

and Stewart Hsieh) and his appointment of Thomas Haider, MD, had been cancelled by Governor Davis. While the four members had been appointed by Governor Wilson in 1998, the Senate Rules Committee did not hold confirmation hearings during 1998 and Governor Davis cancelled their appointments upon taking office in 1999. At this writing, Governor Davis has not yet appointed their replacements.

At DOL's February 5 meeting, public member Bruce Hasenkamp provided an oral report on the Division's recent site visit to inspect medical schools in the Philippines. DOL last visited Philippine medical schools twelve years ago, and conducted its recent site visit in conjunction with plans to reexamine the standards it uses to review all foreign medical schools. Because graduates of Philippine medical schools comprise one of the largest groups of California licensure applicants from any foreign country, it is essential that they are adequately prepared for practice in California. The Division visited four medical schools in Manila: the University of Santo Tomas, the University of the East, Far Eastern University, and the University of the Philippines. The Division spent one full day at each school reviewing basic science education, and another full day observing clinical programs. DOL members also met with representatives of medical licensing and accreditation agencies. Mr. Hasenkamp reported that the state of medical education in the Philippines is much improved since the Division's last visit, and is more than adequate to meet California's standards. At this writing, a written report on the site visit is expected in May.

Also at its February meeting, DOL voted to contract with the Federation of State Medical Boards (FSMB) for "full service" administration of the U.S. Medical Licensing Examination (USMLE) given to applicants for state medical licenses. The USMLE exam is a three-part test. Parts one and two are administered by medical schools, while part three is administered by state medical boards. Beginning in 1999, FSMB will convert from a traditional pencil and paper examination to a computer-based test and will offer two choices for test administration. The "test administration only" would require DOL to continue its current procedures for processing step three, while the new full service option would transfer responsibility for all aspects of the examination process (including processing, distribution, and review) to FSMB. DOL Assistant Manager Melinda Acosta noted that fees for the full service option may increase from those currently charged to applicants. In that event, DOL will need to seek a legislative change, as current law limits the total fee that can be charged per applicant.

FUTURE MEETINGS

- May 6-8, 1999 in Sacramento.
- July 30-August 1, 1999 in San Francisco.
- 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

Executive Officer: Ruth Ann Terry ♦ (916) 322-3350 ♦ Internet: www.rn.ca.gov/

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.

Two new members joined the Board in early 1999. Sandra Erickson has been appointed to fill the Board's nurse administrator position, and LaFrancine Tate is the newest public member. Erickson was appointed by former Governor Wilson, and Tate was appointed by Senate President pro Tempore John Burton.

MAJOR PROJECTS

Board Plans 1999 Rulemaking

At its February 5 meeting, the Board reviewed and approved its 1999 Rulemaking Calendar. During the next



year, the Board plans to initiate the following rulemaking proceedings:

◆ **Criteria for Evaluation of Equivalent Armed Services Training and Experience.** The Board plans 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 otherwise required by California law. The Board believes the regulation's existing educational requirements are less than its minimum standards for the preparation of a competent nurse.

◆ **Reinstatement of Expired License.** Under section 2811 of the Business and Professions Code, an RN license which is not renewed during its two-year lifespan expires; however, an expired license may be reinstated within the following eight-year period upon the payment of the biennial renewal fee, a penalty fee, and "upon submission of such proof of the applicant's qualifications as may be required by the Board." Under section 1419.3, Title 16 of the CCR, a licensee may renew an expired license within eight years following its expiration by paying the appropriate renewal and late fee, and by evidence of 30 hours of continuing education within the prior two-year period. Section 1419.3 also provides that, if eight years have passed following expiration of the license, a licensee shall be required to pass an examination to determine current clinical knowledge and fitness to resume the practice of professional nursing. BRN plans to amend section 1419.3 because it believes the examination requirement imposes an unnecessary burden on some applicants for reinstatement; further, the existing regulation does not include all of the Board's requirements for reinstatement.

