Economic Development.

SB 1284 (Greene), as amended April 20, would provide that if a registered civil engineer is required to provide as built, as constructed, or record plans for improvements or grading, which plans show changes during the construction process, the plans shall be based on specified information depending on whether or not the registered civil engineer provided construction phase services on the project that include supervision of the construction of engineering structures. This bill would also provide that a registered civil engineer shall not be required to include a certificate or statement on as built, as constructed, or record plans that is inconsistent or varies with the provisions of the bill. *[A. LGov]*

AB 2888 (Conroy), as amended March 31, would have provided that, on or after July 1, 1993, no person shall practice photogrammetric surveying or use the title of photogrammetric surveyor unless he/she is a licensed photogrammetric surveyor, a registered civil engineer, or a licensed land surveyor. This bill would also have required PELS to establish qualifications and standards to practice photogrammetric surveying and establish fees for licensing applicants to practice photogrammetric surveying. This bill was rejected by the Assembly Consumer Protection Committee.

SB 2044 (Boatwright), as amended April 2, would declare legislative findings regarding unlicensed activity and authorize all DCA boards, bureaus, and commissions, including PELS, to establish by regulation a system for the issuance of an administrative citation to an unlicensed person who is acting in the capacity of a licensee or registrant under the jurisdiction of that board, bureau, or commission. *[A. CPGE&ED]*

The following is a status update on bills reported in detail in CRLR Vol. 12, No. 1 (Winter 1992) at page 96:

AB 1268 (Mays), as amended March 17, would revise the second division of the examination for registration as a professional engineer and the examination procedure for licensure as a land surveyor. This bill would require PELS to prescribe by regulation reasonable education or experience requirements, but not to exceed three years of either postsecondary education or experience in land surveying. *[S. H&UA]*

AB 1354 (Tanner), as amended April 20, would prohibit any person from engaging in the practice of chemical engineering unless he/she is registered by PELS. *[S. B&P]*

The following bills died in committee:

AB 1801 (Frazee), which, as amended April 1, would have required contracts for engineering services between registered professional engineers and consumers to be in writing and to contain specified provisions; ***SB 201 (L. Greene)***, which, as amended January 6, would have amended the Professional Engineers Act to require that an applicant for registration as a professional engineer furnish evidence to PELS of eight years or more of qualifying experience in engineering work satisfactory to the Board; ***AB 801 (Lancaster)***, which would have required any found, unreferenced, and unmarked monument found in connection with a survey used or accepted by a licensed land surveyor or registered civil engineer to mark or reference a point on a property or land line, to be marked or tagged permanently and visibly with the certificate number of the land surveyor or civil engineer accepting the monument; ***AB 640 (Lancaster)***, which would have, among other things, deleted a provision of law that excludes public officers from the requirement that a record of survey be filed in specified circumstances; ***SB 575 (L. Greene)***, which would have required, on the civil engineering examination, that the questions regarding seismic principles be general and conceptual in nature rather than specific structural design problems; and ***SB 416 (Royce)***, which would have provided, on or after July 1, 1992, that no person shall practice photogrammetry or use the title of photogrammetric surveyor unless he/she is a licensed photogrammetric surveyor, a registered civil engineer, or a licensed land surveyor.

RECENT MEETINGS:

At its February 14 meeting in Santa Ana, PELS agreed to pursue budget change proposals to allocate an additional $52,000 to fund technical experts for the Board's enforcement program and $27,000 to cover examination expenses.

Also at its February meeting, the Board agreed to solicit input from PELS members, professional societies, registrants, licensees, members of the public, and staff regarding possible errors, overlaps, or areas of conflict in PELS' current regulations. That input will be used as the basis for a future Board workshop to consider necessary revisions.

At its April 17 meeting in Sacramento, PELS nominated Larry Dolson to serve as Board president and Larry Johnson as vice-president; the election was scheduled to take place at PELS' June 5 meeting.

