentiates to provide services at alternative rates
28 of payment pursuant to Section 10133 of the Insurance Code, when
29 determining participation with the plan or insurer, shall evaluate,
30 on a case-by-case basis, licentiates who are the subject of an 805
31 report, and not automatically exclude or deselect these licentiates.

32 ~~SEC. 2:~~

33 *SEC. 4.* Section 2837 of the Business and Professions Code is
34 amended and renumbered to read:

35 2837.5. Nothing in this article shall be construed to limit the
36 current scope of practice of a registered nurse authorized pursuant
37 to this chapter.

38 ~~SEC. 3:~~

39 *SEC. 5.* Section 2837 is added to the Business and Professions
40 Code, to read:

1 2837. (a) Notwithstanding any other law, a nurse practitioner
2 who holds a national certification from a national certifying body
3 recognized by the board may practice under this section without
4 supervision of a physician and surgeon, if the nurse practitioner
5 meets all the requirements of this article and practices in one of
6 the following:

7 (1) A clinic as described in Chapter 1 (commencing with Section
8 1200) of Division 2 of the Health and Safety Code.

9 (2) A facility as described in Chapter 2 (commencing with
10 Section 1250) of Division 2 of the Health and Safety Code.

11 (3) A facility as described in Chapter 2.5 (commencing with
12 Section 1440) of Division 2 of the Health and Safety Code.

13 (4) An accountable care organization, as defined in Section
14 3022 of the federal Patient Protection and Affordable Care Act
15 (Public Law 111-148).

16 (5) A group practice, including a professional medical
17 corporation, another form of corporation controlled by physicians
18 and surgeons, a medical partnership, a medical foundation exempt
19 from licensure, or another lawfully organized group of physicians
20 that delivers, furnishes, or otherwise arranges for or provides health
21 care services.

22 (6) A medical group, independent practice association, or any
23 similar association.

24 (b) Notwithstanding any other law, in addition to any other
25 practice authorized in statute or regulation, a nurse practitioner
26 who meets the qualifications of subdivision (a) may do any of the
27 following without physician and surgeon supervision:

28 (1) Order durable medical equipment. Notwithstanding that
29 authority, this paragraph shall not operate to limit the ability of a
30 third-party payer to require prior approval.

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

35 (3) For individuals receiving home health services or personal
36 care services, after consultation, if necessary, with the treating
37 physician and surgeon, approve, sign, modify, or add to a plan of
38 treatment or plan of care.

39 (4) Assess patients, synthesize and analyze data, and apply
40 principles of health care.

1 (5) Manage the physical and psychosocial health status of
2 patients.

3 (6) Analyze multiple sources of data, identify a differential
4 diagnosis, and select, implement, and evaluate appropriate
5 treatment.

6 (7) Establish a diagnosis by client history, physical examination,
7 and other criteria, consistent with this section, for a plan of care.

8 (8) Order, furnish, prescribe, or procure drugs or devices.

9 (9) Delegate tasks to a medical assistant pursuant to ~~standardized~~
10 ~~procedures and protocols, developed by the nurse practitioner and~~
11 ~~medical assistant, that are within the medical assistant's scope of~~
12 ~~practice. Sections 1206.5, 2069, 2070, and 2071, and Article 2 of~~
13 ~~Chapter 3 of Division 13 of Title 16 of the California Code of~~
14 ~~Regulations.~~

15 (10) Order hospice care, as appropriate.

16 (11) ~~Order and interpret diagnostic procedures. procedures and~~
17 ~~utilize the findings or results in treating the patient.~~

18 (12) Perform additional acts that require education and training
19 and that are recognized by the nursing profession as appropriate
20 to be performed by a nurse practitioner.

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

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

28 ~~SEC. 4.~~

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