



Breathing Matters



SPRING 2009

A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD

New Privacy Law Expands Protection and Imposes Stiff Penalties for Violations



Last September, Governor Schwarzenegger signed into law two new health information privacy bills, Assembly Bill 211 and Senate Bill 541 (Statutes of 2008) which became effective on January 1, 2009. Together, these bills provide for new oversight, impose stricter privacy protections, and substantially increase penalties for breaches of patient confidentiality. These new laws are different in that they make providers, health plans, and individuals accountable for unauthorized access to medical information, not just for unlawful use or disclosure.

Both laws define unauthorized access as the inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use, or by other statutes or regulations governing the lawful access, use, or disclosure of medical information.

AB 211 requires every provider of health care to implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. It also established the California Office of Health Information Integrity (CalOHII) to "ensure the enforcement of state law mandating the confidentiality of medical information and to impose administrative fines for the unauthorized use of medical information." CalOHII is authorized to levy administrative fines against any person and certain providers of health care (whether licensed or unlicensed), issue regulations, and refer violators to their appropriate licensing boards for further investigation and disciplinary action. Penalties imposed by AB 211 may apply to institutions or to individuals or both, and vary depending on the circumstances of the violations. The penalties include various fines per violation (one of which has a maximum of \$250,000), a misdemeanor charge if the patient suffers economic loss or personal injury, and potential for civil action by the patient.

Among other things, SB 541 requires specified health care providers to report all incidents of unlawful or unauthorized access to, use or disclosure of a patient's medical information. The reports must be made to the California Department of Public Health (CDPH) within five days after detection of the breach. Penalties imposed by SB 541 also vary depending on the circumstances of the violations, but they include fines up to \$25,000.

These new laws work toward making health care providers, not just medical facilities, responsible for maintaining privacy and security of patient medical information.

For more information regarding patient medical privacy and reporting requirements, please visit CalOHII's Web site at www.ohi.ca.gov, or the CDPH's Web site at www.dph.ca.gov.

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President's Message

The closing months of 2008, and early months of 2009 proved to be both exciting and productive for the Board.

The Board was pleased to have had the opportunity to interact with respiratory therapists from throughout the nation at the American Association for Respiratory Care's (AARC's) Annual Convention held in Anaheim last December, and is looking forward to attending the California Society for Respiratory Care's Annual Conference in June.

In an effort to make itself accessible to as many stakeholders as possible, in March the Board held its meeting at San Joaquin Valley College in Rancho Cordova. It was refreshing to have so many students in attendance with an interest in the Board and its operations. The students provided a youthful perspective, especially related to the Board's marketing plan and upcoming outreach campaign, and I am confident that the input shared during the meeting, coupled with the unique insight provided by the students in attendance, will prove invaluable as the Board moves forward in meeting its goals and objectives.



Larry L. Renner, BS, RRT, RPFT, RCP
President

Respiratory Care Board of California

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BS, RRT, RPFT, RCP
President*

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*Charles B. Spearman,
MSEd, RCP, RRT
Member*

*Stephanie Nunez
Executive Officer*

Soon, rigorous outreach efforts will begin. Staff will begin contacting and interacting with California's high schools to educate students interested in a health care profession about the opportunities in the respiratory care field. In today's times, we have the opportunity to reach a large audience through various internet based social networks (i.e. Facebook) that have now become such a huge part of our younger generation. The Board is looking forward to using this platform to further its outreach efforts in the coming year.

With the legislative cycle in California well underway, the Board continues to monitor various legislative proposals with actual or potential impact on the respiratory profession. Top on the list of bills to watch is SB 132 introduced by Senator Denham. SB 132 is the reintroduced version of the polysomnography bill vetoed last year. The Board is in full support of this measure to move toward eliminating the unlicensed practice of respiratory care and increasing consumer protection.

The Board has also issued letters of support for federal legislation, HR 1077 and S 343, which would allow respiratory therapists with a bachelor's degree and demonstrated competencies to provide select home services for Medicare beneficiaries. This is an amendment the AARC has pursued for several years.

