



pair, or improvement have statewide participation goals of not less than 15% for minority business enterprises, not less than 5% for women business enterprises, and not less than 3% for disabled veteran business enterprises. Existing law defines minority business enterprise, women business enterprise, and disabled veteran business enterprise for purposes of these provisions.

As amended March 24, this bill would add to these definitions the requirement that if a business concern performs engineering or land surveying services, the persons who control the management and daily operations of the business shall be appropriately licensed or registered to render these services. In addition, the bill would require that if a business concern performs more than one of these professional services, a person who controls the management and daily operations of the business need only be licensed or registered to render any one of these individual services. [A. U&C]

RECENT MEETINGS

At its October 8 meeting in San Jose, PELS reappointed Jerry Tippen and Ron Parker to its Land Surveyor Technical Advisory Committee for another two years each, and Terence Keefe to its Electrical Engineering Technical Advisory Committee for another two years.

At its November 19 meeting in San Diego, PELS reappointed Jack Coe and Robert DeWitt to two-year terms on its Civil Engineering Technical Advisory Committee; appointed Joseph Elliot to replace Jim Shepherd on the same committee for a two-year term; and reappointed Marie Thornton and Gerald Pearce III to a second term on its Geotechnical Engineering Technical Advisory Committee.

At its November meeting, PELS discussed drafting a mission statement to clarify the Board's purpose; the Board is expected to further discuss its mission statement at its February "retreat" meeting (see MAJOR PROJECTS).

At its November meeting, PELS discussed various effects the North American Free Trade Agreement (NAFTA) could have on the practice of engineering in California. PELS Executive Officer Hal Turner reported that although NAFTA will allow Mexican and Canadian engineers to enter the profession in California, California law will prevail in regulating the profession. Turner reported that California's Business and Professions Code will be included in Appendix 3 of NAFTA, so that specific laws regarding the regulation of the engineering profession in California will prevail over NAFTA's broad provisions.

FUTURE MEETINGS

April 8 in Sacramento.
May 27 in Sacramento.
July 8 in San Diego.
August 19 in Sacramento.
September 30 in San Francisco.
November 18 in Sacramento.

BOARD OF REGISTERED NURSING

Executive Officer:
Ruth Ann Terry
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Pursuant to the Nursing Practice Act, Business and Professions Code section 2700 *et seq.*, the Board of Registered Nursing (BRN) licenses qualified RNs, certifies qualified nurse-midwifery applicants, establishes accreditation requirements for California nursing schools, and reviews nursing school curricula. A major Board responsibility involves taking disciplinary action against licensed RNs. 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 registered nurses 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 is financed by licensing fees, and receives no allocation from the general fund. The Board is currently staffed by 90 people.

MAJOR PROJECTS

BRN Executive Officer and President Testify Before Senate Subcommittee. On October 19, BRN Executive Officer Ruth Ann Terry presented information on BRN's activities to the Senate Business and Professions Committee's Subcommittee on Efficiency and Effectiveness of State Boards and Commissions, chaired by Senator Dan McCorquodale. Among other things, Terry reported on BRN's enforcement program, noting that the Board has tripled its enforcement budget to \$1.5 million over the past three years; consequently, the Board has seen a 70% increase in the number of accusations filed during the past year. Additionally, the Board has proposed to the Attorney General's Office that the two agencies enter into a memorandum of understanding to formalize BRN's commitment to processing all cases in a timely manner.

Regarding the Board's diversion program for substance-abusing licensees, Terry explained that an impaired nurse can be removed from practice within two weeks after a complaint is received; approximately 340 licensees have completed the diversion program to date, with only a 4% recidivism rate.

On November 10, BRN and the Board of Vocational Nurse and Psychiatric Technician Examiners (VNPTE) presented testimony to the Subcommittee on several issues related to the possible restructuring of the boards. Specifically, the Subcommittee requested comments on (1) whether registered nurses, vocational nurses, and psychiatric technicians should be deregulated and both boards abolished; (2) whether the two boards should be merged; and (3) whether either or both boards should be transformed into bureaus which lack a multi-member policymaking board and operate under the direct control of the Director of the Department of Consumer Affairs (DCA).

