

Date of Hearing: July 11, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Evan Low, Chair

SB 799(Hill) – As Amended July 3, 2017

**SENATE VOTE:** 40-0

**SUBJECT:** Nursing

**SUMMARY:** Extends the operation of the Board of Registered Nursing (BRN) until January 1, 2022; increases the threshold for insurers that provide liability insurance to Registered Nurses (RNs) to report specified settlement or arbitration awards to the BRN; defines “insurer” to include a licensee or the licensee’s counsel; requires employers of RNs to report specified terminations or resignations to the BRN; requires the BRN to report to the Legislature its plan for the approval of continuing education opportunities and its progress implementing the plan; and makes other technical and clarifying changes.

**EXISTING LAW:**

- 1) Establishes the regulatory and licensing program for the practice of nursing under the Nursing Practice Act. (Business and Professions Code (BPC) §§ 2700-2718)
- 2) Establishes the BRN within the Department of Consumer Affairs (DCA) until January 1, 2018. (BPC § 2701)
- 3) Requires every insurer providing professional liability insurance to specified licensees, including RNs, to send a complete report to the relevant licensing agency as to any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by that person’s negligence, error, or omission in practice, or by the licensee’s rendering of unauthorized professional services, as specified. (BPC § 801(a))
- 4) Requires the BRN to establish criteria for the acceptance, denial, or termination of RNs in its intervention program, and specifies that only those registered nurses who have voluntarily requested to participate in the intervention program shall participate in the program. (BPC § 2770.7(a))
- 5) Provides the following relating to investigation and discipline of RNs who voluntarily enter the intervention program:
  - a) Authorizes an RN under current investigation by the BRN to request entry into the intervention program by contacting the BRN. Prior to authorizing an RN to enter into the intervention program, the BRN may require the RN to execute a statement of understanding that states that the RN understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action. (BPC § 2770.7(b))
  - b) Requires the BRN to close the investigation if the reasons for the investigation are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol, as specified, or the illegal possession, prescription, or nonviolent procurement of

- any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, and the RN is accepted into, and successfully completes, the BRN's intervention program. If the RN withdraws or is terminated from the program by an intervention evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the BRN. (BPC § 2770.7(c))
- c) Provides that neither acceptance nor participation in the intervention program precludes the BRN from investigating or taking disciplinary action against an RN for any unprofessional conduct committed before, during, or after participation in the intervention program. (BPC § 2770.7(d))
  - d) Provides that an RN who is terminated from the intervention program for failure to comply with program requirements is subject to disciplinary action for acts committed before, during, and after participation in the intervention program. (BPC § 2770.7(f))
- 6) Requires an RN renewing a license to submit proof satisfactory that, during the preceding two-year period, the RN has been informed of the developments in the nursing field or in the RN's special area of practice that have occurred since the last renewal, either by pursuing a course or continuing education (CE) in the RN field or relevant to the RN's practice, and approved by the BRN, or by other means deemed equivalent by the BRN. (BPC § 2811.5(a))
  - 7) Requires the employer of a licensed vocational nurse (LVN) or respiratory care practitioner (RCP) to report to the licensee's board the suspension or termination for cause, or resignation for cause for LVNs, as specified. (BPC §§ 2878.1, 3758)
  - 8) Defines, for purposes of the employer reporting requirements, "suspension, termination, or resignation for cause" or "rejection from assignment" as suspension, termination, or resignation from employment, or rejection from assignment, for any of the following reasons:
    - a) Use of controlled substances or alcohol to the extent that it impairs the licensee's ability to safely practice vocational nursing.
    - b) Unlawful sale of a controlled substance or other prescription items.
    - c) Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client.
    - d) Falsification of medical records.
    - e) Gross negligence or incompetence.
    - f) Theft from patients or clients, other employees, or the employer. (BPC §§ 2878.1(d), 3758(b))
  - 9) Makes failure of an employer to make a report under the reporting requirements punishable by an administrative fine not to exceed ten thousand dollars (\$10,000) per violation. (BPC §§ 2878.1(e), 3758(c))
  - 10) Provides that, pursuant to Civil Code § 43.8, no employer shall incur a civil penalty for making the reports (BPC §§ 2878.1, 3759)