FUTURE MEETINGS:

September 25 in San Diego.
November 20 in Sacramento.
December 18 in Los Angeles.

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.

On January 13, Governor Wilson announced three new appointees to BRN: RNs Judith Jonilonis of La Mesa and Genevieve Deutsch of San Diego, and physician Kim Enomoto of Rolling Hills Estates.

MAJOR PROJECTS:

Board Reaffirms Policy Regarding Implementation of Orders from Non-Physicians. In response to a restrictive 1988 Attorney General's Opinion, the Physician Assistant Examining Committee (PAEC) has spent the past few years amending its regulations to broaden the physician assistant's (PA) scope of practice. BRN has participated in PAEC's rulemaking proceeding on those proposed changes, objecting to some of the language. In January, the Office of Administrative Law (OAL) finally approved PAEC's amendments which, among other things, authorize PAs to initiate (or transmit an order to initiate) certain tests and procedures without patient-specific authorization from the supervising physician. Some nursing groups object to the fact that these regulations apparently authorize PAs to initiate orders to nurses. (*See supra* agency report on PAEC for related discussion.)

At its March 27 meeting, BRN reaffirmed its position that RNs may accept orders initiated only by those health care practitioners identified in Business and Professions Code section 2725(b), which states that RNs may take specified action necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist. BRN's policy statement, "Acceptance and Implementation of Orders by Registered Nurses," also provides that RNs are to assess all orders before implementation to determine if the order is (1) in the client's best interest; (2) initiated by a person legally authorized to give direction for client care, *i.e.*, a physician, dentist, podiatrist, clinical psychologist, or RN; and (3) in accordance with all applicable statutes, regulations, and agency policies. If an order is consistent with these criteria, the RN may either implement the order or delegate its implementation to an appropriate person. In the event that any of the criteria are not met or if there is confusion, doubt, or misunderstanding about the order, the RN should seek clarification of the order from the physician, initiator of the order, nursing supervisor, or other authorized medical officer. Clarification is to be obtained prior to implementation of the order. BRN requires the RN to act as the client's advocate by challenging and, if appropriate, changing decisions or activities which, in the nurse's judgment, do not meet the assessment criteria listed above. The RN's actions in challenging and/or changing an order should be in conformance with any agency policies and procedures.

BRN expects nursing supervisors and administrators to support an RN when he/she challenges an order as not clearly in the client's best interest and/or failing to meet the assessment criteria listed above. BRN also encourages nursing administrators to adopt written policies and procedures which define the process and channels of communication for the challenging and changing of orders by RNs.

With regard to a medical order which is transmitted by an agent of the physician, the BRN policy provides that RNs may accept and implement such an order only after determining that (1) the order is being transmitted and not initiated by the physician's agent, *e.g.*, nurse practitioners or physician assistants; (2) the order is appropriate for the client's condition and is in his/her best interest; and (3) the order is in compliance with applicable statutes, regulations, and agency policies.

BRN recommends that each institution which permits RNs to accept and implement transmitted medical orders review the legal basis for transmitted orders and develop appropriate policies and procedures. BRN strongly urges interdisciplinary committees and nursing service administrators to preserve and/or promote clear, collaborative relationships between RNs and physicians to ensure that clients' needs are met in a safe, timely, and knowledgeable manner.

In a related matter, several nursing groups which consistently opposed PAEC's regulations during the rulemaking process are now attempting to convince the legislature to supersede them. The California Nursing Association (CNA) contends that PAs are not adequately trained to give nurses orders, and that the chain of command should not be further complicated by adding PAs as mid-level managers. PA representatives counter that PAs are acting as an agent of the supervising physician when they "give orders" to nurses or other health care personnel, and that the supervising physician is ultimately responsible for all care ordered for or given to his/her patient by the PA. PA representatives also argue that physicians have been allowing and directing their PAs to initiate orders to nurses for nursing services for over 15 years without any documented patient complaints or evidence of patient harm. Finally, the PAs contend that adoption of CNA's position would cause health care in rural and underserved communities to suffer, and increase overall costs of health care because physicians would be required to initiate all orders. (See agency report on PAEC for related discussion.)

