

PACE is funded solely by the physicians who are referred to it and that this source of funding is inadequate; "the program needs more money, but I'm not sure where they should get that." Enforcement Chief Lancara expressed overall satisfaction with the program, but stated that he was disturbed to find that some defense attorneys of referred physicians had been in direct contact with PACE personnel, "trying to get them to change the doctors' probation orders to stipulations. I put an immediate stop to that."

FUTURE MEETINGS

- November 4–6, 1999 in San Diego.
- February 3–5, 2000 in Los Angeles.
- May 11–13, 2000 in Sacramento.
- July 27–29, 2000 in San Francisco.
- November 2–4, 2000 in San Diego.

Board of Registered Nursing

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The Board of Registered Nursing (BRN) is a consumer protection agency within the state Department of Consumer Affairs (DCA). Pursuant to the Nursing Practice Act, Business and Professions Code section 2700 *et seq.*, BRN licenses registered nurses (RNs) and certifies nurse-midwives (CNMs), nurse practitioners (NPs), nurse anesthetists (NAs), public health nurses (PHNs), and clinical nurse specialists (CNSs). BRN also establishes accreditation requirements for California nursing schools and reviews nursing school criteria; receives and investigates complaints against its licensees; and takes disciplinary action as appropriate. BRN's regulations implementing the Nursing Practice Act are codified in Division 14, Title 16 of the California Code of Regulations (CCR).

The nine-member Board consists of three public members, three RNs actively engaged in patient care, one licensed RN administrator of a nursing service, one nurse educator, and one licensed physician. All serve four-year terms. The Board, which is currently staffed by 95 people, is financed by licensing fees and receives no allocation from the general fund.

The second terms of Board members Genevieve Deutsch, RN, and Judith Jonilonis, RN expired on June 1, 1999. Both were originally appointed in 1992 by then-Governor Pete Wilson. Because neither has been replaced by Governor Davis, both continue to serve as Board members during their "grace year" under Business and Professions Code section 105.5.

MAJOR PROJECTS

Board Approves Advisory Statement on Certification of Clinical Nurse Specialists

At its September 10 meeting, BRN approved an "advisory statement" setting forth the qualifications necessary in order for a RN to be certified as a clinical nurse specialist (CNS) by BRN.

AB 90 (Cuneen) (Chapter 159, Statutes of 1997) added section 2838 *et seq.* to the Business and Professions Code, and authorized BRN to administer a new certification program for RNs holding themselves out as CNSs. AB 90 implements the recommendations made in BRN's 1995 *Clinical Nurse Specialist Study Report* required by AB 518 (Woodruff) (Chapter 77, Statutes of 1993), in which BRN found that nurses in California were using the unregulated title "clinical nurse specialist" without fulfilling the role of a CNS. [15:2&3 CRLR 98; 15:1 CRLR 92; 14:4 CRLR 97] Under AB 90, effective July 1, 1998, any RN who holds him/herself out as a CNS must meet the Board's standards and be certified as a CNS. However, the Board has not yet adopted regulations to establish certification standards for RNs seeking to become certified as a CNS, although it planned to do so in 1999. [16:2 CRLR 41]

In the interim, BRN is receiving telephone calls on a daily basis about CNS certification. Thus, at its September meeting, BRN adopted an "advisory statement" regarding CNS certification qualifications which it has since posted on its website. The advisory statement notifies applicants for certification that BRN has accepted the standards of the National Association of Clinical Nurse Specialists' *Statement on CNS Practice and Education*, and the American Association of Colleges of Nursing's *Essentials of Master's Education for Advanced Practice*. In addition, the national organizations that have met BRN's CNS certification requirements and are equivalent to BRN's standards for CNS certification are the American Nurse Association-American Nurses Credentialing Center, the Oncology Nursing Certification Corporation, and the American Association of Critical Care Nurses.

