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State of California

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Business, Consumer Services  
and Housing Agency

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Department of Consumer Affairs



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President

Alan Roth, MS, MBA, RRT-NPS, FAARC  
Vice President

Mary Ellen Early  
Member

Rebecca F. Franzoia  
Member

Mark Goldstein, BS, RRT, RCP  
Member

Michael Hardeman  
Member

Ronald H. Lewis, MD  
Member

Judy McKeever, RCP  
Member

Laura C. Romero, PhD  
Member

#### Mission

“To protect and serve consumers by licensing qualified respiratory care practitioners, enforcing the provisions of the Respiratory Care Practice Act, expanding the availability of respiratory care services, increasing public awareness of the profession, and supporting the development and education of respiratory care practitioners.”

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Website: [www.rcb.ca.gov](http://www.rcb.ca.gov)

# Respiratory Care Board of California

3750 Rosin Court, Suite 100, Sacramento, CA 95834

## Board Meeting Agenda

Friday, April 4, 2014

### Ronald Regan UCLA Medical Center

De Neve Commons

351 Charles E. Young Dr. Salon B

Los Angeles, CA, 90095

9:00 AM **Call to Order**

#### 1. Public Comment

*Public comment will be accepted after each agenda item and toward the end of the agenda for public comment not related to any particular agenda item. The President may set a time limit for public comment as needed.*

#### 2. New Member Introduction: Judy McKeever, RCP

#### 3. Approval of November 15, 2013 Minutes

#### 4. Executive Officer's Report (Stephanie Nunez)

- BreEZe, On-Line Application/License System
- Pulmonary Function Testing: Request for Attorney General Legal Opinion

#### 5. Professional Qualifications Committee Report (Mark Goldstein)

- Report from California Community Colleges, Baccalaureate Degree Study Group [<http://extranet.cccco.edu/Divisions/AcademicAffairs.aspx>]
- SB 850 - Baccalaureate Degree Pilot Programs at Community Colleges
- Consideration to Contract Services for a Baccalaureate Degree Impact Study

#### 6. Fiscal Review

#### 7. Consideration to Increase Continuing Education Hours Required for Renewal (Strategic Plan Goal No. 2.6)

#### 8. Consideration of Enforcement History Web Retention Policy (Strategic Plan Goal No. 1.3)

#### 9. Limits of RCP's Responsibility on Home Delivery of Equipment and Patient Care Discussion (Strategic Plan Goal No. 2.4)

#### 10. Proposed Regulatory Amendments Concerning: Continuing Education, Military and O-O-S Practitioner Exemptions, and Fee Schedule (Stephanie Nunez)

#### 11. Legislative Report

- Board Legislative Proposals: Update (Stephanie Nunez)
  - RRT Minimum Examination Threshold
  - Interim Suspension Order
  - Enforcement/Substantially Related Acts
- 2014 Legislation of Interest (Christine Molina)

• **Closed Session** •

The Board will convene into Closed Session, as authorized by Government Code Section 11126(c), subdivision (3), to deliberate on the following matters and any other matters that may arise after the issuance of this agenda notice.

- I. **Reconsideration of ALJ Proposed Decision: Dawn L. Teal, RCP 23270**
- II. **Non Adoption of ALJ Proposed Decision: Samnang San, Applicant**
- III. **Consideration of ALJ Proposed Decision: Jeffrey Michael Wojciechowski, RCP 28955**

**12. Public Comment on Items Not on the Agenda**

**13. Future Agenda Items**

1:30 p.m. **14. Adjournment**

This meeting will be Webcast, provided there are no unforeseen technical difficulties. To view the Webcast, please visit <http://www.dca.ca.gov/publications/multimedia/webcast.shtml>



## **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.

1 **PUBLIC COMMENT**

2  
3 President Spearman explained that public comment would be allowed on agenda items, as those  
4 items are discussed by the Board during the meeting. He added that under the Bagley-Keene Open  
5 Meeting Act, the Board may not take action on items raised by public comment that are not on the  
6 Agenda, other than to decide whether to schedule that item for a future meeting.  
7

