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313 N. Figueroa Street, Suite 912
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Tel: (213) 240-8101
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April 20, 2012

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Executive Officer and Member, Board of Directors
Respiratory Care Board of California
444 North 3rd Street, Suite 270
Sacramento, California 95811

RE: Pulmonary Physiology Technicians (PPT) Waiver Request

Dear Respiratory Care Board of California,

This is to respectfully and formally request on behalf of the County of Los Angeles' Department of Health Services (DHS) waivers for twenty Pulmonary Physiology Technicians as follows:

1. A permanent waiver of education requirements for the Respiratory Care Practitioner (RCP) licensing requirements; or,

2. A temporary waiver of at least 5 years to satisfy the RCP licensing requirement (commencing after clarification of the Board's current enforcement policy is received).

The basis for the request is hardship for the patients and public, the individual PPTs, and DHS. These twenty highly skilled, respected and valued employees of long experience are regarded by the Respiratory Care Practitioner Manager at the LAC+USC Heathcare Network (General Hospital) as some of the "best Pulmonary Physiology Technicians in Southern California" (19 of the 20 work at General Hospital, 1 works at Harbor-UCLA Medical Center).[1] The PPTs each average over 25 years of experience practicing pulmonary physiology at the two largest public hospitals in Southern California. Combined, they share the benefit of over 535 years of experience. All were hired by the County prior to the requirement that PPTs be licensed, which occurred 20 years ago in 1992, but has not been enforced by your Board. Because of a lack of pulmonary physiology instructors in California, should these 20 deeply experienced

[1] Quote from Michael Clair, Respiratory Care Manager, LAC+USC Healthcare Network, February 8, 2012.

PPTs now be required by your Board to become licensed as Respiratory Therapists, they would literally (1) be required to take RCP courses of no relevance (90%) to their jobs and (2) to the minimal extent of relevance (10%), potentially be required by your Board to train themselves in what they have already been doing successfully for the past 25 years.

In the first alternative, DHS requests exemption by your Board from the education requirements for an RCP license for the twenty individual DHS PPTs identified in this letter on the same basis and for the same reasons.

In the second alternative, DHS respectfully requests these twenty PPTs be granted temporary waivers of licensure until such time as (1) your Board certifies a part-time evening RCP Associate Degree program affiliated with General Hospital so as to make part–time RCP night school a practical possibility for these PPTs and (2) the PPTs then have had sufficient time to apply for and complete the RCP Associate Degree program on a part-time basis, including time to complete the program's prerequisite courses and including time for possible program wait listing. Given the need to establish such a geographically accessible evening program, the County is of the view that for the PPTs to complete the prerequisite college courses, to successfully apply for and then be accepted into the program, to be placed on any wait list, to successfully complete the course of study, then graduate, schedule and pass the examination, and finally become licensed as RCPs, will take no less than 5 years possibly longer.

LAC+USC Medical Center Healthcare Network (General Hospital)

Founded in 1878, General Hospital is one of the largest acute care hospitals in America and has been the primary facility of the University of Southern California's School of Medicine since 1885. It is now licensed for 600 beds and budgeted to staff 745 beds. It is the largest public hospital in Southern California.

As the largest single public provider of healthcare in the County of Los Angeles, General Hospital provides the community with desperately needed indigent care and more than 28 percent of its trauma care. It operates one of three burn centers in the County and one of the few Level III Neonatal Intensive Care Units in Southern California. It provides care for half of both AIDS patients and sickle cell anemia patients in Southern California. It trains approximately 1,500 medical professionals, including RCPs and PPTs, each day.

General Hospital is the affiliated hospital for your Board's approved RCP Associate Degree program at East Los Angeles Community College. East Los Angeles Community College's course includes clinical and laboratory experience (but no separate course) in pulmonary physiology. The pulmonary physiology clinical instruction for the East Los Angeles Community College's RCP degree program is currently provided by the pulmonary physiology laboratory for which the County is requesting a waiver because East Los Angeles Community College, to the best of the County's knowledge, has no instructor in pulmonary physiology on its own faculty. The irony of this situation is not lost on the County, and the County is hopeful that your Board will be respectful of this irony and its practical implications as it properly exercises its administrative discretion in applying the letter and spirit of its regulatory obligations.