According to the advisory statement, in order to be certified as a CNS in California, an applicant must have completed a minimum of 400 hours of clinical experience concurrently with master's-degree level coursework in five

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component areas of competency: expert clinical practice, education, research, consultation, and clinical leadership. Each of the five component areas of competency is further clarified and defined in the advisory statement. The master's-degree level coursework may be completed at any nationally accredited master's/post-master's nursing academic program. Upon successful completion of the graduate level coursework, applicants must submit official transcripts and course descriptions to BRN's Advanced Practice Unit. The 400 hours of clinical experience must be documented and validated. The advisory statement also details three methods by which a RN may meet the requirements for CNS certification, and warns that no one may use the "CNS" appellation unless certified by BRN. At this writing, BRN has not yet published notice of its intent to adopt regulations to implement AB 90 (Cuneen).

Board Adopts Advisory Statement on Performance of Laser Therapy by RNs

Also at its September 10 meeting, BRN adopted an advisory statement to provide information about the legal authority for RNs to perform laser therapy. According to the advisory statement, "it is within the RN's scope of practice to use laser therapy for patients if there is an approved standardized procedure." The use of lasers to provide therapy is the practice of medicine, and standardized procedures are the legal mechanism enabling RNs to perform medical functions (such as laser therapy) under Business and Professions Code subsections 2725(b)(4) and (c) and section 1474, Title 16 of the CCR. The advisory statement also notes that the Medical Board of California has determined that unlicensed persons (such as medical assistants) may not lawfully use a laser to remove hair, wrinkles, scars, moles, or other blemishes.

Board Seeks to Amend Disciplinary Guidelines Regulation

On October 1, BRN published notice of its intent to amend section 1444.5, Title 16 of the CCR, which currently provides that in reaching a decision in a disciplinary action under the Administrative Procedure Act, the Board must consider the June 1997 version of its disciplinary guidelines; these disciplinary guidelines are not set forth in section 1444.5, but rather are incorporated by reference into the section. The Board's disciplinary guidelines set forth recommended, minimum, and maximum disciplinary actions for all violations of its statutes and regulations; additionally, the guidelines state mitigating and aggravating factors which should be considered in any given case, standard terms and conditions of probation, and timeframes for the reinstatement of a license or modification of a penalty.

Since June 1997, the Board has modified its disciplinary guidelines to conform to new Board policies and changes in the work environment and nursing practice. Thus, the Board seeks to amend section 1444.5 to incorporate by reference the September 1999 version of its disciplinary guidelines.

At this writing, BRN plans to hold a public hearing on its proposal to amend section 1444.5 on November 18.

Update on Other Board Rulemaking Proceedings

The following is an update on recent BRN rulemaking proceedings described in detail in Volume 16, No. 2 (Summer 1999) of the *California Regulatory Law Reporter*:

◆ **High School Education or the Equivalent.** On September 21, the Office of Administrative Law (OAL) approved BRN's amendments to section 1412, Title 16 of the CCR, which previously required an applicant to provide the Board with evidence of a high school education or the equivalent in order to be licensed. Following a January 1999 public hearing, BRN amended section 1412 to require all applicants to meet the general education requirement of a high school education in the United States or the equivalent. The amended section requires applicants to produce evidence of such education only if the Board so requests; and also deletes a method of demonstrating educational achievement which has never been used. [16:2 CRLR 41-42] The amendments became effective on October 21.