8 Public comment was received by Mr. James Ellis regarding the Board's proposal to increase the entry  
9 level exam to Registered Respiratory Therapist. Mr. Ellis was advised that many of the concerns he  
10 had were addressed within the Proposed Legislation and would be reviewed in detail during the  
11 discussion of that agenda item.  
12

13 **APPROVAL OF MAY 6, 2013 MINUTES**

14  
15  
16 Vice President Goldstein moved to approve the May 6, 2013 Public Session minutes with changes.  
17

18 M/Goldstein /S/Roth

19 In favor: Early, Franzoia, Goldstein, Olson, Roth, Spearman

20 Abstain: Hardeman, Lewis, Romero

21 MOTION PASSED  
22

23 **EXECUTIVE OFFICER'S REPORT**

24 *(Nunez)*

25  
26  
27 **a. BreEZe On-Line Application/License System:**

28  
29 Ms. Nunez advised the Board of the following BreEZe highlights:  
30

- 31 • The BreEZe On-Line Application/License system rolled out fairly smoothly on October 9, 2013.
- 32 • Staff is adapting very well.
- 33 • The Department is still working on prioritizing and fixing issues and expects to be completed  
34 within a year.
- 35 • As of November 5, 2013, 452 respiratory therapists have already registered on the BreEZe  
36 system.
- 37 • Statistical data reports are not yet available in this system, which may make it difficult to obtain  
38 information routinely provided.
- 39 • The NBRC interface, which will upload exam results directly into the system, is expected to be  
40 active this week, and the Board thanks the NBRC for their cooperation in getting this interface  
41 developed.
- 42 • The on-line application process is expected to be available in the system mid 2014
- 43 • The system will interface with the AG's office, DOJ and the Board's drug testing vendor.  
44

45 BreEZe on-line activities include the following:

- 46 • Verify a license
- 47 • Change an address
- 48 • Order a duplicate license or wall certificate
- 49 • Order an out-of-state verification
- 50 • Renew a license
- 51 • Pay probation monitoring and cost recovery  
52

1 **b. Agenda Distribution Method**  
2

3 Feedback was requested concerning interest in changing the method of distributing the Board's  
4 agenda packets. Board members favored exploring electronic delivery methods versus hard copies  
5 currently received. Ms. Nunez will research the feasibility and report back.  
6

7 **STRATEGIC PLAN**

8  
9 **a. Mission Statement**

10  
11 Several options for an updated Mission Statement were reviewed and discussed. Dr. Lewis moved to  
12 select Option C (w/ amendments) as the Board's final mission statement.  
13

14 All were in favor. No one opposed.

15 M/Lewis /S/Goldstein

16 In favor: Early, Franzoia, Goldstein, Hardeman, Lewis, Olson, Romero, Roth, Spearman

17 MOTION PASSED  
18  
19

20 **b. Plan Approval**

21  
22 Ms. Nunez asked if anyone had any comments or suggested edits to the 2013-2016 Strategic Plan.  
23 Having none, Ms. Early moved to approve the plan as written.  
24

25 All were in favor. No one opposed.

26 M/Early /S/Lewis

27 In favor: Early, Franzoia, Goldstein, Hardeman, Lewis, Olson, Romero, Roth, Spearman

28 MOTION PASSED  
29  
30

31 **BUREAU FOR PRIVATE POSTSECONDARY EDUCATION MEMORANDUM OF**  
32 **UNDERSTANDING**  
33 (Nunez)  
34

35 The Board reviewed the Memorandum of Understanding proposed to be entered into between the  
36 Bureau for Private Postsecondary Education (BPPE) and the Respiratory Care Board, aimed at  
37 providing mutual cooperation in the review and approval of respiratory care education program  
38 providers.  
39  
40

41 **PROFESSIONAL QUALIFICATION COMMITTEE REPORT**  
42 (Goldstein)  
43

44 Mr. Goldstein advised the Board of the upcoming round table discussion hosted by the Coalition for  
45 Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE), and indicated that he,  
46 President Spearman, and Mr. Roth planned to attend on their own behalf.  
47  
48  
49  
50  
51  
52  
53