◆ **Nursing Program Requirements.** Sections 1424, 1425, 1425.1, and 1427, Title 16 of the CCR, impose numerous requirements upon nursing programs within California. These requirements include a written statement of philosophy and objectives which serves as a basis for curriculum structure; written policies and procedures by which the program is administered; a written plan for total evaluation of each program; an organizational chart that identifies relationships and lines of authority within the program; adequate resources such as staff, appropriately-qualified faculty, libraries, and equipment; an appropriate student/teacher ratio in the clinical setting; and Board approval of changes in faculty, teaching areas, and the use of agencies and/or community facilities for clinical experience. BRN plans to amend these sections because it believes some of their provisions are overly intrusive and impose some unnecessary burdens on nursing schools.

◆ **Qualifications for Nurse-Midwifery Certification.** Section 1460, Title 16 of the CCR, 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 program in nurse-midwifery. In the alternative, an RN applicant who has not graduated from a BRN-approved program may still be eligible for certification through four "equivalency" pathways.

BRN plans to amend this regulation as it believes that two of the equivalency pathways for certification are problematic.

◆ **Citations and Fines.** Section 1435.2, Title 16 of the CCR, sets forth the range of fines which BRN's executive officer may impose for various violations of the Nursing Practice Act or the Board's regulations. The Board plans to amend this section because it believes that some of the fines assessed in the regulation are excessive for the violation committed.

◆ **Requirements for Holding Out as a Nurse Practitioner.** Section 1482, Title 16 of the CCR, sets forth the requirements for holding oneself out as an NP, including active licensure as an RN in California and one of the following: (1) successful completion of a program of study which meets BRN's standards; or (2) certification by a national or state organization whose standards are equivalent to those set by BRN under section 1484; or (3) satisfaction of an "equivalency" pathway for nurses who have not completed an NP program which is BRN-approved. The Board plans to amend section 1482 to clarify these requirements.

◆ **Certification Standards for Clinical Nurse Specialists.** 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 those holding themselves out 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. The Board plans to adopt new regulations to establish certification standards for those seeking to become certified as a CNS.

At this writing, BRN has not yet published any of these proposed regulatory changes in the *California Regulatory Notice Register*.

Update on Pending Board Rulemaking Proceedings

The following is an update on recent BRN rulemaking proceedings described in detail in Volume 16, No. 1 (Winter 1999) of the *California Regulatory Law Reporter*.

◆ **RNs' Assignment of Nursing Tasks to Unlicensed Personnel.** In October 1998, the Office of Administrative Law (OAL) rejected the Board's adoption of new sections 1407-1407.3, Title 16 of the CCR, which would have set standards to guide RNs who assign nursing tasks to unlicensed assistive personnel. OAL ruled that the regulations lacked clarity. [16:1 CRLR 62] Although the Board had 120 days to correct the deficiencies cited by OAL, it has decided to withdraw the rulemaking package.

◆ **High School Education or the Equivalent.** On January 12, BRN held a public hearing on its proposed

amendment to section 1412, Title 16 of the CCR, which currently requires an applicant to provide the Board with evidence of a high school education or the equivalent in order to be licensed. BRN seeks to amend 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 would require 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. The Board received no comments on this proposal and has adopted it. At this writing, the rulemaking file on the proposed change is pending at OAL.

Board Approves Advisory Statements on NPs and CNSs

At its February 5 meeting, BRN approved an advisory statement entitled "Nurse Practitioners and Clinical Nurse Specialists in Long-Term Care Settings," which supplements and amends an article previously reported in BRN's fall 1995 newsletter entitled "Focus on Long-Term Care." The advisory was fashioned to help inform NPs and CNSs that federal and state law now permit both types of professionals to provide alternate visits to residents in long-term care facilities after a physician has made the initial visit. During these alternate visits, NPs and CNSs may review the patient's total program of care; write, sign, and date progress notes; and sign and date orders according to standardized procedures. NPs and CNSs who provide these Medicare and Medi-Cal alternate visits must be employed by the physician, clinic, or health plan with whom the standardized procedures are developed.

At its April 9 meeting, BRN approved an advisory statement entitled "The Certified Nurse Practitioner," which has been revised to reflect the Board's interpretation of current laws and regulations governing NPs. The NP is an advanced practice RN who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care. Generally, the NP does not have an additional scope of practice beyond the usual RN scope, and must rely on standardized procedures for authorization to perform overlapping medical functions; these standardized procedures provide the legal authority to exceed the usual scope of RN practice. For example, in the area of prescription drug furnishing, Business and Professions Code section 2836.1 authorizes NPs to make drugs available to patients "in strict accordance with a standardized procedure." The advisory statement sets forth the Board's interpretation of current law pertaining to NPs' furnishing of Schedule III through Schedule V controlled substances. The statement also clarifies that supervision of an NP performing an overlapping medical function should be addressed in the standardized procedure, and may vary from one procedure to another depending upon the judgment of those developing the standardized procedure.