◆ **Criteria for Evaluation of Equivalent Armed Services Training and Experience.** On June 25, BRN published notice of its intent to amend section 1418, Title 16 of the CCR, which sets forth the criteria BRN uses to evaluate whether experience and education gained during armed services duty by an applicant for RN licensure is equivalent to that required by California law. Under the existing regulation, military applicants for RN licensure in California who have completed a course of instruction required to achieve certain ratings are deemed to have completed coursework equivalent to the Board's requirements for licensure. However, the Board has determined that the coursework required to achieve those ratings is not equivalent to the educational requirements required for California licensure; further, military applicants for RN licensure in California score significantly lower on the licensing examination than applicants who have completed a nursing program in California. Thus, the Board proposed to amend section 1418 to require military applicants to meet the qualifications in Business and Professions Code section 2736.5 and the educational standards in section 1426, Title 16 of the CCR. [16:2 CRLR 41]

Following a public hearing on August 18, the Board modified the language of the proposed amendments. As modified, section 1418 would provide that a military applicant who has met the qualifications set forth in Business and Professions Code section 2736.5 and who has completed a course of instruction that provided the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in section 1443.5, Title 16 of the CCR, and that contained the theoretical content and clinical experience specified in section 1426(c)(1) through (e)(7) is deemed to have completed the course of instruction prescribed by the Board for licensure.

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At this writing, the modified version of the Board's proposed amendments to section 1418 is pending at OAL.

♦ **Qualifications for Nurse-Midwifery Certification.** Also on June 25, BRN published notice of its intent to amend section 1460, Title 16 of the CCR, which establishes the requirements for RNs seeking to be certified in nurse-midwifery. An applicant for certification to practice midwifery must be a licensed RN and a graduate of a Board-approved educational program in nurse-midwifery. In the alternative, an RN applicant who has not graduated from a BRN-approved educational program may still be eligible for certification through one of four "equivalency" pathways set forth in section 1460. BRN proposes to delete two of the equivalency pathways in section 1460 because it believes that they are outdated or do not meet the Board's minimum educational standards. [16:2 CRLR 41]

Thus, the Board proposes to repeal subsections 1460(a)(2)(C) and 1460(a)(2)(D), Title 16 of the CCR. Subsection 1460(a)(2)(C) provides that an applicant who has successfully challenged the curriculum of the nurse-midwifery educational program which meets BRN's standards and demonstrates clinical competency in management of normal labor and delivery as specified in section 1426(c)(2) is eligible for certification as a nurse-midwife; however, challenging the curriculum of a nurse-midwifery program is no longer possible. Subsection 1460(a)(2)(D) provides that a RN with post-licensure training and experience in maternal and child care can partially fulfill the requirements for certification; however, BRN believes that the educational standards for post-licensure training and practice in maternal and child care vary greatly, and they are not comparable to the educational standards in a nurse-midwifery program.

Following a public hearing on August 19, BRN forwarded these changes to OAL, where they are pending at this writing.

Board Task Force Studying Declining California Pass Rates on National Licensing Examination

On April 12, May 11, and October 5, 1999, BRN's NCLEX-RN Task Force held meetings to discuss reasons for the declining pass rates among California applicants on the NCLEX-RN, the national licensing exam formulated by the National Council of State Boards of Nursing and used by BRN to license RNs in California. The results for the two-year period of October 1, 1996 through September 30, 1998 indicate that the pass rate for California first-time test takers decreased from 87.7% to 83.96%—a drop of 3.74%. Nationally, the pass rate for first-time examinees decreased from 87.7% to 85.30%—a 2.4% decrease. Further, the number of California prelicensure nursing programs with a pass rate below 70% has increased, as has the number of programs with pass rates between 70% and 74%. The Task Force is

charged with identifying the best predictors of success in completing a nursing program and passing the NCLEX-RN; exploring the impact of reading level skills on success; examining the effect, if any, of students for whom English is a second language; and other areas. [16:2 CRLR 42]

At its April 12 and May 11 meetings, the Task Force reviewed its charge and brainstormed about factors that may contribute to California's lower pass rate for first-time test takers. The Task Force decided to conduct a survey of prelicensure nursing educational programs, and to contact nursing programs in other states that are also studying this issue. At its October 5 meeting, the Task Force reviewed the preliminary results of the survey of prelicensure programs; 58% of the programs had responded by the end of September. By October 5, however, the Task Force had received survey responses from 89% of the programs, and it decided to fully analyze the results from the larger group and issue a report and recommendations by the summer of 2000.