1 **FISCAL REVIEW**

2  
3 Ms. Nunez pointed out that increases for FY 2013/14 expenditures are projected in the areas of  
4 Salary and Benefits, Departmental and Statewide Pro Rata, and Attorney General costs. She noted  
5 that the increase in salary and benefits is due to the end of the mandatory employee Personal Leave  
6 Program (PLP), as well as a cost of living adjustment negotiated via collective bargaining.  
7

8  
9 **ENFORCEMENT STATISTICS**

10 (Olson)

11  
12 Mr. Olson reviewed the enforcement statistics through June 30, 2013. He noted that the Board had  
13 its highest number of applications received during Fiscal Year 2012/13, at 1,655. An increase was  
14 also seen in the number of applicants investigated and applicants denied in comparison to the prior  
15 fiscal year.  
16

17  
18 **DISCIPLINARY PROCESS OVERVIEW/DISCUSSION**

19 (Dobbs, Legal Counsel)

20  
21 Dianne Dobbs, Legal Counsel, gave a presentation that outlined and reviewed the disciplinary  
22 process. Members noted Ms. Dobbs provided an excellent overview and applauded at the  
23 conclusion of her presentation.  
24

25  
26 **PULMONARY FUNCTION TESTING: REQUEST FOR ATTORNEY GENERAL LEGAL OPINION**

27 (Nunez)

28  
29 Ms. Nunez advised the Board that the Medical Board of California has agreed to seek a joint legal  
30 opinion from the Office of the Attorney General concerning the requirement that pulmonary function  
31 testing be performed by qualified and licensed personnel.  
32  
33

34 =====  
35 **CLOSED SESSION**

36  
37 The Board convened into Closed Session, as authorized by Government Code Section 11126c,  
38 subdivision (3) at 1:50 p.m. and reconvened into Public Session at 2:30 p.m.  
39 =====

40  
41  
42 **LEGISLATIVE REPORT**

43 (Molina/Nunez)

44  
45 Ms. Molina reviewed and provided updates regarding the 2013 Legislation of Interest:

- 46 SB 305: Healing arts: boards. (RCB Sunset Extension Bill)
- 47 Status: Signed by the Governor (extended 4 years)
- 48 AB 690: Licenses
- 49 Status: Referred to Senate Committee on Rules. Has become a 2 year bill.
- 50 AB 186: Professions and vocations: military spouses; temporary licenses.
- 51 Status: Signed by the Governor
- 52 AB 258: State agencies: veterans
- 53

1 Status: Signed by the Governor  
2 AB 291: California Sunset Review Commission  
3 Status: Referred to Assembly Accountability & Administrative Review, and Business,  
4 Professions & Consumer Protection Committees. However, hearings were cancelled  
5 at the request of the author  
6 AB 512: Healing arts: licensure exemption.  
7 Status: Signed by the Governor  
8 AB 809: Healing arts: telehealth  
9 Status: Hearing before the Assembly Health Committee cancelled at the request of  
10 the author. Has become a 2 year bill.  
11 AB 1013: Consumer affairs  
12 Status: Referred to Assembly Committee on Business, Professions and Consumer  
13 Protection. Has become a 2 year bill.  
14 AB 1057: Professions and vocations: licenses: military service  
15 Status: Signed by the Governor  
16  
17

18 Ms. Nunez reviewed the Board's 2014 legislative proposals, relating to:  
19

- 20 • RRT Minimum Examination Threshold
  - 21 • Interim Suspension Order
  - 22 • Enforcement/Substantially Related Acts
- 23  
24

## 25 ELECTION OF OFFICER FOR 2014

### 26 a. President

27  
28  
29 President Spearman opened the floor for Nominations for Respiratory Care Board President.  
30

31 Vice President Goldstein moved to nominate Charles Spearman for President.  
32 M/Goldstein S/Lewis  
33

34 Mr. Olson moved to nominate Mary Ellen Early for President.  
35 Ms. Early respectfully declined the nomination.  
36

37 Mr. Olson moved to nominate Alan Roth for President.  
38 M/Olson S/Goldstein  
39

40 President Spearman and Mr. Roth provided the members with biographical information to consider  
41 when casting their votes.  
42

