



Transition to Practice for California's Nurse Practitioners: Lessons from Other States

In September 2020, with the signing of AB 890 (Wood), California Governor Gavin Newsom and the California legislature opened the pathway for nurse practitioners (NPs) to treat patients without physician supervision, a change that has the potential to improve access to health care for millions of state residents, particularly those most impacted by health care provider shortages.¹ This new law, among other changes, added Article 8.5, Advanced Practice Registered Nurses, to Chapter 6, Division 2 of the California Business and Professions Code (Cal. Bus. & Prof. Code). This new article establishes authorization for NPs to practice to the fullest extent of their education and training following a transition-to-practice (TTP) period of no less than three full-time equivalent years or 4,600 hours in specified settings (Cal. Bus. & Prof. Code § 2837.103(a)(1)(D)). Additionally, the new law provides authorization for NPs to practice to the fullest extent of their education and training following an additional three years of practice beyond the TTP in all other settings (§ 2837.104(b)(1)). Section 2837.100 establishes the intent of the legislature, that the article shall not be an unnecessary burden to licensure or practice. California's Board of Registered Nursing (BRN) is in the process of promulgating regulations that will further specify details of the transition-to-practice period. The regulatory process is a critical next step on the path to the implementation of AB 890.

Sometimes called "periods of mentoring" or "required collaborative practice" for new nurse practitioners, transition-to-practice periods are neither uniformly required nor uniformly defined across the country. However, some helpful lessons for California might be gleaned from the states that have adopted them. In balancing the desire to expand the health care workforce while ensuring NPs provide safe, high-quality care, states often define the critical elements of the transition to practice in statute and leave only administrative details for regulation, thus

minimizing the chance of relegislating the policy issues or slowing down implementation when drafting the regulations.

Specifically, statutes in other states detail the number of hours and/or years required; the professional(s) with whom the NPs must practice during the transition period (e.g., experienced NP, medical doctor, or doctor of osteopathy); key standards expected; any restrictions on settings; and an exemption clause for those NPs who meet the criteria when the legislation is enacted. The regulations can then focus on — and be limited to — operationalizing the administrative process for implementation and oversight of the various components of the statute. For example, after detailing the number of clinical experience hours and documentation required of new NPs, Illinois' statute notes that "the Department may adopt rules necessary to administer this Section, including, but not limited to, requiring the completion of forms and the payment of fees" (225 Ill. Comp. Stat. § 65/65-43).

In California, many of these important issues about the transition-to-practice period are being decided in the context of the regulatory process, which is led by the BRN. Given the importance of the regulatory process in the context of AB 890 implementation, the experience of other states should inform the development of regulations in California.

This brief seeks to support the regulatory process in California by shedding light on how transition to practice has played out around the country, sharing the existing evidence on how full practice authority (FPA) and TTP periods for NPs affect patients' access to care and outcomes, and providing an update on where California currently stands in developing its regulation to define its transition-to-practice period for NPs.

Transition to Practice in the United States

Nurse practitioner (NP) practice authority varies significantly across the United States. The laws of 15 states authorize an NP to practice to the fullest extent of the NP’s education and training, including prescriptive authority upon completion of graduate education, passage of a national board certification examination, and licensure or certification by a board of nursing (see Table 1).² In 2021, Delaware became the 15th state to attain FPA without a postlicensure TTP period by removing its previously required two-year FTE (full-time equivalent) and 4,000-hour TTP period. Another 10 states authorize NPs to practice to the fullest extent of their education and

training following a period of collaboration or supervision, elsewhere known as a TTP period.³ In June 2021, the Massachusetts board of nursing adopted an emergency Department of Public Health Order (issued March 2020) granting full prescriptive authority without supervision and written guidelines to NPs with two or more years of supervised practice. Prior to the emergency order and regulatory adoption, NPs were required to be supervised and have written protocols for prescriptive authority. Now, NPs are granted full independent prescribing authority⁴ following a two-year supervisory period, after which they have FPA.⁵ The laws and regulations of an additional six states require a TTP period. However, these states are not considered FPA states once the TTP period is concluded, but rather reduced or restricted practice authority.⁶