When you have an opportunity, I encourage you to visit the Board's newly created "Disaster Response Page" on its Web site. The page includes a myriad of information related to disaster response, including how you may be able to assist others during a natural disaster or declared state of emergency. The Board has also sponsored legislation this year to ascertain that "respiratory care practitioners" are included in a list of other health care providers who are not held liable for injuries sustained by a patient while the health care provider is caring for the patient during a state of emergency.

The Board is looking forward to what's on the horizon and the opportunities that await us.



Retired License Status

Did you know that for more than five years, licensees have had the option of placing their license in a retired status?

What exactly does “retired status” mean? It means that a licensee may request that his or her license status be updated to “retired,” relieving the licensee from all renewal and reporting requirements without his or her license being labeled “delinquent” or “canceled,” while still continuing to receive newsletters and other similar information.

An important thing to consider before making a decision to place your license in a “retired status,” is that this status rescinds all privileges to practice respiratory care in California, and is permanent.

If you think this is something you may be interested in, please contact the Board’s office to obtain additional information and a Request for Retired Status form, which can also be obtained by visiting the Board’s web site at www.rcb.ca.gov and clicking on the “For Licensees” tab.

Board-Approved Law & Professional Ethics Course

To satisfy the ethics course requirement, applicants and licensees are required to take and pass the Law and Professional Ethics Course offered by the American Association for Respiratory Care, or the California Society for Respiratory Care. Courses related to ethics that are offered by other providers are not acceptable toward satisfactory completion of the Board’s requirement. The course is required to be taken during **every other** license renewal cycle. To find out if you have to take the course before your next renewal, you can check your online license record, or look for information on your renewal notice which you will receive about 60 days prior to your expiration. For additional information, including links to the approved courses, please visit the Board’s web site at www.rcb.ca.gov and click on the “For Licensees” tab.

Mission Statement

To protect and serve the consumer by enforcing the Respiratory Care Practice Act and its regulations, expanding the delivery and availability of services, increasing public awareness of respiratory care as a profession and supporting the development and education of all respiratory care practitioners.

E-mail Update Feature

The Board recently established an e-mail service to provide updates that include meeting agendas, advisory notices, disciplinary actions, and special bulletins. Anyone can subscribe to this free service by visiting the Board’s Web site and clicking on the link entitled “Join our Mailing List.” Sign up today to begin receiving updates from the Board!

2009 Board Meetings

The Respiratory Care Board of California’s meetings for 2009 are tentatively scheduled as follows:

September 18, 2009, in Southern California
Friday, November 13, 2009 in Sacramento

All meetings are open to the public. The Board welcomes and encourages your attendance! Please visit our Web site at www.rcb.ca.gov for more information on meeting dates, times and locations.

Agendas for upcoming meetings are posted 10 days prior to the meeting dates.



New Legislation Introduced for Sleep Technician Certification

On February 9, 2009, Senator Jeff Denham introduced Senate Bill (SB) 132, which mirrors the “certified polysomnographic technologist” legislation that was unexpectedly vetoed by Governor Schwarzenegger in SB 1526 last year.

SB 132 is aimed at furthering consumer protection by establishing a registration system for Polysomnographic Technicians, and includes provisions for competency testing, education requirements, and supervision. It also requires criminal background checks for all sleep testing personnel, thereby eliminating or greatly reducing the criminal activity that has occurred in recent years. By providing a mechanism to deny or revoke privileges, SB 132 will provide safeguards for consumers and reduce costs associated with unreliable testing.

The Respiratory Care Board has sought regulation of these health care personnel for several years, and is pleased to lend its support to SB 132. For more information regarding the status and history of SB 132, or to obtain a copy of the bill, please visit www.leginfo.ca.gov.

Satisfaction Survey

Your opinion is valuable to our ongoing commitment to customer service. If you have the opportunity, we would appreciate your taking a moment to log on to our web site to complete a brief satisfaction survey.

Thank you in advance for your input.