43 All those in favor of Spearman for President: Spearman, Goldstein, Lewis, Hardeman, Early,  
44 Franzoia, Romero  
45

46 All those in favor of Roth for President: Olson, Roth  
47

48 Mr. Spearman will continue to serve as the Board's President for 2014.  
49

### 50 b. Vice President

51  
52 President Spearman opened the floor for Nominations for Respiratory Care Board Vice President.  
53

1 Mr. Olson nominated Alan Roth for Vice-President.  
2 M/Olson S/Lewis  
3  
4 President Spearman nominated Mark Goldstein for Vice-President  
5 M/Spearman S/Roth  
6  
7 All those in favor of Mr. Roth: Olson, Roth, Hardeman, Early, Franzoia  
8  
9 All those in favor of Mr. Goldstein: Spearman, Goldstein, Lewis, Romero  
10  
11 Mr. Roth will serve as Vice-President for 2014.  
12  
13

14 **2014 MEETING DATES: CALENDAR**

15  
16 The following Public Meetings were scheduled for 2014:

17  
18 February 28, 2014 (tentative)  
19 May 16, 2014  
20 November 7, 2014  
21

22 [Subsequent to this meeting the February 28, 2014 and May 16, 2014 meetings were cancelled and a  
23 new meeting was scheduled for April 4, 2014.]  
24

25  
26 **PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA**

27  
28 No public comment was provided at this time.  
29

30  
31 **FUTURE AGENDA ITEMS**

32  
33 No future items were identified.  
34

35  
36 **ADJOURNMENT**

37  
38 The Public Session Meeting was adjourned by President Spearman at 3:35 p.m.  
39  
40  
41  
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44

45  
46 \_\_\_\_\_  
47 CHARLES B. SPEARMAN  
48 President

45  
46 \_\_\_\_\_  
47 STEPHANIE A. NUNEZ  
48 Executive Officer



*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 14<sup>th</sup> 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://occrll.illinois.edu/applied\\_baccalaureate/](http://occrll.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 Bommel, 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 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](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
- 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 Bemmell, 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.

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.

**REVENUE**

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

Projected Workload 2013/14	Current Fees 2013/14
1,700	\$300
n/a	n/a
9,500	\$230
170 / 18	\$230 / \$460
450	\$25
105	\$25
var	var
var	var

**EXPENDITURES**

Expenditure Items	2011/12 Actual	2012/13 Actual	2013/14 Projected
Salary & Benefits	\$1,281,348	\$1,318,199	\$1,419,520
Training	\$1,038	\$240	\$2,000
Travel	\$25,631	\$19,063	\$20,000
Printing	\$11,974	\$39,012	\$50,000
Postage	\$31,124	\$33,525	\$40,000
Equipment	\$86,103	\$19,212	\$10,000
ProRata <sup>1</sup>	\$438,489	\$459,814	\$561,624
Fingerprints	\$5,707	\$5,978	\$5,000
All Other Fixed Expenses <sup>2</sup>	\$230,629	\$291,540	\$225,500
Investigations	\$31,803	\$43,469	\$0
Attorney General	\$384,651	\$351,293	\$450,000
Office of Admin Hearings	\$105,342	\$76,306	\$100,000
Court Reporter Services	\$11,577	\$3,689	\$7,500
Evidence and Witness	\$34,756	\$30,274	\$25,000
<b>Total Expenditures</b>	<b>\$2,680,172</b>	<b>\$2,691,614</b>	<b>\$2,916,144</b>

Actual Exp. thru 1/31/14	Budgeted 2013/14
\$825,145	\$1,394,214
\$389	\$11,227
\$9,105	\$41,805
\$19,012	\$36,515
\$31,303	\$40,798
\$0	\$0
\$387,381	\$561,624
\$2,658	\$55,000
\$70,840	\$542,382
\$0	\$0
\$265,112	\$462,214
\$39,536	\$137,082
\$2,721	\$0
\$11,884	\$32,050
<b>\$1,665,086</b>	<b>\$3,314,911</b>

<sup>1</sup> ProRata includes departmental and central administrative services.

