

The California-specific **Standardized Procedure**¹ codifies requirements for California nurses who are advancing their scope of practice.

In order for a nurse practitioner (NP) or certified nurse-midwife to provide abortion care in California, a Standardized Procedure (SP) for Abortion Care must be in place at their location of practice. We have summarized the [General SP Policies](#) (BRN/BOM Title 16, CCR Section 1474, 1379) required for any nursing practice that overlaps with the practice of medicine as well as the **Abortion Care Specific SP** language that is included in [AB 154](#) (CA statute to authorize NPs/CNMs and physician assistants to provide abortion care).

Standardized Procedure (SP) General Policies:

1. Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1480). SPs are the legal mechanism for registered nurses and advanced practice nurses to perform functions which would otherwise be considered the practice of medicine.
2. Standardized Procedures are not subject to prior approval by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16, CCR Section 1379.) <http://www.rn.ca.gov/pdfs/regulations/npr-i-19.pdf>
3. Regardless of format used, whether a process protocol or disease or procedure specific, the standardized procedure (SP) must include all eleven required elements as outlined in Title 16, Section 1474. These required elements include the SP development/review, RN qualifications/evaluation, setting and scope of practice, supervision, and limitations on practice. BRN advisories for SPs for NPs and CNMs: <http://www.rn.ca.gov/pdfs/regulations/npr-b-20.pdf> [NPs] and <http://www.rn.ca.gov/pdfs/regulations/npr-b-32.pdf> [CNMs]

According to the BRN, Title 16, CCR Section 1474, each Abortion Care Standardized Procedure shall:

(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

- Developed collaboratively by the nurse, designated MD, and Health Care system administrator where the NP/CNM is providing abortion care.

(2) Specify which SP functions registered nurses may perform and under what circumstances.

- Abortion care provision consistent with education, training, competency, experience and credentials (e.g., California license and professional NP/NM certifications).

¹ While standards of practice for nurses are developed by professional organizations and recognized by regulatory boards and health care institutions, the state of California has a separate and distinct legal mechanism called a "standardized procedure" found in the [California Nurse Practice Act](#), (Business & Professions Code Section 2725; California Board of Registered Nursing, 2001). It is important to distinguish the standards of practice from standardized procedures (SP). The SP mechanism and written documents allow California registered nurses (including NPs and CNMs) to legally advance their practice into areas traditionally considered to be medical practice (California Nurses Association, 1989). These procedures are to be collaboratively developed by nursing, medicine, and the administration at the institution where nurses will be performing these functions (California Board of Registered Nursing, 2002). These procedures must be in place and adhered to until the function becomes "common practice" for the nurse (both generalist and advanced practice nurse). Components of the SP legal mechanism include both Policy (general parameters applicable to all SP functions performed by the registered nurses in a particular setting and Protocol (the rules and/or procedures to be followed in the performance of the clinical function or service authorized by the policy).

- Reference NP or NM standards of practice and/or core competencies that provide the foundation for abortion care provision.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

- Reference existing clinical practice guidelines for Abortion Care generally and medication or aspiration abortion procedures specifically (e.g., [NAF guidelines](#), institution-specific clinical guidelines)²
- Reference [core competencies for first trimester aspiration abortion](#) published on ANSIRH website.

(4) Specify any experience, training and/or education requirements for performance of standardized procedure functions.

- The California Board of Registered Nursing (CA BRN) developed new regulations to implement the requirements of AB 154 that NPs and CNMs complete abortion training “recognized by the CA BRN”.³ As of January 1, 2016, licensed CNMs and NPs may perform an abortion by aspiration techniques in the first trimester of pregnancy if they have completed the requisite training in performing these procedures equivalent to the didactic curriculum and clinical training protocols of the HWPP No. 171 provided by any of the following:⁴
 - A Board-approved nurse-midwifery or nurse practitioner program or in a course offered by an accredited nurse-midwifery or nurse practitioner program;
 - A course offered by a Board-approved continuing education provider that reflects evidence-based curriculum and training guidelines or a course approved for Category I continuing medical education;
 - A course offered by a state or national health care professional or accreditation organization.

The California Board of Registered Nursing (CA BRN) codified the final [curriculum guidelines](#) and [competencies](#) as evaluated in the HWPP #171 Study.⁵

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

² National Abortion Federation. "Clinical policy guidelines: Safe Abortion Care" are updated annually and can be obtained by contacting www.prochoice.org . Also see National Guideline Clearinghouse for [abortion care clinical guidelines](#).