NBRC Opens Registration for Sleep Disorder Specialty Examination

The National Board for Respiratory Care (NBRC) is excited to announce the launch of the Specialty Examination for Respiratory Therapists Performing Sleep Disorders Testing and Therapeutic Intervention. This specialty examination is for respiratory therapists who have already earned the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credentials. Content of this specialty examination is focused on sleep testing and intervention conducted by respiratory therapists and requires respiratory therapy education for eligibility.

Admission Requirements;

1. Be a CRT or RRT having completed a CAAHEP accredited respiratory therapist program including a sleep add-on track; OR
2. Be a CRT with 6 months of full-time* clinical experience following certification in a sleep diagnostics and treatment setting under medical supervision (MD, DO or PhD); OR
3. Be an RRT with 3 months of full-time* clinical experience following certification in a sleep diagnostics and treatment setting under medical supervision (MD, DO, or PhD).

*Full-time experience is defined as a minimum of 21 hours per week per calendar year in a sleep diagnostics and treatment setting under medical supervision following Certification (MD, DO, PhD) acceptable to the NBRC. Clinical experience must be completed before the candidate applies for this examination.

Be among the first of your colleagues to earn and add this new, specialty credential to your resume or CV by visiting www.nbrc.org today. Demonstrate to your employer and patients that you are serious about your skill and continued competence as a sleep disorders specialist.



Disaster Response

At the height of the fear of a pandemic avian influenza outbreak and following the aftermath of the Hurricane Katrina in August 2005, the nation was focused on response efforts and preparedness for future catastrophic events. Governor Schwarzenegger issued Executive Order S-04-06 on April 18, 2006 requiring State agencies to ramp up their emergency preparedness efforts and disaster response plans, to better serve all of California in the event of a future catastrophe.

Preparation specifically for an influenza pandemic or surge capacity was spearheaded by the California Department of Public Health (CDPH), formerly the Department of Health Services. In response to its offer, the CDPH tapped the Board to find respiratory therapists who could weigh in and assist them in their review of ventilators. The CDPH ultimately made the decision to purchase and stockpile 2,400 Cardinal Health LTV 1200 ventilators in 2007.

Education and training materials for California's stockpiled LTV 1200 ventilators and links for RCP disaster response volunteers are available on the Board's new "Disaster Response" page at: www.rcb.ca.gov.

The Emergency Medical Services Authority (EMSA) was also directed to improve coordination among all State and federal agencies and response plans. The EMSA is the backbone for disaster response in California. It is the lead agency responsible for coordinating California's medical response to disasters and provides medical resources to local governments in support of their disaster response. This may include the identification, acquisition and deployment of medical supplies and personnel from unaffected regions of the state to meet the needs of disaster victims. Response activities may also include arranging for evacuation of injured victims to hospitals in areas/regions not impacted by a disaster.

Medical response to disasters requires the contributions of many agencies. The EMS Authority works closely with the Governor's Office of Emergency Services, California National Guard, Department of Health Services and other local, state, and federal agencies to improve disaster preparedness and response. The EMS Authority also works closely with the private sector: hospitals, ambulance companies, and medical supply vendors.

The Board believes that RCPs play a pivotal role in disaster and emergency response efforts in nearly all scenarios. It has established a page on its Web site (www.rcb.ca.gov) dedicated to "Disaster Response." The page highlights and links to the Emergency Medical Services Authority which captures all disaster response efforts and provides medical volunteer recruitment by several agencies. The Board's "Disaster Response" page also provides links to training materials for the stockpiled LTV 1200 ventilators. Materials include the Emergency Set-Up Card, and a Quick Reference Guide, provided by Cardinal Health, the LTV 1200 manufacturer. The Board strongly recommends that you visit this link and review this ventilator and its particular characteristics before a disaster strikes. During a disaster, as an RCP, you will be considered the on-the-ground expert on this machine and its capabilities.



Disaster Response - Volunteer Opportunities

National Disaster Medical System Recruiting Respiratory Therapists for their Disaster Medical Assistance Teams

The National Disaster Medical System (NDMS) is a cooperative asset-sharing program among federal government agencies. Disaster Medical Assistance Teams (DMATs) are a component of the NDMS and are a national network of response teams composed of approximately 35 - 100 civilian volunteers from the medical, health and mental health care professions. The DMATs can be federalized and activated to provide supplemental or replacement medical care and other services to communities impacted by a disaster.