In the meantime, California's results on the NCLEX-RN have not improved. At BRN's June 4 meeting, the Task Force reported that during the first quarter of 1999, 13 nursing programs had a pass rate of 70% or below, and nine of these programs had pass rates below 70% in 1998-99. At the Board's September 10 meeting, the Task Force reported on statistics for the second quarter of 1999. During that time period, 752 California applicants took the exam; 84.12% passed the first time. The national pass rate for the same quarter was 88.31%.

LEGISLATION

AB 394 (Kuehl), as amended September 3, prohibits general acute care hospitals, acute psychiatric hospitals, and special hospitals (as defined) from assigning an unlicensed person to perform nursing functions in lieu of a RN, or from allowing unlicensed personnel under the direct clinical supervision of a RN to perform certain nursing functions that require a substantial amount of scientific knowledge and technical skills. AB 394 also requires the state Department of Health Services (DHS) to adopt regulations that establish certain minimum nurse-to-patient ratios for use in general acute care hospitals, acute psychiatric hospitals, and special hospitals, and requires these health facilities to adopt written policies and procedures for training and orientation of nursing staff. As enacted, the bill requires DHS to adopt the nurse-to-patient ratio regulations by January 1, 2001.

AB 394 requires the state Department of Health Services to adopt regulations that establish certain minimum nurse-to-patient ratios for use in general acute care hospitals.

This bill was signed by the Governor on October 10 (Chapter 945, Statutes of 1999). However, in a signing message to the legislature, Governor Davis announced that the bill's author, Assemblymember Sheila Kuehl, had agreed to his request that she carry a bill in 2000 extending DHS' deadline for adopting the nurse-to-patient ratio regulations "by at

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least one year....The current regulation adoption date of January 1, 2001 cannot be met." Further, the Governor directed DHS to establish minimum staffing standards "only for those tasks which are exclusively under a nurse's scope of practice and not for those tasks which can be performed by unlicensed personnel. In addition, I am directing DHS to write the regulations so that the minimum staffing does not exceed that necessary to comply with other existing standards and the levels necessary to provide quality care. In other words, the minimums should be just that, in order for hospitals to retain reasonable flexibility."

SB 816 (Escutia). Existing law permits NPs to "furnish" prescription drugs and devices, in accordance with standardized procedures developed by the NP and his/her supervising physician, under specified circumstances; the term "furnish" is defined as the ordering of a drug or device in accordance with the standardized procedure, and transmitting an order of a supervising physician. Existing law also permits PAs, under specified circumstances and while under the supervision of a physician, to administer or provide prescription drugs to a patient, or transmit orally or in writing on a patient's record or transmittal order, a prescription to a person who may lawfully furnish the medication. SB 816 adds "ordering" prescription drugs and devices to existing provisions of law permitting NPs and PAs to "furnish" or "transmit" drugs and devices in accordance with procedures developed by the NP or PA and his/her supervising physician. SB 816 also requires all NPs and PAs who are authorized to furnish or issue drug orders for controlled substances to register with the federal Drug Enforcement Administration (DEA).

This bill also defines the term "drug order" as an order for medication which is dispensed to or for a patient, issued by a NP or PA as an individual practitioner, within the meaning of the Code of Federal Regulations; and specifies that a drug order issued by a NP or PA shall be treated in the same manner as a prescription of the supervising physician. Finally, the bill provides that all references to the term "prescription" in the Business and Professions Code and the Health and Safety Code shall include drug orders issued by NPs or PAs, and deems the signature of a NP or PA on a drug order to be the signature of a prescriber for purposes of the Business and Professions Code and the Health and Safety Code (thus authorizing pharmacists to fill them). This bill was signed by the Governor on October 7 (Chapter 749, Statutes of 1999).