These arguments and counterarguments will move to the legislative arena this summer. CNA has convinced Assemblymember Tricia Hunter, a registered nurse and former member of BRN, to amend AB 569 (Hunter) to override PAEC's new scope of practice regulations. Although the amendments have not been formally incorporated into AB 569 at this writing, the bill is expected to severely restrict the authority of a PA to provide medical services in the physical absence of the supervising physician and to prohibit a PA from initiating diagnoses, treatment plans, or orders, including orders for nursing services, in the absence of patient-specific authorization from the supervising physician. At this writing, BRN has not had an opportunity to discuss CNA's legislation.

BRN Considers Amendment to Amend Military Service Training/Experience Regulation. Section 1418, Division 14, Title 16 of the CCR, currently provides that any person who has served on active duty under honorable conditions in the medical department of any of the armed forces of the United States, successfully completed the courses of instruction required to achieve specified ratings, and has two years of direct patient care nursing-related experience within five years of the date of application for licensure shall be deemed to have completed "equivalent nursing education" within the meaning of Business and Professions Code section 2736.5. In order to provide BRN with flexibility to evaluate military education in the same manner it evaluates the education of other applicants, BRN is considering amending section 1418 to delete the reference to specific ratings and instead require such applicants to have completed courses of instruction which BRN determines to be equivalent to the minimum requirements for licensure established by the Board for an approved program in this state. At this writing, the proposed regulatory amendment is pending in the Board's Education Committee.

Rulemaking Update. At this writing, BRN's proposed amendments to section 1443.5(4), Title 16 of the CCR, which would authorize RNs to assign nursing tasks according to a specific protocol to subordinates, including unlicensed personnel, still await review and approval by OAL. *[12:1 CRLR 78]*

On January 8, OAL approved BRN's amendments to section 1417, Title 16 of the CCR, which reflect the revised license fee schedule mandated by AB 485 (Hunter) (Chapter 352, Statutes of 1991). *[11:4 CRLR 110]*

Report on Unlicensed Activity. At its March 27 meeting, the Diversion/Discipline Committee announced that the number of BRN enforcement cases involving unlicensed activity has increased by 69% since 1988. However, the number of unlicensed activity cases the Board has closed has also increased; during 1990–91, BRN closed 91 unlicensed cases. The Committee also pointed out that the majority of the unlicensed activity is reported to BRN by employers and co-workers.

BRN to Participate in National Nurse Information System. In 1986, the National Council of State Boards of Nursing (NCSBN) established the Nurse Information System (NIS) Committee to determine the need for a national nurse information system and, if needed, to determine the steps necessary to create such a database. The primary purpose of NIS is to provide an unduplicated count of nurse licensees nationwide, which would assist member boards such as BRN in carrying

out their mandate to protect the public health, safety, and welfare in planning for health manpower needs. Through NIS, member boards would have access to data on their own licensees that they may be unable to collect otherwise. NIS would provide regional data on the supply of licensees, and the characteristics of those licensees; according to NCSBN, an up-to-date NIS would be the most accurate and accessible source of information on licensed nurses. NCSBN anticipates that data collection for the purpose of establishing NIS will begin in early 1993 and be completed by 1996. Thereafter, the system would be maintained through periodic licensee data collection activities.

NCSBN successfully conducted a pilot project with three states and now wishes to develop suitable language for an agreement or contract with other states to safeguard the use and release of data; NCSBN selected California and New York as the first states for development of the agreements. At its January 23–24 meeting, BRN members discussed their concern that the use and distribution of the data NIS collects are safeguarded. The Board unanimously voted to take part in the program and delegated to its Administrative Committee the review and approval of the agreement between NCSBN and California regarding the release of the data collected.

