SB 1451 in California

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SB 1451 is now in effect (as of January 1, 2025) and brings major updates for nurse practitioners and other health-care professionals. **It broadens how clinical experience counts for 103 and 104 NPs, allows cumulative (even non-consecutive) hours over the past five years to qualify for their "transition-to-practice," and clarifies disclosure and title-use rules (for example, restricting use of "MD," "DO," "Dr.," or "physician/doctor" by non-physicians).**

This post will cover what SB 1451 does, who it impacts, and how it changes clinical-experience requirements and licensing regulations. It will also touch on disclosure and title-use rules, as well as what this means for independent practice in 2026 under the bill.

What Does SB 1451 in California Cover?

SB 1451 in California is a major update to the business and professions code, specifically modifying AB 890 to make it easier for nurse practitioners to obtain NP 103 and NP 104 certifications while ensuring that existing law continues to protect patients. The bill, effective January 1, 2025, clarifies the statutory provisions that establish procedures for how a nurse practitioner shall complete their transition to practice, how they may practice independently, and what disclosures they must provide when performing diagnostic and supportive services or interpreting clinical laboratory procedures.

It also strengthens patient transparency rules by specifying that only a physician and surgeon with a valid and active license under the Medical Practice Act may use titles such as "doctor," "Dr.," "M.D.," or "D.O.," preventing misleading representations in any health care setting. SB 1451 updates the evaluation criteria used by the Board of Registered Nursing and the nurse practitioner advisory committee, including how national nurse practitioner certification, completed patient-specific training, and clinical and professional education are recognized. Since SB 1451 reshapes how the state defines qualified nurse practitioner clinical practice, understanding these changes is essential, especially for NPs preparing for the 2026 NP 104 application cycle, where compliance with revised standardized procedures and disclosure rules becomes mandatory.

Who Is Affected by SB 1451 in California?

SB 1451 affects both individuals and businesses, applying broadly across multiple licensed health professions regulated by the Department of Consumer Affairs. The most directly impacted group includes nurse practitioners, particularly those seeking NP 103 or NP 104 certification, practicing independently, or providing diagnostic and supportive services under the Nursing Practice Act.

The law also affects licensed physicians, dental hygienists in alternative practice, licensed vocational nurses, structural pest control operators (for certain examination provisions), and any licensed health care provider whose scope overlaps with direct patient care or clinical laboratory interpretation. Businesses such as medical practices, professional corporations, clinics,

dental practices, and entities with operating authority issued under state law must comply with updated requirements involving supervision, disclosure, national certifying body accreditation, and professional liability insurance.

For California residents, SB 1451 enhances clarity around who is providing their care. This ensures that reasonable patients are not misled by titles, that practitioners hold current and valid certification, and that the state-mandated local program for licensing fees and renewals maintains public protection standards.

How Has SB 1451 Changed Clinical Experience Requirements?

One of the most important updates in SB 1451 is the way it redefines eligible clinical experience for NPs transitioning to independent practice. The bill allows NP 103 experience earned before January 1, 2021 to count toward the 4,600 hours required for NP 104, even if those hours were completed in different clinical and professional education settings.

This is significant because it lets NPs combine experience across multiple approved population focuses, such as pediatrics, family practice, women's health, physical and occupational therapy settings, or other direct patient care environments authorized by existing law. SB 1451 explains how the Board of Registered Nursing checks if a nurse practitioner meets the requirements for transitioning to practice, including whether their experience was gained with a licensed physician or through approved procedures that follow the Nursing Practice Act.

The law also affects how national certifying body accredited programs, postgraduate training program approved pathways, and certification exams for nurse practitioners are assessed during application and renewal. Because eligibility may vary depending on job duties, health care setting, professional examination services, and whether the NP was practicing medicine or performing diagnostic services, applicants are strongly encouraged to consult legal experts to verify which hours qualify, especially for those preparing complex NP 104 applications for 2026, when SB 1451 standards will be fully enforced.

What Are the New Disclosure Rules Under SB 1451?

SB 1451 introduces important updates to the disclosure requirements that govern how a nurse practitioner shall communicate their professional status to patients, ensuring compliance with existing law and preventing any confusion with a physician and surgeon. Under the new statutory provisions, verbal notice is no longer required, simplifying how NPs deliver mandatory disclosures while still protecting the reasonable patient in any health care setting. Instead, NPs must now provide written notice stating they are not a physician, consistent with the Nursing Practice Act and the Medical Practice Act, and this written disclosure becomes part of the nurse practitioner clinical practice documentation reviewed by the Board of Registered Nursing and the nurse practitioner advisory committee.

