

It Could Happen in Your State

# Senate Bill 666

---

Martyann Penberth-Valentine

---

Although rapid changes in the health care delivery system have been dramatic over the last few decades, the scope and practice of nursing have kept pace with them. Since the early 1970s, there have been consistent changes in Nurse Practice Acts throughout the country. The 1980s and 1990s will bring more changes for nursing, accompanied by turmoil, as the BS requirement for entry into professional nursing moves closer to reality. While nurses struggle for identity and professional status, they must be cognizant of legislative moves to diminish such efforts. One need only peruse the recent news sections of journals to find nurses struggling to maintain viable Nurse Practice Acts in such states as New Hampshire, Texas and New Jersey.

In 1980, nurses in the state of California won a major battle over a piece of legislation which would have replaced their current Nurse Practice Act and moved nursing back several decades. The ideas encompassed in Senate Bill 666 (SB 666), the Consolidated Nursing Reform Act of 1980, could easily appear in other state legislatures. The purpose of this article is to familiarize the reader with the history and content of the bill, and follow this with a discussion of the

---

MARTYANN PENBERTH-VALENTINE, MS, MPH, RN is the Assistant Director of Education at Daniel Freeman Hospital in Los Angeles. A graduate of Lankenau Hospital School of Nursing, Ms. Penberth-Valentine earned her Baccalaureate in Nursing from the University of Pennsylvania, her Master of Science in Nursing from the University of California, San Francisco, and her master's in Health Planning and Administration from the University of California, Berkeley.

vital role nursing administrators can play in the area of legislative activity.

## History of Senate Bill 666

In 1978, one of Governor Brown's top priorities was to expand the apprenticeship training concept into the health care field. To accomplish this, he established an interdepartmental task force on Apprenticeship Training Program in Non-Traditional Occupations. The Health Care Professions Career Ladder Project (Project Iatrogenesis) was a vital component of the task force effort. The project was organized under the State Department of Consumer Affairs, which provides administrative oversight and policy coordination among various healing arts regulatory bodies, as well as representing the interests of California consumers. Financial support for the 18-month-long-project (\$400,000) came from federal and state funds.<sup>1</sup> The rationale for such a project included the following identified problems within the nursing field:<sup>2</sup>

- The acute nursing shortage experienced by many hospitals in California.
- The cost of nursing recruitment and orientation (\$182 million per year in California hospitals).
- The long waiting lists to get admitted to a nursing program.
- The lack of a career ladder for those working in the nursing field, especially minorities and women heads of families.
- The duplication of effort and uncoordinated regulation of nursing by two state departments and the two boards.

The main goal of Project Iatrogenesis was to develop new models for helping people to enter the various health care professions, and to pro-

ceed either horizontally or vertically along an integrated career ladder to more expanded scopes of health care practice. The methods would include such mechanisms as credit for experience, self-instruction, and apprentice-style and non-degree training programs. It was thought that these mechanisms would not only enhance employment and career opportunities in the health care field, but also would produce a more efficient and fair method of developing a health professions career.<sup>3</sup> The final culmination of this study would be policy recommendations for regulatory or legislative changes.

To reach the goal, the project staff would use a very detailed, eight-step process to study the status, role, problems and potential solutions to problems in the health care professions licensing field. To obtain the information, there was input from such groups as state regulatory bodies (Board of Registered Nursing), consumers, professional organizations (California Nurses' Association), and so on. The reader must keep in mind that this study involved no original research but rather a review of current literature on the subject. Nurse educators sat on two of the task forces — the Education Committee and the Primary Care Task Force. However, nursing input was minimal.

By August of 1978, the project staff had put together a paper entitled, "An Interim Staff Report on Career Mobility in Nursing." This report was one of five published reports on health care professionals in California. The main findings in the report<sup>4</sup> are as follows:

- "There is an overlap of roles of various nursing personnel, and nursing duties are often not related to edu-

cational preparation.