Because of the size and scale of General Hospital's facilities and staff, it is the only DHS hospital which manages its pulmonary physiology laboratory as a separate allied health department. All other DHS hospitals operate their pulmonary physiology laboratories as part of their Respiratory Care Department. Because of this unique aspect of General Hospital's organization, General Hospital understandably responded differently than its peer DHS hospitals when licensing requirements were first established by the Respiratory Care Practice Act in 1985 and then

modified in 1992 with respect to PPTs. These regulatory changes and evolutions over time are more fully discussed below.

PPTs – DHS Class Specifications

DHS's Class Specifications for its PPT series (Items 5565 – 5572) provide that Pulmonary Physiologists perform pulmonary function tests such as spirometry, flow-volume loop, and lung volume testing by helium dilution, nitrogen washout, plethysmographic or other standard methods at the direction of a physician. They conduct medically prescribed ventilatory examinations of pediatric and adult ward patients and outpatients to measure lung functions such as vital capacity, total lung capacity, residual volume and airflow. They set up and calibrate pulmonary physiology equipment, prepare patients for testing, take vital signs (pulse, ECG, blood pressure), and administer bronchodialators. They analyze and record test results into the pulmonary physiology laboratory information system. They perform medically ordered blood and acid base analyses by determining the gas acid base status and hemoglobin content of blood samples. Finally, they perform minor preventative maintenance on laboratory equipment, clean counters and equipment and replenish laboratory supplies as needed.

Respiratory Care Practice Act – Business & Professions Code Section 3700 et. cet. seq.

Prior to the mid 1980's, a license was not required to practice either RCP or pulmonary physiology in California. The Respiratory Care Practice Act, operative July 1, 1983 and effective in 1985, as amended, now provides the statutory basis for the licensure and regulation of the practice of Respiratory Care Practitioner in California. See, Business and Professions Code Section 3700, et. sec. Business and Professions Code Section 3701 defines Respiratory Care as a health care profession engaged in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system. Business and Professions Code Section 3710 creates your Board. Section 3718 gives your Board statutory authority to issue, deny, suspend and revoke RCP licenses. Section 3719.5 gives your Board authority to establish educational requirements as a condition of initial licensure. Section 3740 both establishes certain minimum educational requirements for licensure and provides an exception to those educational requirements relevant here. Specifically, Section 3740 (g) provides that, "[a]t your Board's discretion, it may waive its educational requirements if evidence is presented and your Board deems it as meeting the current educational requirements that will ensure the safe and competent practice of respiratory care. This evidence may include, but is not limited to: (1) work experience." DHS respectfully requests your Board exercise its statutory authority to now make exception to (or deem non-traditional compliance with) the educational requirements for the twenty PPTs described below for reasons of fairness and common sense, and practicality.

The specific legislative history of the Respiratory Care Practice Act from the 1980s and 1990s, is not available to DHS online at the State of California's "Find California Code" website, http://www.leginfo.ca.gov/calaw.html. However, it is currently DHS' received understanding that, when the Respiratory Care Practice Act was first enacted in the mid 1980s, it contained a specific statutory exemption from licensure for PPTs. It is also DHS' received understanding that this statutory exemption from licensure for PPTs was withdrawn by the legislature in or around 1992. Finally, it is DHS' understanding that your Board has not taken any significant enforcement action to date with respect to requiring licensure by PPTs. Specifically, it is DHS' understanding that (1) before the enactment of the Respiratory Care Practice Act, PPTs were properly unlicensed health care practitioners and (2) after the enactment of the Respiratory Care Practice Act, PPTs were actually exempt from licensure for 7 years and for the additional 20 years since have been constructively exempt from licensure due to your Board's fair and reasonable practice of not taking enforcement action.