Testifying on behalf of BRN, Board President Harriett Clark stated that deregulation, elimination of BRN, and/or transformation of BRN into a bureau would "clearly not be in the best interests of the consumer." On the issue of merger, Clark recognized that the two boards work closely together on many shared issues. She argued that this collaborative approach has prevented duplication of effort and averted confusion that the public may experience due to having separate boards. Clark concluded that the regulation of nurses through two boards is working well, and suggested other alternatives short of a merger; those alternatives include expanding and formalizing board coordination and collaboration, and relocating the boards next to each other to facilitate consumer access.

At the November 10 hearing, Center for Public Interest Law Supervising Attorney Julianne D'Angelo testified that both boards are quite large (BRN has nine members and VNPTE has thirteen members), well-run, and tend to be driven by well-organized staff, such that they could and should be merged into one agency run by a smaller board dominated by public members. Short of complete merger, D'Angelo urged that the boards be merged in some way so as to enable them to achieve economies of scale by combining certain functions, such as examination administration, complaint intake, and enforcement. Additionally, VNPTE licensees should be able to participate in BRN's diversion program, which D'Angelo stated is one of the most consumer-protective diversion programs in the Department



of Consumer Affairs because it automatically suspends the license of an impaired licensee until the licensee is deemed able to practice safely.

Trade association testimony was mixed. Kit Costello of the California Nurses Association stated her support for a single board of nursing, noting that approximately 40 states have merged their RN and LVN boards. Costello argued that a single board eliminates consumer confusion and encourages upward professional mobility. Other organizations, including the United Nurses Association of California and the Council of Long-Term Care Nurses, favored retention of two separate boards; while Carol Denton, representing the Organization of Nurse Executives, expressed support for a merger of the RN and LVN programs and a transfer of the psychiatric technician program to the Board of Behavioral Science Examiners.

At this writing, the Subcommittee is expected to release a final report on the hearings and its legislative recommendations in early 1994.

BRN to Conduct Study on Clinical Nurse Specialists. Pursuant to AB 518 (Woodruff) (Chapter 77, Statutes of 1993), BRN is required to conduct a study regarding clinical nurse specialists (CNS) and report its results to the legislature by January 1, 1995. [13:4 CRLR 85] Among other things, AB 518 directs the Board to determine the appropriate educational level for certified nurse specialists, including clinical and didactic education and experience, and requires BRN to recommend ways to protect the public from confusion regarding the use of the CNS title.

At this writing, BRN expects to begin the study in January by convening a task force which will include five to seven CNS educators, employers, and advanced practice nurse organization representatives; the task force is expected to meet several times during the study to provide input and recommendations.

BRN Approves Revision to Policy Statement on Delivery of Health Care. At its December 2-3 meeting in Oakland, BRN approved a revised version of its Statement on Delivery of Health Care; the revision was made in order to reflect recent legislative changes regarding required use of universal precautions to prevent transmission of communicable diseases. Among other things, the Statement affirms the Board's commitment to a consumer's right to receive dignified and competent health care consistent with the law and prevailing standards of care; states that although nurses are not expected to take life-threatening risks in caring for clients, it is unacceptable for a

nurse to abandon any patient or to refuse to treat any person on the basis of age, religion, gender, national origin, sexual orientation, or disability; supports a nurse's right to know a patient's diagnosis or suspected diagnosis in a timely fashion to enable the nurse to make an appropriate nursing care plan; and states that decisions regarding the degree of risk involved in patient care should be based on current scientific knowledge.

Board Approves Position Statement on Interpretation of the Medical Assistant Regulations. Also at its December meeting, BRN adopted a position statement concerning RN supervision of medical assistants (MAs), who are now authorized to perform technical supportive services under Business and Professions Code sections 2069-2071 and section 1366, Title 16 of the CCR. [12:2&3 CRLR 102-03; 11:3 CRLR 87-88] Both the statutes and the regulation specify that only a licensed physician or podiatrist may supervise an MA, and require that the authorized supervisor be physically present in the treatment facility while the MA is rendering services. However, the Medical Board's Division of Allied Health Professions (which adopted section 1366) believes that a physician or podiatrist may delegate the supervision of an MA to an RN through written protocols.