- "There is no equivalency route encompassing nonacademic preparation leading to the RN licensing exam, and a small number of LVNs attempt the RN licensing exam without completing a full RN program.

- "There is poor articulation between nursing programs.

- "The ethnic composition of the RN work force in California is disproportionately small.

- "The distinctions built into the objectives and intent of the various academic programs for RNs are blurred in the workplace and in hiring practices."

After the report was disseminated, public hearings were held in four dif-

---

### ***Nursing duties are often not related to educational preparation.***

---

ferent locations in California during September of 1978. Representatives from the California Nurses' Association testified and expressed their support for career mobility, but opposed the report's findings and rationale. Major themes in this testimony included: "that nursing is not defined by enumerating 'tasks'; that nursing practice must not be exclusively defined and regulated by employers; that nursing education must maintain strong ties to the formal institution of higher education to preserve the 'freedom of learning' that is inherent in that system."<sup>5</sup> In summary, the CNA did not think that the study demonstrated a need to revise the current licensing laws.

Despite overwhelming opposition at the September hearings, a piece of legislation was drafted and introduced by Senator Diane Watson in March of 1979. The bill, known as Senate Bill 666, would replace the current California Nurse Practice Act, which was just revised and updated in 1974.

Although the bill was amended several times, there are major concepts in the bill which the reader should understand before continuing. The points to follow are taken from the final version of the bill.

1. *One Board of Nursing:* This aspect of the legislation would combine the Board of Licensed Vocational Nurses and Psychiatric Technicians and the Board of Registered Nursing. A sound concept in terms of decreasing bureaucracy and cost to the government. However, in actuality this proposed 19-member board was divided into three independent decision-making bodies on practice, education and licensure. This hardly decreases bureaucracy or cost. The composition of the board included the following: six public members, one hospital administrator, one nursing assistant, three Licensed Vocational Nurses, three practicing Registered Nurses, one nursing director and four nurse educators.<sup>6</sup> Simple arithmetic shows that Registered Nurses would never compose the majority in any decision.

2. *Scope of Practice:* Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) and Nursing Assistants (NAs) are placed under the same practice act. All three categories would come under the same definition of nursing. The scope of practice for the RN would not differ from the present law except for narrowing decision-making functions in areas of diagnostic observation and interpretation. On the other hand, the LVN's scope of practice would require less supervision and the NA's practice would roughly parallel the present practice of an LVN.<sup>7</sup> The increased responsibilities of LVNs and NAs without an additional knowledge base makes absolutely no sense.

3. *Nursing Education:* The bill allows for three routes of entry to the licensing exam:<sup>8</sup>

a. The basic and traditional academic experience, including the same current educational standards for nurse assistants, licensed vocational nurses and registered nurses.

b. Equivalent educational programs offered through health care facilities or by educational institutions and health care facilities together.

c. Equivalent programs of instruction, including any combination of learning experiences (including coursework, in-service training, work experience) plus a competency-based examination.

As one can see, even though traditional nursing education programs are retained, work experience and on-the-job training could be substituted for education as qualifications for RN and

LVN licensure. Therefore, NAs could become LVNs and LVNs could become RNs without more formal education. This proposal creates a two-class system — nurses with academic credit and those without such credit.

Academic preparation of nurses is characterized by a carefully structured program of learning experiences which are built on a scientific base pertinent to the type of nursing involved. As the individual moves from one type of nursing to another, new knowledge is gained and synthesized; there is new organization of old knowledge resulting in new relationships, new insights and new responsibilities. Nursing cannot be taught as a series of skills arranged on levels.