³ This rulemaking by the Board of Registered Nursing adopted sections in Title 16 of the California Code of Regulations pertaining to the training required for nurse practitioners and certified nurse-midwives to perform an abortion by aspiration techniques, pursuant to Section 2253 and 2725.4 of the Business and Professions Code. This rulemaking implements AB 154 (Stats.2013). The California Office of Administrative Law approved this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action became effective on 3/3/2016.
<http://www.rn.ca.gov/pdfs/regulations/approval14635.pdf>

⁴ The BRN adopted regulations specifying the type of abortion procedure training required for NPs/CNMs (March 2016). These regulations are found in Sections 1463.5 (aspiration abortion by CNMs) and 1485.5 (aspiration abortion by NPs) of Division 14 of Title 16 of the California Code of Regulations. Final regulatory language available at <http://www.rn.ca.gov/pdfs/regulations/order14635.pdf>

⁵ As part of the California Health Workforce Pilot Project Study (California HWPP-171, 2008-2013), a standardized, competency-based curriculum and training plan was evaluated for education and training of primary care clinicians (generalist physicians (MD/DO), nurse practitioners (NP), nurse-midwives (CNM) and physician assistants (PA)) in early abortion care. The final version of the Early Abortion Training curriculum guidelines, core competencies and training plan integrates the HWPP-171 Training Program findings with the newly revised Training in Early Abortion for Comprehensive Healthcare (TEACH) Program Workbook and resources (2016).

- Reference the [Core Competencies in First Trimester Aspiration Abortion Care](#) for initial and continuing evaluation of competency in aspiration abortion care.
- Competency and knowledge attainment is initially evaluated during the training process by a qualified clinician [e.g., CNM, MD/DO, NP, PA; see abortion trainer criteria in Early Abortion Education & Training Guidelines]. Post training evaluations will follow the same process and intervals used for other ambulatory, women’s health procedures.
- Continuing evaluations of nurse practitioner and nurse-midwife performance of Standardized Procedure functions will be done in conjunction with existing or revised Department Performance evaluations, appropriate Quality Assurance and/or peer review-related activities.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

- A current record of nurse practitioners and nurse-midwives (with signatures) authorized under the provisions of this Standardized Procedure is maintained by [Clinical/Nursing Administrator] in the specified organization.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.

- Per AB 154, specify the extent of supervision by a physician with relevant training and expertise (e.g., indirect supervision by electronic means)

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient’s physician concerning the patient’s condition.

- Per AB154, specify procedures for transferring patients to the care of the physician and surgeon or a hospital.
- Per AB154, specify procedures for obtaining assistance and consultation from a physician and surgeon.
- Per AB154, specify procedures for providing emergency care until physician assistance and consultation are available.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

- No specific setting required per AB154

(10) Specify patient record keeping requirements.

(11) Provide for a method of periodic review of the standardized procedures.

Patient/Procedure Specific Protocols Under Standardized Procedure Requirements: First Trimester Aspiration Abortion

Definition: First Trimester Aspiration Abortion includes manual and electric vacuum procedures for women with confirmed intrauterine pregnancy via ultrasound for gestations up to 14 weeks.

Database: [determined by clinical standards and/or institutional guidelines]

- Patient Population, Subjective Data, Objective Data, Clinical Assessments
- Action or Treatment Plan including patient education and follow-up care specific to first trimester aspiration abortion

Requirements:

- Training and/or education requirements:
 - As defined in AB 154, the [competency-based curriculum and training plan](#) as evaluated in the Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used for abortion care education and training.
- Methods for initial and continuing evaluation
 - Reference the [Competencies in First Trimester Aspiration Abortion Care](#) for initial and continuing evaluation of competency in aspiration abortion care.
 - Competency and knowledge attainment is initially evaluated during the training process by a qualified clinician [see Faculty Guidelines for Abortion Trainers]. Post training evaluations will follow the same process and intervals used for other ambulatory, women’s health procedures.
 - Continuing evaluations of nurse practitioner and nurse-midwife performance of Standardized Procedure functions will be done in conjunction with existing or revised Department Performance evaluations, appropriate Quality Assurance and/or peer review-related activities.
- Scope of supervision required to perform the functions of this Standardized Procedure
 - Per AB 154, specify the extent of supervision by a physician with relevant training and expertise (e.g., indirect supervision by electronic means).
 - Per AB154, specify procedures for transferring patients to the care of the physician and surgeon or a hospital.
 - Per AB154, specify procedures for obtaining assistance and consultation from a physician and surgeon.
 - Per AB154, specify procedures for providing emergency care until physician assistance and consultation are available.
- Adherence to specific institutional requirements for patient record-keeping

Development and Approval

- This Standardized Procedure (SP) was developed through collaboration of nursing, the nurse practitioners (NPs) and nurse-midwives (CNMs) eligible to function under the SP, physicians, and administration.
- The [organization’s staff administrator or designate] will maintain a written record of the NPs and CNMs authorized to perform the functions of this SP.
- The method and timeline for periodic review of this SP will be [institutional requirement].

Authorized Nurse Practitioners and Nurse-Midwives

- The following NPs and CNMs are authorized to perform this function: [List authorized NPs and CNMs at specific institution]