To support Spanish-speaking patients, SB 1451 expressly allows NPs to use the title "enfermera especializada", avoiding misleading references such as "doctor," "Dr.," "M.D.," or "D.O.," which may only be used by a licensed physician and surgeon with a valid and active license. Nurse practitioners must also inform patients of their right to be seen by a physician, reinforcing existing law authorizing patients to request consultation or referral when appropriate. These new rules make communication standards clear and consistent, make professional titles less confusing, and make sure that diagnostic and supportive services, clinical laboratory procedures, and direct patient care activities are all done in a clear way. By complying fully with SB 1451's disclosure requirements, nurse practitioners strengthen public trust, reduce legal exposure, satisfy state-mandated local program obligations tied to licensing and renewal, and streamline documentation needed for NP 103 or NP 104 certification, especially for those preparing applications for the 2026 independent practice cycle.

What Are the Pros and Cons of NP 103 Certification?

As existing law establishes requirements for national nurse practitioner certification, direct patient care, and clinical and professional education, employers and NPs must weigh both the operational benefits and regulatory considerations tied to NP 103 before advancing toward NP 104 independent practice.

Pros

The benefits of NP 103 certification extend beyond simple credentialing; this pathway strengthens nurse practitioner clinical practice under the Nursing Practice Act while helping healthcare teams operate more efficiently. SB 1451 California updates the statutory provisions that outline how nurse practitioners complete their transition to practice, allowing NP 103 to offer more structured autonomy within standardized procedures approved by the Board of Registered Nursing and informed by the nurse practitioner advisory committee.

They include:

- **Reduced physician oversight workload**: Under existing law and the updated framework in SB 1451, NP 103 allows nurse practitioners performing diagnostic and supportive services or interpreting clinical laboratory procedures to carry out more functions without constant supervision. This lightens the workload for a licensed physician or surgeon, especially in areas where there aren't enough dental or primary care professionals.
- **Greater workflow flexibility:** NP 103 certification expands what a nurse practitioner practicing under standardized procedures may perform, including clinical expertise across physical and occupational therapy environments, completed patient-specific training, or postgraduate training program approved pathways. This flexibility helps streamline workflow for practices holding business or entity licenses under the Business and Professions Code and allows NPs to take on more responsibility while maintaining a valid and active license.
- **Increased NP autonomy and satisfaction:** With NP 103, nurse practitioners have a clearer pathway toward NP 104, which allows them to practice independently once they meet transition-to-practice requirements. As SB 1451 in California clarifies how a nurse practitioner satisfies national certifying body accredited standards and nurse practitioner certification examination requirements, NPs often report greater job satisfaction as they progress toward independent practice. This is especially beneficial in rural or underserved areas where a hygienist in alternative practice, a dental hygienist in alternative settings, a licensed vocational nurse, or another licensed health care provider may not be available.

Cons / Considerations

While NP 103 certification provides valuable opportunities, it also brings operational, legal, and administrative considerations that organizations must evaluate carefully. These disadvantages are:

- **Employment and managed service contracts:** Even with NP 103 certification, existing law requires a licensed physician or surgeon to remain contractually involved in oversight. This affects workflow arrangements, managed service agreements, and obligations related to professional liability insurance, specified licensing fees, and license renewal under a state-mandated local program. Practices must also consider compliance with the Respiratory Care Practice Act, Dental Practice Act, and other specialty regulations, depending on services offered.
- **Workflow arrangements:** Since NP 103 does not grant full independent authority, some tasks such as purchasing, grading, and administering certain medications; providing dental hygiene services; or interpreting advanced clinical laboratory procedures still require oversight under existing law authorized provisions. Facilities must establish clear protocols to prevent misleading patients about titles such as "doctor," "physician," or the initials M.D. or D.O., which are restricted to licensed physicians with valid state authority.
- **Billing, reimbursement, and insurance implications:** Billing rules differ when a nurse practitioner is not authorized to practice medicine independently. Payers may require that services be billed under a supervising physician, affecting reimbursement rates, compliance with specified federal regulations, and documentation used in court or agency processes or with professional examination services.
- **NP training, mentorship, scope review, and liability coverage:** NP 103 certification still requires robust mentorship and review of standardized procedures to ensure the vocational nurse has completed appropriate pathways, the medical assistant pursuant to delegated authority is properly supervised, and the NP continues completing continuing education courses required for initial license renewal or ongoing practice. Liability coverage must reflect the tasks the NP performs, especially when working across diagnostic and supportive services or when preparing for NP 104 certification.

