



PELS regulations which provide that only structural engineers may serve as references for structural engineering candidates, and only plan-checking experience obtained under the supervision of a structural engineer constitutes valid qualifying structural experience. (See CRLR Vol. 11, No. 1 (Winter 1991) p. 86; Vol. 10, No. 4 (Fall 1990) p. 102; and Vol. 10, Nos. 2 & 3 (Spring/Summer 1990) p. 119 for background information on this case.)

On January 3, the court granted the Board's motion for partial summary judgment on seven of the eight issues raised in the complaint. The court held that the regulations do not limit the ability of civil engineers to practice structural engineering; furthermore, the court found no constitutional violation of the equal protection clause. The only remaining issue to be determined was whether the necessity of the regulation was supported by the evidence in the rulemaking file. However, after partial summary judgment was granted to the defendants, plaintiffs moved to dismiss the entire suit with prejudice. Deputy Attorney General Pamela Gorin has filed a memorandum of costs on the Board's behalf, seeking to recover approximately \$1,000.

RECENT MEETINGS:

At PELS' February 1 meeting, Charles Greenlaw, C.E., and Charles Shoemaker of Sacramento requested that the Board review the actions of Executive Officer Darlene Stroup regarding two enforcement cases which, according to Greenlaw and Shoemaker, were closed without proper investigation by PELS. Greenlaw and Shoemaker stated that Board staff had not conducted a professional inquiry into their allegations of unregistered activity in the Sacramento area. The Board directed its Administration Committee to review PELS' enforcement process and requested two Board members to review the adequacy of the decisions rendered in the specific cases cited by Greenlaw and Shoemaker. PELS was expected to revisit this matter at its March 22 meeting.

FUTURE MEETINGS:

To be announced.

BOARD OF REGISTERED NURSING

Executive Officer: Catherine Puri
(916) 324-2715

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 60 people.

MAJOR PROJECTS:

Update on Implementation of Nursing Shortage Recommendations. At its January 24-25 meeting, BRN discussed the ongoing activities related to the implementation of the recommendations of the Special Advisory Committee on the Nursing Shortage. Based on research and public comment, the Committee developed twelve recommendations and submitted a final report to the legislature on June 30, 1990. (See CRLR Vol. 10, No. 4 (Fall 1990) p. 103; Vol. 10, Nos. 2 & 3 (Spring/Summer 1990) p. 120; and Vol. 9, No. 4 (Fall 1989) p. 78 for background information.) In January, BRN reviewed the progress made and the status of future plans regarding the Committee's strategies for implementing the twelve recommendations. For example, one Committee strategy involved optimizing the utilization of nursing expertise. By April 1, the California Association of Hospitals and Health Systems (CAHHS) will market the concept of nurse/physician collaboration to hospital and health care institutions via written appeal and educational events. A multi-organizational Patient Care Delivery Task Force, coordinated by the Organization of Nurse Executives (ONE-C), will identify and address barriers to implementing effective patient care delivery systems by June. By November 1, the California Nurses Association (CNA), ONE-C, and CAHHS will develop a statewide implementation project involving practicing nurses in hospital/health care operations decision-making.

Another Committee strategy involves increasing funding for health care. A coalition for health care funding was to be developed to assess, monitor, com-

municate, and promote specific initiatives designed to increase funding for health care. By March, the coalition was expected to develop a plan to increase public awareness on the effect of health care funding policy.

The Committee is also seeking ways to allocate financial resources to implement its twelve recommendations. The Committee's legislative leadership will develop a plan to identify financial resources and/or to legislatively implement the recommendations by November 15.

Also, the Committee is focusing on promoting the positive image of nursing as a profession. By April 1, CNA expected to compile a list of resources which promote the positive aspects of nursing or conduct research on the problem. Resources will include existing programs, literature, and people already involved in such promotion. CAHHS will convene an Image Task Force to discuss and develop a plan to promote the positive image of nursing, and improve inter-professional relationships and professionalism of health care team members. The Task Force was scheduled to meet by May.

Further, by March 15, the California Joint Practice Commission (CJPC) planned to explore the feasibility of expanding the membership of CJPC to include CAHHS and other organizations. By April 1, CNA was expected to convene a meeting of provider organizations, physicians, and nurses to form a network to work together on selected common problems and to serve as a model for local groups doing the same thing.

Finally, the Committee is seeking to expand the state's capacity to educate nurses. Following legislative authority and funding, BRN hopes to develop an appropriate permanent data bank for the purposes of creating a statewide educational master plan for nursing. By June 1, BRN is scheduled to consider establishing and appointing a Nursing Education Task Force to examine issues and implement recommendations regarding expansion of the state's capacity to educate nurses.

BRN Regulatory Changes. On February 13, the Office of Administrative Law (OAL) approved BRN's proposed changes to sections 1410.1 and 1419.2, Division 14, Title 16 of the CCR; the regulations specify time periods for the processing of licensure and renewal applications, in conjunction with the Permit Reform Act of 1981, Government Code section 15374 *et seq.* On February 4, OAL approved BRN's amendment to section 1417 of its



REGULATORY AGENCY ACTION

regulations, to increase the fees for RN license renewals, applications, and examinations. (See CRLR Vol. 11, No. 1 (Winter 1991) p. 86 and Vol. 10, No. 4 (Fall 1990) p. 103 for background information.)