BRN Reviews Certified Nurse-Midwife Equivalency Examination. At its January 23–24 meeting, BRN discussed its equivalency examination, one of the methods available to applicants for midwifery certification. Since 1988, only four applicants have taken the equivalency examination. In consultation with the Department of Consumer Affairs' Central Testing Unit, BRN staff concluded that the development of a structured oral examination should be considered to replace the current written equivalency exam. According to staff, updating the current written examination and passing standard would be very expensive and result in the development of only one form of the examination; thus, repeat applicants would be taking the same examination on repeat administrations. In addition, staff contends that development of an oral examination would be more cost-effective, considering the small pool of candidates who use this method for certification. BRN agreed to convene a nurse-midwifery content expert panel to develop the oral examination; the panel will include one physician currently supervising nurse-midwives, one certified nurse-midwife educator, and three practicing certified nurse-midwives. The panel will be directed to develop a job-related structured interview to be used as BRN's certification equivalency examination; staff estimated that the oral exam may be ready for administration by December.

Addition of Transition Phase to Diversion Program. At its January meeting, the Board discussed the recommendation of its Diversion Liaison Committee that a transitional and minimum monitoring phase be established for participants in BRN's Diversion Program. The goal of the Diversion Program is to identify and rehabilitate substance-abusing RNs, as an alternative to or in conjunction with the traditional discipline process. Under the Committee's proposal, Diversion Evaluation Committees (DEC) may choose to place a participant on a minimum monitoring transition phase for a period of time before he/she is deemed to have successfully completed the Diversion Program. During the transition phase, the DEC would remove all previously-imposed restrictions on nursing practice, most routine reporting requirements, and mandatory meeting requirements. According to the Committee, the removal of mandated restrictions would allow participants to take full responsibility for their own recovery process while still in the Diversion Program. To ensure public safety during the transition phase, minimum monitoring would include random body fluid monitoring, monthly worksite monitor reports, and monthly self-reports. BRN agreed that encouraging complete "ownership" of a personal recovery plan is the best indication that a lifelong rehabilitation commitment has been established, and approved the transition phase recommendation.

Computer Adaptive Testing. At its January meeting, BRN reviewed the Computer Adaptive Testing (CAT) Master Plan developed by NCSBN to guide the nationwide transition from paper-and-pencil testing to CAT for the National Council Licensure Examination (NCLEX). *[12:1 CRLR 97]* BRN and California licensure applicants participated in the pilot testing of the CAT program during 1991, and NCSBN—which drafts and sells the NCLEX to most state nursing boards—recently decided to expand the new exam format nationwide. NCSBN's Master Plan focuses specifically on the twenty-month period between December 1991 and August 1993; the Plan will be continually evaluated and extended as the transition proceeds and progress is evaluated. The Plan includes CAT education/information efforts; CAT field testing in October; a committee and vendor transition involving the actual replacement of paper-and-pencil testing with CAT; commercial product development; member board support in the transition; and implementation follow-up.

LEGISLATION:

SB 2044 (Boatwright), as amended April 2, would provide for certification of a nurse as an advanced practitioner. This bill would also repeal existing law which provides for nursing education programs, and would repeal and reenact provisions governing certification of public health nurses, revising the requirements therefor. *[A. CPGE&ED]*

AB 569 (Hunter), as amended February 10, pertains to the use of the term "board certified" in physician advertising. Over the summer, AB 569 will be amended to override the Physician Assistant Examining Committee's new scope of practice regulations, and to restrict the authority of PAs to give orders to nurses unless they are patient-specific orders delegated by the PA's supervising physician (*see supra* MAJOR PROJECTS). *[S. B&P]*

SB 1813 (Russell), as amended April 2, is a follow-up bill to SB 1070 (Thompson) (Chapter 1180, Statutes of 1991). SB 1070 requires the Department of Health Services (DHS) to promulgate guidelines and regulations to minimize the risk of transmission of bloodborne infectious diseases in the health care setting by January 1993. It requires BRN and other health profession regulatory agencies to ensure that their licentiates are informed of their responsibility to minimize the risk of transmission of bloodborne infectious diseases in the health care setting, and makes it unprofessional conduct for a licentiate to knowingly fail to protect patients by failing to follow DHS' infection control guidelines.