**THIS BILL:**

- 1) Raises the threshold under BPC § 801 for reporting settlement or arbitration awards for an insurer providing professional liability insurance to an RN from \$3,000 to \$10,000.
- 2) Defines “insurer,” for purposes of the reporting requirement for all insurers providing professional liability insurance to licensees listed under BPC § 801, as follows:
  - a) The insurer providing professional liability insurance to the licensee.
  - b) The licensee, or the licensee’s counsel, if the licensee does not possess professional liability insurance.
  - c) A state or local governmental agency, including, but not limited to, a joint powers authority that self-insures the licensee, as defined.
- 3) Extends operation of the BRN from January 1, 2018 until January 1, 2022.
- 4) Deletes the completed California State Auditor investigation provisions.
- 5) Requires an employer to report to the BRN the termination for cause or resignation for cause of any RN in its employ within 30 days of the termination or resignation, as specified.
- 6) Defines “termination or resignation for cause” and “rejection from assignment” as termination or resignation from employment, or rejection from assignment, for any of the following reasons:
  - a) Use of controlled substances or alcohol to the extent that it impairs the licensee’s ability to safely practice registered nursing.
  - b) Unlawful sale or possession of a controlled substance or other prescription items.
  - c) Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client.
- 7) Makes willful failure of an employer to make a report punishable by an administrative fine not to exceed \$5,000 per violation and not a misdemeanor.
- 8) Defines “willful” as a voluntary and intentional violation of a known legal duty.
- 9) Provides that, pursuant to Civil Code § 43.8, an employer shall not incur a civil penalty for making the report to the BRN.
- 10) Deletes provisions of law requiring the BRN to close investigations related to certain causes of action if an RN is accepted into the intervention program and instead authorizes the BRN to investigate at its discretion complaints against RNs participating in the intervention program.
- 11) Prohibits the BRN from taking disciplinary action with regard to acts committed before or during participation in the intervention program unless the RN withdraws or is terminated from the program.

- 12) Requires the BRN to deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving CE opportunities by January 1, 2019, and report on its progress by January 1, 2020.
- 13) Deletes the BRN Fund's continuous appropriation and instead makes the funds available upon appropriation by the Legislature.
- 14) Makes technical changes and clarifying changes.

**FISCAL EFFECT:** According to the Senate Appropriations Committee:

- Ongoing costs of \$41 million per year for the continuing operation of the BRN (BRN Fund).
- Likely ongoing costs in the low hundreds of thousands per year for additional investigations and enforcement actions, due to the provisions in the bill that require additional reporting to the BRN of actions by registered nurses that may require disciplinary action (BRN Fund).

**COMMENTS:**

**Purpose.** This bill is sponsored by the author. According to the author, "The Author's office is proud to present a solution to concerns raised through the Sunset Process. Current law does too little to encourage reporting by those who are both closest to these dangerously unqualified licensees, as well as the most qualified to recognize an improper deviation from California nursing protocol. [This bill] is a calculated and measured response drafted as a result of considerable research, constituent and stakeholder interaction, and deliberation."

**Background.** The BRN regulates the practice of nursing in California and implements and enforces the Nursing Practice Act, which contains the laws related to nursing education, licensure, practice, and discipline. The BRN regulates over 420,000 RNs.

*Sunset Review.* In February and March of this year, the Assembly Business and Professions Committee and the Senate Business, Professions and Economic Development Committee (Committees) conducted joint oversight hearings to review various regulatory entities. During the sunset review hearings, the Committees take testimony from the entities and stakeholders and evaluate entities scheduled to be repealed the following year. The reviewed entities will sunset unless the Legislature enacts a law to extend them.

This bill is one of the several sunset bills intended to implement legislative changes recommended in the respective background reports drafted by the Committees for the entities reviewed. Because this is the BRN's supplemental sunset review report after a two-year extension (extensions are typically four years), this bill also addresses the outstanding issues from the BRN's 2015 sunset review.

