

Item

Update and Discussion Regarding Proposed Regulations Related to Home and Community-Based Respiratory Tasks and Services and Training Requirements

Item Summary

Staff is presenting revised conceptual regulatory language for further discussion and input from Board members and stakeholders. This presentation builds upon initial concepts shared at the March 13, 2025, Board meeting, where staff was directed to continue refining the proposed language. Since that time, staff has held additional meetings with key stakeholders including the California Society for Respiratory Care (CSRC) and the California Association of Medical Product Suppliers (CAMPS). Feedback from these discussions and from the prior Board meeting has been incorporated into the current revisions.

These proposed regulations will impact home health agencies and home and community-based settings by establishing the specific conditions under which Licensed Vocational Nurses (LVNs) may perform select respiratory care tasks that extend beyond basic services. The regulations also establish standardized guidelines for employer-provided patient-specific training and for issuing Demonstrated Limited-Competency Certifications. These regulations aim to ensure that LVNs are thoroughly trained and equipped to confidently perform extended respiratory care tasks, while upholding patient safety, supporting care continuity, and maintaining the integrity of services delivered in home health and community-based settings.

Background

Senate Bill (SB) 1436 (2022), effective January 2023, was enacted to resolve disputes and ensure patient safety related to respiratory care services provided by LVNs. The bill introduced three key provisions:

1. **Clarification of Scope** – Codified in the Vocational Nursing Practice Act explicitly stating that LVNs have no authority to perform respiratory care services or treatments (BPC § 2860(a)).
2. **Basic Task Exemption** – Created a limited exemption for LVNs to perform basic respiratory tasks with training and demonstrated competency, provided the tasks involve only manual or technical skills or data collection (BPC § 2860(b), § 3702.5(a)).
3. **Home Health Exemption** – Allowed LVNs working for home health agencies to perform additional respiratory tasks beyond the basic level with patient-specific training.

The RCB subsequently approved regulations defining “basic respiratory tasks.” However, these were misinterpreted by some stakeholders as limiting care in home and community-based settings, prompting concern. To clarify legislative intent, the RCB pursued additional amendments via SB 1451 (2024), which further refines and expands the home health and community-based exemptions.

Key Elements of SB 1451 (2024)

SB 1451 amends BPC §3765 and expands the third provision of SB 1436. It specifically:

- Extends the exemption for LVNs employed by home health agencies to perform specified respiratory care tasks through January 1, 2028, provided they complete patient-specific training satisfactory to their employer. Beginning January 1, 2028, this employer-provided training must comply with the guidelines established in the regulations currently being developed and discussed in this agenda item.
- Authorizes additional exemptions, allowing LVNs to perform specified respiratory care tasks in home and community-based settings (listed below) if they:
 - Complete employer-provided patient-specific training that conforms to the guidelines set forth in the proposed regulations discussed in this agenda item; and
 - Holds a Demonstrated Limited-Competency Certification, also aligned with these proposed guidelines, issued by the California Association of Medical Product Suppliers (CAMPS), the California Society for Respiratory Care (CSRC), or another organization identified by the RCB.

These home and community-based settings include:

- A private residential home.
- A congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.
- An intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.
- An adult day health care center licensed by the State Department of Public Health.
- A pediatric day health and respite care facility licensed by the State Department of Public Health.
- A small family home licensed by the State Department of Social Services that is designated as six beds or fewer.
- As part of transportation and activities or family respite for patients living in any home or community-based setting.

RCB Mandate & Mission

The RCB's mandate is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care (B&P §3701). Further, protection of the public shall be the highest priority for the RCB in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (B&P §3710.1).

The RCB's mission is to protect and serve consumers by licensing qualified respiratory care practitioners, enforcing the provisions of the Respiratory Care Practice Act (B&P §3700-3779), expanding the availability of respiratory care services, increasing public awareness of the profession, and supporting the development and education of respiratory care practitioners. (Strategic Plan 2023).

Legal References: Business and Professions Code

VN Practice Act - Section 2860

- (a) This chapter confers no authority to practice medicine or surgery, to provide respiratory care services and treatment, or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical condition in violation of any provision of law.
- (b) Notwithstanding subdivision (a), a licensed vocational nurse who has received training and who demonstrates competency satisfactory to their employer may, when directed by a physician and surgeon, perform respiratory tasks and services expressly identified by the Respiratory Care Board of California pursuant to subdivision (a) of Section 3702.5.

(Amended by Stats. 2022, Ch. 624, Sec. 1. (SB 1436) Effective January 1, 2023.)