AB 1545 (Correa), as amended September 3, expands and clarifies existing law that permits NPs and PAs to furnish prescriptions for medicine that are within standardized procedures, as long as certain conditions are met. Specifically, AB 1545 permits a NP who is functioning pursuant to a standardized procedure or protocol, or a PA functioning under the supervision of a physician, to hand to a patient of the

supervising physician a prescription drug prepackaged by a physician, a manufacturer, or a pharmacist; and requires, if applicable, that the name of the NP or PA appear on the container label of any such prescription. The bill also permits a NP or PA to sign for the delivery of a complimentary sample of a dangerous drug or device, and adds BRN and the Physician Assistant Committee to the list of regulatory bodies to which the Board of Pharmacy is required to forward all complaints related to the dispensing of dangerous drugs or devices. This bill was signed by the Governor on October 9 (Chapter 914, Statutes of 1999).

SB 585 (Chesbro), as amended May 3, conforms state law to federal regulations by expanding the category of health care professionals who may perform clinical microscopy examinations to include licensed NPs, licensed PAs, CNMs, and licensed dentists. This bill was signed by the Governor on July 6 (Chapter 70, Statutes of 1999).

AB 285 (Corbett), as amended September 8, pertains to in-state and out-of-state business entities engaged in the business of providing telephone medical advice services (advice services) to California consumers; these advice services are frequently provided by health plans licensed by the Department of Corporations under the Knox-Keene Health Care Service Plan Act. AB 285 requires, on and after January 1, 2000, any in-state or out-of-state advice service that provides medical advice to a patient at a California address to be registered with the Department of Consumer Affairs. In order to obtain and maintain registration, advice services must comply with the requirements established by the Department, which shall include: (a) ensuring that all staff who provide advice are appropriately licensed as a physician, dentist,

AB 285 requires, on and after January 1, 2000, any in-state or out-of-state advice service that provides medical advice to a patient at a California address to be registered with the Department of Consumer Affairs.

dental hygienist, psychologist, marriage and family therapist, optometrist, chiropractor, or osteopath in the state within which they provide advice services, and are practicing within their respective scope of practice (however, RNs providing advice, both in-state and from an out-of-state location, must be licensed in California); (b) maintaining records of advice services, including records of complaints, provided to patients in California for a period of at least five years; and (c) complying with all directions and requests for information made by the Department. The bill also requires health plans and disability insurers that provide advice services to ensure that their advice service is registered pursuant to this bill, and to ensure that a physician is available on an on-call basis at all times the service is advertised to be available. This bill was signed by the Governor on September 27 (Chapter 535, Statutes of 1999).

SB 1308 (Committee on Business and Professions), as amended September 2, revises various provisions of law which govern BRN's Diversion Program for substance-abusing licensees. Among other things, it requires the Diversion Pro-

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gram to report to the Board's Enforcement Program the name and license number of any RN who is terminated from the Diversion Program for any reason other than successful completion. Further, if one of the Board's Diversion Evaluation Committees determines that a RN who is terminated from the Program presents a threat to the public or his/her own health and safety, the Committee shall forward a copy of the RN's Diversion Program records to the Enforcement Program; BRN may use any of the records it so receives in any disciplinary proceeding. The bill also requires the Program to purge all diversion records of RNs who successfully complete the Diversion Program, and specifies circumstances under which a RN shall be deemed to have waived any rights granted by the Board's laws and regulations relating to confidentiality of Diversion Program participation. This bill was signed by the Governor on October 6 (Chapter 655, Statutes of 1999).

AB 656 (Scott), as amended August 31, revises existing training requirements for certified nurse assistants (CNAs) serving long-term care patients, increasing the required classroom training from 50 to 60 hours and requiring CNAs applying for renewal two years after their certification has expired to complete a 75-hour training program. The bill also requires DHS to convene a work group of specified composition to develop ways to expand CNA training and to make more CNAs available in California. This bill was signed by the Governor on October 6 (Chapter 719, Statutes of 1999).