Board Task Force to Study Declining California Pass Rates on National Licensing Examination

At its February 5 meeting, BRN approved the Education/Licensing Committee's proposal to establish a task force to study 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. The latest results for two years (October 1, 1996 through September 30, 1998) show the pass rate for California first-time test takers has 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 Education/Licensing Committee, which monitors individual nursing program NCLEX-RN scores and addresses declining scores with the faculty of affected programs, is concerned about this trend. The Committee proposed the creation of a task force composed of representatives from associate degree and baccalaureate degree programs from both southern and northern California. The task force will be 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. The task force will be appointed by BRN Executive Officer Ruth Ann Terry, and is scheduled to submit a report by October 1999 identifying its findings and making recommendations about strategies to improve California's NCLEX-RN scores.

LEGISLATION

AB 1545 (Correa), as amended April 15, would permit a licensed NP or physician assistant (PA) to issue a prescription for a dangerous drug or device under specified conditions. The bill would allow NPs and PAs to dispense drugs included in the California Uniform Controlled Substances Act when acting in accordance with strict standardized procedures approved by a supervising physician. Such a prescription must contain (in addition to the name, address, telephone number, and other specified information about the prescriber) a furnishing number, if applicable, and the name, address, telephone number, and license classification of the NP or PA. The bill would require written prescriptions to be signed by the NP or PA issuing the order, in addition to the prescriber; further, the name of the NP or PA must appear on the container label of any prescription.

This bill would also permit an NP or PA, acting in strict accordance with the standardized procedure approved by the supervising physician, to provide a written request to a manufacturer's sales representative for a complimentary sample of a dangerous drug or device; permit an NP or PA,

acting in strict accordance with the standardized procedure approved by the supervising physician, to personally furnish any dangerous drug prescribed by the NP or PA to a patient in the NP or PA's office or place of practice, provided certain conditions are met; permit an NP or PA, acting in strict accordance with the standardized procedure approved by the supervising physician, to furnish a limited quantity of samples if the samples are dispensed to a patient in the package provided by the manufacturer and no charge is made to the patient; and add BRN and the Board of Physician Assistants 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. *[A. Appr]*

SB 585 (Chesbro), as introduced February 23, would conform 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. *[S. B&P]*

SB 1308 (Committee on Business and Professions), as amended April 14, would revise various provisions of law which govern BRN's Diversion Program for substance-abusing licensees. Among other things, it would require the name and license number of any RN who is terminated from the Diversion Program for any reason other than successful completion to be reported to the Board's Enforcement Program. The bill also specifies that if a Diversion Evaluation Committee determines that an RN who is terminated from the Program presents a threat to the public or his/her own health and safety, the Committee shall report the name and license number, along with a copy of all Diversion Program records for that RN, to the Board's Enforcement Program. The Board may use any of the records it receives under this provision in any disciplinary proceeding. *[S. Appr]*

AB 394 (Kuehl), as introduced February 11, would prohibit general acute care hospitals, acute psychiatric hospitals, and special hospitals from assigning unlicensed persons to perform nursing functions in lieu of RNs. Facilities would also be precluded from assigning unlicensed personnel to perform functions under the direct clinical supervision of an RN that require a substantial amount of scientific knowledge and technical skills, including the administration of medication, venipuncture or intravenous therapy, parenteral or tube feedings, invasive procedures (including the insertion of nasogastric tubes or catheters and tracheal suctioning), assessing a patient's condition, educating patients and their families concerning the patient's health care problems, and moderately complex laboratory tests.

