PUBLIC SESSION MINUTES

Friday, November 15, 2013

Anaheim Marriott
Platinum Ballroom No. 5
700 West Convention Way
Anaheim, CA 92802-3483

Members Present: Charles B. Spearman, MSEd, RCP, RRT, President
Mark Goldstein, BS, RRT, RCP, Vice President
Mary Ellen Early
Rebecca Franzoia
Michael Hardeman
Ronald Lewis, M.D.
Murray Olson, RCP, RRT-NPS, RPFT
Laura Romero, Ph.D.
Alan Roth, MS MBA RRT-NPS FAARC

Staff Present: Dianne Dobbs, Legal Counsel
Stephanie Nunez, Executive Officer
Christine Molina, Staff Services Manager
V. Craig Martinez, Associate Governmental Program Analyst

CALL TO ORDER

The Public Session was called to order at 11:00 a.m. by President Spearman.

NEW MEMBER INTRODUCTION

President Spearman welcomed and introduced the Board's newest members: Laura C. Romero, PhD; Ronald Lewis, MD; and Michael Hardeman.

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PUBLIC COMMENT

President Spearman explained that public comment would be allowed on agenda items, as those items are discussed by the Board during the meeting. He added that under the Bagley-Keene Open Meeting Act, the Board may not take action on items raised by public comment that are not on the Agenda, other than to decide whether to schedule that item for a future meeting.

Public comment was received by Mr. James Ellis regarding the Board's proposal to increase the entry level exam to Registered Respiratory Therapist. Mr. Ellis was advised that many of the concerns he had were addressed within the Proposed Legislation and would be reviewed in detail during the discussion of that agenda item.

APPROVAL OF MAY 6, 2013 MINUTES

Vice President Goldstein moved to approve the May 6, 2013 Public Session minutes with changes.

M/Goldstein /S/Roth
In favor: Early, Franzoia, Goldstein, Olson, Roth, Spearman
Abstain: Hardeman, Lewis, Romero
MOTION PASSED

EXECUTIVE OFFICER'S REPORT

(Nunez)

a. BreEZe On-Line Application/License System:

Ms. Nunez advised the Board of the following BreEZe highlights:

- The BreEZe On-Line Application/License system rolled out fairly smoothly on October 9, 2013.
- Staff is adapting very well.
- The Department is still working on prioritizing and fixing issues and expects to be completed within a year.
- As of November 5, 2013, 452 respiratory therapists have already registered on the BreEZe system.
- Statistical data reports are not yet available in this system, which may make it difficult to obtain information routinely provided.
- The NBRC interface, which will upload exam results directly into the system, is expected to be active this week, and the Board thanks the NBRC for their cooperation in getting this interface developed.
- The on-line application process is expected to be available in the system mid 2014
- The system will interface with the AG's office, DOJ and the Board's drug testing vendor.

BreEZe on-line activities include the following:

- Verify a license
- Change an address
- Order a duplicate license or wall certificate
- Order an out-of-state verification
- Renew a license
- Pay probation monitoring and cost recovery

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b. Agenda Distribution Method

Feedback was requested concerning interest in changing the method of distributing the Board's agenda packets. Board members favored exploring electronic delivery methods versus hard copies currently received. Ms. Nunez will research the feasibility and report back.

STRATEGIC PLAN

a. Mission Statement

Several options for an updated Mission Statement were reviewed and discussed. Dr. Lewis moved to select Option C (w/ amendments) as the Board's final mission statement.

All were in favor. No one opposed.
M/Lewis /S/Goldstein
In favor: Early, Franzoia, Goldstein, Hardeman, Lewis, Olson, Romero, Roth, Spearman
MOTION PASSED

b. Plan Approval

Ms. Nunez asked if anyone had any comments or suggested edits to the 2013-2016 Strategic Plan. Having none, Ms. Early moved to approve the plan as written.

All were in favor. No one opposed.
M/Early /S/Lewis
In favor: Early, Franzoia, Goldstein, Hardeman, Lewis, Olson, Romero, Roth, Spearman
MOTION PASSED

BUREAU FOR PRIVATE POSTSECONDARY EDUCATION MEMORANDUM OF UNDERSTANDING

(Nunez)

The Board reviewed the Memorandum of Understanding proposed to be entered into between the Bureau for Private Postsecondary Education (BPPE) and the Respiratory Care Board, aimed at providing mutual cooperation in the review and approval of respiratory care education program providers.

PROFESSIONAL QUALIFICATION COMMITTEE REPORT

(Goldstein)

Mr. Goldstein advised the Board of the upcoming round table discussion hosted by the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE), and indicated that he, President Spearman, and Mr. Roth planned to attend on their own behalf.

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FISCAL REVIEW

Ms. Nunez pointed out that increases for FY 2013/14 expenditures are projected in the areas of Salary and Benefits, Departmental and Statewide Pro Rata, and Attorney General costs. She noted that the increase in salary and benefits is due to the end of the mandatory employee Personal Leave Program (PLP), as well as a cost of living adjustment negotiated via collective bargaining.

ENFORCEMENT STATISTICS

(Olson)

Mr. Olson reviewed the enforcement statistics through June 30, 2013. He noted that the Board had its highest number of applications received during Fiscal Year 2012/13, at 1,655. An increase was also seen in the number of applicants investigated and applicants denied in comparison to the prior fiscal year.

DISCIPLINARY PROCESS OVERVIEW/DISCUSSION

(Dobbs, Legal Counsel)

Dianne Dobbs, Legal Counsel, gave a presentation that outlined and reviewed the disciplinary process. Members noted Ms. Dobbs provided and excellent overview and applauded at the conclusion of her presentation.

PULMONARY FUNCTION TESTING: REQUEST FOR ATTORNEY GENERAL LEGAL OPINION

(Nunez)

Ms. Nunez advised the Board that the Medical Board of California has agreed to seek a joint legal opinion from the Office of the Attorney General concerning the requirement that pulmonary function testing be performed by qualified and licensed personnel.

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CLOSED SESSION

The Board convened into Closed Session, as authorized by Government Code Section 11126c, subdivision (3) at 1:50 p.m. and reconvened into Public Session at 2:30 p.m.

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LEGISLATIVE REPORT

(Molina/Nunez)

Ms. Molina reviewed and provided updates regarding the 2013 Legislation of Interest:

SB 305: Healing arts: boards. (RCB Sunset Extension Bill)
Status: Signed by the Governor (extended 4 years)

AB 690: Licenses
Status: Referred to Senate Committee on Rules. Has become a 2 year bill.

AB 186: Professions and vocations: military spouses; temporary licenses.
Status: Signed by the Governor

AB 258: State agencies: veterans

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Status: Signed by the Governor

AB 291: California Sunset Review Commission
Status: Referred to Assembly Accountability & Administrative Review, and Business, Professions & Consumer Protection Committees. However, hearings were cancelled at the request of the author

AB 512: Healing arts: licensure exemption.
Status: Signed by the Governor

AB 809: Healing arts: telehealth
Status: Hearing before the Assembly Health Committee cancelled at the request of the author. Has become a 2 year bill.

AB 1013: Consumer affairs
Status: Referred to Assembly Committee on Business, Professions and Consumer Protection. Has become a 2 year bill.

AB 1057: Professions and vocations: licenses: military service
Status: Signed by the Governor

Ms. Nunez reviewed the Board's 2014 legislative proposals, relating to:

- RRT Minimum Examination Threshold
- Interim Suspension Order
- Enforcement/Substantially Related Acts

ELECTION OF OFFICER FOR 2014

a. President

President Spearman opened the floor for Nominations for Respiratory Care Board President.

Vice President Goldstein moved to nominate Charles Spearman for President.
M/Goldstein S/Lewis

Mr. Olson moved to nominate Mary Ellen Early for President.
Ms. Early respectfully declined the nomination.

Mr. Olson moved to nominate Alan Roth for President.
M/Olson S/Goldstein

President Spearman and Mr. Roth provided the members with biographical information to consider when casting their votes.

All those in favor of Spearman for President: Spearman, Goldstein, Lewis, Hardeman, Early, Franzoia, Romero

All those in favor of Roth for President: Olson, Roth

Mr. Spearman will continue to serve as the Board's President for 2014.

b. Vice President

President Spearman opened the floor for Nominations for Respiratory Care Board Vice President.

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Mr. Olson nominated Alan Roth for Vice-President.
M/Olson S/Lewis

President Spearman nominated Mark Goldstein for Vice-President
M/Spearman S/Roth

All those in favor of Mr. Roth: Olson, Roth, Hardeman, Early, Franzoia

All those in favor of Mr. Goldstein: Spearman, Goldstein, Lewis, Romero

Mr. Roth will serve as Vice-President for 2014.

2014 MEETING DATES: CALENDAR

The following Public Meetings were scheduled for 2014:

February 28, 2014 (tentative)
May 16, 2014
November 7, 2014

[Subsequent to this meeting the February 28, 2014 and May 16, 2014 meetings were cancelled and a new meeting was scheduled for April 4, 2014.]

PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

No public comment was provided at this time.

FUTURE AGENDA ITEMS

No future items were identified.

ADJOURNMENT

The Public Session Meeting was adjourned by President Spearman at 3:35 p.m.

CHARLES B. SPEARMAN	STEPHANIE A. NUNEZ
President	Executive Officer

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Agenda Item: 5a
Meeting Date: 4/4/14

Report from California Community Colleges Baccalaureate Degree Study Group

Report from
California Community College
Baccalaureate Degree
Study Group

Overview:

There has been renewed interest in the addition of bachelor degrees to the California community college mission as evidenced by the responses to presentations made at recent statewide meetings and conferences. The establishment of bachelor degree programs at community colleges is seen by some as a strategy to increase college participation rates for local residents who are unable to relocate because of family or work commitments or to address the needs of rural communities and the state's need for additional bachelor degree-trained individuals in high demand technical disciplines that are either not offered by other segments of higher education or for which demand cannot be met by existing programs.