*California State Auditor Report.* In response to issues raised during the BRN's 2015 sunset review, the BRN's 2015 sunset bill (SB 466 (Hill), Chapter 489, Statutes of 2015) required the California State Auditor to conduct an audit of the BRN's enforcement program. The State Auditor noted issues with the BRN's complaint processing timelines, data collection and use, complaint referrals, and investigator training. It made a total of 25 recommendations, 3 of which were directed at the Legislature:

- 1) To ensure that BRN receives timely and consistent notification of nurses' alleged violations of the Nursing Act, the Legislature should require the employers of registered nurses to report to BRN the suspension, termination, or resignation of any registered nurse due to alleged violations of the Nursing Act.
- 2) If BRN does not develop and implement an action plan by March 1, 2017, to prioritize and resolve its deficiencies, as mentioned in the first recommendation to BRN, the Legislature should consider transferring BRN's enforcement responsibilities to Consumer Affairs.
- 3) The Legislature should amend state law to require BRN to conduct investigations of complaints alleging substance abuse or mental illness against nurses who choose to enter the intervention program.

*Mandatory Judgment and Settlement Reporting.* This bill changes the amount in a settlement or arbitration award that would require insurers of RNs to report to the BRN from \$3,000 to \$10,000. The BRN is currently collecting data to determine whether \$3,000 is an appropriate amount. The \$3,000 figure was set in 1975, and BRN gets many low-dollar reports that do not represent sufficiently egregious violations to warrant investigation.

Currently, the BRN indicates that 199 cases were reported from January 1, 2014 through October 24, 2016. Of those, 39 were between \$3,000 and \$29,999, and 150 were between \$30,000 and \$6,000,000, with the average being \$345,908.

*CE Providers.* This bill requires the BRN to deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving continuing education opportunities by January 1, 2019, and update the Legislature on its progress the following year.

All licensees are required by statute to complete 30 hours of CE during each two-year renewal cycle to ensure continued competence. Statute requires that the BRN establish regulations ensuring that CE courses are either related to the scientific knowledge or technical skills required for the practice of nursing, or to direct or indirect patient care. The BRN promulgated regulations further specifying appropriate coursework, including the requirement that all content be relevant to the practice of nursing. According to the author, the BRN continues to be lax in its approval standards for CE providers, approving courses with dubious scientific merit and not directly relating to patient care.

#### **ARGUMENTS IN SUPPORT:**

The **Board of Registered Nursing** supports the sunset extension portion of this bill. The BRN “voted to support the version of the bill introduced on February 17, 2017, which extends the [BRN’s] sunset date until 2022, and to watch the subsequent amendments from the version of the bill amended May 26, 2017.

“In regards to the bill version as amended on May 26, 2017, the board members posed questions regarding the language changes to the bill and would like to discuss further.”

The **California School Nurses Organization (CSNO)** supports the sunset extension portion of this bill, stating “we are in strong support of the continuance of this board until 2022. The need for a nursing board to oversee and regulate the profession of nursing is paramount for the practitioners as well as to assure the health and safety of the consumers they serve.”

**ARGUMENTS IN OPPOSITION:**

On behalf of the **Board of Registered Nursing**, the BRN's Legislative Committee "respectfully disagrees with the bill's sections on the Intervention Program and Mandatory Employer Reporting additions."

The **California Association for Health Services at Home** (CAHSAH) opposes the mandatory employer reporting provisions of this bill:

The basis for determining alcohol or substance impairment of a nurse is left open to interpretation as the bill does not specify any objective basis for making those type of determinations. Employers will be more likely to report for impairment for fear of being fined \$5000. Further exacerbating the issue of determining impairment is the 30-day requirement to report to the [BRN] as posing such a requirement does not allow for remedies and collective bargaining to take place in such a short reporting period. The requirement to report increases the likelihood of bad faith, vindictive or retaliatory reporting and leaves nurses with little protection from employers who may have other reasons for terminating a nurse. This bill will greatly increase the costs to the [BRN] for handling the increase in investigations of which many may have been submitted for fear of the employer being penalized and are not substantiated.

The **California Nurses Association (CNA)** supports the sunset extension but opposes the mandatory employer reporting and intervention provisions of this bill. On mandatory reporting, CNA believes that this bill "increases the likelihood of bad faith, vindictive, and retaliatory reporting." It notes that RNs "are required by law to advocate in the sole interest of their patients, which many times puts them in conflict with their employers." CNA believes this "will allow employers to go after nurses who are trying to protect their patients—thus harming patient care. The bill will adversely impact nurses who are disciplined or terminated by their employers for fulfilling their statutory duties as patient advocates."