Table 1. Nurse Practitioner Practice Authority in the United States, Selected States

| | TTP OR POST-LICENSURE PRACTICE PERIOD [†] | FPA FOLLOWING TTP [‡] |
|----------------------|--|--------------------------------|
| Colorado | 750 hours | ✓ |
| Connecticut | 3 years and minimum of 2,000 hours | ✓ |
| Maryland | 18 months | ✓ |
| Massachusetts | 2 years | ✓ |
| Maine | 24 months | ✓ |
| Minnesota | 2,080 hours | ✓ |
| Nebraska | 2,000 hours | ✓ |
| Nevada | 2 years or 2,000 hours | ✓ |
| South Dakota | 1,040 hours | ✓ |
| Vermont | 2 years and 2,400 hours | ✓ |
| Arkansas | 6,240 hours | |
| California | 3 years FTE or 4,600 hours | |
| Florida | 3,000 hours | |
| Illinois | 4,000 hours and 250 hours of CEUs | |
| New York | 3,600 hours | |
| Virginia* | 2 years | |

* Updated for 34th Annual Legislative Update 2022

[†] Susanne J. Phillips, “33rd Annual APRN Legislative Update: Unprecedented Changes to APRN Practice Authority in Unprecedented Times,” *Nurse Practitioner* 46, no.1 (Jan. 2021): 27–55.

[‡] For more details, see “[State Practice Environment](#),” Amer. Assn. of Nurse Practitioners, January 1, 2021.

Note: TTP is transition to practice; FPA is full practice authority.

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Transition to Practice in California

AB 890, Chapter 265, Statutes of 2020, which became effective January 2021, defines the TTP period as “additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently” and requires the California Board of Registered Nursing (BRN) to define minimum standards for transition to practice (Cal. Bus. & Prof. Code § 2837.101[c]). Pursuant to the legislation, some code sections may be implemented without further regulatory action, while others require action by the BRN. Those that may be implemented without further regulatory action include these:

- ▶ Holding professional liability insurance (Cal. Bus. & Prof. Code § 2837.103[g], § 2837.104[f])
- ▶ Posting notice of BRN contact information where NPs work (§ 2837.103[e], § 2837.104[e])
- ▶ Advising new patients that they are being seen by an NP in Spanish or appropriate language (§§ 650.01 et seq.)
- ▶ Peer review (pursuant to §§ 805 et seq.)

Provisions to be implemented following BRN action include:

- ▶ An NP advisory committee is to be established to advise and make recommendations to the board on all matters pertaining to NPs (§ 2837.102[a]).
- ▶ Implementation of the NP scope of practice without standardized procedures (§ 2837.103[c]) requires the BRN to define minimum standards for transition to practice under regulation.
- ▶ Additionally, the Office of Professional Evaluation Services (OPES) is required to evaluate all national NP certification examinations for possible construction of a new additional California-instituted exam (§§ 2837.105 et seq.). OPES has until January 2023 to complete this work.

Other code sections are to be implemented following action from the BRN, and still others are to be implemented on or after January 1, 2023. For AB 890 to be fully implemented, the BRN’s regulatory action combined with timely completion of OPES’s evaluation must still occur.

The Evidence: The Impact of FPA and TTP on Patient Care

In 2014, Oliver, Pennington, Revell, and Rantz concluded that states with FPA have statistically higher rankings in national health outcomes when compared to states without FPA.⁷ Oliver, Pennington, Revelle, and Rantz, as well as Traczynski and Udalova, also found lower hospitalization rates, improved outcomes in ambulatory and acute care settings, and lower utilization of emergency department care in states with FPA.⁸