AB 655 (Scott), as amended August 24, requires the Chancellor of the California Community Colleges, the Chancellor of the California State University, the President of the University of California, and the President of the Association of Independent Colleges and Universities to jointly issue a report to the Governor and the legislature with respect to a recommended plan and budget for significantly increasing the number of students graduating from nursing programs in the state and for providing specialty training to licensed nurses in prescribed areas of specialization. AB 655 requires the report to be submitted on or before January 1, 2001. The bill applies to the University of California only to the extent that the Regents of the University of California, by resolution, make it applicable. This urgency bill was signed by the Governor on October 10 (Chapter 954, Statutes of 1999) and became effective immediately.

SB 97 (Burton), as amended June 8, prohibits a health care facility from retaliating or discriminating against an employee, patient, or other person who files a grievance or complaint with a licensing agency or who cooperates in any investigation or proceedings of a governmental entity related to the care, services, or conditions in the facility. The bill establishes a "rebuttable presumption" that any discriminatory treatment taken by a health facility is retaliatory if it occurs against a patient within 180 days of the filing a grievance or complaint or an employee within 120 days of such a filing. SB 97 establishes civil penalties and makes violations of its provisions punishable as a misdemeanor. This bill was signed by the Governor on July 22 (Chapter 155, Statutes of 1999).

SB 308 (Escutia). Existing law establishes the Registered Nurse Education Fund (RNEF) within the Minority Health Professions Education Foundation of the Office of Statewide Health Planning and Development, which provides procedures under which persons—either from demographically underrepresented groups, or who agree in writing prior to graduation to serve in an eligible county health facility or a health manpower shortage area—may apply for awards under the program. As amended May 17, this bill restricts participation in the RNEF to persons who agree in writing prior to graduation to serve in an eligible county health facility or a health manpower shortage area. The bill also extends BRN's authority to collect a \$5 fee from RNs at the time of biennial license renewal, which goes to support the RNEF. This bill was signed by the Governor on July 22 (Chapter 149, Statutes of 1999).

AB 675 (Thomson), as amended September 3, is similar to AB 394 (Kuehl) (see above) in that it attempts to ensure that hospitals are sufficiently staffed to ensure the safety of patients. The bill would require licensed health facilities to provide sufficient staff to meet the care needs of patients and to implement a patient classification system (PCS) based on ongoing patient assessments made by RNs, and would specify the requirements of the PCS. The Department of Health Services is currently required to make periodic inspections of licensed health facilities; AB 675 would require DHS, at least once every three years, to make periodic inspections of health facilities without advance notice of the date of the inspection, and would require DHS' inspection team to include surveyor staff who have successfully completed an acute care hospital training program that includes a PCS module. AB 675 would also require DHS to obtain and make available to the public any documents relating to certification for participation in the Medicare or Medicaid programs, unless the disclosure of the documents is expressly prohibited by federal law or state law; and require DHS to obtain and make available to the public documents demonstrating compliance with regulations regarding adequate staffing of health facilities. [A. Inactive File]

AB 389 (Jackson), as amended July 8, would require the Chancellor of the California Community Colleges to award grants to community college districts for the purposes of developing curricula and pilot programs that provide training to licensed nurses in the nursing specialty areas of critical care, emergency, obstetrics, pediatrics, neonatal intensive care, and operating room nursing. [A. Appr]

AB 932 (Keeley), as amended July 8, would require a residential care facility for the elderly (RCFE) that has at least three residents with specified medical conditions (e.g., those patients who need a breathing machine or catheter, have any stage of decubitus ulcer, or who have any other conditions designated in DHS regulations) to contract with a full-time or part-time licensed nurse to perform certain training and consultation functions. The bill would also require the Department of Social Services, on or before January 1, 2001, to

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develop and adopt regulations to establish adequate RCFE staffing requirements, with consideration to the needs of residents with the medical conditions specified above. [A. A<C]

RECENT MEETINGS

At its June 4 meeting, the Board heard a presentation on "Livescan," new technology that will speed up receipt of BRN licensure applicants' fingerprints by the Department of Justice. DOJ hopes to implement the new technology after January 2000. Rather than submitting their fingerprints on cards, licensure applicants will be able to go to any of over 400 locations throughout the state, where their fingerprints will be scanned and transmitted to DOJ in electronic form. It is hoped that the new system will speed DOJ clearance of applicant fingerprints and expedite the licensure system because of the enhanced quality of digitized fingerprints.