---

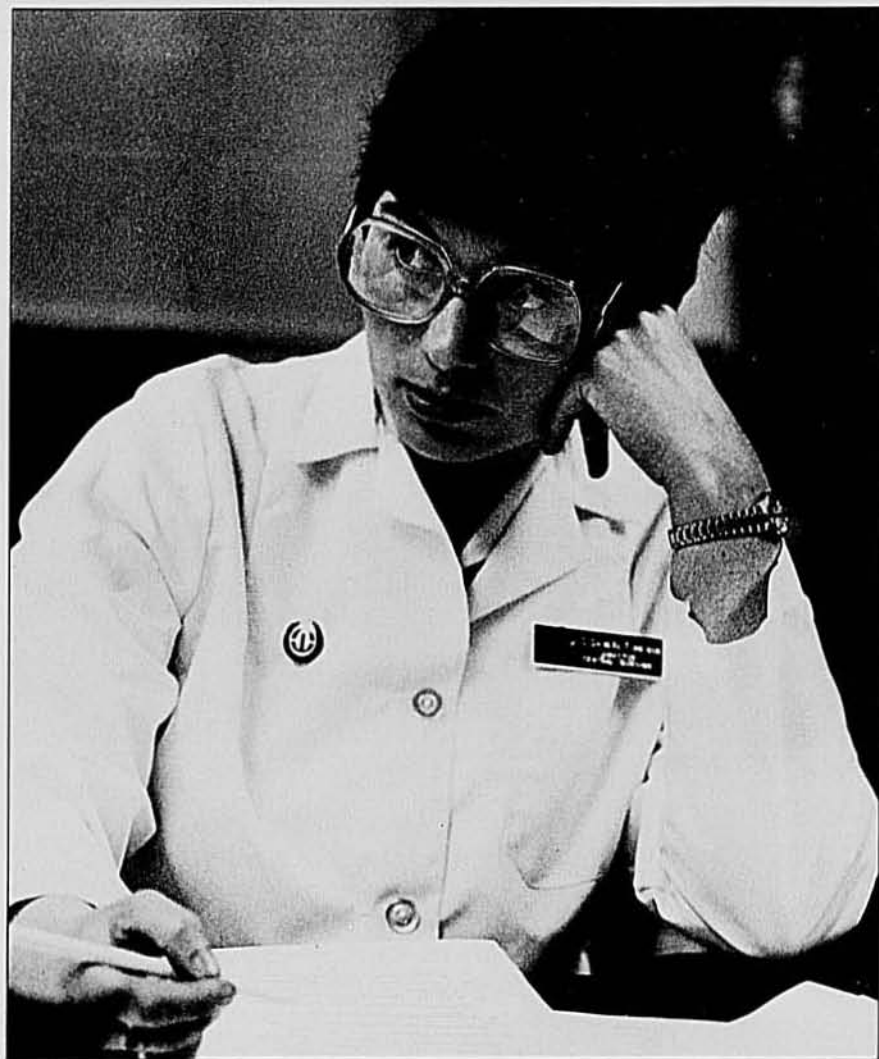
### ***Nurse aides could become LVNs and LVNs could become RNs***

---

4. *Continuing Education:* The bill would automatically have repealed mandatory continuing education as of January 1, 1983.<sup>9</sup> This is an interesting move considering that other states are working hard to legislate mandatory continuing education.

This bill came out of a state department which is supposed to protect the consumer's interest. Considering each of the major concepts presented, would this bill provide the consumer with safe practitioners? Would the public welfare be jeopardized? Although the bill would have provided cheap labor for hospitals, it had limited support (except for the Brown administration). Nurses in California were united in their efforts to defeat SB 666. One strong showing of unity came in March of 1979 at the California Nurses' Association (CNA) biennial convention. The House of Delegates expressed their strong opposition by passing a resolution on Project Iatrogenesis. Listed below are the resolves from that resolution:<sup>10</sup>

"RESOLVED, that the CNA Government Relations Program facilitate access to nursing education and career mobility by introducing legislation to establish a single Board of Nursing by 1981; and be it further



RESOLVED, that the Nursing Education Commission provide for reasonable articulation between the different levels of nursing education by promulgating voluntary guidelines by 1981 to coordinate various nursing curricula; and be it further

RESOLVED, that the CNA Affirmative Action Program and Government Relations Program collaborate to maintain the availability of present nursing education programs by introducing legislation prior to 1981 for state funding of existing programs; and be it further

RESOLVED, that the California Nurses' Association shall oppose changes in nurse licensing laws which will erode patients' rights to quality nursing care; and be it further

RESOLVED, that the California Nurses' Association shall publicize research projects on the effect upon patient outcomes when RNs are the primary nursing care providers."