DMATs provide austere medical care in a disaster area or medical services at transfer points and reception sites associated with patient evacuation. The State of California currently has five Level I teams, a Level III development team in Sacramento, and a Mental Health Specialty team in Southern California. Nationally, there are more than 20 Level I teams.

DMATs receive initial equipment and supplies from the federal government. The California teams are partially funded by the EMS Authority, which also finances the annual statewide training exercise. Additional funds are raised through membership/training fees and the provision of first aid services at local mass gathering events. DMATs are important because in addition to their federal role, they can be mobilized and deployed by the EMS Authority as a medical mutual aid resource for local mass casualty incidents within the State. The NDMS is specifically recruiting respiratory therapists for its DMAT teams.

**Visit the Board's new
"Disaster Response"
page for links to
these volunteer
opportunities:
www.rcb.ca.gov**

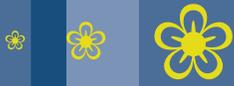
California's Emergency Medical Services Authority Enrolling Respiratory Therapists for their Disaster Healthcare Volunteers Database

If you would like to volunteer for disaster response efforts, you will want to register as a Disaster healthcare Volunteer with the Emergency Medical Services Authority.

Registration is done online and takes about 30 minutes. During the online registration process, you will be asked to enter information regarding your license, your contact information and other relevant background information. Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently. Your information will only be viewed by authorized system managers.

During a State or national disaster, (e.g., an earthquake, severe weather event, or public health emergency), this system will be accessed by authorized medical/health officials at the State Emergency Operations Center or your county. If you are contacted, and you agree to deploy, your information will be forwarded to the appropriate field operational officials.

Visit the Board's new "Disaster Response" page at www.rcb.ca.gov for links to both of these volunteer opportunities.



Mandatory Reporting

Respiratory Care Practitioners and their employers are required by law to report violations of the Respiratory Care Practice Act and the regulations governing the practice of respiratory care to the Board.

RCPs are required by law to report to the Board any person that may be in violation of, or has violated, any of the laws and regulations administered by the Board. Licensees are required to make this report to the Board within 10 calendar days from the date he or she knows or should have reasonably known that a violation or probable violation occurred.

Employers are required by law to report to the Board, within 10 days from the date of a suspension or termination, any RCP in their employment for any of the following causes:

- Use of controlled substances or alcohol that impairs an RCP's ability to safely practice;
- The unlawful sale of controlled substance(s) or prescription item(s);
- Neglect, physical harm, or sexual contact with a patient;
- Falsification of medical records;
- Gross incompetence or negligence; and
- Theft from patients, other employees, or the employer.

RCPs are subject to discipline and can be fined up to \$2,500. Employers are subject to a fine up to \$10,000 for failure to make a report as required. Consideration is given to mitigating and aggravating circumstances surrounding the case.

Mandatory reporting complaint forms are available on the Board's Web site at www.rcb.ca.gov or can be mailed to you, upon request, by contacting the Board toll-free at (866) 375-0386.

Additionally, California Penal Code (PC) section 11166 requires you, as a person licensed under Division 2 of the Business and Professions Code, to report known or reasonably suspected child abuse or neglect to:

- Any police or sheriff's department (not including a school district police or security department);
- The county probation department (if designated by the county to receive mandated reports); or
- The county welfare department.

For more information on the Child Abuse and Neglect Reporting Act, refer to PC sections 11164 *et seq.*

California Welfare and Institutions (W&I) Code section 15630 requires you, as a health care professional, to report known or suspected elder or dependent adult abuse as follows:

- If the abuse occurred in a long-term care facility (except a state mental health hospital or state developmental center), the report shall be made to the local ombudsman or the local law enforcement agency.
- If the abuse occurred in a state mental health hospital or state developmental center, the report shall be made to the designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to local law enforcement agencies.
- If the abuse occurred in any other setting, the report shall be made to adult protective services agency or local law enforcement agencies.