<sup>2</sup> 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
<b>TOTAL RESOURCES</b>	<b>\$5,100,226</b>	<b>\$5,414,117</b>	<b>\$5,671,003</b>	<b>5,841,251</b>
Budget Expenditure	\$2,691,614	\$2,916,144	\$3,003,628	3,003,628
Disbursements <sup>1</sup>	\$17,640			
Reimbursements	(\$206,164)	(\$200,000)	(\$200,000)	(\$200,000)
<b>TOTAL EXPENDITURES</b>	<b>\$2,503,090</b>	<b>\$2,716,144</b>	<b>\$2,803,628</b>	<b>2,803,628</b>
<b>RESERVE, JUNE 30</b>	<b>\$2,597,136</b>	<b>\$2,697,973</b>	<b>\$2,867,375</b>	<b>\$3,037,623</b>

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

<sup>1</sup>Represents State Controller Operations and Financial Information System for California 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		
<b>Licensed Vocational Nurse (LVN)</b>	<b>30</b>	<b>30</b>	<b>100%</b>
Physical Therapist	30		
Physical Therapist Assistant	30		
Psychiatric Technician (PT)	30	30	100%
<b>Registered Nurse (RN)</b>	<b>30</b>	<b>30</b>	<b>100%</b>
Registered Dental Assistant (RDA)	25		
Dental Hygienist	25		
Occupational Therapist	24	12	50%
Veterinary Technician	20		
<b>Respiratory Care Practitioner (RCP)</b>	<b>15</b>	<b>10</b>	<b>67%</b>

<b>CE Analysis</b>
<b>Mean/Average: 34.37    Median: 30    Mode: 30 &amp; 50</b>

**RCP Continuing Education / State Comparison  
CE Order**

# of Licenses	Renewal Period	C.E. Hours	Fee	State	Converston to Biennial	
					CE Hours	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	<u>Conversion to Biennial</u>	
					CE Hours	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
2,686	Biennial	0	\$76	Colorado	0	\$76
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2,692	Biennial	0	\$141	Wisconsin	0	\$141
338	Annual	8	\$100	Wyoming	16	\$200

## 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.

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 95814~~ 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.

*Retitle 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](http://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 subject 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](http://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.

~~(e)~~ (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	<u>Actual cost</u>	<del>\$ 190</del>
(c) Re-examination fee	<u>Actual cost</u>	<del>\$ 150</del>
(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:	<b>WATCH</b>

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 these 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:	<b>WATCH</b>

<b>ASSEMBLY BILL 809 [URGENCY BILL]</b>	
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:	<b>WATCH</b>

<b>ASSEMBLY BILL 1827</b>	
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:	<b>WATCH</b>

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:	<b>SUPPORT</b>

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:	<b>WATCH</b>

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:	<b>WATCH</b>

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:	<b>WATCH</b>

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:	<p>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.</p> <p>Existing law requires the board to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Staff Recommended Position:	<b>SUPPORT</b>

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

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**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

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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:*

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

3     115.6. (a) A board within the department shall, after  
4     appropriate investigation, issue a temporary license to an applicant  
5     if he or she meets the requirements set forth in subdivision (c). The  
6     temporary license shall expire 12 months after issuance, upon  
7     issuance of an expedited license pursuant to Section 115.5, or upon  
8     denial of the application for expedited licensure by the board,  
9     whichever occurs first.

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

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

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

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

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

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

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

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

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

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

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

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

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

12 ~~115.5. (a) Except as provided in subdivision (d), a board within~~  
13 ~~the department shall expedite the licensure process for an applicant~~  
14 ~~who meets both of the following requirements:~~

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

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

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

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

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

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

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

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

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

16 ~~(e)~~

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

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

AMENDED IN ASSEMBLY APRIL 16, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

No. 259

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### Introduced by Assembly Member Logue

February 7, 2013

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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:*

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

3 ~~2762. In addition to other acts constituting unprofessional~~  
4 ~~conduct within the meaning of this chapter it is unprofessional~~  
5 ~~conduct for a person licensed under this chapter to do any of the~~  
6 ~~following:~~