On the intervention provisions, CNA believes it "removes the incentive to participate in the intervention program and does not promote recovery. The promise of no discipline is a way to get struggling nurses into treatment before they become a danger to patients."

The **California State Council of the Service Employees International Union** (SEIU State Council) supports the sunset extension but opposes the mandatory employer reporting and intervention provisions of this bill. SEIU State Council believes this bill "would create an incentive to over-report, and potentially jeopardize employment and staffing levels in settings where nurses are critical to the delivery of care. It is unclear why this proposed language is needed, or what problem it is seeking to address. In fact, there are already reporting policies and procedures for nurses and employers to report to the BRN in order to protect the public's health and safety."

On the intervention provisions, SEIU State Council notes that, because the BRN is currently updating its *Uniform Standards Regarding Substance-Abusing Healing Arts Licensees*, "it is premature for this measure to change the BRN's diversion program processes when the BRN itself is devising a new set of uniform standards for nurses enrolled in the Intervention program."

**Service Employees International Union Local 1000 Union** (SEIU Local 1000) supports the sunset extension but opposes the mandatory employer reporting provisions of this bill:

Specifically, we believe the mandatory reporting requirement will be misused and improperly applied to staff working in state operated facilities, and could potentially detriment nursing staff in all sectors where this provision is applicable.

Mandated reporting would jeopardize our member's licenses because it creates a catch-22 when coupled with mandatory overtime provisions and inadequate staffing. Because of mandatory overtime requirements — only applicable to state workers — our members could be put in a situation where the state would be expected to report them regardless of the choice they made. Often our members are asked to cover shifts and assignments due to inadequate staffing, even when they are already legally mandated to address other assignments. Unfortunately, after a thorough review, the department may still feel compelled to report the issue to the [BRN], even if the alleged misconduct was inevitable. In that instance, the employer is not wrong for reporting, but the misconduct was not the fault of the nurse. Thus, requiring a thorough review before reporting does nothing to solve this dilemma.

**United Nurses Associations of California/Union of Health Care Professionals**

(UNAC/UHCP) supports the sunset extension but opposes the mandatory employer reporting and intervention provisions of this bill. On mandatory reporting, UNAC/UHCP is concerned “that this provision could be abused by unscrupulous employers. Specifically, they could use the threat of mandatory reporting to encourage a nurse to ‘go away quietly’ i.e. with a voluntary resignation (not for cause) rather than face an allegation of a termination for cause that would could jeopardize future employment or cause a blemish on their license.” UNAC/UHCP “understands the desire to ensure that [RNs] behave professionally and that poor performing nurses are not simply ‘recycled’ from facility to facility” but is “not convinced that there is any data yet that demonstrates the benefits of a mandatory reporting system would outweigh the potential harm to nurses who are being treated unfairly by employers” or “that the reporting mandate would have a positive impact on patient safety.”

On the intervention program, “UNAC also has concerns about the possibility that nurses participating in the intervention program may still be subject to investigation while they are trying to complete their recovery. It would be a waste of scarce BRN resources to conduct investigations on nurses who, if they successfully complete the program, are not subject to any discipline.”

**POLICY ISSUES:**

*Mandatory Employer Reporting.* This bill implements the State Auditor recommendation to impose employer reporting requirements like those for employers of LVNs. In response to concerns, it has been amended to limit the employer penalties for failure to report and deletes several of the actions that would constitute termination for cause.

This recommendation is one part of the broader goal of improving the BRN’s enforcement program. The State Auditor noted that the “BRN should improve its collaboration with other state agencies and health boards to ensure effective enforcement.” Specifically, the State Auditor noted that the “BRN’s relationship and sharing of information with other entities

involved in the enforcement of complaints against nurses could be improved.” To that end, the State Auditor made three specific recommendations, two to the BRN and one to the Legislature:

- 1) To ensure that it has prompt access to adequate information that could affect the status of a nurse’s license, BRN should do the following by June 2017:
  - a) Establish formal agreements with other agencies and other health boards that have information pertaining to a nurse’s misconduct.
  - b) Work with Consumer Affairs and other health boards to determine whether modifying BreEZe to include a capability that would allow it to promptly notify BRN when another health board receives a complaint or takes disciplinary action against a licensed nurse is cost-effective. If it is, add this functionality to BreEZe.
- 2) To ensure that BRN receives timely and consistent notification of nurses’ alleged violations of the Nursing Act, the Legislature should require the employers of registered nurses to report to BRN the suspension, termination, or resignation of any registered nurse due to alleged violations of the Nursing Act.