Thus, BRN's position statement opines that an RN may train and supervise MAs in fourteen procedures, including the administration of medications (provided that each instance is verified by the supervising physician or podiatrist, or any person authorized by law to do so, to ensure correct medication and dosage); the application and removal of bandages; the taking of vital signs; and the administration of specified injections, skin tests, and withdrawal of blood by venipuncture or skin puncture. The Board was careful to note that the RN retains his/her responsibility for implementing the nursing process and serving as a client advocate. The statement also specifies that an RN may supervise MAs in the performance of these specified tasks only as directed by the supervising physician or podiatrist, provided that there are written instructions or policies from the doctor(s) within the facility directing the RN to assign a task authorized by a physician or podiatrist; the supervising physician or podiatrist is physically present in the facility; the RN has assessed the individual MA's competence to perform the task; there is documentation of the physician's patient-specific order for the task; and performance of the task by the MA is documented in the patient record.

LEGISLATION

AB 1807 (Bronshvag). Existing law authorizes BRN to issue interim permits to practice nursing pending the results of the first licensing examination taken by an applicant, and requires the Board to notify the applicant of termination of the interim permit by certified mail upon failure of the examination; existing law authorizes an applicant who fails the examination to be reexamined as deemed appropriate by the Board. As amended September 8, this bill would limit the authorization to practice under an interim permit to a maximum of six months; require BRN to send the notice by first-class mail; and provide that an applicant may not be reexamined more frequently than once every three months.

Existing law authorizes the issuance, upon the submission and approval of an application and payment of a prescribed fee, of a temporary certificate to practice as a certified nurse midwife, certified nurse practitioner, or certified nurse anesthetist for a period of six months. This bill would also authorize issuance of a temporary certificate to practice as a certified public health nurse.

Existing law authorizes disciplinary action against a nurse for unprofessional conduct and for certain other actions, as prescribed. This bill would revise these provisions to make the denial, revocation, suspension, or restriction of a license, or other disciplinary action against a nurse taken by another state or other government agency, part of the definition of unprofessional conduct that is grounds for discipline in this state.

Finally, this bill would provide that an applicant for renewal of a nursing license who receives his/her license after payment of fees with a check that is subsequently returned unpaid shall not be granted a renewal until the amount owed is paid, including any applicable fees. [A. Inactive File]

AB 1445 (Speier), as amended June 1, would require DHS to develop minimum staffing ratios in accordance with prescribed criteria for the allocation of RNs and other licensed nursing staff by general acute care hospitals, acute psychiatric hospitals, special hospitals, and correctional treatment centers. This bill would also require general acute care hospitals, acute psychiatric hospitals, and special hospitals to adopt written policies and procedures for the training and orientation of nursing staff, including temporary personnel. This bill would require that if licensed nursing personnel have not worked in a given patient care unit or are temporarily assigned, a competency validation be completed prior to assigning that person total responsibility for patient care.



This bill would prohibit these hospitals from utilizing certain personnel to perform prescribed functions that require scientific knowledge or technical skill. [A. W&M/ SB 1148 (Watson), as amended April 29, would require each health facility to make a nurse patient advocate available to receive complaints from patients or staff relating to inappropriate denial of treatment, limitations on treatment, early discharge or transfer, or unnecessary treatments or procedures. This bill would require that a nurse patient advocate be employed by DHS and be licensed as a registered nurse. The bill would require that the nurse patient advocate investigate any complaints and report his/her findings to DHS. This bill would also prohibit any licensed personnel or other staff member of the health facility from being subject to discipline for providing information to a nurse patient advocate, or for referring a patient or relative of a patient to the nurse patient advocate. [S. H&HS]

RECENT MEETINGS

At its December meeting, BRN revised its Recommended Guidelines for Disciplinary Orders and Conditions of Probation; the revisions include the addition of language related to Business and Professions Code section 2761, regarding the knowing failure to protect patients by failing to follow universal infection control guidelines. As revised, the guidelines also provide that the successful completion of a court-ordered diversion program does not prohibit BRN from denying or disciplining a license based upon the underlying misconduct, and that the record of a conviction of a crime shall be conclusive evidence of the fact that the conviction occurred and the Board may inquire into the circumstances surrounding the crime in order to fix the degree of discipline or determine if the conviction is substantially related to the qualifications, functions, and duties of an RN.