How Should Practices Work With NP 104s Post-SB 1451?

With SB 1451 California easing NP 104 eligibility; more nurse practitioners will qualify to practice independently once they satisfy the statutory provisions that establish procedures for transition to practice. Nurse practitioners must meet national certification, clinical and professional education, and direct patient care requirements approved by the Board of Registered Nursing; therefore, practices must strategically prepare for integrating NP 104s into their care models. This includes looking at the types of health care places and clinical locations where NP 104s can work well, like family practice clinics building patient lists, med spas offering diagnostic and support services, or multi-specialty sites interpreting lab tests according to current laws.

Practices must also assess which necessary contracts apply, such as independent contractor agreements, collaborative care arrangements, or professional entities requiring valid operating authority issued by the state. Legal compliance reviews should consider the Stark Law, the Anti-Kickback Statute (AKS), state corporate practice of medicine rules, the Medical Practice Act, and how oversight requirements differ when an NP begins practicing without either a licensed physician or a licensed physician and surgeon directing their workflow.

Practices should also look at how workflow changes, how other licensed health care providers (like a licensed vocational nurse, medical assistant following standardized procedures, or dental hygienist in alternative practice) are supervised, and what responsibilities come with taking continuing education courses, renewing a license, and getting professional liability insurance. Organizations lower their risk, make sure that a reasonable patient knows who is taking care of them, and stay in line with the Business and Professions Code by proactively aligning their operational policies with SB 1451 updates.

What Legal, Financial, and Practical Factors Should Practices Consider?

When preparing to employ or contract with NP 104s under **SB 1451**, practices must evaluate a range of legal, financial, and operational implications. First, **employment and managed service contracts** should be reviewed to ensure they reflect updated responsibilities, scope of practice boundaries under the Nursing Practice Act, and requirements set by the advisory committee for nurse practitioners. Contracts must define clinical expertise expectations, indemnification, liability coverage, and alignment with existing law authorizing provisions governing nurse practitioners performing diagnostic functions or providing dental hygiene services under the Dental Practice Act.

Financially, **billing and reimbursement processes may change** because Medicare, Medicaid, and private insurers each have separate rules for nurse practitioners practicing independently versus under supervision. Practices must ensure they meet specified federal regulations, national certifying body accredited documentation standards, and payer-specific policies tied to professional examination services, application and examination fee obligations, and state-mandated local program charges. **Training and mentorship costs** also increase when preparing NPs to interpret clinical laboratory procedures, manage workflows, supervise medical assistants, or support structural pest control boards or other regulatory intersections depending on the service lines offered.

To keep a stable workforce, practices should invest in **NP career development and retention strategies** like board-approved postgraduate training, completed patient-specific training pathways, and structured advancement plans. Establishing **internalSB 1451 readiness checklists** helps ensure compliance across business or entity licenses, clinical documentation, reasonable patient communication, inform Spanish language speakers requirements, and rules restricting the use of the words “doctor” or “physician,” the letters or prefix “Dr.,” or the initials M.D. or D.O. unless held by an appropriately licensed physician. Thoughtful planning in these areas allows practices to integrate NP 104s efficiently while maintaining compliance, financial stability, and high-quality patient care.

What Steps Should NPs and Practices Take Next?

As SB 1451 in California reshapes the statutory provisions that establish procedures for how a nurse practitioner shall complete the transition to practice, both NPs and healthcare organizations must prepare proactively for the coming changes. Since existing law establishes new pathways for national nurse practitioner certification, standardized procedures, and independent practice authority, taking early action will help ensure a smooth shift into the 2026 NP 104 landscape. These steps will also help maintain compliance with the Business and Professions Code, Nursing Practice Act, Medical Practice Act,

and requirements of the Board of Registered Nursing and the nurse practitioner advisory committee.

For NPs:

- **Review SB 1451 updates:** Nurse practitioners should familiarize themselves with how SB 1451 modifies existing law, including rules affecting diagnostic and supportive services, interpreting clinical laboratory procedures, and ensuring a reasonable patient understands provider qualifications. Understanding these updates is essential to maintaining a valid and active license.
- **Document pre-2021 NP 103 experience:** Since SB 1451 allows NP 103 clinical experience earned before January 1, 2021 to count toward NP 104 qualifications, NPs should gather evidence of direct patient care, clinical expertise, and supervised practice to demonstrate that the nurse practitioner satisfies transition-to-practice requirements.
- **Prepare for NP 104 certification in 2026:** NPs should ensure their national certifying body's credentials are accredited, they have completed patient-specific training, they have completed continuing education courses, and their clinical and professional education aligns with BRN requirements. Preparing now reduces delays in application and examination fee processing, license renewal, and meeting specified federal regulations.

