



AB 890 Frequently Asked Questions

On January 1, 2023, [AB 890](#) went into effect, enabling Nurse Practitioners (NP) in specified practice settings across California to begin practicing without physician supervision.

1. As a UCSF Health or Campus NP, do I need to choose to proceed with applying to be a 103NP or 104NP?

NPs can continue practicing under standardized procedures rather than progressing to a 103NP or 104 NP. UCSF Health or Campus will continue their current arrangements of NP practice, supervision, and standardized procedures for NPs who do not meet the qualifications of 103NP or 104NP or choose not to pursue independent NP practice.

2. Who can apply for 103NP and what are the requirements?

NPs who wish to progress to a 103NP can only do so only if they received their national certification in any one of these NP categories and meets the following requirements.

- (1) Family/individual across the lifespan*
- (2) Adult-gerontology, primary care or acute care*
- (3) Neonatal*
- (4) Pediatrics, primary care or acute care*
- (5) Women's health/gender-related*
- (6) Psychiatric-Mental Health across the lifespan*

The requirements (as outlined in [\(BPC\) Section 2837.103\(a\)\(1\)](#))

- *The NP provides documentation that the NP education was consistent to existing BRN regulations in [BPC §2836](#)*
- *The NP has passed and continues to hold a national NP board certification examination from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the BRN*
- *The NP has completed a transition to practice (TTP) in California with a minimum of three full-time equivalent years of practice or 4,600 hours. The November 2022 proposed regulations further describe the TTP:*
 - *Completed in California.*
 - *Completed within five years prior to the date the applicant applies for certification as a 103NP.*
 - *Completed after certification by the Board of Registered Nursing as an NP.*
 - *Completed in direct patient care in the role of a NP in the category listed in [16 CCR Section 1481\(a\)](#) in which the applicant seeks certification as a 103NP.*



3. Who can apply for 104NP and what are the requirements?

Must have practiced as a 103NP in good standing for at least three full-time equivalent years or 4600 hours in direct patient care. This means that the earliest an NP can apply to become certified as a 104 NP is January 1, 2026, unless the NP has a DNP.

4. If I have my DNP, how is the time period “in good standing for at least three full-time equivalent years or 4600 hours” be affected?

NPs who have a DNP can count any hours of direct patient care that the 104NP applicant provided in the course of their doctoral education so long as the direct patient care is both (i) in the applicant’s area of National Certification and (ii) was provided during the doctoral part of the applicant’s doctoral education and not credited towards the applicant’s master’s degree.

5. Can a 103NP or 104NP work in a specialty area without standardize procedures?

No. A NP can only become a 103NP or 104NP and practice without standardized procedures in whichever of the six NP categories outlined in [16 CC 1481 \(a\)](#) that they received their education and training in, hold a national certification in and completed their transition to practice clinical experience in. The categories are

- (1) Family/individual across the lifespan*
- (2) Adult-gerontology, primary care or acute care*
- (3) Neonatal*
- (4) Pediatrics, primary care or acute care*
- (5) Women's health/gender-related*
- (6) Psychiatric-Mental Health across the lifespan*

6. The BRN limits four “prescribing” NPs to one physician for collaboration/supervision. Will this limitation change if I am a 103NP or 104NP?

The 103NP and 104NPs will not be limited because they are not supervised by a physician. The limitation will remain in effect for NPs functioning under standardized procedures.

7. How does AB890 affect billing and reimbursement for NP services provided by 103NP or 104NPs?

Being a 103NP does not affect Medicare or Medi-Cal billing under NP NPI. However, being a 104NP is still not predictable as far as insurance companies paying full practice NPs directly. That will have to be worked out in the future.



8. Do I have to take a supplemental exam as stated in AB 890 if I choose/not choose to apply for 103NP or 104NP?

As required by BPC Section 2837.105, as of October 2022, the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) has completed their occupational analysis and the results of the evaluation and linkage studies indicate that the existing NP certification examinations assess the critical competencies required to perform safe and effective independent NP practice in California. Although the national examinations do not assess knowledge related to California specific laws and regulations, OPES' final recommendation is that no supplemental examination is necessary to address additional competencies.

9. If I am an 103NP or 104NP do I get any new initials to list with my academic credentials?

You can continue to identify yourself as a nurse practitioner. The BRN NP Advisory committee had an extensive discussion about 103 designation and the agreement was to not add anything or change your title.

10. What is my obligation as an 103NP and 104NP?

Since this is a change in your license, you must notify UCSF Medical Staff Office by uploading it to <https://medicalaffairs.ucsf.edu/expiration>. In addition, the obligations are as follows:

- *Verbally inform all new patients in a language understandable to the patient that an NP is not a physician and surgeon. For purposes of Spanish language speakers, the NP shall use the standardized phrases “enfermera especializada” or “enfermero especializado”. Additional clarifying language can be included such as “enfermera practicante”.*
- *Practice within their education and training and national certification.*
- *Refer patients to a physician or other health arts provider under certain circumstances or if the patient's condition is beyond the NP's education and training.*
- *Carry professional liability insurance appropriate for the practice setting (this is covered by UC Regents Self Insured Program).*

11. How does being a 103NP affect my UCSF Office of Medical Affairs and Governance Staff appointment and reappointment?

The process for initial appointment as a 103NP will be the same as a Nurse Practitioner. The reappointment cycle is currently every 2 years and this will not change for 103NP. Privileges will be reviewed if added or removed. The need to maintain competency (ie e log) will be eliminated since you will not have standardized procedures.

For more information and updates about AB 890, visit: <https://www.rn.ca.gov/practice/ab890.shtml>

For questions about the 103 NP application, contact the Board's Licensing Division at:

brn.licencing@dca.ca.gov

For questions, about the 103 NP scope of practice, contact the Board's Nursing Education Consultants at: NEC.BRN@dca.ca.gov