More recently, in 2017, Carthon, Sammarco, Panci, Chittams, and Nicely found that Americans have difficulty accessing nonacute health care.⁹ In 2018, Traczynski and Udalova went on to find that NPs practicing in FPA states positively impact medical care for underserved populations and continue to reduce emergency care for primary care conditions.¹⁰ In 2019, Perloff, Clarke, DesRoches, O’Reilly-Jacob, and Buerhaus found that states with FPA have lower rates of readmission to hospitals.¹¹ These findings are consistent with the findings of two other studies that failed to identify benefits to patients in states where the scope of practice is restricted or limited.¹² Finally, Cimiotti, Li, Sloane, Barnes, Brom, and Aiken encourage policymakers and health care administrators to quickly modify or remove barriers to NP practice.¹³ With documented positive impact of medical care delivered to vulnerable populations, higher health rankings, and reduction in emergency care for primary care conditions and readmission to hospitals, there is evidence to support positive health outcomes when barriers to FPA are removed.

Implementation of Regulations Around AB 890 and California's TTP to Date

The BRN has established certain important provisions for implementing AB 890:

- ▶ In February 2021, the BRN established the NP Advisory Committee, where regulations for further implementation of code sections will be discussed among NP experts, physicians, and the public. The nine-member advisory committee includes four nurse practitioners, two physicians and surgeons, and one public member.
- ▶ Additionally, in April 2021, the BRN requested an evaluation of national board certification examinations by OPES, and contact with the national board certification organizations has been established. This process must be completed by January 1, 2023.
- ▶ A scope of practice has been codified in Cal. Bus. & Prof. Code § 2837.103(c). This law allows NPs to practice without standardized procedures and physician oversight.

However, NPs are not yet authorized to practice under § 2837.103 until the BRN, with the assistance of OPES, determines whether a second examination is necessary beyond passing the national certification examination, and regulations are drafted and adopted establishing criteria for the TTP period. During this period of evaluation by OPES, the BRN has authority to establish and adopt regulations pertaining to the TTP period.

Conclusion

Though more research is necessary, evidence to date does not demonstrate that care has improved as a result of a required TTP. As such, a TTP period that is seamless and minimizes barriers to practice could best serve California policymakers' goals of improving access to health care for state residents impacted by provider shortages.

About the Author

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Endnotes

1. "Bill History: AB-890 Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures" (2019–2020), 2020 Cal. Stat. ch. 265.
2. Susanne J. Phillips, "33rd Annual APRN Legislative Update: Unprecedented Changes to APRN Practice Authority in Unprecedented Times," *Nurse Practitioner* 46, no.1 (Jan. 2021): 27–55.
3. Phillips, "33rd Annual."
4. Massachusetts and a few other states grant full practice authority without a TTP period for all practice except prescriptive authority. These states require a TTP period of supervision or collaboration for the purposes of prescriptive authority only.
5. "Advanced Practice Registered Nursing" (PDF), 244 Mass. Code Regs. 4.00 (effective June 10, 2021).
6. For more details, see "State Practice Environment," Amer. Assn. of Nurse Practitioners, January 1, 2021.
7. Gina M. Oliver et al., "Impact of Nurse Practitioners on Health Outcomes of Medicare and Medicaid Patients," *Nursing Outlook* 62, no. 6 (Nov. 1, 2014): 440–7.
8. Jeffrey Traczynski and Victoria Udalova, "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," *Journal of Health Economics* 58 (Mar. 2018): 90–109.
9. J. Margo Brooks Carthon et al., "Growth in Retail-Based Clinics After Nurse Practitioner Scope of Practice Reform," *Nursing Outlook* 65, no. 2 (Mar.–Apr. 2017): 195–201.
10. Traczynski and Udalova, "Nurse Practitioner Independence."
11. Jennifer Perloff et al., "Association of State-Level Restrictions in Nurse Practitioner Scope of Practice with the Quality of Primary Care Provided to Medicare Beneficiaries," *Medical Care Research and Review* 76, no. 5 (Oct. 1, 2019): 597–626.
12. Sara Markowitz et al., "Competitive Effects of Scope of Practice Restrictions: Public Health or Public Harm?," NBER Working Paper 22780 (Oct. 2016).
13. Jeannie P. Cimiotti et al., "Regulation of the Nurse Practitioner Workforce: Implications for Care Across Settings," *Journal of Nursing Regulation* 10, no. 2 (July 1, 2019): 31–37.