SB 1813 would provide that, in investigating and disciplining RNs for knowing failure to protect patients from transmission of bloodborne infectious diseases in the health care setting, BRN shall consider referencing DHS' guidelines; it would also require BRN to consult with the Medical Board, the Board of Podiatric Medicine, the Board of Dental Examiners, the Board of Vocational Nurse and Psychiatric Technician Examiners, and other agencies to encourage consistency in the implementation of this provision. *[A. Health]*

AB 3035 (Polanco). Existing law establishes a privilege which applies to communications between a psychotherapist, as defined, and his/her patient. As introduced February 19, this bill would include within the definition of psychotherapist

for purposes of this provision a person licensed as an RN pursuant to the Nursing Practice Act, who possesses a master's degree in psychiatric mental health nursing. *[S. Jud]*

AB 2743 (Lancaster), as amended April 9, would revise various license and application requirements relative to the practice of registered nursing, and allow BRN to implement a "cost recovery" system, under which it may request an administrative law judge to order a disciplined licensee to reimburse the Board for its investigative and other enforcement costs related to the disciplinary proceeding. *[A. Floor]*

AB 2849 (Hunter). Existing law states that no provision of law shall be construed to prohibit a nurse practitioner from furnishing drugs or devices if, among other conditions, the drugs or devices are furnished incidentally to the provision of prescribed services or are incidental to the provision of routine health care or perinatal care rendered to essentially healthy persons in prescribed clinics and prescribed health facilities. As introduced February 18, this bill would make this provision also applicable to services rendered to persons with chronic but stable conditions within any health facility, adult day health center, or licensed home health agency. This bill would also permit a physician to delegate prescribed duties to a nurse practitioner who is not an employee of the facility, as permitted by federal law and regulations, for Medicare-reimbursed health care services provided in long-term health care facilities; require that those responsibilities delegated to a nurse practitioner be performed under the supervision of the physician under a standardized procedure among the physician, the nurse practitioner, and the facility; and, as permitted by federal law and regulation, authorize a nurse practitioner to perform prescribed tasks otherwise required of a physician for any Medi-Cal-reimbursed health care services provided in a long-term health care facility. *[S. B&P]*

AB 566 (Hunter), as amended February 20, would, commencing July 1, 1993, prohibit any person from practicing or offering to practice perfusion, as defined, in this state for compensation received, or expected to be received, or from holding himself/herself out as a perfusionist, extracorporeal technologist, or extracorporeal circulation technologist, unless at the time of doing so the person holds a valid, unexpired, unrevoked perfusionist certificate or interim perfusionist certificate issued by BRN pursuant to this bill's provisions. AB 566 would also require that, except for persons with certain experience during specified time periods, certification as a perfusionist be limited to those individuals who are graduates of a prescribed training program and produce satisfactory evidence of successful completion of the entire examination of the American Board of Cardiovascular Perfusion or the equivalent thereof, as determined by BRN; provide a procedure for persons who meet these requirements on January 1, 1993, to apply for certification; require that eligibility for certification renewal as a perfusionist be limited to those certificate holders who successfully complete the continuing education requirements of, or maintain active certification by, the American Board of Cardiovascular Perfusion or the equivalent thereof, as determined by BRN; and require BRN to establish the initial and renewal fee for a perfusionist license. *[S. B&P]*

SB 664 (Calderon). Existing law prohibits RNs, among others, from charging, billing, or otherwise soliciting payment from any patient, client, customer, or third-party payor for any clinical laboratory test or service if the test or service was not actually rendered by that person or under his/her direct supervision, unless the patient is apprised at the first solicitation for payment of the name, address, and charges of the clinical laboratory performing the service. As amended March 12, this bill would also make this prohibition applicable to any subsequent charge, bill, or solicitation. This bill would also make it unlawful for any RN to assess additional charges for any clinical laboratory service that is not actually rendered by the RN to the patient and itemized in the charge, bill, or other solicitation of payment. This bill passed both the Senate and Assembly, and is currently awaiting Senate concurrence in Assembly amendments.