7 ~~(a) Obtain or possess in violation of law, or prescribe, or except~~  
8 ~~as directed by a licensed physician and surgeon, dentist, or~~  
9 ~~podiatrist administer to himself or herself, or furnish or administer~~  
10 ~~to another, any controlled substance as defined in Division 10~~  
11 ~~(commencing with Section 11000) of the Health and Safety Code~~  
12 ~~or any dangerous drug or dangerous device as defined in Section~~  
13 ~~4022.~~

1 ~~(b) Use any controlled substance as defined in Division 10~~  
2 ~~(commencing with Section 11000) of the Health and Safety Code,~~  
3 ~~or any dangerous drug or dangerous device as defined in Section~~  
4 ~~4022, or alcoholic beverages, to an extent or in a manner dangerous~~  
5 ~~or injurious to himself or herself, any other person, or the public~~  
6 ~~or to the extent that such use impairs his or her ability to conduct~~  
7 ~~with safety to the public the practice authorized by his or her~~  
8 ~~license.~~

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

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

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

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

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

31 ~~1259.7. If a skilled nursing facility, an intermediate care~~  
32 ~~facility, or a congregate living health facility implements or~~  
33 ~~enforces a policy that prohibits a licensed professional nurse~~  
34 ~~employed by the facility from administering cardiopulmonary~~  
35 ~~resuscitation, that policy is void as against public policy.~~

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

## CHAPTER 13. CARDIOPULMONARY RESUSCITATION

1  
2  
3 1796. (a) *It is a misdemeanor for a long-term health care*  
4 *facility, as defined in Section 1418, community care facility, as*  
5 *defined in Section 1502, adult day health care center, as defined*  
6 *in Section 1570.7, or residential care facility for the elderly, as*  
7 *defined in Section 1569.2, to have a policy that prohibits any*  
8 *employee from administering cardiopulmonary resuscitation.*

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

~~SEC. 3.~~

16  
17 SEC. 2. No reimbursement is required by this act pursuant to  
18 Section 6 of Article XIII B of the California Constitution because  
19 the only costs that may be incurred by a local agency or school  
20 district will be incurred because this act creates a new crime or  
21 infraction, eliminates a crime or infraction, or changes the penalty  
22 for a crime or infraction, within the meaning of Section 17556 of  
23 the Government Code, or changes the definition of a crime within  
24 the meaning of Section 6 of Article XIII B of the California  
25 Constitution.

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**

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**Introduced by Assembly Member Logue**  
*(Coauthor: Senator Galgiani)*

February 21, 2013

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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:  $\frac{2}{3}$ . 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:

3 2290.5. (a) For purposes of this division, the following  
4 definitions shall apply:

5 (1) “Asynchronous store and forward” means the transmission  
6 of a patient’s medical information from an originating site to the  
7 health care provider at a distant site without the presence of the  
8 patient.

9 (2) “Distant site” means a site where a health care provider who  
10 provides health care services is located while providing these  
11 services via a telecommunications system.

12 (3) “Health care provider” means a person who is licensed under  
13 this division.

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

18 (5) “Synchronous interaction” means a real-time interaction  
19 between a patient and a health care provider located at a distant  
20 site.

21 (6) “Telehealth” means the mode of delivering health care  
22 services and public health via information and communication  
23 technologies to facilitate the diagnosis, consultation, treatment,  
24 education, care management, and self-management of a patient’s  
25 health care while the patient is at the originating site and the health  
26 care provider is at a distant site. Telehealth facilitates patient  
27 self-management and caregiver support for patients and includes  
28 synchronous interactions and asynchronous store and forward  
29 transfers.

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

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

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

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

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

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

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

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

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

8 (3) For the purposes of this subdivision, “telehealth” shall  
9 include “telemedicine” as the term is referenced in Sections 482.12,  
10 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

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

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

**ASSEMBLY BILL**

**No. 1827**

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**Introduced by Assembly Member Patterson**

February 18, 2014

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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:*

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

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

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

**ASSEMBLY BILL**

**No. 1972**

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**Introduced by Assembly Member Jones**

February 19, 2014

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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:*

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

3 3730. (a) All licenses for the practice of respiratory care in  
4 this state shall be issued by the board, and all applications for those  
5 licenses shall be submitted directly to and filed with the board.  
6 Except as otherwise required by the director pursuant to Section  
7 164, the license issued by the board shall describe the license holder  
8 as a “respiratory care practitioner licensed by the Respiratory Care  
9 Board of California.”