AB 394 also seeks to establish certain minimum nurse-to-patient ratios in acute care settings. The bill would require one RN to two patients in critical care units, burn units, labor and delivery, postanesthesia units, and intensive or critical care units; one licensed nurse to three patients in pediatric

and step-down or intermediate care units; one licensed nurse to four patients in specialty care and telemetry units; and one licensed nurse to six patients in general medical care units that include subacute care and transitional inpatient care units. The bill would also require that facilities employ sufficient nursing personnel so that one RN is not serving as circulating assistant for more than one operating room. *[A. Appr]*

AB 675 (Thomson), as amended April 15, would require every RN who manages or supervises care provided by other RNs, licensed vocational nurses, certified nurse assistants, or other health care personnel to assure that the care is safely delegated. This bill would also require DHS to make periodic inspections of health facilities without advance notice of the date of the inspection; and further require the Department to obtain and make available to the public documents demonstrating compliance with regulations regarding adequate staffing of health facilities, and documents relating to a facility's certification for participation in the Medicare or Medicaid program(s), unless the disclosure of the documents is expressly prohibited by federal law.

AB 675 would also specify requirements for: (1) a patient classification system to provide sufficient staff to ensure safe patient care, including nurse comprehension of the system; (2) the provision of safe care, unhindered by fiscal and administrative management; (3) development of the system with the involvement of direct care staff; (4) an appeal mechanism for insufficient staffing; (5) an annual review, at minimum; (6) correction within 30 days when a facility has been reviewed and found to have a staffing deficiency; (7) adjustment of staffing daily, at minimum, based on the assessed needs of patients; and (8) changes in the system validated by outcome data demonstrating specified requirements. *[A. Floor]*

AB 932 (Keeley), as amended April 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 ventilator or catheter, have any stage of decubitus ulcer, are receiving hospice care, or who have any other conditions designated in DHS regulations) to employ or contract with a full-time or part-time RN, as appropriate, to perform certain training, consultation, and nursing functions, and to provide for an RN to be available. The bill would also require the Department of Social Services, on or before January 1, 2001, to develop and adopt regulations to establish adequate RCFE staffing levels, with consideration to the needs of residents with specified medical conditions. *[A. A<C]*

AB 656 (Scott), as amended April 27, would require the Department of Health Services (DHS) to convene a work group to revise the current training programs and continuing education requirements for certified nurse assistants (CNAs) to address the complex and changing needs of residents of long-term health care facilities. This bill would require DHS to review the CNA training curriculum every five years. AB

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656 would permit a CNA whose certificate has been expired for more than four years, but for no longer than ten years, to have his/her certificate renewed if the person completes 75 hours of training, passes a competency test, and obtains a criminal background clearance; and would require DHS to develop a training program for these previously certified individuals. [A. Appr]

SB 97 (Burton), as amended March 22, would prohibit 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. [S. Floor]

AB 389 (Jackson), as amended March 23, would require the Chancellor of the California Community Colleges (CCC) to administer a program that would award grants to community college districts to 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 655 (Scott), as amended April 19, would require the Chancellor of the CCC and the Chancellor of the California State University System to jointly issue a report to the Governor and the legislature containing a plan on how to increase the number of students who will graduate from California nursing school programs. The chancellors would be required to establish an advisory committee made up of persons involved with the nursing profession (including BRN) to assist in the production of the report. [A. Appr]

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 introduced February 4, this bill would restrict 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 would also extend BRN's authority to collect a \$5 fee from RNs at the time of biennial license renewal, which goes to support the RNEF. [S. Appr]

RECENT MEETINGS

At its February 5 meeting, BRN discussed the fact that its applicants and licensees had been experiencing delays in receiving initial licenses and renewals for two weeks prior to the meeting due to major computer problems at the Teale Data Center. This problem had a statewide impact on other agencies, including DCA, the Employment Development Department, and the Department of Motor Vehicles. The file transfer program at Teale crashed and the new program is not

compatible with DCA's system; thus, alternate methods of transmitting records are now being utilized. The crash resulted in a one- to two-week delay in the issuance of over 2,000 RN licenses. Because of the computer failure, BRN took steps to increase telephone coverage to assist callers, provide license verification free of charge, and inform callers about the Business and Professions Code sections which permit RNs to continue working during such situations.

Also at its February 5 meeting, BRN voted to approve a series of training seminars sponsored by the Administrative Committee to assist new and continuing Board members in maximizing the Board's decisionmaking. These training sessions, which are scheduled to follow Board meetings starting in April, will discuss the enforcement process; chemical dependency, including domestic violence issues and the use of methadone by potential applicants and RNs; and the duties performed by various health care personnel in hospitals.