The reason that your Board has taken a no enforcement action position may be surmised based on the minutes of your Board's Unlicensed Personnel Task Force meeting of July 18 and 19, 2002:

> "Twenty years ago, there was specialized training available at colleges by way of pulmonary programs. But since those programs went by the wayside, there are very few people with education and experience in pulmonary function training, other than those in the field. It is estimated there are approximately 200 pulmonary technologists in California...A possible solution would be to expand respiratory care educational programs to include physiology and pulmonary function courses. Though others believe the respiratory care programs are at their full capacity. Other possible solutions included having separate pulmonary programs, identify a pulmonary function program curriculum (that does not necessarily need a formal program) and work with pulmonary labs to take on the clinical practice portion of the education." (Emphasis added) See, Respiratory Care Board of California Highlights of July 18 and 19, 2002.

Currently, there is no one in the field to train PPTs but themselves.

The Twenty Experienced PPTs

DHS requests specific waivers from licensure by your Board for the twenty individual Pulmonary Physiology Technicians named below.

Please note that all twenty PPT for whom DHS requests waiver from licensure by your Board were hired before the statutory exemption from licensure was removed in 1992.

Please also note that the County's Class Specifications for PPTs are currently being revised to require licensure for all new hires. The County does not intend to and will not currently or in the future hire any other PPTs unless and until they have obtained a RCP license from your Board.

In 2011, nineteen of the unlicensed PPTs working in the pulmonary physiology laboratory at General Hospital were reassigned due to their unlicensed status to temporary duties outside the pulmonary physiology laboratory. One group is currently performing analysis of arterial blood, one group is currently reassigned to the Core Laboratory and one group is currently reassigned to perform electrodiagnosis. The nineteen budgeted and funded positions in General Hospital's pulmonary physiology laboratory are currently being filled by DHS using licensed registry personnel rather than full time, very experienced County employees. DHS is forced to pay the registry personnel $51 per hour, or approximately $100,000 for a 2,000 hour year, versus the annual salaries of the County's twenty PPTs, which average approximately $60,000 per year. This creates an economic hardship for DHS.

Regarding the nineteen PPTs who were working until last year in the Pulmonary Physiology Laboratory at General Hospital and have been temporarily reassigned pending this request for waiver, Michael Clair, the Manager of the Respiratory Care Practitioner Department at General Hospital, recently wrote:

> "Management is impressed by the maturity and professionalism demonstrated by the Department's Pulmonary Physiology Technical personnel during this chaotic transition. Even though distressed and disappointed by their reassignments they have not exhibited hostility toward either management or their temporary replacements. They have even participated in the orientation of their replacements, something others would have found difficult in their place. Their demeanor is a testament to the quality of their character. I am proud to be

associated with them." See, written quote from Michael Clair, Respiratory Care Manager, LAC+USC Healthcare Network, attached.

The experience and performance measures of the twenty PPTs for whom DHS now respectfully and formally requests waiver from your Board are as follows:

Name	EE #	Date of Hire	Years of Service	Last PE Date	Last PE Rating
		08/27/87	24	02/28/11	Competent
		05/01/90	21	07/31/11	Competent
		05/18/78	33	04/30/11	Very Good
		05/25/87	24	03/31/11	Competent
		05/04/83	28	07/31/11	Very Good
		01/06/86	26	04/30/11	Unavailable
		04/16/90	21	10/31/11	Competent
		12/01/80	31	09/30/11	Competent
		09/17/73	38	04/30/11	Competent
		10/18/89	22	09/30/11	Competent
		07/16/84	27	10/31/11	Competent
		02/02/72	40	10/3/11	Competent
		01/27/91	21	04/30/11	Competent
		02/02/87	25	09/30/11	Very Good
		03/19/79	32	05/31/11	Very Good
		11/07/79	32	10/31/11	Competent
		09/03/91	20	11/30/11	Competent
		08/27/87	24	10/31/11	Competent
		09/14/87	24	10/31/11	Competent
		10/03/89	22	03/31/11	Competent

For the last twenty years, the twenty PPTs have (1) been constructively grandfathered by your Board from Respiratory Care Practitioner licensure, and (2) been successfully and safely serving the public interest.

