



visor be a practicing licensed psychologist for a minimum of three years instead of the current requirement of five years. Several individuals who testified objected to the five-year requirement, but seemed to support a prerequisite of three years' experience. Some psychologists argued that such a requirement would have a discriminatory impact because members of minority groups who have recently received doctorates will be unable to supervise others in counseling minorities.

Numerous objections to proposed changes in section 1392.6 were also voiced. Psychologists who testified argued that it is not the supervisor's responsibility to inform each patient in writing that services are being rendered by an assistant under the supervision of a psychologist. The witnesses stated that this disclosure could harm the patient-therapist relationship, and argued that it is the assistant's duty to inform the patient that the assistant is an employee of the psychologist.

Because PEC had revised many of its proposed regulations just prior to the hearing, it reopened the public comment period on the regulations until March 18.

RECENT MEETINGS:

At the February 7 meeting, the PEC elected new officers. Dr. Powell is the new Chairperson; Dr. Crawford is the Vice-Chairperson; and Linda Lucks is Secretary.

The acting Executive Officer informed the Committee that the Deputy Chief of Enforcement for the Department of Consumer Affairs was willing to delay billing the PEC for investigative services because of the current fiscal problems faced by the PEC. Under this procedure the Department of Consumer Affairs will bill the PEC if the Committee obtains additional money this fiscal year. Investigations will continue despite the lack of money.

FUTURE MEETINGS:

To be announced.

SPEECH PATHOLOGY AND AUDIOLOGY EXAMINING COMMITTEE

Executive Officer: Carol Richards
(916) 920-6388

The Board of Medical Quality Assurance's Speech Pathology and Audiology Examining Committee (SPAEC) consists of nine members: three speech

pathologists, three audiologists and three public members (one of whom is a physician).

The Committee registers speech pathology and audiology aides and examines applicants for licensure. The Committee hears all matters assigned to it by the Board, including, but not limited to, any contested case or any petition for reinstatement, restoration, or modification of probation. Decisions of the Committee are forwarded to the Board for final adoption.

MAJOR PROJECTS:

Aide Task Force Reports. A SPAEC survey of audiology licensees representing a variety of establishments ranging from private practice to hospitals and state organizations has confirmed SPAEC's belief in the need for competency standards for audiology aides (also called audiology technicians or assistants) and their subsequent certification by the Council of Accreditation and Occupational Hearing Conservation. (See CRLR Vol. 7, No. 1 (Winter 1987) p. 54.) Present Cal-OSHA regulations do not require certification of technicians, contrary to certification requirements set forth in the Business and Professions Code (see CRLR Vol. 6, No. 4 (Fall 1986) p. 47). SPAEC staff considers the survey results as a confirmation of industry's need to amend Cal-OSHA regulations to require certification of audiology technicians. Staff has decided to meet with Cal-OSHA to discuss possible amendment of its regulations.

FUTURE MEETINGS:

To be announced.

BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Executive Officer: Hal E. Tindall
(916) 445-8435

The Board of Examiners of Nursing Home Administrators (BENHA) develops, imposes, and enforces standards for individuals desiring to receive and maintain a license as a nursing home administrator. The Board may revoke or suspend a license after an administrative hearing on findings of gross negligence, incompetence relevant to performance in the trade, fraud or deception in applying for a license, treating any mental or physical condition without a license, or violation of any rules adopted by the Board.

The Board consists of nine members. Four of the Board members must be actively engaged in the administration of nursing homes at the time of their appointment. Of these, two licensee members must be from proprietary nursing homes; two others must come from nonprofit, charitable nursing homes. Five Board members must represent the general public. One of the five public members is required to be actively engaged in the practice of medicine; a second public member must be an educator in health care administration. Board members are normally appointed for three-year terms. However, a member holds office until a successor is appointed or until one year has passed since the expiration of the term for which he/she was appointed, whichever occurs first. A member may serve for no more than two consecutive terms.

MAJOR PROJECTS:

Education, Training, and Examinations. The Board has received from selected universities and colleges a listing and description of courses and degree programs in gerontology, long-term care administration, and related fields. (See CRLR Vol. 6, No. 4 (Fall 1986) p. 47.) The Education, Training, and Examinations Committee will now review the material received and formulate conclusions and recommendations.

The Board's State Examination Task Force met to revise and delete a number of test items and to prepare new test questions. (See CRLR Vol. 7, No. 1 (Winter 1987) p. 54.) This revised test item bank will be used in the preparation of the state exams in the future.

The Board reaffirmed its policy that administrators who serve as preceptors to an administrator-in-training must: (1) have a current, active license; (2) have no disciplinary actions pending; and (3) not be on probation. (See CRLR Vol. 7, No. 1 (Winter 1987) p. 54.) Pursuant to this policy, those nursing home administrators still on probation have been denied preceptor certification.

The Executive Officer randomly selected twenty approved administrator-in-training applications to be reviewed by the Education Committee. The purpose of the review is to determine whether the applications are being processed promptly by Board staff and whether the applicants who have been approved for the administrator-in-training program meet the Board's requirements.

Regulations. The Board is considering changes in several of its rules



and regulations, which appear in Title 16 of the California Administrative Code. Proposed changes to section 3116 regarding qualifications of applicants would increase education and administrator-in-training requirements for license applicants and possibly eliminate experience as a substitute for education.