California has been falling behind other states in percentage of residents holding bachelor's degrees. The state ranked eighth in the nation in its share of 25 to 34-year-olds with bachelor's degrees in 1960 when the California Master Plan for Higher Education was implemented. Today it has slipped to 14th place, according to the Public Policy Institute of California.

Currently, state public institutions award slightly more than 110,000 bachelor's degrees each year and private institutions award 40,000. To meet the projected demand by 2025, the state would need to immediately increase the number awarded by almost 60,000 per year—about 40 percent above current levels.

While a community college bachelor's degree might assist in meeting this challenge, questions and reservations do exist regarding the idea of bringing this model to California. Some express concern that community college bachelor's degrees would represent a further erosion of the California Higher Education Master Plan's differentiation of missions across the state's systems of public higher education. Those voicing these objections argue that further broadening the California Community Colleges' mission, would diminish attention to transfer, basic skills, and career technical education—especially since the system is just now restoring access levels in the wake of the recent severe economic recession. Additional concerns involve the potential duplication of programs and efforts or other ramifications that might result from potential duplication amongst the systems.

A Study Group, appointed by Chancellor Brice W. Harris, was asked to review the various aspects of bachelor degrees at community colleges. The Study Group included members from various constituencies from across the community college system as well as members from the California State University and the University of California. It should be noted that the group engaged in dialogue and study but were not given the task for finalizing positions or policy statements on behalf of their constituent groups.

The granting of baccalaureates at community colleges is a growing movement. Nationwide, more than 50 community colleges operate almost 500 baccalaureate programs in 21 states. To help inform policy development in California, the Study Group reviewed the track records of these existing programs. In addition, current California demographic, economic, and workforce trends were analyzed to determine potential areas of need for such a program. Of special note is the work being done by the Community College Baccalaureate Association, a national organization promoting better access to the baccalaureate degree on community college campuses and serving as a resource for information on various models for accomplishing this purpose and the Office of Community College Research at the University of Illinois (http://occrl.illinois.edu/applied_baccalaureate/) which has done some of the most respected and extensive work on the applied baccalaureate.

Process:

The Study Group held a series of meetings and public presentations to discuss the various aspects of offering baccalaureate degrees in California community colleges. All Study Group members actively participated.

August 22	Webinar/Conference Call Introductions, Review Plan, History, Need Statement. Finalize Schedule of Meetings
September 17	Meeting (Sacramento) Facilitated Discussion, Research, Draft Recommendations
October 15	Conference Call Review Draft Recommendations
November 22	Release of Draft Recommendations at CCLC
December 9	Conference Call Review Final Recommendations, Submit to Chancellor

California Community Colleges Chancellor's Office staff developed the final document by reviewing discussions and information from each meeting and summarizing this material according to key topics. The Chancellor will review the final document and use it to inform the Board of Governors and all constituents of the work completed.

Research Available and Reviewed

Through the course of the study period, the Study Group reviewed reports dealing specifically with community colleges bachelor's degrees as well as more general information related to labor market demand and completion metrics.

The following website links provide key information and resources used by the Study Group:

Study Group Resources and Reports

- Baccalaureate Degree Study Group Website
- PowerPoint Presentation (Fall 2013)
- California Demand for Four-Year Degrees
- The Community College Baccalaureate: Process and Politics
- California Policy and Legislative History

Nursing Resources

- California Nursing Baccalaureate Sub Committee Report
- The Future of Nursing
- CCC-CSU Nursing Degree Pathways

General Resources

- More Community Colleges Confer Bachelor's Degrees
- A Cost-Effectiveness Analysis of Two Community College Baccalaureate Programs in Florida: An Exploratory Study by Edwin Bemmel, 2008
- CTE Transfer - Literature Review
- Public Institutions Awarding 4 and 2 Year Degrees
- Save Community Colleges Org Inc.

Topics Covered

The Study Group reviewed the charge provided by Chancellor Harris. The following responses provide the basic directions and output received from the Study Group. In some cases, the discussion is still incomplete and will require further study, research, and analysis as well as meaningful engagement of constituent groups.

- How would bachelor's degree programs complement other programs and courses offered by the community colleges?

  The Study Group agreed that the addition of baccalaureates should not alter or detract from the present mission of community colleges in California. Baccalaureates should achieve a net gain for the State of California without diminishing resources for programs already being sponsored at the 112 colleges in the system. Community Colleges in several other states have offered bachelor degrees without detracting from the their primary missions. In Florida, for example, legislation requires the colleges to retain the community college missions when expanding to offer applied baccalaureates. If California were to pursue the idea of offering baccalaureates in its community colleges, similar protections for the primary missions of the colleges would be necessary.

- How bachelor's degree programs would address specific regional or state workforce needs.

The Study Group agreed that bachelor's degrees should be held to the same level of standards as associate degrees and certificates, especially in the area of regional or state workforce needs. Through the Doing What Matters initiative from the Chancellor's Office, colleges evaluating the offering of baccalaureate degrees would need to participate in regional research and discussion, including strong input from business and industry. In reviewing the workforce needs, California should take care that new degrees are based on documented demand from the California economy and not based solely on federal or international labor market data.

- Documented demand for additional bachelor's graduates in the programs proposed.

  The Doing What Matters initiative provides a framework for setting the necessary levels of business and industry demand for workers needing more than an associate degree.

- Additional costs of delivering the proposed bachelor's degree programs.

  The Workgroup discussed several funding models identified in the research on other states that offer a community college baccalaureate degree. These ranged from fully self-supporting using differential tuition revenue, to full state support. State-supported models with funds augmented with revenue from community partners and regional collaboratives were also discussed as important options. Based on current experience and research, the assumption is that offering community college baccalaureates would be a cost effective way for the state to prepare the workforce with the skills needed for the future of California.

- Admission criteria that could be used by colleges in selecting students for entrance into bachelor's degree programs along with the number of students to be admitted and served by the programs.

  Currently, California community colleges have an open access policy, requiring only an application and minimal admission requirements. If colleges begin to offer baccalaureate degrees, there must be a discussion of when and how an admissions process should be engaged, governed by local policy. Should it be during the initial education planning process or at the end of the associate degree sequence? This topic must be studied further by a specific group of specialists in the area.

- Whether the proposed bachelor's degree programs would unnecessarily duplicate the degree programs offered by other postsecondary education institutions in certain regions (CSU, UC, and private) and that are meeting projected state workforce needs.

  Although further study of the distribution of baccalaureate degree programs is necessary, it is anticipated that the regional statewide assessment of need would be based on business and industry need, coupled with an analysis of current offerings of degrees from the California State University (CSU), the University of California

(UC), and other higher education institutions and their capacity to meet California's workforce needs. The anticipation is that most (if not all) new baccalaureate degree programs at community colleges would not otherwise be offered in the region.

- How articulation strategies might complement or possibly limit the movement of students from community colleges to the CSU or UC systems.

  The implementation of a baccalaureate program at community college is not meant to take away from current articulation, but to enhance it. There are already many examples of cooperative efforts between community colleges and baccalaureate-granting institutions. These should continue to operate and be encouraged. In addition, current strategies to increase the number of transfer students should not be decreased or otherwise negatively impacted by the addition of community college baccalaureates.

- The implications on the existing accreditation of California community colleges should the bachelor's degree option be added.

  Currently, community colleges are limited to offering one baccalaureate degree under accreditation by the Accrediting Commission for Community and Junior Colleges (ACCJC). ACCJC is currently seeking changes in its scope with the U.S. Department of Education to accredit community colleges offering more than one baccalaureate. The decision on change in scope for ACCJC is projected to be determined sometime during Spring 2014.

- Ability of community colleges to support bachelor's degree programs including the adequacy of facilities, faculty, administration, libraries, and other student support and academic resources.

  The actual cost of offering a baccalaureate degree was not reviewed by the Study Group. A cost study should be completed as costs may vary due to geography, program, service area, and population.

- What changes would be needed at the Chancellor's Office to support community college bachelor's degree (curriculum, student services, fiscal, facilities, etc.) programs.

  The Chancellor's Office is currently understaffed. Adding the review, approval, and reporting of baccalaureates would increase the workload. Although this concern was clearly identified, the Study Group did not have sufficient data on which to predict the impact. Obviously, if only a few colleges move forward with baccalaureates, the impact would be minimal after the initial implementation process. If many colleges move toward the baccalaureate, it may be necessary to establish a single office with associated staff in the Academic Affairs Division.

The Chancellor's Office should respond to these challenges by identifying resources – external or otherwise. They should identify how many districts want to move forward with offering baccalaureate degrees and determine what impact that will have on the system. It could be possible that a limited, targeted, and strategic project would be more feasible than a system-wide initiative.

Data from states which have established community college baccalaureates could inform decisions about the need for state coordination.

- Data collection and evaluation needed to measure the success and effectiveness of bachelor's degree programs.

  The Study Group identified that the Student Success Scorecard, Salary Surfer, and other reporting products from the Chancellor's Office would need to be expanded to capture and identify the impact of the degrees being offered.

Summary:

The Baccalaureate Degree Study Group studied the basic issue of awarding baccalaureates in California community colleges. In addition, the Study Group gathered feedback at two major community colleges conferences during the fall semester. At both conferences, there was significant interest and support demonstrated.

After much discussion and feedback, the Study Group believes that the offering of baccalaureates by the California community colleges merits serious review and discussion by the Chancellor and the Board of Governors.

We recommend that the Chancellor's Office and the Board of Governors conduct the necessary research and policy analysis that is noted above related to providing baccalaureates in the California community colleges, including a definition of the types of baccalaureates that would be appropriate for California Community Colleges, the criteria in which the Chancellor's Office would evaluate college proposals, and an analysis of related degrees already in existence. The research should include projections of workforce needs, demonstration of financial support, and measures of program quality. Further work should proceed with an ongoing dialogue with the California State University and the University of California. The research should include projections of workforce needs, analysis of potential sources of financial support and fiscal feasibility, and measures of program quality that would be used by the Chancellor's Office in evaluating future college proposals. Finally, further study should consider potential impact on the current mission of the California community colleges as well as on existing programs at local campuses.