For more information on the Elder Abuse and Dependent Adult Civil Protection Act, refer to W&I Code sections 15600 *et seq.*



Quiz . . . Just for Fun!

How much do you know about the RCB? Take the following multiple choice quiz (for fun, of course) and find out!

1. During what year was the first respiratory care practitioner license issued in California?
 - a. 1980
 - b. 1983
 - c. 1985
2. Approximately how many licenses has the Board issued since its inception?
 - a. 10,000
 - b. 17,000
 - c. 28,000
3. How many "active" licensees are there?
 - a. 10,000
 - b. 16,000
 - c. 22,000
4. How often must licensees successfully complete the Law and Professional Ethics Course as part of their license renewal?
 - a. Every renewal cycle.
 - b. Every other renewal cycle.
 - c. Every year.
5. How many days "grace period" is there following license expiration?
 - a. No grace period
 - b. 10 days
 - c. 30 days
6. What percentage of the required CEUs must be directly related to clinical practice?
 - a. None
 - b. 1/3 (5 out of 15)
 - c. 2/3 (10 out of 15)

(continued on page 10)

Concurrent Therapy

In our last issue, we included the position papers of the California Society for Respiratory Care and the American Association for Respiratory Care on Concurrent Therapy. Following publication, we received correspondence that illustrated a very real scenario of what is occurring in the practice at some hospitals. It is clear that those RCPs who find themselves with no other alternatives than to provide concurrent therapy at any given moment, are extremely concerned for the patients they serve. In response, the Board offered the following suggestions to address concerns at your workplace:

Step 1: Speak to your manager about the problem. Even if the manager may already be aware of the situation, it gives them an opportunity to correct the problem (if possible).

Step 2: If this is not successful, bring your concerns to your institution's Corporate Compliance Department (or similar department). The Centers for Medicare & Medicaid Services (CMS), an agency of the Department of Health and Human Services (HHS), encourages every institution to have a Corporate Compliance Department specifically designed to establish a culture within an organization that promotes the prevention, detection and resolution of instances of conduct that do not conform to federal and state law, or to federal healthcare program requirements. An effective compliance program should both articulate and demonstrate the Contractor's commitment to ethical and legal business conduct.

Step 3: Report your concerns to:

- 1) Office of the Inspector General (Medicare Fraud)
HHS TIPS Hotline
P O Box 23489, Washington DC 20026
Hotline: 1-800-447-8477/ E-mail: HHSTips@oig.hhs.gov
- AND**
- 2) California Department of Public Health (Patient Safety)
Licensing and Certification
P.O. Box 997377, MS 3000, Sacramento, CA 95899-7377
Telephone: (916) 552-8700 /Toll-Free: (800) 236-9747

The above information is the general contact information for California Department of Public Health. We strongly recommend going directly to your district office. Our experience with the district offices has been very positive. Following is a list of district offices currently in California. This list is also available online for future reference at: www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx.



California Department of Public Health

Licensing and Certification District Offices

Bakersfield District Office

1200 Discovery Plaza, Suite 120, Bakersfield, CA 93309
District Administrator: Linda Wilkinson
Phone: (661) 336-0543 Toll-Free: (866) 222-1903
Counties: Kern, Tulare

Chico District Office

1367 E Lassen Avenue, #B-1, Chico, CA 95973
District Administrator: Lynne Maes
Phone: (530) 895-6711 Toll-Free: (800) 554-0350
Counties: Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba

Daly City District Office

350 90th St, 2nd Floor, Daly City, CA 94015
District Administrator: Dianna Marana
Phone: (650) 301-9971 Toll-Free: (800) 554-0353
Counties: San Francisco, San Mateo, Santa Clara
(Parts: Cupertino, Los Altos, Mountain View, Palo Alto, Stanford, Santa Clara, Saratoga, Sunnyvale)