AB 819 (Speier). Existing law generally provides that it is not unlawful for prescribed health care professionals to refer a person to a laboratory, pharmacy, clinic, or health care facility solely because the licensee has a proprietary interest or co-ownership in the facility. As amended January 29, this bill would instead provide that it shall be unlawful for these licensed health professionals to refer a person to any diagnostic imaging center, clinical laboratory, physical therapy or rehabilitation facility, or psychometric testing facility which is owned in whole or in part by the licensee or in which the licensee has a proprietary interest, and would provide that disclosure of the ownership or proprietary interest does not exempt the licensee from the prohibition. It would, however, permit specified licensed health professionals to refer a person to such a facility which is owned in whole or in part by the licensee or in which the licensee has a proprietary interest if the person referred is the licensee's patient of record, there is no alternative provider or facility available, and to delay or forego the needed health care would pose an immediate health risk to the patient. *[S. B&P]*

The following bills died in committee: ***AB 127 (Frizzelle)***, which would have required the California Commission on Health Care Policy and Financing to establish a cost-effective ranking within surgical, medical, and preventive health care procedures or courses of treatment, and to report its findings to the legislature no later than January 1, 1993; ***AB 2186 (Floyd)***, which would have required the legislature to establish a Task Force on Registered Nursing to develop recommendations on effectively utilizing RNs in state government; ***SB 1190 (Killea)***, which would have enacted the Licensed Midwifery Practice Act of 1991, establishing a seven-member Licensed Midwifery Examining Committee within the Medical Board's Division of Allied Health Professions; and ***AB 95 (Friedman)***, which would have prohibited, except in emergency situations, a long-term health care facility from using a physical restraint on a resident unless the facility has obtained the informed consent of the patient.

RECENT MEETINGS:

At its January 24 meeting, BRN elected Joyce Boone to serve as Vice-President and Dr. Margretta Styles, who has served on the Board since 1985, to serve as President. Dr. Styles noted that her goals for 1992 are to streamline the Board's functions and find a more efficient committee structure, in order to involve all Board members in the issues that come before BRN.

The Board also announced that its committees for 1992 will include an administrative committee, a nursing practice committee, an education committee, a licensing committee, and a legislative committee. Members were asked to serve on only two committees at a time.

At its March 27 meeting, the Board announced that the pilot program for its license verification program is now online at Oakland and Richmond Kaiser hospitals. This system enables one to easily verify that a nurse has a current and clear license. *[12:1 CRLR 98–99]* The Board is also hoping that in the near future it will also be able to automate its applica-

tion process.

FUTURE MEETINGS:
September 23–24 in Bakersfield.
November 18–19 in San Francisco.

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.

On March 26, Governor Pete Wilson appointed Mary K. Steiner of El Segundo to the Board.

MAJOR PROJECTS:

Curriculum Revisions Update. On February 22, BCSR conducted a public hearing on its proposed amendments to section 2411 and 2420(a)(3), Division 24, Title 16 of the CCR, regarding its school curriculum requirements. *[12:1 CRLR 99]* BCSR's proposed amendments to section 2411 would increase the minimum amount of time required to be spent studying the fundamentals of English from 135 hours to 215 hours; eliminate the 1,320-hour requirement in the areas of shorthand, dictation, and transcription; decrease the required hours of medical terminology from 140 to 125; increase the time required to be spent studying legal terminology by five hours; and eliminate the requirement for courses on general office practice, thus deleting the current 40-hour requirement. Overall, the minimum number of academic hours a school is required to instruct in order to be approved by the Board would decrease from 1,950 to 600.