Membership:

Dr. Marshall Alameida
Nursing
Contra Costa College

Ms. Hilary Baxter
University of California
Office of the President

Dr. George R. Boggs
Superintendent/President Emeritus,
Palomar College
President & CEO Emeritus
American Association of
Community Colleges

Dr. Constance Carroll
Chief Executive Officers
San Diego Community
College District

Daniel Chavez
Student Senate for California
Community Colleges

Mr. Jim Keller
Chief Business Officers
College of San Mateo

Dr. Pamela Kersey
Academic Senate for California
Community Colleges
San Diego City College

Dr. Andrew LaManque
RP Group
Foothill-De Anza Community
College District

Dr. Christine Mallon
California State University
Office of the Chancellor

Dr. David Morse
Academic Senate for California
Community Colleges
Long Beach City College

Dr. Elizabeth "Liz" Nelson
Academic Senate for California
Community Colleges
American River College

Mr. Manny Ontiveros
California Community College Trustee
North Orange Community College
District

Dr. Kevin O'Rorke
Chief Student Services Officers
Shasta -Tehama-Trinity Joint
Community College District

Dr. Mary Kay Rudolph
Chief Instructional Officers
Santa Rosa Junior College

Ms. Marci Sanchez
Academic Senate for California
Community Colleges
Napa Valley College

Dr. Linda Thor
Chief Executive Officer
Foothill-De Anza Community
College District

Appendices

Available at:
http://californiacommunitycolleges.cccco.edu/portals/0/reportsTB/2014_01_BacDegree_StudyGroup_WEB.pdf

Study Group Resources and Reports

- Baccalaureate Degree Study Group Website
- PowerPoint Presentation (Fall 2013)
- California Demand for Four-Year Degrees
- The Community College Baccalaureate: Process and Politics
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Nursing Resources

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- CCC-CSU Nursing Degree Pathways

General Resources

- More Community Colleges Confer Bachelor's Degrees
- A Cost-Effectiveness Analysis of Two Community College Baccalaureate Programs in Florida: An Exploratory Study by Edwin Bemmel, 2008
- CTE Transfer - Literature Review
- Public Institutions Awarding 4 and 2 Year Degrees
- Save Community Colleges Org Inc.

SB-850 Public postsecondary education: community college districts: baccalaureate degree pilot program. (2013-2014)

CALIFORNIA LEGISLATURE— 2013–2014 REGULAR SESSION

SENATE BILL No. 850

Introduced by Senator Block
(Coauthors: Senators Anderson and Hill)

January 09, 2014

An act to add Article 3 (commencing with Section 78040) to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

SB 850, as introduced, Block. Public postsecondary education: community college districts: baccalaureate degree pilot program.

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate degrees in arts and science.

This bill would authorize the Chancellor of the California Community Colleges to authorize the establishment of one baccalaureate degree pilot program per campus per district. The bill would provide that the baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor. The bill would require a baccalaureate degree pilot program to expire 8 years after the establishment of the program. The bill would require a participating district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program that would evaluate specified factors.

This bill would also require the governing board of a participating district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program. The bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) California needs to produce one million more baccalaureate degrees than the state currently does to remain economically competitive in the coming decades.

(b) The 21st Century workplace increasingly demands a higher level of education in applied fields.

(c) There is demand for education beyond the associate degree level in specific academic disciplines that is not currently being met by California's four-year public institutions.

(d) Community colleges can help fill the gaps in our higher education system by granting baccalaureate degrees for a limited number of specific areas in order to meet a growing demand for a skilled workforce.

(e) These baccalaureate programs will be limited and will not detract from the community colleges' mission to advance California's economic growth and global competitiveness through education, training, and services that contribute to continuous workforce improvement, nor will the programs unnecessarily duplicate similar programs offered by nearby four-year institutions.

(f) Community colleges can provide a quality baccalaureate education with lower costs to their students than a traditional four-year university, enabling place-bound local students the opportunity to earn the baccalaureate degree needed for new job opportunities and promotion.

(g) Twenty one other states, from Florida to Hawaii, already allow their community colleges to offer baccalaureate degrees. California is one of the most innovative states in the nation, and the California Community Colleges will use that same innovative spirit to produce more health, biotechnology, and other needed professionals.

SEC. 2. Article 3 (commencing with Section 78040) is added to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, to read:

Article 3. Baccalaureate Degree Pilot Program

78040. For the purposes of this article, "district" means any community college district identified by the Chancellor of the California Community Colleges as participating in the baccalaureate degree pilot program. Each district may establish baccalaureate degree pilot programs pursuant to Section 78041.

78041. Notwithstanding Section 66010.4, the Chancellor of the California Community Colleges may authorize the establishment of baccalaureate degree pilot programs that meet all of the eligibility requirements set forth in Section 78042. A pilot program established pursuant to this section shall expire eight years after the establishment of the program. For purposes of this section, a pilot program is established when the first class of students begins the program. The baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor of the California Community Colleges.

78042. (a) The district shall seek authorization to offer baccalaureate degree programs through the appropriate accreditation body.

(b) The district shall maintain the primary mission of the California Community Colleges specified in paragraph (3) of subdivision (a) of Section 66010.4. The district, as part of the baccalaureate degree pilot program, shall have the additional mission to provide high-quality undergraduate education at an affordable price for students and the state.

(c) The district shall offer one baccalaureate degree per campus in a limited number of fields of study subject to the following requirements, as determined by the governing board of the district:

(1) The district shall identify and document unmet workforce needs in the subject areas of the baccalaureate degrees to be offered and offer baccalaureate degrees in those subject areas possessing unmet workforce needs in the local community.

(2) The baccalaureate degree pilot program shall not unnecessarily duplicate similar programs offered by

nearby public postsecondary educational institutions.

(3) The district shall have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

(d) The district shall maintain separate records for students who are enrolled in courses classified in the upper division and lower division of a baccalaureate program. A student shall be reported as a community college student for enrollment in a lower division course and as a baccalaureate degree program student for enrollment in an upper division course.

(e) The governing board of the district shall do all of the following:

(1) Determine the appropriate governance system for the baccalaureate degree pilot program.

(2) Make decisions regarding the baccalaureate degree pilot program's curriculum, faculty, and facilities.

(3) Establish the level of matriculation, tuition, and other appropriate costs for students enrolled in a baccalaureate degree program.

(f) (1) The governing board of the district may charge baccalaureate degree-seeking students a fee, of an amount to be determined by the governing board, that covers the additional costs imposed by providing a baccalaureate degree pilot program, for enrollment in courses that are not transfer core curriculum courses, as defined in Section 66720.

(2) All fees collected pursuant to this subdivision shall be deposited in the designated fund of the district in accordance with the California Community Colleges Budget and Accounting Manual, and shall be expended for the purpose of providing a baccalaureate degree pilot program.

(g) The governing board of the district may enter into agreements with local businesses and agencies to provide educational services to students participating in the baccalaureate degree pilot program.

(h) The district shall submit a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program pursuant to Section 78041. The report shall examine the success of the baccalaureate degree pilot program by evaluating all of the following factors:

(1) The percentage of students who complete a baccalaureate degree, calculated by dividing the number of students who graduate from the baccalaureate degree pilot program by the number of students who enrolled in the program.

(2) The extent to which the baccalaureate degree pilot program is self-supporting, such that the student fees charged pursuant to subdivision (f) cover the costs of the program.

(3) Whether there is a problem with finding and paying instructors for the baccalaureate degree pilot program.

(4) Whether there was a decline in enrollment in the California State University and the University of California as a result of the baccalaureate degree pilot program.

(5) The number of students who received jobs in the area in the field of study of their baccalaureate degree.

(6) The amount of student fees charged pursuant to subdivision (f) compared to the amount of student fees charged for courses at the California State University and the University of California.

(i) A report submitted pursuant to subdivision (h) shall be submitted in compliance with Section 9795 of the Government Code.

FISCAL REVIEW

Agenda Item: 6
Meeting Date: 4/4/14

REVENUE

Revenue Category	2011/12 Actual	2012/13 Actual	2013/14 Projected	Projected Workload 2013/14	Current Fees 2013/14
Application (CA)	$284,900	$497,005	$510,000	1,700	$300
Application (Foreign)	$0				
Application (O-O-S)	$33,800				
Initial License	$115,068	n/a	n/a	n/a	n/a
Renewal	$2,095,565	$2,079,053	$2,185,000	9,500	$230
Delinquent Fees	$43,930	$45,540	$47,380	170 / 18	$230 / $460
Endorsement	$24,470	$11,145	$11,250	450	$25
Duplicate License	$2,075	$2,375	$2,625	105	$25
Cite and Fine	$28,646	$24,702	$25,000	var	var
Miscellaneous	$30,360	$28,615	$22,740	var	var
Total Revenue	**$2,658,814**	**$2,688,435**	**$2,803,995**		

EXPENDITURES

Expenditure Items	2011/12 Actual	2012/13 Actual	2013/14 Projected	Actual Exp. thru 1/31/14	Budgeted 2013/14
Salary & Benefits	$1,281,348	$1,318,199	$1,419,520	$825,145	$1,394,214
Training	$1,038	$240	$2,000	$389	$11,227
Travel	$25,631	$19,063	$20,000	$9,105	$41,805
Printing	$11,974	$39,012	$50,000	$19,012	$36,515
Postage	$31,124	$33,525	$40,000	$31,303	$40,798
Equipment	$86,103	$19,212	$10,000	$0	$0
ProRata[1]	$438,489	$459,814	$561,624	$387,381	$561,624
Fingerprints	$5,707	$5,978	$5,000	$2,658	$55,000
All Other Fixed Expenses[2]	$230,629	$291,540	$225,500	$70,840	$542,382
Investigations	$31,803	$43,469	$0	$0	$0
Attorney General	$384,651	$351,293	$450,000	$265,112	$462,214
Office of Admin Hearings	$105,342	$76,306	$100,000	$39,536	$137,082
Court Reporter Services	$11,577	$3,689	$7,500	$2,721	$0
Evidence and Witness	$34,756	$30,274	$25,000	$11,884	$32,050
Total Expenditures	**$2,680,172**	**$2,691,614**	**$2,916,144**	**$1,665,086**	**$3,314,911**

[1] ProRata includes departmental and central administrative services.