The Educational Requirement

The following table summarizes the relevant educational options these deeply experienced PPTs would face if your Board decides to begin enforcing the education requirement.

It is DHS' current understanding and best belief that none of the twenty PPTs have attended college within the last 15 years. Unless the educational requirements are waived or deemed met by your Board, the twenty PPTs will have to apply to one of the following 8 schools located across

Los Angeles County, be accepted (possibly off of a wait list), complete college level prerequisites as described below, attend school full time over 18-24 months or part-time over 3-4 years, graduate, apply for their Board examination, and receive a passing score, all before DHS will be able to reassign the PPTs back to the pulmonary physiology laboratories where they belong.

Your Board's eight currently approved RCP Associate Degree programs in Los Angeles County are structured as follows:

School Name	Distance from LAC+USC	Respiratory Care Practitioner Program Cost	Evening Classes Offered	Class in Pulmonary Physiology Offered	Pulmonary Physiology Instructor on Faculty	Program Lecture vs. Lab Time Ratio	Program Prerequisites
Antelope Valley College	70 miles	$17,447	n/a	No	No	Lecture 37% Lab 63%	Biology 101, Chemistry 101. Anatomy 201, Physiology 202.
Concorde Career College	17 miles	$48,946	No. Classes begin at 8am or 1 pm.	No, but Course Respiratory Care Practitioner 250 includes some study of pulmonary function.	Unknown	Lecture 41% Lab 59%	Program requires completion of courses in Microbiology, Computer Science, Critical Thinking, College Algebra, English Composition, Psychology, Anatomy & Physiology and Sociology.
East Los Angeles College	7 miles	$1600 plus books and supplies. Approximately $4,500 total.	No.	No.	No.	Lecture 27% Lab 73%	Chemistry 51 or 65, Physics 11, Anatomy 1, Physiology 1, Microbiology 20.
El Camino College	18 miles	$4748 including books and supplies.	2 – 4 Units out of the total of 48 Units required may be taken while working.	Yes.	Yes.	Lecture 24% Lab 76%	Anatomy 30, Computer Info Systems 13, English 1A, Psychology 5, Respiratory Care 172, 174.
Los Angeles Valley College	18 miles	$4500 including books and supplies.	No.	No.	No.	n/a	Psychology 1, Anatomy 1, Physiology 1, Chemistry 51, Microbiology 20, Physics 5.
Mt. San Antonio College	23 miles	$3,162 including supplies	"Outside work is not recommended due to the long hours required."	Yes.	Yes.	n/a	Math 51, Chemistry 10, Medical Terminology 90, Anatomy 10A, Physiology 10B.
Platt College	6 miles	n/a	Yes.	Yes.	Yes.	Lecture 69% Lab 31%	Algebra, Physics, Psychology, Speech I, Speech II, English Composition.

The foregoing provides the basis for the logic of a reasonable and sensible waiver of the educational requirement (or, at least a non-traditional deemed satisfaction of the requirement) by your Board. The table also makes clear several ironies:

- Only about 10% of the course content is relevant to the PPTs' jobs in the pulmonary physiology laboratory.
- Half of the approved programs do not offer a course in pulmonary physiology.

- The programs that do not even offer a course in pulmonary physiology are assumed to not have a lecturing pulmonary physiology Instructor on their faculty.
- The majority of the pulmonary physiology training therefore must take place in a clinical setting. In the case of East Los Angeles Community College, it takes place at General Hospital in the very pulmonary physiology laboratory where nineteen of DHS' unlicensed PPTs work. The unlicensed PPTs currently provide some of the clinical training for students of the RCP degree program. Our PPTs would be required to become these students.
- If the schools such as East Los Angeles Community College with no current course and presumably no current lecturing instructor in pulmonary physiology must now hire one on an adjunct basis, they might well look to Carolyn Riley, the licensed head of the pulmonary physiology laboratory at General Hospital and the person who manages and trains DHS' own PPTs, to be their own school's adjunct Instructor. The other possible instructor, Andre Marshall, a pulmonary physiology supervisor with 32 years' experience and a performance rating of "Very Good," would, if selected, be teaching himself.
- The majority of the coursework needed to complete the educational requirement involves clinical experience. The twenty PPTs for whom DHS requests waiver already have collectively over 535 years of clinical experience in two of the largest public hospitals in California. They simply do not need more experience in order to continue serving the public as trained and very experienced PPTs in the pulmonary physiology laboratory.