At its April 9 meeting, BRN reviewed its enforcement statistics for the first eight months of fiscal year 1998-99. As of February, the Board had received 938 complaints, opened 623 investigations, referred 143 cases to the Attorney General's Office, filed 84 formal accusations, and took a total of 39 disciplinary actions against licensees. Of the 39 licensees disciplined, 18% were by stipulated agreement. Based upon these figures, the Board projects that 1,407 complaints will be received during the 12-month period ending July 1999, 935 investigations will be opened, 215 cases will be referred to the AG's Office, 126 accusations will be filed, and 59 disciplinary actions will be taken against licensees. If these projections hold, the number of complaints filed will decrease by 16% over 1997-98, and BRN accusation filing will decrease by 19% from last year—resulting in a 59% drop in the number of licensee disciplinary actions from 1997-98 (which itself was 13% lower than in 1996-97). [16:CRLR 65]

At its April meeting, BRN noted that the final version of the *1997 Survey of Registered Nurses in California*, the third in a series of surveys on California's licensed RN population conducted by the Institute for Social Research at California State University Sacramento, had been issued in February 1999; the report supplements earlier surveys in 1993 and 1990. [16:1 CRLR 65; 14:4 CRLR 98; 10:4 CRLR 103] In 1997, the typical working nurse in California was a Caucasian woman, 45 years old, with an associate or bachelor's degree. The typical nurse works in an acute hospital setting; almost two-thirds work in one of four clinical areas—medical/surgical, critical care, geriatrics, and obstetrics. According to the survey, the most satisfied nurses worked in three specialties: obstetrics, geriatrics, and perioperative/anesthesia. Nurses employed in skilled nursing facilities were the most dissatisfied; those employed by temporary agencies were a close second. The nursing workforce is more stable than in 1990, with fewer taking a break in nursing employment and a strong majority planning on working a similar number of hours for the next five years. Most respondents hold a single nursing position, although the proportion holding two or more has

increased steadily from 1990 to 1997. The standard work week has remained constant since 1993 at 36.3 hours. The sample was evenly split between working eight-hour days and nine- to twelve-hour days, yielding an average of 9.1 hours per day. Working one to four hours per week of unplanned overtime is a common experience shared by two-thirds of the respondents. The survey also revealed that mean nursing income jumped dramatically between 1990 and 1997, up 43% from \$31,504 to \$45,073, and constituted a larger share of household income.

According to the survey, California has the lowest number of employed nurses per 100,000 residents of any state (566, compared with a national average of 798). Within California in 1997, Los Angeles and the south central valley had the lowest rates of employed RNs (464 and 407, respectively);

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the highest rates are found in Napa/Sonoma (756), San Francisco and the East Bay (686), and San Jose (647). Employment opportunities for California's RNs improved markedly in the 1990s. Since 1990, the proportion of non-retired respondents currently working in nursing has increased from 83% to 89.6%, while the proportion working outside nursing has declined 25% (from 5.6% to 4.2%), and the proportion unemployed has been cut almost in half (from 11.4% to 6.2%).

FUTURE MEETINGS

- June 3-4, 1999 in Los Angeles.
- September 9-10, 1999 in Sacramento.
- December 2-3, 1999 in Riverside.

Board of Optometry

Executive Officer: Karen Ollinger ♦ (916) 323-8720 ♦ Toll-Free Information Number: (800) 547-4576 ♦ Internet: www.caoptometry.com

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.

MAJOR PROJECTS

Board Establishes Toll-Free Hotline

In response to a 1998 recommendation by the Joint Legislative Sunset Review Committee that the Board become more accessible to consumers [16:1 CRLR 66-67], the Board has been considering the establishment of a toll-free telephone number for consumer information. However, staff had expressed concerns that the Board's limited budget would be insufficient to pay for the service and that additional staff might be needed to answer calls. Staff also noted that a toll-free number could not be used for consumer complaints (because, under Board policy, complaints must be filed in writing and signed), and might be inappropriately used by licensees rather than consumers.

At the Board's March 14 meeting, Executive Officer Karen Ollinger reported that staff had conducted a survey of other boards and bureaus within DCA to determine how many have toll-free consumer access; the costs of such services; and the volume of calls received by similar agencies. Of twenty DCA agencies that responded to the survey, seven