BCSR proposes to repeal section 2420(a)(3), which states specific pass percentages for each part of the Board's licensing examination. According to the Department of Consumer Affairs' Central Testing Unit, such fixed points are contrary to the recommended practices of the testing profession.

Following the public hearing, BCSR adopted the proposed amendments. At this writing, the Board is preparing the rulemaking file for review by the Director of the Department of Consumer Affairs; if approved, the rulemaking file will be forwarded to the Office of Administrative Law for review and approval.

LEGISLATION:

AB 2743 (Lancaster), as amended April 9, would revise the definition and the authorized activities of a shorthand reporting corporation, delete certain filing requirements, and specify the professional corporate status of a shorthand reporting corporation. Also, this bill would make technical and corrective changes in provisions relative to the suspension or license revocation of shorthand reporters. *[A. Floor]*

RECENT MEETINGS:

At its May 7 meeting in San Francisco, BCSR discussed suggestions submitted by public and private school associations regarding the grading of the transcription portion of the CSR examination. The Board took the suggestions under consideration and was expected to adopt some or all of them at its June 20 meeting in San Diego.

FUTURE MEETINGS:
August 15 in Santa Clara.
November 19 in Los Angeles.

STRUCTURAL PEST CONTROL BOARD

Registrar: Mary Lynn Ferreira
(916) 924-2291

The Structural Pest Control Board (SPCB) is a seven-member board functioning within the Department of Consumer Affairs. The SPCB is comprised of four public and three industry representatives. SPCB's enabling statute is Business and Professions Code section 8500 *et seq.*; its regulations are codified in Division 19, Title 16 of the California Code of Regulations (CCR).

SPCB licenses structural pest control operators and their field representatives. Field representatives are allowed to work only for licensed operators and are limited to soliciting business for that operator. Each structural pest control firm is required to have at least one licensed operator, regardless of the number of branches the firm operates. A licensed field representative may also hold an operator's license.

Licensees are classified as: (1) Branch 1, Fumigation, the control of household and wood-destroying pests by fumigants (tenting); (2) Branch 2, General Pest, the control of general pests without fumigants; (3) Branch 3, Termite, the control of wood-destroying organisms with insecticides, but not with the use of fumigants, and including authority to perform structural repairs and corrections; and (4) Branch 4, Roof Restoration, the application of wood preservatives to roofs by roof restorers. Branch 4 was enacted by AB 1682 (Sher) (Chapter 1401, Statutes of 1989), and became effective on July 1, 1990. An operator may be licensed in all four branches, but will usually specialize in one branch and subcontract out to other firms.

SPCB also issues applicator certificates. These otherwise unlicensed individuals, employed by licensees, are required to take a written exam on pesticide equipment, formulation, application, and label directions if they apply pesticides. Such certificates are not transferable from one company to another.

SPCB is comprised of four public and three industry members. Industry members are required to be licensed pest control operators and to have practiced in the field at least five years preceding their appointment. Public members may not be licensed operators. All Board members are appointed for four-year terms. The Governor appoints the three industry representatives and two of the public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one of the remaining two public members.

MAJOR PROJECTS:

SPCB to Define the Branch 4 Classification Through Legislation. On January 21 and March 30, the Branch 4 Committee met to continue its task of defining and clarifying the Branch 4 (Roof Restoration) classification, which became effective on July 1, 1990. *[12:1 CRLR 100]* At the January meeting, the Committee agreed to recommend to SPCB that the Board sponsor legislation to repeal Branch 4 from the Board's scope of licensure; amend Business and Professions Code section 8556 to allow an exemption for properly licensed contractors to apply wood preservatives to wood shake and shingle roofs; and amend statutes to state that Branch 3 licensees are not required to inspect roof coverings but must report any condition on the roof covering that is observed by the inspecting licensee.