10 ~~Each~~

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

16 ~~The~~

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

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

21 3735. (a) Except as otherwise provided in this chapter, ~~no~~ *an*  
22 applicant shall *not* receive a license under this chapter without first  
23 successfully passing *all parts of* the national *registered* respiratory  
24 therapist examination ~~conducted by those persons, and in the~~  
25 ~~manner and under the rules and regulations, as the board may~~  
26 ~~prescribe~~.

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

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

10     ~~3735.5. The requirements to pass the written examination shall~~  
11 ~~not apply to an applicant who at the time of his or her application~~  
12 ~~has passed, to the satisfaction of the board, an examination that is,~~  
13 ~~in the opinion of the board, equivalent to the examination given~~  
14 ~~in this state.~~

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

17     3739. (a) ~~(1)~~ Except as otherwise provided in this section,  
18 every person who has filed an application for licensure with the  
19 board may, between the dates specified by the board, perform as  
20 a respiratory care practitioner applicant under the direct supervision  
21 of a respiratory care practitioner licensed in this state ~~provided if~~  
22 ~~he or she has met education requirements for licensure as may be~~  
23 ~~certified by his or her respiratory care program, and if ever~~  
24 ~~attempted, has passed the national respiratory therapist~~  
25 ~~examination.~~

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

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

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

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

1     (2)

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

4     (3)

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

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

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

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

19    (4)

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

**ASSEMBLY BILL**

**No. 2102**

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**Introduced by Assembly Member Ting**

February 20, 2014

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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:*

- 1 SECTION 1. The Legislature finds and declares the following:
- 2 (a) The Office of Statewide Health Planning and Development
- 3 prepares an annual report to the Legislature on the gaps in the
- 4 health care workforce in California.

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

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

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

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

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

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

16 2717. (a) The board shall collect and analyze workforce data  
17 from its licensees for future workforce planning. The board may  
18 collect the data at the time of license renewal or from a  
19 scientifically selected random sample of its licensees. The board  
20 shall produce reports on the workforce data it collects, at a  
21 minimum, on a biennial basis. The board shall maintain the  
22 confidentiality of the information it receives from licensees under  
23 this section and shall only release information in an aggregate form  
24 that cannot be used to identify an individual. The workforce data  
25 collected by the board shall include, at a minimum, employment  
26 information such as hours of work, number of positions held, time  
27 spent in direct patient care, clinical practice area, type of employer,  
28 and work location. The data shall also include future work  
29 intentions, reasons for leaving or reentering nursing, job satisfaction  
30 ratings, and demographic data.

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

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

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

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

4 (A) *Location of practice.*

5 (B) *Race.*

6 (C) *Ethnicity.*

7 (D) *Languages spoken.*

8 (E) *Educational background.*

9 (2) *The board shall annually provide the data collected pursuant*  
10 *to paragraph (1) to the Office of Statewide Health Planning and*  
11 *Development in a manner directed by the office that allows for*  
12 *inclusion of the data into the annual report required by Section*  
13 *128052 of the Health and Safety Code.*

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

16 2852.5. (a) The board shall annually collect all of the following  
17 data on vocational nurses licensed under this chapter:

18 (1) Location of practice.

19 (2) Race.

20 (3) Ethnicity.

21 (4) Languages spoken.

22 (5) Educational background.

23 (b) The board shall annually provide the data collected pursuant  
24 to subdivision (a) to the Office of Statewide Health Planning and  
25 Development in a manner directed by the office that allows for  
26 inclusion of the data into the annual report required by Section  
27 128052 of the Health and Safety Code.

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

30 3518.1. (a) The board shall annually collect all of the following  
31 data on physician assistants licensed under this chapter:

32 (1) Location of practice.

33 (2) Race.

34 (3) Ethnicity.

35 (4) Languages spoken.

36 (5) Educational background.

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

1 inclusion of the data into the annual report required by Section  
2 128052 of the Health and Safety Code.