[2] All Other Fixed Expenses include general expenses, communications, facility operations, data processing maintenance, consultant and professional services, examinations and Teale Data Center.

FUND CONDITION

	2012/13*	2013/14	2014/15	2015/16
Beginning Reserve, July 1	$2,401,036	$2,597,136	$2,697,973	2,867,375
Prior Year Adjustments	$10,755			
Revenues	$2,688,435	$2,803,995	$2,959,540	2,959,540
Interest		$12,986	$13,490	14,337
TOTAL RESOURCES	**$5,100,226**	**$5,414,117**	**$5,671,003**	**5,841,251**
Budget Expenditure	$2,691,614	$2,916,144	$3,003,628	3,003,628
Disbersements[1]	$17,640			
Reimbursements	($206,164)	($200,000)	($200,000)	($200,000)
TOTAL EXPENDITURES	**$2,503,090**	**$2,716,144**	**$2,803,628**	**2,803,628**
RESERVE, JUNE 30	**$2,597,136**	**$2,697,973**	**$2,867,375**	**$3,037,623**

* Actual
FY 14/15 expenditures reflect a 3% projected increase in overall expenditures.

[1]Represents State Controller Operations and Financial Information System for Caliornia disbursements

CALIFORNIA CONTINUING EDUCATION REQUIREMENTS
VARIOUS PROFESSIONS

Strategic Plan Goal No. 2.6: Consider whether or not continuing education hour requirements are sufficient to ensure clinical and technical relevance.

§ 3719. Continuing education requirements; Submission of examination by licensee

Each person renewing his or her license shall submit proof satisfactory to the board that, during the preceding two-year period, he or she completed the required number of continuing education hours established by regulation of the board. Required continuing education shall not exceed 30 hours every two years.

Successful completion of an examination approved by the board may be submitted by a licensee for a designated portion of continuing education credit. The board shall determine the hours of credit to be granted for the passage of particular examinations.

§1399.350. Continuing Education Required.

(a) Each respiratory care practitioner (RCP) is required to complete 15 hours of approved continuing education (CE) every 2 years. At least two-thirds of the required CE hours shall be directly related to clinical practice.

(b) To renew the license, each RCP shall report compliance with the CE requirement. Supporting documentation, showing evidence of compliance with each requirement under this Article, shall be submitted if requested by the board.

(c) CE supporting documentation shall be retained by the licensee for a period of four years.

License Type	Required # of CEUs	Units Required to be directly related to clinical practice	%
Acupuncturist	50	45	90%
Dentist	50		
Optometrists (TPA-Certified)	50	35	70%
Physician & Surgeon	50		
Physician Assistant (PA)	50		
Midwives	36	36	100%
Psychologist	36		
Psychological Assistant	36		
Veterinarian	36		
Licensed Vocational Nurse (LVN)	**30**	**30**	**100%**
Physical Therapist	30		
Physical Therapist Assistant	30		
Psychiatric Technician (PT)	30	30	100%
Registered Nurse (RN)	**30**	**30**	**100%**
Registered Dental Assistant (RDA)	25		
Dental Hygenist	25		
Occupational Therapist	24	12	50%
Veterinary Technician	20		
Respiratory Care Practitioner (RCP)	**15**	**10**	**67%**

CE Analysis

Mean/Average: 34.37 Median: 30 Mode: 30 & 50

RCP Continuing Education / State Comparison
CE Order

# of Licenses	Renewal Period	C.E. Hours	Fee	State	Converston to Biennial CE Hours	Converston to Biennial Renewal Fee
2,686	Biennial	0	$76	**Colorado**	0	$76
447	Triennial	0	$285	**Hawaii**	0	$190
619	Annual	0	$65	**Maine**	0	$130
5,219	Biennial	0	$150	**Michigan**	0	$150
1,320	Biennial	0	$52	**Utah**	0	$52
2,692	Biennial	0	$141	**Wisconsin**	0	$141
1,731	Annual	6	$100	**Connecticut**	12	$200
2,166	Biennial	12	$100	**Oklahoma**	12	$100
514	Biennial	12	$60	**Rhode Island**	12	$60
299	Biennial	12	$200	**Vermont**	12	$200
21,270	Biennial	15	$230	**California**	15	$230
4,599	Biennial	15	$50	**Indiana**	15	$50
2,872	Biennial	15	$110	**Massachusetts**	15	$110
1,692	Annual	7.5	$50	**Oregon**	15	$100
792	Biennial	16	$169	**District of Columbia**	16	$169
2,837	Biennial	16	$176	**Maryland**	16	$176
338	Annual	8	$100	**Wyoming**	16	$200
4,017	Biennial	20	$120	**Arizona**	20	$120
747	Biennial	20	$95	**Delaware**	20	$95
3,558	Annual	10	$85	**Louisiana**	20	$170
2,264	Biennial	20	$100	**Mississippi**	20	$100
1,281	Biennial	20	$118	**Nebraska**	20	$118
1,515	Biennial	20	$200	**Nevada**	20	$200
993	Biennial	20	$150	**New Mexico**	20	$150
7,146	Triennial	30	$207	**New York**	20	$138
530	Annual	10	$60	**North Dakota**	20	$120
7,845	Biennial	20	$100	**Ohio**	20	$100
440	Biennial	20	$60	**South Dakota**	20	$60
4,613	Biennial	20	$120	**Tennessee**	20	$120
3,739	Biennial	20	$135	**Virginia**	20	$135
1,652	Annual	10	$65	**West Virginia**	20	$130
2,738	Biennial	24	$75	**Alabama**	24	$75
1,934	Annual	12	$30	**Arkansas**	24	$60
10,012	Biennial	24	$126	**Florida**	24	$126
855	Annual	12	$60	**Idaho**	24	$120
6,553	Biennial	24	$120	**Illinois**	24	$120
1,609	Biennial	24	$60	**Iowa**	24	$60
1,872	Annual	12	$75	**Kansas**	24	$150
3,500	Biennial	24	$75	**Kentucky**	24	$75
1,855	Annual	12	$99	**Minnesota**	24	$198
4,093	Biennial	24	$50	**Missouri**	24	$50
584	Annual	12	$75	**Montana**	24	$150
547	Biennial	24	$110	**New Hampshire**	24	$110
4,569	Annual	12	$75	**North Carolina**	24	$150
13,918	Biennial	24	$106	**Texas**	24	$106
5,133	Biennial	30	$105	**Georgia**	30	$105
3,344	Biennial	30	$160	**New Jersey**	30	$160
7,179	Biennial	30	$25	**Pennsylvania**	30	$25
2,665	Biennial	30	$80	**South Carolina**	30	$80
2,617	Biennial	30	$165	**Washington**	30	$165

CE ANALYSIS

Mean/Average: 18.44 Median: 20 Mode: 20 & 24

RCP Continuing Education / State Comparison

State Order

# of Licenses	Renewal Period	C.E. Hours	Fee	State	Converston to Biennial CE Hours	Converston to Biennial Renewal Fee
2,738	Biennial	24	$75	**Alabama**	24	$75
4,017	Biennial	20	$120	**Arizona**	20	$120
1,934	Annual	12	$30	**Arkansas**	24	$60
21,270	Biennial	15	$230	**California**	15	$230
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5,133	Biennial	30	$105	**Georgia**	30	$105
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6,553	Biennial	24	$120	**Illinois**	24	$120
4,599	Biennial	15	$50	**Indiana**	15	$50
1,609	Biennial	24	$60	**Iowa**	24	$60
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3,558	Annual	10	$85	**Louisiana**	20	$170
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2,837	Biennial	16	$176	**Maryland**	16	$176
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4,569	Annual	12	$75	**North Carolina**	24	$150
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1,320	Biennial	0	$52	**Utah**	0	$52
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2,617	Biennial	30	$165	**Washington**	30	$165
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2,692	Biennial	0	$141	**Wisconsin**	0	$141
338	Annual	8	$100	**Wyoming**	16	$200

Original data obtained from the AARC Website March 2014

ENFORCEMENT HISTORY WEB RETENTION
PROPOSED POLICY

The Respiratory Care Board (Board) issued its first license in 1985 and has since issued over 35,000 licenses. Of these 35,000 licenses, approximately 22,000 remain active. In the last decade, the Board has taken an average of 150 administrative or disciplinary actions each year. Since 2006, disciplinary documentation and administrative actions have been made available via the Board's website. In the past year, the Board office has received requests to remove discipline information from its website, which prompted the Board to include this matter in its 2013-2016 Strategic Plan: Goal 1.3 Establish a maximum time period to post on the internet, citations, fines and disciplinary matters.

After careful consideration by the Board, it was determined that the act(s) that caused the disciplinary action must be the key factor as to whether the information is easily accessible by the public and employers through the Board's website. The Board has set a very high threshold and only that discipline where the Board believes the licensee poses no risk to the public may be removed from its website.

However, while the Board has discretion in determining how long certain information will be posted on its website, the Board must comply with the California Public Records Act and provide public documents upon request, even if they are no longer posted on the website.

Therefore, upon request, the Board will consider the removal of disciplinary information as follows:

> Decisions Resulting in a Public Reprimand: Five years from the date the decision was effective or the date conditions were fulfilled, whichever is the latter.
>
> Issuance of Citation and Fines: Five years from the date the decision was effective including the resolution of any appeal or the date the fine was paid in full, whichever is the latter.

Decisions containing orders for suspension, probation, revocation or surrender are not eligible for removal. In addition, citation and fines involving unlicensed individuals or employers of unlicensed activity are not eligible for removal. Further, the Board reserves the right to retain any administrative or disciplinary information or documentation on its website, when it believes it serves the best interest of the public.