For Practices:

- **Review workflow and staffing policies:** Organizations should reassess how NP 104s will integrate into patient care, including the roles of licensed vocational nurses, medical assistants pursuant to standardized procedures, and other licensed health care providers within the health care setting.
- **Update employment contracts:** Employment and managed service contracts should reflect new responsibilities, liability coverage expectations, and rules related to words doctor or physician, initials M.D. or D.O., and disclosure obligations under SB 1451. This is especially important for practices with business or entity licenses in family practice, med spas, physical and occupational therapy, or dental hygiene services regulated under the Dental Practice Act.
- **Ensure disclosure and certification compliance:** Practices must confirm that NPs provide written notice, inform Spanish language speakers appropriately, and clearly communicate when they are not a physician and surgeon. Compliance with the Department of Consumer Affairs requirements, state-mandated local program obligations, and professional examination services will also be necessary.
- **Consult healthcare attorneys:** Given the interaction between SB 1451, the Medical Practice Act, the Nursing Practice Act, reimbursement models, and court or agency process implications, legal review is essential. Attorneys can assess risk exposure, workflow changes, and structural pest control board or other cross-regulatory impacts depending on service lines. This step ensures the organization maintains valid operating authority and reimburses local agencies appropriately where required.

How Can NPs and Practices Prepare for 2026 and Beyond?

As California moves toward full implementation of SB 1451, both nurse practitioners and healthcare organizations should understand how the law streamlines NP 104 eligibility, especially through the inclusion of pre-2021 NP 103 experience, and simplifies the path to independent practice. These updates give NPs clearer statutory provisions for meeting transition-to-practice requirements and allow practices to more confidently expand staffing models that rely on nurse practitioner clinical expertise. By recognizing the benefits of SB 1451 early, including improved clarity, modernized oversight procedures, and a more predictable certification pathway, NPs and employers can position themselves for long-term operational and regulatory success.

Preparing now is essential. NPs should begin documenting eligible hours, reviewing national certification requirements, and aligning their clinical and professional education with Board of Registered Nursing standards. Practices should assess workflow structures, modernize employment and compliance policies, and evaluate how NP 104 autonomy fits into future care delivery. Proactive planning ensures that when the 2026 NP 104 certification wave begins, both practitioners and organizations are ready to meet new demands confidently and compliantly.

FAQs About SB 1451 California

Below are common questions about SB 1451 in California:

How Does SB 1451 Make NP 104 Certification Easier?

SB 1451 expands what clinical experience can count toward NP 104 eligibility, allowing NPs to use a broader range of supervised practice hours. It also clarifies transition-to-practice rules, reducing administrative barriers and helping more NPs qualify sooner.

Can All Pre-2021 NP 103 Experience Count Toward NP 104?

Yes, pre-2021 NP 103 experience can count as long as it meets the state's requirements for supervised direct patient care under approved clinical settings. NPs must still document their hours thoroughly to show they satisfy NP 104 standards.

What Are the New Disclosure Requirements?

Nurse practitioners must now provide written notice that they are not physicians, replacing the old verbal notice requirement. SB 1451 also allows the use of "enfermera especializada" for Spanish-speaking patients and requires informing patients of their right to see a physician.

How Does SB 1451 Affect Billing and Insurance?

Billing and reimbursement may shift as more NP 104s begin practicing independently, requiring updates to payer enrollment and credentialing. Practices must ensure billing policies align with Medicare, Medicaid, and private insurer rules for independently practicing NPs.

Can NP 104s Work Independently in Specialty Clinics?

Yes, NP 104s can practice independently in many settings, including med spas, family medicine clinics, women's health practices, and other specialty environments. However, each clinic must ensure compliance with scope-of-practice rules and California's corporate practice of medicine restrictions.

Are There Compliance Risks Practices Should Know?

Yes, risks include improper use of titles, incorrect documentation of NP 104 eligibility, billing errors, and failing to update employment or supervisory structures. Practices should review SB 1451 requirements carefully and consult healthcare attorneys to avoid penalties.