



**Item: Board Sponsored Proposed Legislation**

**Item Summary:** In accordance with the Board's recently drafted Strategic Plan 2017-2021, the attached legislative proposal is presented to the Board for approval to pursue securing the language in a legislative bill during the 2018 legislative session.

[Reference: RCB Strategic Plan 2017-2021, Practice Standards #2]

- Board Action:**
1. President calls the agenda item and it is presented by or as directed by the President.
  2. President requests motion on Scope of Practice Amendments:
    - to move forward with the proposal to add section 3702.5 and amend section 3704 of the B&P as a co-sponsor with the California Society for Respiratory Care, to secure placement in a legislative bill and grant the Executive Committee authority to make interim changes as necessary;
    - any other appropriate motion.
  3. President may request if there is a second to the motion, if not already made.
  4. Board member discussion/edits (if applicable).
  5. Inquire for public comment / Further Board discussion as applicable.
  6. Repeat motion and vote: 1) aye, in favor, 2) no, not in favor, or 3) abstain

This proposal is in line with the Board's 2017-2021 Strategic Plan, Practice Standards Goal no. 2: Identify mechanisms in institutions to fully utilize the respiratory care scope of practice through an educational campaign to decrease costs.

This proposal was identified as one such mechanism that will codify the necessary education and training of licensed RCPs to safely practice more advanced respiratory care techniques and services. Thereby, allowing facilities greater options in staffing resources.

On January 16, 2018, the Board President and Board staff were advised that the California Society for Respiratory Care announced its approval to co-sponsor the attached legislation should the Board approve the proposal.

# Respiratory Care Practice Amendments

2018

Agenda Item: 7b  
Meeting Date: 2/2/18

## SUMMARY

# DRAFT

## BACKGROUND

This is a consumer safety measure sponsored by the California Society for Respiratory Care (CSRC) and the Respiratory Care Board of California (RCB) that addresses the recently expanded respiratory scope of practice. Its purpose is to expand health care facilities flexibility in staffing, increase health care efficiencies and strengthen patient safety in concert with the RCB's mandate that "protection of the public shall be [its] highest priority" (ref: B&P §3710.1).

Specifically, this proposal would authorize the RCB to be the sole source authorized to interpret its scope of practice and allow the Board to develop regulations to differentiate between basic, intermediate, and advance respiratory tasks, services and procedures.

## AMENDMENT

### Amend B&P § 3704 Definitions

...(f) "State agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

### Add B&P § 3702.5 Scope of Practice

No state agency other than the board may define or interpret the practice of respiratory care for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute.

The Board may adopt regulations to further define interpret or identify:

- a) Basic respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills or data collection.
- b) Intermediate respiratory tasks, services and procedures that require formal respiratory education and training.
- c) Advanced respiratory tasks, services and procedures that require supplemental education, training, and/or additional credentialing consistent with national standards as applicable.

The RCB was established 1982. In 1985, nearly 10,000 people were "grandfathered" in as respiratory care practitioners (RCPs) with the only requirement of on-the-job training and employer certification of that training.

In 1986, education requirements were established and included the completion of a 10-month formal respiratory education program. In 1999, as the respiratory practice was expanding exponentially, education requirements were increased to require an Associate Degree. Nearly all of these "2-year" programs take 36+ months to complete. In 2007, the RCB completed a workforce study that showed over 1/3 of its licensees held a degree at or above the baccalaureate level.

Up until 2015, there was only one baccalaureate level program specific to respiratory care in California; Today, there are three (and numerous programs outside of California).

In 2015, the respiratory scope of practice was expanded to include any procedure with supplemental training (ref B&P § 3701(c)) and codified to include many advanced respiratory procedures (ref B&P 3702.7). Also, in 2015, the RCB required all new applicants to pass the "advanced" national competency exam.

Given the sophistication and expansion of respiratory care services and the advancement in technology and science, there is a greater need for RCPs with critical thinking and critical reasoning skills. Hence the need for and the movement toward increasing (or adding increased) education requirements.

The Board currently has 23,000+ active licensees.

## CONTACT

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## CURRENT ISSUES

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# DRAFT

The RCB receives over 500 inquiries each year regarding its scope of practice. Most inquiries are from acute care facilities inquiring who can and cannot perform various respiratory tasks. Because the respiratory care scope of practice does not differentiate between the skill level needed to perform certain tasks, it is unclear to facilities if other health care personnel may perform certain respiratory care tasks and services or whether licensed RCPs can perform what are usually advanced respiratory procedures without additional training.

For example, obtaining an O<sub>2</sub> reading from a pulse oximeter or administration of medication by aerosol (w/out assessment) could be performed by anyone with a quick tutorial. These are two of many basic respiratory tasks that could be assigned to RCPs and other health care personnel. In extreme contrast, inserting catheters in the groin area to provide life support, other advanced life support activities, weaning a patient from a ventilator, performing conscious sedation, obtaining an arterial blood sample from an infant, or performing extracorporeal life support and numerous other procedures, require advanced education and/or training and competency testing of the RCP.

The RCB receives inquiries from the public in the same regard and the California Department of Public Health also defers such inquiries to the RCB.

On another front, the profession has been moving toward increasing or adding education and competency requirements at a national level since 2009. It is believed that a requirement for a baccalaureate-level degree will be established in the near future. Advancements in technology and science, and the expansion of the practice and the settings in which respiratory care is practiced, have propelled this movement.

The RCB's "California Respiratory Care Workforce Study" completed in 2017, supports this shift. It was well documented that the respiratory care practice is so vast that many areas are not given the attention needed: "Education program directors expressed the belief that shifting to the bachelor's degree would allow more in-depth coverage of topics that are highly compressed in the current curriculum due to time constraints, and that it would likely increase students' exposure to clinical procedures. However, the most important factor driving support among education directors was the expectation that a bachelor's degree program would further encourage the development of critical thinking and clinical reasoning."

As previously stated, the practice of respiratory care requires critical thinking and critical reasoning skills. These skills are necessary to incorporate evidence-based medicine into practice, especially as it pertains to advanced respiratory care procedures. It is estimated that only 50% of new respiratory care licensees possess the skills necessary to perform the far advanced level procedures.

The myriad of respiratory tasks and services provided run the gamut on the level of education and training necessary to competently perform them. It is critical that patients suffering from the most sensitive and life-threatening respiratory conditions, have immediate access to the most qualified personnel: RCPs with education and training specializing in respiratory care who also possess necessary critical thinking and reasoning skills - literally making the difference between life and death. It is therefore, necessary for facilities, licensees and the public to also have access to information that define interpret or identify basic, intermediate and advanced levels of respiratory care and the qualifications necessary to perform at those levels.

## SOLUTION

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Regardless of whether education requirements are increased or enhanced, it is necessary for the RCB to define interpret and identify three levels of respiratory care: basic, intermediate, and identify any education and training requirements necessary to perform those tasks at each level or for specific advanced procedures.

By establishing these baselines:

- Patients will have access to the best qualified respiratory personnel for life threatening or highly delicate procedures.
- Facilities will have more freedom and flexibility in assigning personnel for various respiratory tasks while ensuring patient safety is not jeopardized.
- Inquiries to the RCB will be reduced.
- The Public will be better educated.
- The Board will be prepared to adapt to any future movement to enhance or increase education requirements.