RESPIRATORY CARE BOARD
Department of Consumer Affairs
California Code of Regulations. Title 16. Division 13.6 Respiratory Care Board
Continuing Education, Military and O-O-S Practitioner Exemptions, and Fee Schedule

PROPOSED LANGUAGE

ARTICLE 1. GENERAL PROVISIONS

Amend Section 1399.301 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§1399.301. Location of Office.

The principal office of the Respiratory Care Board of California is located at ~~444 North 3rd Street, Suite 270, Sacramento, CA 95811~~ 3750 Rosin Court, Suite 100, Sacramento, CA 95834.

Note: Authority cited: Section 3722, Business and Professions Code. Reference: Section 3722, Business and Professions Code.

ARTICLE 2. APPLICATIONS

Adopt Section 1399.326 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

1399.326. Driving Record

The board shall review the driving history for each applicant as part of its investigation prior to licensure.

Note: Authority cited: Section 3722, Business and Professions Code. Reference: Section 3730 and 3732, Business and Professions Code.

Adopt Section 1399.328 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

1399.328. Military Initial Application Handling

The board shall expedite the initial licensure process for an applicant that provides evidence, satisfactory to the board, that the applicant himself/herself is, or the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders, or the California National Guard.

Note: Authority cited: Sections 115.5 and 3722, Business and Professions Code. Reference: Section 115.5, Business and Professions Code.

Adopt Section 1399.329 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

1399.329. Military Renewal Application Exemptions

Pursuant to subdivision (c) of Section 114.3 of the B&P, the board shall prorate the renewal fee and the number of CE hours required in order for a licensee to engage in any activities requiring licensure, upon discharge from active duty service as a member of the United States Armed Forces or the California National Guard.

Note: Authority cited: Sections 114.3 and 3722, Business and Professions Code. Reference: Section 114.3, Business and Professions Code and Sections 1399.350 and 1399.395 of the California Code of Regulations.

Retitile Article 4 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

ARTICLE 4. ~~EXAMINATIONS~~
SPONSORED FREE HEALTH CARE EVENTS - EXEMPTION REQUIREMENTS

Adopt Section 1399.343 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§ 1399.343. Definitions.

For the purposes of section 901 of the code:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of respiratory care, but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice respiratory care.

Note: Authority cited: Sections 901 and 3722, Business and Professions Code. Reference: Section 901, Business and Professions Code.

Adopt Section 1399.344 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§ 1399.344. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, respiratory care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (DCA/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (DCA/2011)

on behalf of the board. The board or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) A sponsoring entity shall place a notice visible to patients at every station where patients are being seen by a respiratory care practitioner. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

Respiratory Care Practitioners providing respiratory care services at this health fair are either licensed and regulated by the Respiratory Care Board of California or hold a current valid license from another state and have been authorized to provide respiratory care services in California only at this specific health fair.

Respiratory Care Board of California
(866) 375-0386
www.rcb.ca.gov

(e) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the board.

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all respiratory care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

Note: Authority cited: Sections 901 and 3722, Business and Professions Code. Reference: Section 901, Business and Professions Code.

Adopt Section 1399.345 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§ 1399.345. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such respiratory care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. Authorization must be obtained for each sponsored event in which the applicant seeks to participate.

(1) An applicant shall request authorization by submitting to the board a completed "Request for Authorization to Practice Without a California License at a Sponsored Free Health Care Event," Form 901-RCB, which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of $25.

(2) The applicant also shall furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity or local government entity whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted form is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information; or

(B) The applicant has not completed a respiratory care program which complies with B&PC section 3740; or

(C) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board; or

(D) The applicant does not possess a current valid active license in good standing. The term "good standing" means the applicant:

i. Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

ii. Has not entered into any consent agreement or been subiect to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

iii. Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The board has been unable to obtain a timely report of the results of the criminal history check.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendars days before the date on which the sponsored event will begin; or

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event; or

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1399.346(d).

(e) An out-of-state practitioner who receives authorization to practice respiratory care at an event sponsored by a local government entity shall place a notice visible to patients at every station at which that person will be seeing patients. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

I hold a current valid license to practice respiratory care in a state other than California. I have been authorized by the Respiratory Care Board of California to provide respiratory care services in California only at this specific health fair.

Respiratory Care Board of California

(866) 375-0386

www.rcb.ca.gov

Note: Authority cited: Sections 144, 901 and 3722, Business and Professions Code. Reference: Section 901, Business and Professions Code.

Adopt Section 1399.346 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§ 1399.346. Termination of Authorization and Appeal.

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity or local government entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination. Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Director or his/her designee may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

Note: Authority cited: Sections 901 and 3722, Business and Professions Code. Reference: Section 901, Business and Professions Code.

ARTICLE 5. CONTINUING EDUCATION

Amend Section 1399.350 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§ 1399.350. Continuing Education Required.

(a) Each respiratory care practitioner (RCP) is required to complete 15 hours of approved continuing education (CE) every 2 years. At least two-thirds of the required CE hours shall be directly related to clinical practice.

(b) To renew the license, each RCP shall report compliance with the CE requirement. Supporting documentation, showing evidence of compliance with each requirement under this Article, shall be submitted if requested by the board.

(c) CE supporting documentation shall be retained by the licensee for a period of four years.

Note: Authority cited: Sections 3719 and 3722, Business and Professions Code. Reference: Section 3719, Business and Professions Code.

Amend Section 1399.351 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§1399.351. Approved CE Programs.

(a) Any course or program meeting the criteria set forth in this Article will be accepted by the board for CE credit.

(b) Passing an official credentialing or proctored self-evaluation examination shall be approved for CE as follows:

(1) ~~Registered Respiratory Therapist (RRT) - 15 CE hours if not taken for licensure;~~ Adult Critical Care Specialty Examination (ACCS) - 15 hours

(2) Certified Pulmonary Function Technologist (CPFT) - 15 CE hours;

(3) Registered Pulmonary Function Technologist (RPFT) - 15 CE hours;

(4) Neonatal/Pediatric Respiratory Care Specialist (NPS) - 15 CE hours;

(5) Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist (SDS) - 15 hours

~~(5)~~ (6) Advanced Cardiac Life Support (ACLS) - number of CE hours to be designated by the provider;

~~(6)~~ (7) Neonatal Resuscitation Program (NRP) - number of CE hours to be designated by the provider; and

~~(7)~~ (8)Pediatrics Advanced Life Support (PALS) - number of CE hours to be designated by the provider.

~~(8)~~ (9) Advanced Trauma Life Support (ATLS) - number of CE hours to be designated by the provider

(c) Any course including training regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS) meeting the criteria set for in this Article, will be accepted by the board for CE credit.

~~(c)~~ (d) Examinations listed in subdivisions (b)(1) through (b)~~4~~(5) of this section shall be those offered by the National Board for Respiratory Care and each successfully completed examination may be counted only once for credit.

~~(d)~~ (e) Successful completion of each examination listed in subdivisions (b)~~(5)~~(6) through (b) ~~(8)~~(9) of this section may be counted only once for credit and must be for the initial certification. See section 1399.352 for re-certification CE. These programs and examinations shall be provided by an approved entity listed in subdivision (h) of Section 1399.352.

~~(e)~~ (f) The board shall have the authority to audit programs offering CE for compliance with the criteria set forth in this Article.

Note: Authority cited: Sections 3719 and 3722, Business and Professions Code. Reference: Sections 32 and 3719, Business and Professions Code.

Amend Section 1399.352 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§1399.352. Criteria for Acceptability of Courses.

Acceptable courses and programs shall meet the following criteria:

(a) The content of the course or program shall be relevant to the scope of practice of respiratory care. Credit may be given for a course that is not directly related to clinical practice if the content of the course or program relates to any of the following:

(1) Those activities relevant to specialized aspects of respiratory care, which activities include education, supervision, and management.

(2) Health care cost containment or cost management.

(3) Preventative health services and health promotion.

(4) Required abuse reporting.

(5) Other subject matter which is directed by legislation to be included in CE for licensed healing arts practitioners.

(6) Re-certification for ACLS, NRP, PALS, and ATLS.

(7) Review and/or preparation courses for credentialing examinations provided by the National Board for Respiratory Care, excluding those courses for entry-level or advance level respiratory therapy certification.

(b) The faculty shall be knowledgeable in the subject matter as evidenced by:

(1) A degree from an accredited college or university and verifiable experience in the subject matter, or

(2) Teaching and/or clinical experience in the same or similar subject matter.

(c) Educational objectives shall be listed.

(d) The teaching methods shall be described, e.g., lecture, seminar, audio-visual, simulation.

(e) Evaluation methods shall document that the objectives have been met.

(f) Each course must be provided in accordance with this Article.

(g) Each course or provider shall hold approval from one of the entities listed in subdivision (h) from the time the course is distributed or instruction is given through the completion of the course.

(h) Each course must be provided or approved by one of the following entities. Courses that are provided by one of the following entities must be approved by the entity's president, director, or other appropriate personnel:

(1) Any post-secondary institution accredited by a regional accreditation agency or association recognized by the United States Department of Education.

(2) A hospital or health-care facility licensed by the California Department of Health Services.

(3) The American Association for Respiratory Care.

(4) The California Society for Respiratory Care (and all other state societies directly affiliated with the American Association for Respiratory Care).

(5) The American Medical Association.

(6) The California Medical Association.

(7) The California Thoracic Society.

(8) The American College of Surgeons.

(9) The American College of Chest Physicians.

(10) Any entity approved or accredited by the California Board of Registered Nursing or the Accreditation Council for Continuing Medical Education.

(i) Course organizers shall maintain a record of attendance of participants, documentation of participant's completion, and evidence of course approval for four years.

(j) All program information by providers of CE shall state: "This course meets the requirements for CE for RCPs in California."

(k) All course providers shall provide documentation to course participants that includes participants name, RCP number, course title, course approval identifying information, number of hours of CE, date(s), and name and address of course provider.

(l) For quarter or semester-long courses (or their equivalent), completed at any post-secondary institution accredited by a regional accreditation agency or association recognized by the United States Department of Education, an official transcript showing successful completion of the course accompanied by the catalog's course description shall fulfill the requirements in subdivisions (i), (j) and (k).