The BRN is currently implementing its two recommendations on this issue. This bill implements the legislative recommendation. The State Auditor’s reason for the recommendation was that state law does not require employers of RNs to report complaints or discipline to BRN. However, it does require employers of an LVN who resigns, is suspended, or terminated for cause. It also noted that “the [BRN’s] assistant executive officer stated that she does not know why BRN was excluded from this law, but she believes BRN would benefit greatly if employers were required to report to it nurses who violate the Nursing Act.”

According to the BRN’s *2016 Supplemental Sunset Report*, it wrote that it “has been reviewing the language that has been included for [LVNs] in B&P Code section 2878.1” (page 14). The BRN also wrote that it has been “meeting with other healing arts boards to review their malpractice settlement and mandatory reporting practices.” The BRN stated that it will continue to review and move forward in the near future with these issues for possible legislative change proposals but, according to its Legislative Committee, does not currently support it.

Still, as with all consumer protections, the benefits should be weighed against any potential burdens on the licensees. The author asserts that the BRN’s complaint data for the last two years shows that, when compared to public complaints, the BRN receives “only a fraction of those complaints from employers. Ideally, the complaint totals should be similar.”

However, it is not clear that the number of complaints from members of the public should match the number of complaints from employers or peers. A complaint is an unsubstantiated allegation. In general, a medical professional will have a better sense of the severity of a mistake (which is distinguished from harm) and who may be at fault than a patient or family member. As a result, the rate at which the average member of the public makes a complaint to the BRN will differ from the rate at which a hospital makes a complaint against its own employee or an RN makes a complaint against a colleague.

Ideally, the number of complaints from the public that result in formal discipline after an investigation would match or be lower than that of other comparison groups (given a lack of

other confounding variables, such as variations in available evidence). However, the BRN aggregates enforcement data in a way that makes it difficult to perform this comparison (this is consistent across the DCA).

For example, page 44 of the BRN's 2016 *Supplemental Sunset Report* provides a breakdown of complaint data:

<b>Complaints</b>	FY 14/15	FY 15/16
Total	6,783	7,757
<b>Intake/Consumer</b>		
Received	3,464	3,383
Closed	182	0
Referred to Investigation	1,766	3,393
<b>Source of Complaint</b>		
Public	1,037	1,015
Licensee/Professional Groups	513	622
Governmental Agencies	4,943	5,711
Other	263	251
<b>Conviction/Arrest Notice</b>		
Conviction Received	3,319	4,374
Conviction Closed	104	100
Referred to Investigation	2,455	4,224

The table shows a total of 7,757 complaints in FY 15/16, of which 3,383 are complaints received which are not based on a conviction or arrest notice (intake/consumer). The complaints from outside sources are split between Public (1,015), Industry (622), Governmental Agencies (1,337 after subtracting arrest/conviction notices), and Other (251). Other is typically an “internal complaint,” or a complaint based on data already available to staff. Given this, the apparent comparison groups are Public, Industry (employers and peers), and Governmental Agencies (health boards, law enforcement, other oversight agencies, and potentially state employers). Between the comparison groups, those that could include employers appear to have reported about twice the number of complaints from the public.

However, it is not clear what the actual number of complaints from employers is. Further, it is not clear how many of the investigated complaints that rose to the level of formal discipline would have benefited from additional reporting from other groups. While nearly all of the 7,757 total complaints were referred to investigation, the BRN only filed 1,113 accusations (101 of which were withdrawn, dismissed, or declined). Therefore, it may be beneficial to have the BRN work with the DCA's Office of Information Services to run QBIRT reports and disaggregate the enforcement data to determine 1) whether employer reporting is currently needed and 2) whether there are other entities in addition to those the BRN is already working with that, through reporting or collaboration, can assist the BRN in its enforcement process (pursuant the State Auditor's findings).

*BRN Investigations of RNs in the Intervention Program.* This bill authorizes the BRN to investigate complaints against RNs participating in the intervention program. It also prohibits the BRN from taking disciplinary action against RNs who successfully complete the program (unless found to have committed unprofessional conduct as stated in existing law).