East Bay District Office

850 Marina Bay Parkway
Building P, 1st Floor, Richmond, CA 94804-6403
District Administrator: Arden Nakagawa
Phone: (510) 620-3900 Phone: (510) 620-5800
Toll Free: (866) 247-9100 Toll-Free: (800) 554-0352
Counties: Alameda, Contra Costa

Fresno District Office

285 West Bullard, Suite 101, Fresno, CA 93704
District Administrator: Joan Spence
Phone: (559) 437-1500 Toll-Free: (800) 554-0351
Counties: Fresno, Kings, Madera, Mariposa, Merced

Los Angeles County District Offices

Health Facilities Inspection Division
5555 Ferguson Dr., Ste. 320, City of Commerce, CA 90022
Phone: (323) 869-8500 Toll-Free: (800) 228-1019

Orange County District Office

2150 Towne Centre Place, #210, Anaheim, CA 92806
District Administrator: Jacqueline Lincer
Phone: (714) 456-0630 Toll-Free: (800) 228-5234

Redwood Coast/Santa Rosa District Office

2170 Northpoint Pkwy, Santa Rosa, CA 95407
District Administrator: Helgi Texeira
Phone: (707) 576-6775 Toll-Free: (866) 784-0703
Counties: Napa, Solano, Marin, Sonoma, Mendocino, Humboldt, Lake, Del Norte

Riverside County District Office

625 E. Carnegie Dr., Ste. 280, San Bernardino, CA 92408
District Administrator: Lorraine Sosa
Phone: (909) 388-7170 Toll-Free: (888) 354-9203

Sacramento District Office

2000 Evergreen St., Ste. 200, Sacramento, CA 95815
District Administrator: Lisa Hall
Phone: (916) 263-5800 Toll-Free: (800) 554-0354
Counties: Alpine, Amador, Calaveras, El Dorado, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, Yolo

San Bernardino District Office

464 West Fourth St., Ste. 529, San Bernardino, CA 92401
District Administrator: Donna Morales
Phone: (909) 383-4777 Toll-Free: (800) 344-2896
Counties: Inyo, Mono, San Bernardino

San Diego North District Office

7575 Metropolitan Dr., Ste. 104, San Diego, CA 92108
District Administrator: Connie Schagunn
Phone: (619) 278-3700 Toll-Free: (800) 824-0613
Counties: (Parts of) Imperial, San Diego North County

San Diego South District Office

7575 Metropolitan Dr., Ste. 211, San Diego, CA 92108
District Administrator: Donna Loza
Phone: (619) 688-6190 Toll-Free: (866) 706-0759
Counties: Imperial, San Diego (cities south of I-8)

San Jose District Office

100 Paseo de San Antonio, Ste. 235, San Jose, CA 95113
District Administrator: Albert Quintero
Phone: (408) 277-1784 Toll-Free: (800) 554-0348
Counties: Monterey, Santa Clara (Parts: San Jose, Los Gatos, Campbell, Milpitas, Morgan Hill, Gilroy), San Benito, Santa Cruz

Ventura District Office

1889 North Rice Ave., Ste. 200, Oxnard, CA 93030
District Administrator: Betty Smith
Phone: (805) 604-2926 Toll-Free: (800) 547-8267
Counties: San Luis Obispo, Santa Barbara, Ventura



Quiz . . . Just for Fun!

(continued from page 8)

7. For which of the following offenses **MUST** the Board order revocation of a license?
 - a. Sexual Misconduct (i.e. molestation, indecent exposure lewd acts, etc.)
 - b. Unlicensed Practice
 - c. Fraud
8. In 2000 there were 26 approved respiratory programs in California. How many approved programs are there now?
 - a. 25
 - b. 34
 - c. 40

Answers:

1. **(c)** The first RCP license was issued in September, 1985.
2. **(c)** As of March, 2009, the Board has issued 28,500 RCP licenses.
3. **(b)** As of March, 2009, there are approximately 16,000 active licensees.
4. **(b)** Licensees are required to complete the Law and Professional Ethics course during **every other** license renewal cycle.
5. **(a)** There is no "grace period" following the expiration of a license.
6. **(c)** Two-thirds (10) of the CEU's taken must be directly related to clinical practice of respiratory care.
7. **(a)** Pursuant to the RCPA, the Board **MUST** revoke the license of any RCP who has been convicted of a crime involving sexual misconduct.
8. **(b)** There are currently 34 approved respiratory care programs in California.