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

5 3770.1. (a) The board shall annually collect all of the following  
6 data on respiratory therapists licensed under this chapter:

7 (1) Location of practice.

8 (2) Race.

9 (3) Ethnicity.

10 (4) Languages spoken.

11 (5) Educational background.

12 (b) The board shall annually provide the data collected pursuant  
13 to subdivision (a) to the Office of Statewide Health Planning and  
14 Development in a manner directed by the office that allows for  
15 inclusion of the data into the annual report required by Section  
16 128052 of the Health and Safety Code.

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

19 4506. (a) The board shall annually collect all of the following  
20 data on psychiatric technicians licensed under this chapter:

21 (1) Location of practice.

22 (2) Race.

23 (3) Ethnicity.

24 (4) Languages spoken.

25 (5) Educational background.

26 (b) The board shall annually provide the data collected pursuant  
27 to subdivision (a) to the Office of Statewide Health Planning and  
28 Development in a manner directed by the office that allows for  
29 inclusion of the data into the annual report required by Section  
30 128052 of the Health and Safety Code.

**ASSEMBLY BILL**

**No. 2484**

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**Introduced by Assembly Member Gordon**

February 21, 2014

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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:

1 2290.5. (a) For purposes of this division, the following  
2 definitions shall apply:

3 (1) “Asynchronous store and forward” means the transmission  
4 of a patient’s medical information from an originating site to the  
5 health care provider at a distant site without the presence of the  
6 patient.

7 (2) “Distant site” means a site where a health care provider who  
8 provides health care services is located while providing these  
9 services via a telecommunications system.

10 (3) “Health care provider” means a person who is licensed under  
11 this division.

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

16 (5) “Synchronous interaction” means a real-time interaction  
17 between a patient and a health care provider located at a distant  
18 site.

19 (6) “Telehealth” means the mode of delivering health care  
20 services and public health via information and communication  
21 technologies to facilitate the diagnosis, consultation, treatment,  
22 education, care management, and self-management of a patient’s  
23 health care while the patient is at the originating site and the health  
24 care provider is at a distant site. Telehealth facilitates patient  
25 self-management and caregiver support for patients and includes  
26 synchronous interactions and asynchronous store and forward  
27 transfers.

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

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

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

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

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

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

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

19 (3) For the purposes of this subdivision, “telehealth” shall  
20 include “telemedicine” as the term is referenced in Sections 482.12,  
21 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

**ASSEMBLY BILL**

**No. 2720**

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**Introduced by Assembly Member Ting**

February 21, 2014

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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:

1        11122. As used in this article “action taken” means a collective  
2 decision made by the members of a state body, a collective  
3 commitment or promise by the members of the state body to make  
4 a positive or negative decision, or an actual vote by the members  
5 of a state body when sitting as a body or entity upon a motion,  
6 proposal, resolution, order or similar action. *If the action taken by*  
7 *the members of a state body is a recorded vote, the vote shall be*  
8 *counted and identified in the minutes of the state body.*

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

January 9, 2014

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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:*

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

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

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

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

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

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

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

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

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

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

13  
14 Article 3. Baccalaureate Degree Pilot Program

15  
16 78040. For the purposes of this article, “district” means any  
17 community college district identified by the Chancellor of the  
18 California Community Colleges as participating in the  
19 baccalaureate degree pilot program. Each district may establish  
20 baccalaureate degree pilot programs pursuant to Section 78041.

21 78041. Notwithstanding Section 66010.4, the Chancellor of  
22 the California Community Colleges may authorize the  
23 establishment of baccalaureate degree pilot programs that meet all  
24 of the eligibility requirements set forth in Section 78042. A pilot  
25 program established pursuant to this section shall expire eight  
26 years after the establishment of the program. For purposes of this  
27 section, a pilot program is established when the first class of  
28 students begins the program. The baccalaureate degree pilot  
29 program shall consist of a limited number of campuses, to be  
30 determined by the Chancellor of the California Community  
31 Colleges.

32 78042. (a) The district shall seek authorization to offer  
33 baccalaureate degree programs through the appropriate  
34 accreditation body.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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