The State Auditor noted that state law requires the BRN to close the investigation of certain types of complaints against an RN if the chooses to participate in the BRN's voluntary

intervention program and the BRN determines the RN qualifies. The investigation remains closed unless the RN exits the program early or fails to successfully complete it.

If the nurse chooses not to participate in the intervention program or fails to successfully complete it, BRN refers the complaint to the appropriate unit for investigation and possible disciplinary action. However, an investigation may not occur or be completed until several years after BRN receives the complaint, due to the RN’s participation in the intervention program, restricting BRN’s ability to access evidence and potentially impose discipline when warranted. According to the BRN’s website, the “average length of time is 3 to 5 years for RNs to successfully complete the program” (<http://www.rn.ca.gov/intervention/int-faqs.shtml>, accessed July 5, 2017). In theory, if an RN is terminated from the program closer to 5 years, investigators may have to deal with the degradation of primary eye witness testimony, corroborating evidence, and authenticated documents. In one case provided by the BRN’s Legislative Committee, an RN was terminated from the intervention program for missing a random lab test.

According to the State Auditor, if state law required BRN to conduct investigations of all complaints against nurses while they participate in the intervention program, it would increase the likelihood that investigators have access to the necessary evidence. As a result, the BRN will not have to spend more time in the field or seek stale evidence if an RN fails to complete the program; the BRN would already have collected the necessary evidence to pursue disciplinary action. While the RN will lose the incentive to participate in the program to halt an investigation, those RNs that enter the program and complete it will be shielded from disciplinary action. This could still be a strong incentive for some RNs in the program, particularly if the investigation is complete.

In terms of data, the BRN’s *2016 Supplemental Sunset Report* showed the following (page 45):

INTERVENTION	FY 14/15	FY 15/16
New Participants	148	106
Successful Completions	97	93
Participants (close of FY)	430	400
Terminations	57	42
Terminations for Public Threat	25	27
Drug Tests Ordered	15,230	16,229
Positive Drug Tests	494	717
Relapses	36	42

In the past two FYs, the intervention program has had an annual average of 415 participants, 127 of which were new participants and 39 of which were relapses. It also had an average of 171 participants leaving, which included 95 successful completions and 76 terminations (including 26 for public threat).

**IMPLEMENTATION ISSUE:**

As with all reporting requirements involving non-licensees, the mandatory reporting requirement under this bill may be difficult for the BRN to enforce. In general, the BRN’s enforcement authority includes administrative actions that are tied to a license. The ability to issue a citation or assess a fine are dependent on the BRN’s ability to withhold renewal or revoke a license. For unlicensed practice and criminal violations rising above administrative action, the BRN may seek an injunction or other equitable remedies in a court of law (BPC § 125.5) or refer the case

for criminal prosecution (BPC § 160). While most licensing violations are misdemeanors, they are dependent on a prosecutor's willingness to pursue the case. In addition, it is not clear how the BRN will know an employer failed to report if the employer failed to report.

**AMENDMENTS:**

- 1) To provide time to collect data, the author should amend the bill to strike the mandatory reporting requirement (Sec. 5, adding BPC § 2761.5).
- 2) To justify the necessity of the mandatory reporting requirement as well as discover additional areas where collaboration or reporting can be helpful (pursuant to the State Auditor's findings), the author should instead require the BRN to work with the DCA to collect relevant data and report back to the Legislature:

*(a) The board shall work with the department's Office of Information Services to review the board's available complaint and case data using existing tools, including BreEZe and QBIRT, to determine whether there are entities or other information sources that can be utilized, whether through mandatory reporting or formal agreements, to ensure the board receives consistent complaint data.*

*(b) The board shall report its findings to the Legislature no later than January 1, 2019.*

*(c) The data in the board's report shall be aggregated and categorized to remove identifiable information specific to a patient, employer, state agency, or complainant.*

**REGISTERED SUPPORT:**

Board of Registered Nursing (as introduced)  
California School Nurses Organization

**REGISTERED OPPOSITION:**

California Association for Health Services at Home  
California Nurses Association  
California State Council of the Service Employees International Union  
Service Employees International Union Local 1000  
United Nurses Associations of California/Union of Health Care Professionals

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