LEGISLATION:

AB 14 (Margolin), as introduced December 3, would enact the Health Insurance Act of 1991 for the purpose of ensuring basic health care coverage for all persons in California. This bill would require all employers to provide basic health care benefits, or to pay a premium for the provision of those benefits through the health coverage system established by this bill. The bill allows direct reimbursement for nurse practitioners. The bill would create a sixteen-member California Health Plan Commission to implement the bill's provisions; that Commission would include one RN. In addition, this bill would establish additional fee requirements for various licensed or certified health care professionals, including nurse midwives, nurse anesthetists, and nurse practitioners, not to exceed certain limits, to be used to support specified health data collection activities. BRN supports the concept of the bill, which is currently pending in the Assembly Insurance Committee.

AB 95 (Friedman), as introduced December 4, would prohibit a long-term health care facility from using a physical restraint or alternative treatment modality on a patient unless the facility has obtained the consent of the patient, a member of the patient's family, the patient's conservator, or the patient's guardian to use the physical restraint or alternative treatment modality. The bill, which is pending in the Assembly Health Committee, is supported in concept by BRN.

AB 127 (Frizzelle), as amended February 21, would establish the State Health Services Commission, which would set priorities and determine the cost of providing health care services for Medi-Cal and medically indigent services programs. One member of the Committee would be a public health nurse. The bill is currently pending in the Assembly Health Committee.

AB 485 (Hunter). Existing law authorizes BRN to fix fee schedules in connection with the issuance of licenses for RNs and the issuance of certificates as nurse-midwives. As introduced February 12, this BRN-sponsored bill would increase and revise these fee schedules, and would authorize BRN to fix a new fee to be paid for applications by regis-

tered nurses for licensure by endorsement.

Existing law creates one fee schedule in connection with the issuance of certificates for nurse-midwives and nurse anesthetists. This bill would create a separate fee schedule in connection with the issuance of certificates for nurse anesthetists. This bill is pending in the Assembly Health Committee.

AB 1350 (Vasconcellos), as introduced March 7, would require BRN to charge a certified nurse-midwife a fee to cover the costs associated with issuing a number to be included on all orders for drugs or devices by the midwife. This bill would also require every nonprofit hospital service plan contract, policy of disability insurance, and nonprofit hospital service plan contract issued, amended, or renewed on or after January 1, 1992, that offers coverage for perinatal services to contain a provision providing for direct reimbursement to certified nurse-midwives and nurse practitioners for perinatal services. This bill is pending in the Assembly Health Committee.

AB 2186 (Floyd), as introduced March 8, would require the legislature to establish a Task Force on Registered Nursing to develop recommendations on effectively utilizing RNs in state government; require the task force to study various aspects of nursing; require specified state government entities to cooperate with the task force; and provide the task force with the power to subpoena witnesses. This bill is pending in the Assembly Health Committee.

SB 54 (Lockyer), as introduced December 4, would provide that any disease, illness, syndrome, or condition requiring treatment pursuant to prescribed provisions resulting from blood-borne pathogens which occurs, develops, or manifests itself in certain health care workers shall constitute an injury presumed to arise out of and in the course of employment for workers' compensation purposes. This bill is a reintroduction of last year's SB 2509 (Lockyer), which was vetoed by then-Governor Deukmejian. (See CRLR Vol. 10, No. 4 (Fall 1990) p. 104 for background information.) Under the bill, the rebuttable presumption applies only if the worker consents to an HIV or hepatitis B test within 100 hours of the potential exposure. The bill is pending in the Senate Industrial Relations Committee.

FUTURE MEETINGS:

July 25-26 in Oakland.

BOARD OF CERTIFIED SHORTHAND REPORTERS

Executive Officer: Richard Black
(916) 445-5101

The Board of Certified Shorthand Reporters (BCSR) 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).

BCSR 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.

MAJOR PROJECTS:

Proposed School Curriculum Changes. On February 16, BCSR held an informal hearing on proposed changes to section 2411, Division 24, Title 16 of the CCR. These changes would affect the curriculum required by court reporting schools recognized by the Board. (See CRLR Vol. 10, No. 4 (Fall 1990) pp. 104-05 for background information.)

Among other things, the Board proposes to eliminate the 1,320-hour requirement in the area of shorthand, dictation, and transcription, to allow for the different pace of individual students. The existing requirement of 140 hours in medical terminology would be reduced to a total of 125 hours of instruction, of which 75 hours must be classroom lecture.

Representatives of night schools expressed concern that the new regulation would require that all tests be taken on location with supervision. This would cause logistical problems for the schools and students. After taking an audience vote at the meeting, the Board agreed that only qualifying tests will be required to be transcribed on campus under supervision.

The proposed changes to section 2411 still await notice, a formal comment period, a hearing, and approval by the Office of Administrative Law (OAL).

Permit Reform Act Regulations. On February 16, BCSR held a public hearing to add sections 2407, 2408, and 2409 to Division 24, Title 16 of the CCR.