Changes to section 3162 concerning program requirements would add an additional requirement that an approved administrator-in-training program shall include a minimum of twenty hours per week of supervised training and work experience in a nursing home.

As required by Penal Code section 11166, the Board has proposed to change section 3175.5 to include failure to report an incident of known or suspected child abuse as grounds for disciplinary action.

Changes in section 3180 regarding fees would provide implementation and phase-in dates for the fee increases approved last year. (See SB 1566 (Deddeh) in CRLR Vol. 7, No. 1 (Winter 1987) p. 54.)

The Board is currently in the process of drafting the language of these proposed regulations.

LEGISLATION:

SB 183 (Mello). Under the Long-Term Care, Health, Safety and Security Act of 1973, a long-term health care facility is required to notify the state Department of Health Services of any changes in a facility's nursing home administrator or director of nursing services. The Department is authorized to conduct an abbreviated inspection of the facility within 90 days of receipt of this notification. SB 183 would require the Department to conduct this inspection within 90 days of the notification by the facility.

RECENT MEETINGS:

The Board met on February 17 in San Francisco. An analysis of the Board's financial condition was projected using the current fee levels authorized by section 3180 of Title 16, California Administrative Code. Unless the fee increases authorized by SB 1566 (which was signed by the Governor in September 1986) are implemented by 1988, a large deficit in Board funds will occur in fiscal year 1989/90. Even with the fee increases, the Board may incur some deficit.

An attorney from Oregon and his client, a nursing home administrator, requested that the Board hear their story regarding a disciplinary action filed against the nursing home administrator.

The Board denied the request, outlining the administrative procedures that are followed by the Board. Complaints made to the Board are handled in two ways. If the complaint specifically concerns a nursing home administrator and not the nursing home facility, BENHA will hire an investigator to get the facts and report to the Board. Most of these complaints can be resolved by the BENHA staff unless disciplinary action is warranted. If the Board decides to initiate a disciplinary action, the matter is turned over to the Attorney General's office.

If the complaint speaks mainly to the facility rather than to the nursing home administrator individually, the complaint is referred to the Department of Health Services, which determines whether or not to investigate the complaint. All reports made by the Department of Health Services are forwarded to the Attorney General's office and to BENHA. The Board then determines whether to initiate a disciplinary action against the nursing home administrator of the facility. A disciplinary action is initiated in the majority of cases reported to the Board from the Department of Health Services.

The deputy attorney general assigned to the Board prepares the formal complaint. Prior to a hearing on the complaint before an administrative law judge (ALJ), the accused nursing home administrator may present a proposed stipulation to the deputy attorney general, which is in turn presented to BENHA. The Board may accept the stipulation, reject it, or offer a counterproposal. If the Board rejects the proposed stipulation, or if the nursing home administrator rejects the Board's counterproposal, the next step is an administrative hearing.

At this hearing, the nursing home administrator has a chance to present his/her case and call witnesses. The Board has prepared guidelines for the ALJ to use in determining whether disciplinary action is appropriate and what penalties should be imposed (probation, suspension, or revocation of license). The recommendation of the ALJ is then presented to the Board. The Board may accept the recommendation and/or impose a lighter penalty. However, if the Board is of the opinion that the penalty recommended by the ALJ is not severe enough, it must review a copy of the transcript from the hearing before imposing a stricter penalty.

FUTURE MEETINGS:

To be announced.

BOARD OF OPTOMETRY

*Executive Officer: Michael Abbott
(916) 739-4131*

The Board of Optometry establishes and enforces regulations pertaining to the practice of optometry. The Board is responsible for licensing qualified optometrists and disciplining malfeasant practitioners. The Board's goal is to protect the consumer patient who might be subjected to injury resulting from unsatisfactory eye care by inept or untrustworthy practitioners.

The Board consists of nine members. Six are licensed optometrists and three are members of the community at large. Board officers for 1987 include Samuel Jerian, OD, President; Sutter Kunkel, OD, Vice President; and Thomas Nagy, OD, Secretary.

RECENT MEETINGS:

Current Regulations Manual and Directory. A current issue of *Laws Relating to the Practice of Optometry with Rules and Regulations* is now available through the Board. Since its last publication in 1980, many changes have been made in the regulations. Four of the most significant changes include the following:

-The Board of Optometry may now assess administrative fines against Board licensees acting in violation of the laws pertaining to the practice of optometry.

-Patients and former patients or their representatives have the right to inspect their health record within five days after presenting a written request and payment of reasonable clerical costs. Copies of such records must be supplied upon request within fifteen days.

-An optometrist who knows of or reasonably suspects an instance of child abuse is required to report the suspected instance to a child protective agency by telephone and must file a written report within thirty-six hours.

-Foreign optometric school graduates are now able to sit for the state Board licensing examination after satisfactorily completing necessary prerequisites, which include completion of educational requirements equivalent to those of an accredited optometry school, completion of clinical experience requirements, and passage of all parts of the national written examination.

Current directories containing a list of all California-licensed optometrists, their addresses, license numbers, schools, and years of graduation, are available from the Board for a fee of \$10.