(m) The board may audit providers offering CE for compliance with the criteria set forth in this Article.

Note: Authority cited: Sections 3719 and 3722, Business and Professions Code. Reference: Section 3719, Business and Professions Code.

ARTICLE 9. FEES

Amend Section 1399.395 of Division 13.6 of Title 16 of the California Code of Regulations as follows:

§1399.395. Fee Schedule.

The following schedule of fees is hereby adopted pursuant to sections 3775 and 3775.5 of the B&P:

~~List of Application~~ Application Type Fees		
(a) Application fee		$ 300
(b) Examination fee	Actual cost	~~$ 190~~
(c) Re-examination fee	Actual cost	~~$ 150~~
(d) Renewal fee for licenses expiring on or after January 1, 2002		$ 230
(e) Delinquency fee (not more than 2 years after expiration)		$ 230
(f) Delinquency fee (after 2 years but not more than 3 years after expiration)		$ 460
(g) Inactive license fee.		$ 230
(h) Duplicate license fee		$ 25
(i) Endorsement fee		$ 25

Note: Authority cited: Sections 3722, Business and Professions Code. Reference: Sections 3775 and 3775.5, Business and Professions Code.

2014 LEGISLATION OF INTEREST

[as of March 24, 2014]

ASSEMBLY BILL 186	
Author:	Maienschein [R]
Title:	Professions and Vocations: Military Spouses: Temporary Licenses
Introduced:	01/28/2013 [last amended 6/24/2013]
Status:	07/01/2013: Hearing to be set before the Senate Committee on Business, Professions and Economic Development.
Summary:	Requires all licensing entities under the Department of Consumer Affairs (DCA) to provide military spouses and domestic partners, who hold a valid professional license in another state, an 18 month provisional license to practice in California.
Staff Recommended Position:	**WATCH**

ASSEMBLY BILL 259	
Author:	Logue [R]
Title:	Health and Care Facilities: CPR
Introduced:	02/07/2013 [last amended 04/16/2013]
Status:	05/23/13: Referred to Senate Committee on Health and Senate Committee on Rules.
Summary:	Existing law regulates long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities. A person who violates theses provisions is guilty of a crime, except as specified. This bill would make it a misdemeanor for those facilities to have a policy that prohibits any employee from administering cardiopulmonary resuscitation, except as specified.
Staff Recommended Position:	**WATCH**

ASSEMBLY BILL 809 [URGENCY BILL]	
Author:	Logue [R]
Title:	Healing Arts: Telehealth
Introduced:	02/21/2013 [last amended 6/25/2013]
Status:	7/1/2013: Hearing before the Senate Health Committee cancelled at the request of the author. This is a 2-year bill.
Summary:	Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct. This bill would require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent in the patient's medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care provider to either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth, as specified.
Position:	**WATCH**

ASSEMBLY BILL 1827	
Author:	Patterson [R]
Title:	State Bodies: Administrative and Civil Penalties
Introduced:	02/18/14
Status:	2/19/14: In Assembly - pending referral to appropriate committee(s).
Summary:	Existing law authorizes certain state bodies to impose and enforce civil and administrative penalties upon businesses for regulatory violations. This bill would state the intent of the Legislature to enact legislation to require all state bodies to allow specified businesses to cure minor violations that do not cause actual public harm or physical injury prior to the imposition of civil penalties, administrative penalties, or both. This bill would state legislative findings regarding enforcement programs.
Staff Recommended Position:	**WATCH**

ASSEMBLY BILL 1972	
Author:	Jones [R]
Title	Respiratory Care Practitioners
Introduced:	02/19/2014
Status:	03/03/2014: Referred to Assembly Business, Professions, and Consumer Protection Committee.
Summary:	The Respiratory Care Practice Act requires an applicant to successfully pass the national respiratory therapist examination conducted in accordance with Board regulations. This bill would, instead, require an applicant to pass all parts of the Registered Respiratory Therapist (RRT) examination, unless an applicant provides evidence that he or she passed the National Board for Respiratory Care's Certified Respiratory Therapist (CRT) exam prior to January 1, 2015, and there is no evidence of prior license or job-related discipline, as determined by the Board in its discretion. This bill would also authorize the Board to extend the dates an applicant may perform as a respiratory care practitioner applicant for up to 6 months when the applicant is unable to complete the application process due to causes outside his/ her control, or when the applicant provides evidence that he/she has successfully passed the CRT examination and has otherwise completed the application process and has not previously been authorized to practice as a respiratory care practice applicant.
Position:	**SUPPORT**

ASSEMBLY BILL 2102	
Author:	Ting [D]
Title:	Licensees: Data Collection
Introduced:	02/20/2014
Status:	03/06/2014: Referred to Assembly Business, Professions and Consumer Protection Committee.
Summary:	Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions. This bill would require these boards to annually collect and report specific demographic data relating to its licensees to Office of Statewide Health Planning and Development. This bill would also make technical, non-substantive changes.
Staff Recommended Position:	**WATCH**

ASSEMBLY BILL 2484	
Author:	Gordon [D]
Title:	Healing Arts: Telehealth
Introduced:	02/21/2014
Status:	03/13/2014: Referred to Assembly Committee on Business, Professions and Consumer Protection, and Assembly Health Committee.
Summary:	Existing law provides for the licensure and regulation of various healing arts professions by various boards within the Department of Consumer Affairs. A violation of specified provisions is a crime. Existing law defines telehealth for the purpose of its regulation and requires a health care provider, as defined, prior to the delivery of health care via telehealth, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient and to document that verbal consent in the patient's medical record. This bill would alternatively allow a health care provider to obtain written consent from the patient before telehealth may be used and would require that written consent to be documented in the patient's medical record.
Staff Recommended Position:	**WATCH**

ASSEMBLY BILL 2720	
Author:	Ting [D]
Title:	State Agencies: Meetings: Record of Action Taken
Introduced:	02/21/2014
Status:	03/17/2014: Referred to Assembly Committee on Governmental Organization.
Summary:	The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including "action taken," which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action. This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body.
Staff Recommended Position:	**WATCH**

SENATE BILL 850	
Author:	Block [D] (coauthors Anderson and Hill)
Title:	Public postsecondary education: community college districts: baccalaureate degree pilot program
Introduced:	01/09/2014
Status:	Referred to Senate Committee on Education (was set for hearing on 03/19/14, however, the hearing was cancelled at the request of the author).
Summary:	Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts. Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate degrees in arts and science. This bill would authorize the Chancellor of the California Community Colleges to authorize the establishment of one baccalaureate degree pilot program per campus per district. The bill would provide that the baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor. The bill would require a baccalaureate degree pilot program to expire 8 years after the establishment of the program. The bill would require a participating district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program that would evaluate specified factors. This bill would also require the governing board of a participating district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program. The bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.
Staff Recommended Position:	**SUPPORT**

AMENDED IN SENATE JUNE 24, 2013

AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 186

Introduced by Assembly Member Maienschein
(Principal coauthor: Assembly Member Hagman)
(Coauthors: Assembly Members Chávez, Dahle, Donnelly, Beth Gaines, *Garcia,* Grove, Harkey, Olsen, ~~and~~ Patterson, *and V. Manuel Pérez*)
(Coauthors: Senators Fuller and Huff)

January 28, 2013

An act to ~~amend~~ *add* Section ~~115.5 of~~ *115.6 to* the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously

appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would, in addition to the expedited licensure provisions described above, establish a temporary licensure process for an applicant who holds a current license in another jurisdiction, as specified, and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

~~This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements, except as provided. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The~~

This bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing. *The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license and would authorize a criminal background check as part of that investigation. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting the criminal background check.*

This bill would prohibit a temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. ~~The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.~~

This bill would authorize the immediate termination of any temporary license to practice medicine upon a finding that the temporary licenseholder failed to meet any of the requirements described above or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. The bill would, upon termination of the license, require the board to issue a notice of termination requiring the temporary licenseholder to immediately cease the practice of medicine upon receipt.

This bill would exclude from these provisions a board that has established a temporary licensing process before January 1, 2014.

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 115.6 is added to the Business and Professions Code, to read:

115.6. (a) A board within the department shall, after appropriate investigation, issue a temporary license to an applicant if he or she meets the requirements set forth in subdivision (c). The temporary license shall expire 12 months after issuance, upon issuance of an expedited license pursuant to Section 115.5, or upon denial of the application for expedited licensure by the board, whichever occurs first.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) The applicant shall hold a current license in another state, district, or territory of the United States in the profession or vocation for which he or she seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of his or her knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(d) A board may adopt regulations necessary to administer this section.

(e) A temporary license issued pursuant to this section for the practice of medicine may be immediately terminated upon a finding

that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of medicine upon receipt.

(f) This section shall not apply to a board that has established a temporary licensing process before January 1, 2014.

~~SECTION 1. Section 115.5 of the Business and Professions Code is amended to read:~~

~~115.5. (a) Except as provided in subdivision (d), a board within the department shall expedite the licensure process for an applicant who meets both of the following requirements:~~

~~(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.~~

~~(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which he or she seeks a license from the board.~~

~~(b) (1) A board shall, after appropriate investigation, issue a temporary license to an applicant who is eligible for, and requests, expedited licensure pursuant to subdivision (a) if the applicant meets the requirements described in paragraph (3). The temporary license shall expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.~~

~~(2) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this subdivision. This investigation may include a criminal background check.~~

~~(3) (A) An applicant seeking a temporary license issued pursuant to this subdivision shall submit an application to the board which shall include a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of his or her knowledge. The application shall also include written verification from the applicant's original licensing~~

~~jurisdiction stating that the applicant's license is in good standing in that jurisdiction.~~

~~(B) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this subparagraph may be grounds for the denial or revocation of a temporary license issued by the board.~~

~~(C) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.~~

~~(D) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.~~

~~(c)~~

~~A board may adopt regulations necessary to administer this section.~~

~~(d) This section shall not apply to a board that has established a temporary licensing process before January 1, 2014.~~

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AMENDED IN ASSEMBLY APRIL 16, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 259

Introduced by Assembly Member Logue

February 7, 2013

An act ~~to amend Section 2762 of the Business and Professions Code, and~~ to add ~~Section 1259.7~~ *Chapter 13 (commencing with Section 1796)* to *Division 2 of* the Health and Safety Code, relating to ~~nursing~~ *health and care facilities*.