Enforcement Actions

Definitions

Revoked or Surrendered means that the license and all rights and privileges to practice have been rescinded.

An **Interim Suspension Order** is an administrative order, issued in the interest of consumer protection, prohibiting the practice of respiratory care.

Placed on Probation/Conditional License means the Board has approved a conditional or probationary license issued to an applicant or licensee with terms and conditions.

A **Public Reprimand** is a lesser form of discipline that can be negotiated for minor violations.

Application Denied means the application filed has been disapproved by the Board.

An **Accusation** is the legal document wherein the charge(s) and allegation(s) against a licensee are formally pled.

An **Accusation and/or Petition to Revoke Probation** is filed when a licensee is charged with violating the terms or conditions of his or her probation and/or violations of the Respiratory Care Practice Act.

A **Statement of Issues** is the legal document wherein the charge(s) and allegation(s) against an applicant are formally pled.

A **Citation and Fine** may be issued for violations of the Respiratory Care Practice Act. Payment of the fine is satisfactory resolution of the matter.

All pleadings associated with, and decisions processed after January 2006, are available for downloading on the Board's Web site at www.rcb.ca.gov.

To order all other copies of legal pleadings, disciplinary actions, or penalty documents, please send a written request, including the respondent's name and license number (if applicable), to the Board's Sacramento office or e-mail address at rcbinfo@dca.ca.gov.



Enforcement Actions July 1, 2008 - December 31, 2008

REVOKED OR SURRENDERED

Borey, Dennis, RCP 3079
Castro, Michael T., RCP 22459
Chormicle, Brian A., RCP 19563
Lovato aka Hermansen, Jeanne L., RCP 16065
Moscatiello, Kim L., RCP 13312
Ottowell, Ian, RCP 5842
Ramirez, Geoffrey, RCP 21716
Sherman, Mika K., RCP 21980
Sullivant, Shari, RCP 1772
Tremos, Duke R., RCP 8499
Vinson-Upshur, Deidra D., RCP 4143
Zellmer, Keri L., RCP 27304

INTERIM SUSPENSION ORDER

Bell, Thomas M., RCP 1915

PLACED ON PROBATION/ CONDITIONAL LICENSE

Carlson, Richard D., RCP 8164
Ford, Mark L., RCP 20578
Grosman, Vadim, RCP 28013
Jackson, Jillian L., RCP 27652
Lazzopina, Michael J., RCP 2419
Lopez, Domingo F., RCP 24281
Lynn, David A., RCP 27930
MacNeil, Kelly L., RCP 22486
Marklein, Susan M., RCP 27806
Messore, Nick D., RCP 27859
Miraglia, Belinda R., RCP 15278
Schafer, Tyson A.A., RCP 26746
Silverio, Neil A., RCP 28154
Simhachalam, John D., RCP 12640
Sprague, Richard A., RCP 19625
Thomas, Augare, RCP 22838
Wiescinski, Chad M., RCP 28153

PUBLIC REPRIMANDS

Carter, Willie J., Jr. RCP 27938
Cruz, Oscar A., RCP 27751
Cruz, Jose R., RCP 27752
Lee, Deborah M., RCP 28035
Murray, Cheryl, E., RCP 27765