In April of 1979, 300 RNs went to Sacramento for "Nurses' Day," which

was sponsored by the CNA Government Relations Commission. Naturally, everyone had SB 666 on their minds and a need to speak with Senator Diane Watson. The timing was perfect — the bill was to come before the Senate Business and Professions Committee for a vote two days later. The nurses' lobbying efforts in Sacramento were effective; the bill was removed from the Committee for further amendments.

Nursing involvement at the grassroots level continued over the next several months. Letters continued to pour into the offices of state legislators, and many informative sessions were conducted throughout the state to rally more nursing involvement. Finally, in the fall of 1979, the amended version of the bill was available. Although the whole bill had been reworked, it still contained the major concepts which nursing opposed.

Due to continued, overwhelming opposition from nursing, the Business

and Professions Committee decided to hold interim hearing, during December, 1979 in San Francisco and Los Angeles. Hearing rooms were filled to capacity with nurses attending in both cities. The message from those nurses testifying was clear — they were opposed to SB 666. Practitioners, educators, professional organizations and others articulated their views — raising many important issues for the survival of professional nursing in California.

The final hearings before the Business and Professions Committee were held on January 15, 1980. The only voices of support came from the Service Employees International Union, the California Practical and Nursing Assistant Association, and from both the Brown administration and Brown-appointed boards — including the Board of Registered Nursing.<sup>11</sup> When the vote was taken, five senators voted no and two voted yes. After a long struggle, nursing had accomplished its goals — the defeat of SB 666. However, there is talk that a similar bill will be introduced in the Assembly during the next legislative session.

### Legislation and the nursing administrator

The author, in conducting legal aspects workshops throughout California, included a discussion of SB 666 which logically follows a presentation of the California Nurse Practice Act. It was interesting to note the large numbers of working RNs who had never heard of the bill. After further questioning of those few nurses familiar with the bill, I realized what a key role the nursing administrator has in the area of legislative activity. By virtue of their positions, they have access to large numbers of nurses and can inform and involve nurses in important legislation such as SB 666. Certainly this does not relieve nurses of their individual responsibility to keep current on legislation affecting their practice, but a nursing administrator can have enormous impact.

### Ways to stay informed

Nursing administrators can tie into existing systems to stay current on important legislation in the following ways:

- *Professional Journals:* State association journals usually carry information on current legislation as well as articles on key controversial bills. For

## Nursing administrators have a key role in disseminating information about nurse-related legislation.

example, the *California Nurse* carried updates on SB 666 and CNS involvement in at least every other issue from 1978 to 1980.

- **Local Legislative Committee:** The district or regional level of the professional association usually has a committee or special interest group devoted to legislative activity. The nursing administrator can be involved personally, designate someone from the facility to be involved or establish a liaison with a key member of the committee. During the year with SB 666, these local committees in California were extremely active in disseminating information through informal mechanisms such as word of mouth or telephone trees and formal presentations open to all interested individuals.

- **State Association Legislative Office and/or Commission:** For immediate updates and accurate information, the nursing administrator should be familiar with the professional association's lobbyist and key staff people in the capital. Considering their day-to-day contact with the legislature, these individuals can be extremely helpful in dispelling misinformation and sending out the most current facts and/or positions on legislation. Get to know their names and establish an ongoing relationship with them. The Government Relations Office in Sacramento was very active in writing detailed bill analyses for each version of SB 666 and informative fact sheets.