LEGISLATIVE COUNSEL'S DIGEST

AB 259, as amended, Logue. ~~Nursing:~~ *Health and care facilities:* CPR ~~in emergency situations~~.

~~The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.~~

Existing law regulates ~~health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health~~

~~facilities~~ *long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities*. A person who violates these provisions is guilty of a crime, except as specified.

This bill would ~~make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.~~

~~The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility~~ *make it a misdemeanor for those facilities to have a policy that prohibits any employee* from administering cardiopulmonary resuscitation, ~~that policy is void as against public policy~~ *except as specified*. By creating a new crime relating to ~~health care~~ *these* facilities, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

~~SECTION 1. Section 2762 of the Business and Professions Code is amended to read:~~

~~2762. In addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:~~

~~(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.~~

~~(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.~~

~~(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.~~

~~(d) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.~~

~~(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).~~

~~(f) Refuse to administer cardiopulmonary resuscitation in an emergency situation, provided that the nurse is able to perform the resuscitation. This subdivision does not apply if there is a "Do not resuscitate" order in effect for the person upon whom the resuscitation would otherwise be performed.~~

~~SEC. 2. Section 1259.7 is added to the Health and Safety Code, to read:~~

~~1259.7. If a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy.~~

SECTION 1. Chapter 13 (commencing with Section 1796) is added to Division 2 of the Health and Safety Code, to read:

Chapter 13. Cardiopulmonary Resuscitation

1796. (a) It is a misdemeanor for a long-term health care facility, as defined in Section 1418, community care facility, as defined in Section 1502, adult day health care center, as defined in Section 1570.7, or residential care facility for the elderly, as defined in Section 1569.2, to have a policy that prohibits any employee from administering cardiopulmonary resuscitation.

(b) This section does not apply if there is a "do not resuscitate" or Physician Orders for Life Sustaining Treatment form, as defined in Section 4780 of the Probate Code, or an advance health care directive that prohibits resuscitation, as specified in Part 2 (commencing with Section 4670) of Division 4.7 of the Probate Code, in effect for the person upon whom the resuscitation would otherwise be performed.

~~SEC. 3.~~

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 29, 2013

AMENDED IN ASSEMBLY APRIL 3, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 809

Introduced by Assembly Member Logue
(Coauthor: Senator Galgiani)

February 21, 2013

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 809, as amended, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would ~~allow the verbal consent for the use of telehealth to apply in the present instance and for any subsequent use of telehealth.~~ *require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent in the patient's medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care*

provider to either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means 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. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth at the originating site shall ~~verbally~~ inform the patient about the use of telehealth and ~~request the patient's~~ *obtain* verbal *or written* consent~~, which may apply in the present instance and for any subsequent use of telehealth.~~ *from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.* The ~~verbal~~ consent shall be documented in the patient's medical ~~record.~~ *record, and the documentation shall be transmitted with the initiation of any telehealth for that specified course of health care and treatment to any distant-site health care provider from whom telehealth is requested or obtained. A distant-site health care provider shall either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.*

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a *specified* course of *health care and* treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on

information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved areas of California, the increasing strain on existing providers expected to occur with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.

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ASSEMBLY BILL No. 1827

Introduced by Assembly Member Patterson

February 18, 2014

An act relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 1827, as introduced, Patterson. State bodies: administrative and civil penalties.

Existing law authorizes certain state bodies to impose and enforce civil and administrative penalties upon businesses for regulatory violations.

This bill would state the intent of the Legislature to enact legislation to require all state bodies to allow specified businesses to cure minor violations that do not cause actual public harm or physical injury prior to the imposition of civil penalties, administrative penalties, or both. This bill would state legislative findings regarding enforcement programs.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) It is the intent of the Legislature to enact legislation, notwithstanding any other law, to require all state bodies, as defined by Section 11121 of the Government Code, to allow businesses that have 50 or fewer full-time employees an opportunity to cure minor regulatory violations that did not cause

actual public harm or physical injury to any person prior to the imposition of administrative penalties, civil penalties, or both.

(b) The Legislature finds and declares that the primary purpose of enforcement programs administered by state bodies is to seek to bring about compliance with the law, and that financial penalties shall only be imposed in the absence of good faith compliance efforts or after repeated violation of rules and regulations, and in a manner in which the amount of the financial penalty accurately and justly reflects the seriousness of the offense.

O

ASSEMBLY BILL No. 1972

Introduced by Assembly Member Jones

February 19, 2014

An act to amend Sections 3730, 3735, and 3739 of, and to repeal Section 3735.5 of, the Business and Professions Code, relating to respiratory care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1972, as introduced, Jones. Respiratory care practitioners.

(1) Under the Respiratory Care Practice Act, the Respiratory Care Board of California licenses and regulates the practice of respiratory care and therapy. The act requires an applicant to successfully pass the national respiratory therapist examination conducted in accordance with board regulations.

This bill would, instead, require an applicant to pass all parts of the national registered respiratory therapist examination, unless an applicant provides evidence that he or she passed the National Board for Respiratory Care's certified respiratory therapist examination prior to January 1, 2015, and there is no evidence of prior license or job-related discipline, as determined by the board in its discretion. The bill would make conforming changes.

(2) The act authorizes a person who has filed an application for licensure with the board to perform as a respiratory care practitioner applicant under the direct supervision of a respiratory care practitioner, if the applicant has met education requirements and passed the national respiratory therapist examination, if he or she ever attempted the examination. Those privileges automatically cease if the applicant fails that examination.

This bill would authorize the board to extend the dates an applicant may perform as a respiratory care practitioner applicant for up to 6 months when the applicant is unable to complete the application for, licensure process due to causes outside his or her control, or when the applicant provides evidence that he or she has successfully passed the national certified respiratory therapist examination and has otherwise completed the application for licensure process and has not previously been authorized to practice as a respiratory care practice applicant.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 3730 of the Business and Professions Code is amended to read:

3730. *(a)* All licenses for the practice of respiratory care in this state shall be issued by the board, and all applications for those licenses shall be submitted directly to and filed with the board. Except as otherwise required by the director pursuant to Section 164, the license issued by the board shall describe the license holder as a "respiratory care practitioner licensed by the Respiratory Care Board of California."

~~Each~~

(b) Each application shall be accompanied by the application fee prescribed in Section 3775, shall be signed by the applicant, and shall contain a statement under oath of the facts entitling the applicant to receive a license without examination or to take ~~an examination~~ *one or more examinations*.

~~The~~

(c) The application shall contain other information as the board deems necessary to determine the qualifications of the applicant.

SEC. 2. Section 3735 of the Business and Professions Code is amended to read:

3735. *(a)* Except as otherwise provided in this chapter, ~~no~~ *an* applicant shall *not* receive a license under this chapter without first successfully passing *all parts of* the national *registered* respiratory therapist examination ~~conducted by those persons, and in the manner and under the rules and regulations, as the board may prescribe~~.

(b) Notwithstanding subdivision (a), any person applying for licensure who provides evidence that he or she passed the National Board for Respiratory Care's certified respiratory therapist examination prior to January 1, 2015, shall not be required to pass the registered respiratory therapist examination, if there is no evidence of prior license or job-related discipline, as determined by the board in its discretion.

SEC. 3. Section 3735.5 of the Business and Professions Code is repealed.

~~3735.5. The requirements to pass the written examination shall not apply to an applicant who at the time of his or her application has passed, to the satisfaction of the board, an examination that is, in the opinion of the board, equivalent to the examination given in this state.~~

SEC. 4. Section 3739 of the Business and Professions Code is amended to read:

3739. (a) ~~(1)~~ Except as otherwise provided in this section, every person who has filed an application for licensure with the board may, between the dates specified by the board, perform as a respiratory care practitioner applicant under the direct supervision of a respiratory care practitioner licensed in this state ~~provided~~ *if* he or she has met education requirements for licensure as may be certified by his or her respiratory care program~~, and if ever attempted, has passed the national respiratory therapist examination~~.

(b) The board may extend the dates an applicant may perform as a respiratory care practitioner applicant under either of the following circumstances:

(1) When the applicant is unable to complete the licensure application due to causes completely outside his or her control.

(2) When the applicant provides evidence that he or she has successfully passed the national certified respiratory therapist examination and has otherwise completed the application for licensure process and has not previously been authorized to practice as a respiratory care practice applicant under this subdivision.

(c) Authorization to practice as a respiratory care practitioner applicant pursuant to paragraph (2) of subdivision (b) shall not exceed six months from the date of graduation or the date the application was filed, whenever is later.

~~(2)~~

(d) During this period the applicant shall identify himself or herself only as a "respiratory care practitioner applicant."

~~(3)~~

(e) If for any reason the license is not issued, all privileges under ~~this~~ subdivision *(a)* shall automatically cease on the date specified by the board.

~~(b) If an applicant fails the national respiratory therapist examination, all privileges under this section shall automatically cease on the date specified by the board.~~

~~(c) No applicant for a respiratory care practitioner license shall be authorized to perform as a respiratory care practitioner applicant if cause exists to deny the license.~~

(f) This section shall not be construed to prohibit the board from denying or rescinding the privilege to work as a respiratory care practitioner applicant for any reason, including, but not limited to, failure to pass the registered respiratory therapist examination or if cause exists to deny the license.

~~(d)~~

(g) "Under the direct supervision" means assigned to a respiratory care practitioner who is on duty and immediately available in the assigned patient care area.