At its September 10 meeting, BRN reviewed its enforcement statistics for fiscal year 1998-99. During that year (July 1, 1998-June 30, 1999), BRN received 1,552 complaints, opened 1,215 investigations, referred 280 completed investigations to the Attorney General's Office, filed 131 formal

accusations, and took a total of 131 disciplinary actions against licensees (including 60 revocations, 48 probations, and 17 license surrenders). Of the 131 disciplinary actions, 37 were the result of default by the respondent licensee and another 62 were settled by stipulation; only 32 actually went to hearing. Although earlier in the year the Board projected a 16% decrease in complaints received over 1997-98 [16:2 CRLR 44], actual year-end numbers reflect only a 7.4% decrease in the number of complaints received. The Board also noted a 23% increase in the number of referrals to the Attorney General's Office (from 227 in 1997-98 to 280 in 1998-99)—a record number for the past six consecutive fiscal years.

FUTURE MEETINGS

- December 2-3, 1999 in Riverside.
- February 3-4, 2000 in San Francisco.
- April 6-7, 2000 in San Diego.
- June 22-23, 2000 in Sacramento.
- September 7-8, 2000 in Los Angeles.
- November 30-December 1, 2000 in San Francisco.

Board of Optometry

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The nine-member Board of Optometry is a consumer protection agency within the state Department of Consumer Affairs (DCA). The Governor appoints six practicing optometrists and one public member; the Assembly Speaker appoints one public member; and the Senate Rules Committee appoints one public member. In addition to the statutorily-mandated Therapeutic Pharmaceutical Advisory Committee, the Board maintains eight standing committees to assist it in the performance of its duties. The Executive Officer and a permanent full-time staff of six support the Board from its office in Sacramento.

Established in Business and Professions Code section 3000 *et seq.*, the Board is charged with protecting consumers from unsatisfactory eye care provided by incompetent, unlicensed, or unethical practitioners; enforcing the provisions of the Optometry Practice Act; and educating licensees and the public on vision care issues. The Board's regulations are codified in Division 15, Title 16 of the California Code of Regulations (CCR).

The Board's duties include licensing individual optometrists and branch offices, and registering optometric corporations; establishing educational and examination requirements for optometrists and additional certification requirements for those optometrists who use and prescribe therapeutic pharmaceutical agents; accrediting optometric educational institutions; administering licensing examinations; and

promulgating regulations related to the practice of optometry in California. Assisted by DCA's Division of Investigation and the Office of the Attorney General, the Board also investigates allegations of incompetent, unprofessional, and unlawful conduct by licensees, and takes disciplinary action, including license revocation, when warranted.

The Board of Optometry meets approximately four times per year, alternating among Sacramento, Los Angeles, San Francisco and San Diego. Working committees meet periodically as the need arises.

On June 1, the Senate Rules Committee announced its reappointment of public member Jane Vogel to the Board. Vogel is a teacher of visually impaired students with the West Orange County Consortium for Special Education and a special education consultant in private practice.

MAJOR PROJECTS

Update on Recent Board Rulemaking Proceedings

The following is an update on recent Board rulemaking proceedings described in detail in Volume 16, No. 2 (Summer 1999) of the *California Regulatory Law Reporter*:

♦ **Consumer Information Regulation.** On August 12, the Office of Administrative Law (OAL) approved the Board's