Conclusion

After twenty years of a fair and reasonable policy of non-enforcement by your Board, it is irreconcilable to now require the twenty competent, experienced and respected DHS PPTs identified in this letter to become licensed as RCPs. The PPTs discussed in this letter are described by the Head of the Respiratory Care Practitioner Department for the LAC+USC Healthcare Network as "the most well rounded and experienced [Pulmonary Physiology Technicians] in Southern California."[2]

It is the paramount statutorily mandated duty of your Board to protect the public. It would be a detriment to the public to permanently and arbitrarily remove twenty competent and experienced PPTs with a combined 535 years of public healthcare experience serving a mostly indigent and uninsured patient population from the pulmonary physiology laboratories of the second largest public healthcare network in the United States (and the largest public healthcare system in California). "Protection of the public shall be the highest priority for the Respiratory Care Board of California in exercising its licensing, regulatory, and disciplinary function. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." See, Business and Professions Code Section 3710.

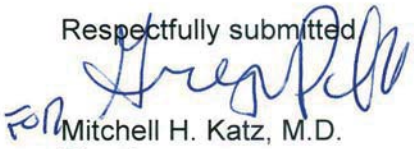
DHS, therefore, formally and respectfully requests from your Board a written waiver to grant these twenty PPTs a waiver (or deemed non-traditional satisfaction) of the educational requirement for licensure. This action is statutorily within your Board's administrative discretion. Because General Hospital is affiliated for purposes of clinical instruction for the RCP program at East Los Angeles Community College, some of the PPTs already provide clinical instruction in pulmonary physiology to the very students they would otherwise be forced to become. As previously stated, none were hired by the County after the statutory exemption was amended in 1992. The County no longer hires unlicensed PPTs.

In the second alternative, DHS formally and respectfully requests temporary waiver of the licensing requirement by your Board for a minimum of 5 years after your Board clarifies its current enforcement position. In all fairness and respect to DHS and these 20 valued Pulmonary Physiology Technicians, it will reasonably require at least 5 years for them as a group to complete their educational requirements on a part-time basis while continuing to provide public service by working (and sometimes instructing) in

[2] Quote from Michael Clair, Respiratory Care Manager, LAC+USC Healthcare Network, February 8, 2012.

their Pulmonary Physiology Laboratories as they have been doing with great success and your Board's fair acquiescence since 1992. DHS' Pulmonary Physiology Laboratories, the County of Los Angeles and its public healthcare patients and system need their continued dedicated service.

Respectfully submitted,



For Mitchell H. Katz, M.D.
Director
Department of Health Services
County of Los Angeles

c: Hal Yee, M.D.
Christina Ghaly, M.D.
Gregory Polk

RESPIRATORY CARE BOARD OF CALIFORNIA

July 16, 2012

Mitchell H. Katz, M.D., Director
Department of Health Services
County of Los Angeles
313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Dear Dr. Katz,

Thank you for your letter dated April 20, 2012 wherein you requested a waiver to allow twenty of your staff to resume the practice of performing pulmonary function testing legally.

As you know, the matter was discussed at the Respiratory Care Board's (Board's) May 18, 2012 meeting. The Board agreed to discuss the matter further at its next meeting, which is scheduled for October 12, 2012 in Sacramento. Following the May 18 meeting, the Board's President and Vice-President, Murray Olson, RCP RRT-NPS, RPFT, and Charles B. Spearman, MSEd, RCP, respectively, requested I gather additional information to benefit this discussion. Specifically, they would like to review:

- How many displaced employees currently hold a CPFT credential;
- How many displaced employees currently hold an RPFT credential;
- How many displaced employees held CPFT or RPFT credentials, but are no longer current;
- How many displaced employees have ever held licensure in any state as an RCP (please provide state and expiration date of license if applicable);
- If the previous job duties of the displaced employees fell within the CPFT exam matrix (enclosed);
- If the previous job duties of the displaced employees fell within the RPFT exam matrix (enclosed);
- If there were any previous job duties that did not fall within the CPFT or RPFT exam matrixes; and
- How many employees qualify/ do not qualify to sit for the CPFT exam (criteria enclosed).