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ASSEMBLY BILL No. 2102

Introduced by Assembly Member Ting

February 20, 2014

An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professional Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2102, as introduced, Ting. Licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

This bill would require these boards to annually collect and report specific demographic data relating to its licensees to Office of Statewide Health Planning and Development.

This bill would also make technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:

(a) The Office of Statewide Health Planning and Development prepares an annual report to the Legislature on the gaps in the health care workforce in California.

(b) The Employment Development Department's Labor Market Information Division and state licensing boards share data with the Office of Statewide Health Planning and Development.

(c) All regulatory boards collect information about their licensees through the licensing process.

(d) California's regulated health professions collect information that is often limited and not always regularly updated.

(e) The information collected is inconsistent among the various regulatory agencies using different definitions and categories.

(f) The collection of demographic data on certain allied health professions will allow for the consistent determination of geographic areas in the state where there are shortages of health care workers with cultural and linguistic competency.

SEC. 2. Section 2717 of the Business and Professions Code is amended to read:

2717. (a) The board shall collect and analyze workforce data from its licensees for future workforce planning. The board may collect the data at the time of license renewal or from a scientifically selected random sample of its licensees. The board shall produce reports on the workforce data it collects, at a minimum, on a biennial basis. The board shall maintain the confidentiality of the information it receives from licensees under this section and shall only release information in an aggregate form that cannot be used to identify an individual. The workforce data collected by the board shall include, at a minimum, employment information such as hours of work, number of positions held, time spent in direct patient care, clinical practice area, type of employer, and work location. The data shall also include future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings, and demographic data.

(b) Aggregate information collected pursuant to this section shall be placed on the board's Internet Web site.

~~(c) The board is authorized to expend the sum of one hundred forty-five thousand dollars ($145,000) from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.~~

~~(d) This section shall be implemented by the board on or before July 1, 2003.~~

(c) (1) Notwithstanding subdivision (a), the board shall annually collect all of the following data on nurses licensed under this chapter:

(A) Location of practice.

(B) Race.

(C) Ethnicity.

(D) Languages spoken.

(E) Educational background.

(2) The board shall annually provide the data collected pursuant to paragraph (1) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

SEC. 3. Section 2852.5 is added to the Business and Professions Code, to read:

2852.5. (a) The board shall annually collect all of the following data on vocational nurses licensed under this chapter:

(1) Location of practice.

(2) Race.

(3) Ethnicity.

(4) Languages spoken.

(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

SEC. 4. Section 3518.1 is added to the Business and Professions Code, to read:

3518.1. (a) The board shall annually collect all of the following data on physician assistants licensed under this chapter:

(1) Location of practice.

(2) Race.

(3) Ethnicity.

(4) Languages spoken.

(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for

inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

SEC. 5. Section 3770.1 is added to the Business and Professions Code, to read:

3770.1. (a) The board shall annually collect all of the following data on respiratory therapists licensed under this chapter:

(1) Location of practice.

(2) Race.

(3) Ethnicity.

(4) Languages spoken.

(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

SEC. 6. Section 4506 is added to the Business and Professions Code, to read:

4506. (a) The board shall annually collect all of the following data on psychiatric technicians licensed under this chapter:

(1) Location of practice.

(2) Race.

(3) Ethnicity.

(4) Languages spoken.

(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

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ASSEMBLY BILL No. 2484

Introduced by Assembly Member Gordon

February 21, 2014

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth.

LEGISLATIVE COUNSEL'S DIGEST

AB 2484, as introduced, Gordon. Healing arts: telehealth.

Existing law provides for the licensure and regulation of various healing arts professions by various boards within the Department of Consumer Affairs. A violation of specified provisions is a crime. Existing law defines telehealth for the purpose of its regulation and requires a health care provider, as defined, prior to the delivery of health care via telehealth, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient and to document that verbal consent in the patient's medical record.

This bill would alternatively allow a health care provider to obtain written consent from the patient before telehealth may be used and would require that written consent to be documented in the patient's medical record.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2290.5 of the Business and Professions
2 Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means 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. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider at the originating site shall verbally inform the patient that telehealth may be used and obtain verbal *or written* consent from the patient for this use. The verbal *or written* consent shall be documented in the patient's medical record.

(c) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(d) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(e) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(f) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(g) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

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ASSEMBLY BILL No. 2720

Introduced by Assembly Member Ting

February 21, 2014

An act to amend Section 11122 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 2720, as introduced, Ting. State agencies: meetings: record of action taken.

The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including "action taken," which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11122 of the Government Code is
2 amended to read:

11122. As used in this article "action taken" means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order or similar action. *If the action taken by the members of a state body is a recorded vote, the vote shall be counted and identified in the minutes of the state body.*

O

SENATE BILL No. 850

Introduced by Senator Block
(Coauthors: Senators Anderson and Hill)

January 9, 2014

An act to add Article 3 (commencing with Section 78040) to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

SB 850, as introduced, Block. Public postsecondary education: community college districts: baccalaureate degree pilot program.

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate degrees in arts and science.

This bill would authorize the Chancellor of the California Community Colleges to authorize the establishment of one baccalaureate degree pilot program per campus per district. The bill would provide that the baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor. The bill would require a baccalaureate degree pilot program to expire 8 years after the establishment of the program. The bill would require a participating

district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program that would evaluate specified factors.

This bill would also require the governing board of a participating district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program. The bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) California needs to produce one million more baccalaureate degrees than the state currently does to remain economically competitive in the coming decades.

(b) The 21st Century workplace increasingly demands a higher level of education in applied fields.

(c) There is demand for education beyond the associate degree level in specific academic disciplines that is not currently being met by California's four-year public institutions.

(d) Community colleges can help fill the gaps in our higher education system by granting baccalaureate degrees for a limited number of specific areas in order to meet a growing demand for a skilled workforce.

(e) These baccalaureate programs will be limited and will not detract from the community colleges' mission to advance California's economic growth and global competitiveness through education, training, and services that contribute to continuous workforce improvement, nor will the programs unnecessarily duplicate similar programs offered by nearby four-year institutions.

(f) Community colleges can provide a quality baccalaureate education with lower costs to their students than a traditional

four-year university, enabling place-bound local students the opportunity to earn the baccalaureate degree needed for new job opportunities and promotion.

(g) Twenty one other states, from Florida to Hawaii, already allow their community colleges to offer baccalaureate degrees. California is one of the most innovative states in the nation, and the California Community Colleges will use that same innovative spirit to produce more health, biotechnology, and other needed professionals.

SEC. 2. Article 3 (commencing with Section 78040) is added to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, to read:

Article 3. Baccalaureate Degree Pilot Program

78040. For the purposes of this article, “district” means any community college district identified by the Chancellor of the California Community Colleges as participating in the baccalaureate degree pilot program. Each district may establish baccalaureate degree pilot programs pursuant to Section 78041.

78041. Notwithstanding Section 66010.4, the Chancellor of the California Community Colleges may authorize the establishment of baccalaureate degree pilot programs that meet all of the eligibility requirements set forth in Section 78042. A pilot program established pursuant to this section shall expire eight years after the establishment of the program. For purposes of this section, a pilot program is established when the first class of students begins the program. The baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor of the California Community Colleges.

78042. (a) The district shall seek authorization to offer baccalaureate degree programs through the appropriate accreditation body.

(b) The district shall maintain the primary mission of the California Community Colleges specified in paragraph (3) of subdivision (a) of Section 66010.4. The district, as part of the baccalaureate degree pilot program, shall have the additional mission to provide high-quality undergraduate education at an affordable price for students and the state.

(c) The district shall offer one baccalaureate degree per campus in a limited number of fields of study subject to the following requirements, as determined by the governing board of the district:

(1) The district shall identify and document unmet workforce needs in the subject areas of the baccalaureate degrees to be offered and offer baccalaureate degrees in those subject areas possessing unmet workforce needs in the local community.

(2) The baccalaureate degree pilot program shall not unnecessarily duplicate similar programs offered by nearby public postsecondary educational institutions.

(3) The district shall have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

(d) The district shall maintain separate records for students who are enrolled in courses classified in the upper division and lower division of a baccalaureate program. A student shall be reported as a community college student for enrollment in a lower division course and as a baccalaureate degree program student for enrollment in an upper division course.

(e) The governing board of the district shall do all of the following:

(1) Determine the appropriate governance system for the baccalaureate degree pilot program.

(2) Make decisions regarding the baccalaureate degree pilot program's curriculum, faculty, and facilities.

(3) Establish the level of matriculation, tuition, and other appropriate costs for students enrolled in a baccalaureate degree program.

(f) (1) The governing board of the district may charge baccalaureate degree-seeking students a fee, of an amount to be determined by the governing board, that covers the additional costs imposed by providing a baccalaureate degree pilot program, for enrollment in courses that are not transfer core curriculum courses, as defined in Section 66720.

(2) All fees collected pursuant to this subdivision shall be deposited in the designated fund of the district in accordance with the California Community Colleges Budget and Accounting Manual, and shall be expended for the purpose of providing a baccalaureate degree pilot program.

(g) The governing board of the district may enter into agreements with local businesses and agencies to provide educational services to students participating in the baccalaureate degree pilot program.

(h) The district shall submit a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program pursuant to Section 78041. The report shall examine the success of the baccalaureate degree pilot program by evaluating all of the following factors:

(1) The percentage of students who complete a baccalaureate degree, calculated by dividing the number of students who graduate from the baccalaureate degree pilot program by the number of students who enrolled in the program.

(2) The extent to which the baccalaureate degree pilot program is self-supporting, such that the student fees charged pursuant to subdivision (f) cover the costs of the program.

(3) Whether there is a problem with finding and paying instructors for the baccalaureate degree pilot program.

(4) Whether there was a decline in enrollment in the California State University and the University of California as a result of the baccalaureate degree pilot program.

(5) The number of students who received jobs in the area in the field of study of their baccalaureate degree.

(6) The amount of student fees charged pursuant to subdivision (f) compared to the amount of student fees charged for courses at the California State University and the University of California.

(i) A report submitted pursuant to subdivision (h) shall be submitted in compliance with Section 9795 of the Government Code.

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