The Board also revised its Instructions for Filing a Petition for Reinstatement of License or Reduction in Penalty; the revisions clarify that RNs may not use their revoked license number to obtain course credits in nursing. Additionally, the revised instructions provide that it is a probationer's responsibility to provide what he/she considers to be appropriate documentation in support of his/her petition for reinstatement; BRN made this change in response to past assumptions by probationers that the Probation Monitor would submit documents on their behalf.

Also at its December meeting, BRN agreed to implement a policy implementing AB 2743 (Frazee) (Chapter 1289, Stat-

utes of 1992), which authorizes the Board to recover investigation, expert witness, paralegal, and attorney costs from RNs who have violated the Nursing Practice Act. [12:4 CRLR 124] Pursuant to Business and Professions Code section 125.3, the recovery of costs will be in addition to any disciplinary penalty, and not in lieu of discipline. Staff was directed to develop internal procedures to implement this authority.

Finally, at its December meeting, BRN held its annual election of officers. The Board re-elected public member Harriett Clark as President and selected Genny Deutsch, RNC, OGNP, as Vice-President.

FUTURE MEETINGS

April 29-29 in Fresno.

June 9-10 in Oakland.

September 8-9 in San Diego.

November 17-18 in Sacramento.

CERTIFIED SHORTHAND REPORTERS BOARD

*Executive Officer: Richard Black
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The Certified Shorthand Reporters Board (CSRB) is authorized pursuant to Business and Professions Code section 8000 et seq. The Board's regulations are found in Division 24, Title 16 of the California Code of Regulations (CCR).

CSRB licenses and disciplines shorthand reporters; recognizes court reporting schools; and administers the Transcript Reimbursement Fund, which provides shorthand reporting services to low-income litigants otherwise unable to afford such services.

The Board consists of five members—three public and two from the industry—who serve four-year terms. The two industry members must have been actively engaged as shorthand reporters in California for at least five years immediately preceding their appointment. The Governor appoints one public member and the two industry members; the Senate Rules Committee and the Speaker of the Assembly each appoint one public member.

At its November 11 meeting, CSRB welcomed new members Peggy Porter of Sacramento and Carolyn Kleine Gregor of Santa Ana, who were recently appointed by Governor Wilson to fill the two industry positions on the Board.

MAJOR PROJECTS

Board Reviews Progress in Key Areas. At its November 11 meeting, CSRB re-

viewed its committees' progress on various issues in the areas of examinations, school oversight, public relations and advocacy, continuing education, and real time/closed captioning. Among other things, CSRB member Teri Jackson reported on the activities of the Continuing Education Committee, which is considering various continuing education (CE) requirement proposals, although CSRB is not currently authorized by law to impose a CE requirement. The Committee has identified a number of issues which must be addressed, such as how to compel compliance with CE requirements; whether licensees should be required to take a test after attending a CE seminar; whether to require inactive licensees to comply with CE requirements; and the extent to which self-study should be available as an alternative to CE courses. In response to a comment regarding the necessity of CE requirements in the shorthand reporting field—in which competitive forces are present to force out incompetent reporters, Jackson asserted that other professions require CE and opined that because reporters will be learning from the CE courses, it will benefit the profession as a whole.

Board to Revisit Idaho Reciprocity Issue. At its August 28 meeting, CSRB discussed the criteria it uses to determine whether it should grant reciprocity to licensees of other states; generally, the Board requires that the exam administered by another state be "substantially the same" as the California exam in order to admit licensees of that state to the California exam. Staff considers the following three criteria to determine whether an exam is substantially the same as California's exam: whether the examination had a written knowledge test; the speed of the machine portion of the test; and the percentage of accuracy required to pass the examination. Based on these criteria, CSRB discussed whether it should recognize the Idaho exam as substantially the same as the California exam; the Board directed staff to contact Idaho officials to determine exactly what the current requirements are and to present its findings at CSRB's November meeting. [13:4 CRLR 89]

At the Board's November 11 meeting, CSRB Chair Mary Steiner stated that staff had investigated the matter and found that Idaho's test meets the criteria established by the Board in order to be accepted as a satisfactory method of qualification for admission to California's exam. However, at CSRB's December 18 meeting, Executive Officer Richard Black reported that the Idaho exam was approved based upon representations by Idaho officials that they would be increasing the percentage