APPLICATION DENIED

Odeh, Rami A., Applicant

CITATIONS AND FINES

Aljoher, Saad K., RCP 22828
Anderson, Thomas J.G., RCP 26348
Andrada, Jennifer P., RCP 22547
Beals, Jeanette, RCP 12741
Bebaef, Michael M., RCP 2840
Blaver, Paula J., RCP 9610
Bolanos, Angel M., RCP 21395
Brady, Michael J., RCP 1916
Brown, Juanita A., RCP 10303
Byers, Janice W., RCP 21898
DeLuca, Arthur J., Jr. RCP 19153
Fillhardt, Melissa S., RCP 26006
Frommelt, John C., RCP 6610
Garcia, Marco A., RCP 15731
Gathings, Kathleen T., RCP 15677
Gonzalez, Walter O., RCP 23879
Hart, Justin A., RCP 21947
Hurt, Paul D., RCP 5034
Ibarra, Baltazar, Jr., RCP 18151
Jones, Garry E., RCP 23115
Kelly, Mario A., RCP 21695
Kirkland, Louis, RCP 27103
Kreipe, Keli J., RCP 1241
Lebron, Luis J., RCP 2128
Martinez, Harold E., RCP 12006
McHale, Maureen B., RCP 21861
Messina, Anne M., RCP 15742
Michael, Michelle S., RCP 20231
Miera, Cheryl L., RCP 15102
Moore, Patrick M., RCP 24591
Overholtzer, Paula J., RCP 12153
Sachs, Debbie L., RCP 13321
Salvador, Edmund C., RCP 24744
Savala-Jones, Leilani T., RCP 23161
Seisay, Lamin T., RCP 22041
Silva, Brent E., RCP 25246
Starkel, Barry A., RCP 12973
Taneza, Roger A., RCP 18792
Taylor, Oswald G., RCP 8894
Tirona, Sergio R., RCP 653
Tully, Elisha J., RCP 24343
Villamil, Anamari, RCP 20521
Watson, Kevin H., RCP 25713
Witmer, David M., RCP 20592
Wolf, Renee E., RCP 22564

ACCUSATIONS

Bradley, Melissa R., RCP 13285
Callahan, Peter M., RCP 18069
Cass, Thomas F., RCP 15236
Fajayan, Alfredo A., RCP 11984
Gaplykov, Aleksey, RCP 21292
Gatti, Deborah L., RCP 26923
Gordley, David L., RCP 10331
Ichihana, Randall A., RCP 5112
Kuciemba, Thomas L., RCP 16348
Littleton, Jason C., RCP 23656
Parker, Karen L., RCP 19360
Partridge, Charles E., RCP 4301
Raper, Debbie L., RCP 15197
Rhoades, Leona R., RCP 21631
Ryncarz, Teresa M., RCP 14552
Saethong, Jeff, RCP 24543
Simon aka Nunez, Vicki L., RCP 23198

ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION

Huddleston, John C., RCP 12514
Livengood, Mark A., RCP 23657
Tang, Sam S., RCP 15399

STATEMENTS OF ISSUE

Ambrosio, Albert R., Applicant
Benton, Justin J., Applicant
Bronson, Tracy W., Applicant
Canas, Carlos A., Applicant
Cox, Kieran, Applicant
Gill, Ankur D., Applicant
Jones, Aaron C., Applicant
Mansell, Amani S., Applicant
Maydole, David L., Applicant
Miller, James V., Applicant
Pelston, Cynthia S., Applicant
Pompey, Sharice L., Applicant
Reverton, Pablo N., Applicant
Singleton, Christopher M., Applicant
Tran, My Le, Applicant
Wagas, Rolando M., Applicant
Yucamco, Dennis T., Applicant



SPRING 2009

California... where respiratory therapists **Shine!**

In December, the Respiratory Care Board participated as an exhibitor at the AARC's Annual Convention in Anaheim, California. As the "host state," the Board reveled at the opportunity to welcome all attendees to California . . . where respiratory therapists shine! Those attendees who weren't camera shy stopped by, grabbed their favorite props (sunglasses, beach balls, etc.), and posed in front of our beach-themed backdrop. Each participant received a copy of their photo in a uniquely designed keepsake holder that showcased information about licensure and the practice of respiratory care in California.

If you didn't attend the AARC Conference, or didn't get a chance to stop by, it's not too late to have your photo taken! The Board will be at the CSRC convention scheduled for June 7-10, in Riverside. All you have to do is stop by, pick up your favorite props, and say "cheese" to get your very own photo and keepsake holder acknowledging the practice of respiratory care in California. We hope to see you there!



Respiratory Care Board of California
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