If you are able to provide any of the above information, we would appreciate receiving it by September 17, 2012, to ensure it is included in the members' materials that are prepared in advance of the RCB meeting.

Thank you again for your very thorough and well written letter highlighting your position. If you have any questions, please give me a call at (916) 999.2232. You may also contact Christine Molina, in my absence, at (916) 999-2230.

Sincerely,

Stephanie Nunez

Stephanie Nunez
Executive Officer

Enclosures

Health Services
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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September 12, 2012

RECEIVED
2012 SEP 17 PM 12:59
RESPIRATORY CARE BOARD

Stephanie Nunez, Executive Officer
Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834

Dear Ms. Nunez:

This is in response to your request for additional information regarding the qualifications of the displaced Department of Health Services (DHS) Pulmonary Physiology Technicians (PPT).

In our initial request to the Board, DHS identified 20 displaced Pulmonary Physiology Technicians; however, 2 PPT's retired in May 2012. Therefore, the responses below relate to the 18 remaining PPT's.

- **How many displaced employees currently hold a CPFT credential.**

  One (1) employee currently holds the CPFT credential.

- **How many displaced employees currently hold an RPFT credential.**

  One (1) employee currently holds the RPFT credential

- **How many displaced employees held CPFT or RPFT credentials, but are no longer current.**

  None of the displaced employees held CPFT or RPFT credentials that have lapsed.

- **How many displaced employees have ever held licensure in any state as an RCP (please provide state and expiration date of license if applicable).**

  Two (2) employees have held California RCP licensure but have lapsed. (See attached documents to support previous licensure.)

- **If the previous job duties of the displaced employees fell within the CPFT exam matrix (enclosed).**

  Job duties of the displaced employees did fall within the CPFT exam matrix.

- **If the previous job duties of the displaced employees fell within the RPFT exam matrix (enclosed).**

  Job duties of the displaced employees did fall within the RPFT exam matrix.

- **If there were any previous job duties that did not fall within the CPFT or RPFT exam matrixes; and, how many employees qualify/do not qualify to sit for the CPFT exam (criteria enclosed).**

  All remaining (16 + 1 from Harbor) displaced employees qualify for the CPFT exam. More specifically, as follows:

  a. Five (5) will be taking the CPFT exam. Application submission has been delayed due to transcripts/diploma retrievals.

  b. Five (5) are waiting for LIVE SCAN and applying for the Medical Board of California Polysomnography Licensure.

  c. Three (3) will be retiring within the prescribed time limit for licensure.

  d. Two (2) are no longer working in the field of Pulmonary Physiology Technology but still hold the classification.

  e. Two (2) are undecided.

We hope the above information will assist you in assessing our waiver request. If you have any additional questions or concerns please contact Tim Pescatello, Chief, Employee Relations, at (323) 890-7812.