- **Board of Registered Nursing:** The Board of Registered Nursing (BRN) has the responsibility to administer the Nurse Practice Act and therefore will be intimately involved with legislation affecting the Practice Act. Again, liaison with someone who sits on that body (or with the staff) can provide pertinent information. In the case of SB 666, the BRN was in support of the legislation while the majority of RNs opposed it. Not only was there a need to find out the Board's perspective but also a corresponding need for their constituents to send Board members their views.

- **Legislators:** There is no substitute for establishing a relationship with

one's own legislator and influencing them either by letter of personal visit. Copies of current legislation can be obtained through the legislator. Senator Watson and all of the members of the Senate Business and Professions Committee received overwhelming numbers of letters from concerned nurses.

- **Nursing Administrators' Council:** Many cities or areas have either a formal or informal meeting of nursing administrators on a fairly regular basis. This type of group has many purposes but can serve as a place to become familiar with pertinent legislation and to share ideas about how to disseminate the information. This group could even have a designated person to collect needed legislative information.

### Mechanisms to inform staff

Once the nursing administrator has the necessary information, it must be disseminated to the nursing staff. A variety of mechanisms are available to the nursing administrator. The list below is by no means exhaustive.

- **Staff and/or Head Nurse Meetings:** A piece of legislation which has wide applicability needs to be placed on the agenda of any meeting where nurses gather. The discussion can provide information and strategies for involvement. Copies of the bill as well as a sample letter could be distributed. This is most valuable since many individuals may be more willing to write to their legislator given some guidelines.

- **Special Meetings:** Why not call a special meeting? This is most appropriate as bills come up for vote, and legislators need to hear from large numbers of nurses quickly. Those nurses who are interested will attend and spread the word to other nurses. Some nurses in California wore buttons with "Defeat SB 666" on them. It was hoped that these would arouse curiosity in other staff members.

- **Memos:** A memo can be useful in communicating the facts in a brief, concise manner. When possible, a follow-up meeting or contact person is helpful in answering any questions.

- **Hospital Newsletters:** The news-

letter provides a great medium to inform not only the nursing staff but also other hospital employees as well.

- **Support From Other Departments:** Important legislative information does not have to stay within the nursing department. Any changes in the practice of nursing will affect others in the health care agency. Strategies for getting the information to these individuals and encouraging them to write letters can be accomplished through the hospital newsletter or through fact sheets placed near heavily traveled areas.

### Summary

It's a very real possibility that nurses in California will again face some or all of the concepts presented in SB 666 during future legislative sessions. The idea that an individual can move up from the lowest skilled job is very seductive in its simplicity. However, the ideal of career mobility must be developed thoughtfully, according to sound educational standards.

The unity and enthusiasm with which California nurses exerted their political muscle was inspiring. They were instrumental in determining the nature and content of their Nurse Practice Act and in maintaining quality care for consumers. Nursing administrators can and do play a key role in such efforts. □

### References

1. *Project Iatrogenesis*. California State Department of Consumer Affairs, Sacramento, 1978.
2. *Ibid.*
3. *Ibid.*
4. *Fact Sheet on Project Iatrogenesis*. Government Relations Office, California Nurses' Association, Sacramento, 1979, p. 2.
5. "CNA Heard on Project Iatrogenesis," *California Nurse*, October, 1978, p. 1.
6. *Analysis of SB 666*. CNA Government Relations Staff, Sacramento, October 17, 1979.
7. *Ibid.*
8. *Consolidated Nursing Reform Act of 1980 Fact Sheet on Amendments to SB 666*. California State Department of Consumer Affairs, Sacramento, October 10, 1979.
9. CNA Government Relations Staff, *op. cit.*
10. *Compendium of Actions Taken by CNA House of Delegates 1979-81 Biennium*, March 5, 1979.
11. "SB 666 Defeated 5-2 Vote Kills 'Reform' Bill," *California Nurse*, February, 1980, p. 1.