Sincerely,

for

Mitchell H. Katz, M.D.
Director

MHK:TP:CR:glf

Enclosure

c: M. Clair

Strategic Planning Preparation
Items of Interest

ENFORCEMENT

1. Ensure consistent and fair enforcement decisions which are in line with the degree of infraction
2. Adhere to established cycle time targets for internal enforcement performance measures
3. Continue to provide and improve timely public access to disciplinary matters through the Board's website *(e.g. performance measures, pleadings, decisions, add citations and fines)*
4. Consider establishing a maximum time period to post citation and fines and disciplinary matters that meet certain criteria
5. Continue to reengineer enforcement processes to achieve greater efficiency in formal disciplinary actions *(e.g. Continue to attempt to secure additional staffing authority to draft and process routine accusations, statements of issue, and possibly, stipulated agreements; Work with the Office of the Attorney General to establish procedures; Continue to pursue authority to reestablish permanent investigator position)*
6. Modify Enforcement procedures and processes in line with the implementation of the new BreEZe system
7. Further define the process to address practice-related violations using the authority to issue an in-house public reprimand
8. Complete Department of Justice Project: Destroy remaining records and notify the Department of Justice of "No Longer Interested" in rap sheets, as required by law *(Secure temporary help when freeze is lifted to address this project)*
9. Evaluate the need to strengthen law and regulations concerning student and/or applicant supervision
10. Review Disciplinary Guidelines and make modifications as necessary
11. Pursue legislation to allow release of criminal records prior to payment if applicable

LICENSING

1. Update application materials *(e.g. Modify application for licensure to provide that certain convictions which have been dismissed after completion of a deferred entry of judgment, pursuant to Penal Code sections 1000.3 and/or 1000.4, are not required to be reported; Modify application to coincide with the implementation of BreEZe and on-line application and/or consider eliminating hard copy applications; Authorization to Release Records)*
2. Establish out-of-state practitioner exemption from licensure for sponsored event *(Establish minimum education, training and other requirements via regulation for practitioners licensed in good standing, in another state to provide respiratory care services through a sponsored event. (Reference B&P sections 900 and 901; AB 2699, Statutes of 2010)*
3. Clarify authority to request driving history records *(Amend regulations to clarify B&P Section 3730 and 3732 includes a 10-year driving history)*
4. Update Continuing Education regulations *(e.g. Recognize NBRC specialty exams, Adult Critical Care, Sleep Disorders Testing; Recognize training and education regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS) as acceptable continuing education (pursuant to B&P 32-amended 2011)*

5. Implement access to on-line licensing and renewals in conjunction with the launch of BreEZe *(e.g. Modify Licensing procedures and processes in line with the implementation of the new BreEZe system)*

6. Keep applicants and licensees informed about the changes and new functionality that will be offered by the new BreEZe system *(e.g. Contact program directors and request assistance in educating applicants; Promote the e-blast sign up and provide updates; Capture in newsletters)*

7. Consider increasing minimum standards for licensure as it correlates with the National movement *(e.g. Continue to monitor progress of the American Association for Respiratory Care's "2015 and Beyond" project)*

8. Evaluate the effectiveness and impact of the Professional Ethics and Law courses and whether the courses should be mandated

SCOPE OF PRACTICE

1. Authorize RCPs to take orders from Physician Assistants and Registered Nurses *(in all settings)*

2. Clarify in regulation that "associated aspects of cardiopulmonary" as used in B&P, section 3702 includes cardiac diseases and cardiac rehabilitation

3. Consider legislative or regulatory amendment to authorize RCPs to manage and educate (not treat or diagnose) diabetic patients *(currently rely on "overlapping functions" in section 3701)*

4. Consider legislative or regulatory amendment to codify authorization for RCPs to perform conscious sedation

5. Consider legislative or regulatory amendment to clarify and/or authorize RCPs to perform all associated aspects of Extracorporeal membrane oxygenation (ECMO)

6. Consider partial or full exemption of persons holding the CPFT/RPFT credential from specific respiratory care tasks

7. Determine whether additional regulation should be established to address "Telehealth" *(Defined as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. (Reference B&P, section 2290.5; AB 415, Statutes of 2011))*

8. Consider legislative or regulatory amendment to require respiratory care and/or clinical instructors to have a valid and current RCP license.

PROGRAM ADMINISTRATION

1. Thoroughly review and update website to bring current and accommodate BreEZe implementation

2. Complete Record Retention Project as outlined in the Board's policy adopted February 2011 *(Secure temporary help when freeze is lifted to address this project)*

3. Consider and incorporate as approved, recommendations from the B&P Committee and DCA resulting from the Board's 2012-13 Sunset Review

4. Obtain additional staffing authority to continue webcasting meetings