Respiratory Care Practice Act

Section 3702.5

Except for the board, a state agency may not define or interpret the practice of respiratory care for those licensed pursuant to this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless authorized by this chapter or specifically required by state or federal statute. The board may adopt regulations to further define, interpret, or identify all of the following:

- (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, or additional credentialing consistent with national standards, as applicable.

(Added by Stats. 2018, Ch. 180, Sec. 1. (SB 1003) Effective January 1, 2019.)

Section 3765

This act does not prohibit any of the following activities:

- (a)
 - (i) The performance, by a vocational nurse licensed by the Board of Vocational Nursing and Psychiatric Technicians of the State of California who is employed by a home health agency licensed by the State Department of Public Health, of respiratory tasks and services identified by the board, if the licensed vocational nurse complies with the following:
 - (1) Before January 1, 2028, the licensed vocational nurse has completed patient-specific training satisfactory to their employer.
 - (2) *On or after January 1, 2028*, the licensed vocational nurse has completed patient-specific training by the employer in accordance with guidelines that shall be promulgated by the board no later than January 1, 2028, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
 - (j) The performance of respiratory care services identified by the board by a licensed vocational nurse who satisfies the requirements in paragraph (1) in the settings listed in paragraph (2).

- (1) (A) The licensed vocational nurse is licensed pursuant to Chapter 6.5 (commencing with Section 2840).
- (B) The licensed vocational nurse has completed patient-specific training satisfactory to their employer.
- (C) The licensed vocational nurse holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the board.
- (2) A licensed vocational nurse may perform the respiratory care services identified by the board pursuant to this subdivision in the following settings:
 - (A) At a congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (B) At an intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (C) At an adult day health care center licensed by the State Department of Public Health.
 - (D) As an employee of a home health agency licensed by the State Department of Public Health or an individual nurse provider working in a residential home.
 - (E) At a pediatric day health and respite care facility licensed by the State Department of Public Health.
 - (F) At a small family home licensed by the State Department of Social Services that is designated as six beds or fewer.
 - (G) As a private duty nurse as part of daily transportation and activities outside a patient's residence or family respite for home- and community-based patients.
 - (H) This subdivision is operative on January 1, 2028.

(Amended by Stats. 2024, Ch. 481, Sec. 13. (SB 1451) Effective January 1, 2025.)

Conceptual Regulatory Language for Discussion

At the March 13, 2025, Board meeting, staff presented draft conceptual language for review and received valuable input during a robust discussion. Following the meeting, staff held additional meetings with CSRC and CAMPS to further discuss specific aspects of the proposed language. Based on feedback from the Board and these subsequent meetings, staff has revised the draft language. Below is a summary of the updates made, along with key discussion topics.

§ 1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Services in Home Health Agencies and Home and Community-Based Settings

- Defines the scope of respiratory tasks and services LVNs can and cannot perform in home and community-based settings beyond basic respiratory tasks.
- Aligns with BPC § 3765(i) (“identified by the Board”) and § 3765(j) (“respiratory care services”).

1399.362. Employer-Provided Patient-Specific Training Guidelines for Licensed Vocational Nurses Employed in Home Health Agencies and Home and Community-Based Settings

- Establishes training standards for employers who train LVNs to perform respiratory care services in these settings.
- Addresses “patient-specific training” required under BPC § 3765(i) and (j).
- NOTE: Per BPC § 3765(i), these guidelines must be developed in collaboration with the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

1399.363. Demonstrated Limited-Competency Certification Guidelines for Licensed Vocational Nurses Employed in Home and Community-Based Settings

- Sets forth the criteria and requirements for issuing and maintaining valid demonstrated limited-competency certifications.
- Certification must be provided by CAMPS, CSRC, or another organization identified by the RCB.
- Addresses the “current and valid certification of competency” required by BPC § 3765(j)(1)(C).

Conceptual Language with Amendments

California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 13.6. Respiratory Care Board
Article 6. Scope of Practice

CONCEPTUAL REGULATORY LANGUAGE CONCERNING HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES

Legend:

Changes addressed since March 13, 2025, Board meeting:

- Deleted text is indicated by ~~strikethrough~~
- Added text is indicated with an underline

~~AMEND SECTION 1399.360~~

~~§ 1399.360. Unlicensed Personnel Services; Home Care.~~

~~(a) Unlicensed personnel (UP) may perform limited and basic respiratory care or respiratory care related services identified in subdivisions (b) and (c) in the home setting, for for the purposes of patient transfer to the home setting, or at the facility of a Licensed Home Care Employer, provided the following conditions are met:~~

- ~~(1) The UP is providing services through his or her their employment with a Licensed Home Care Employer (LHCE);~~
- ~~(2) The UP has been provided initial training, and at least annually, ongoing in-service education, and periodic competency testing specific to each service and equipment type by either a California licensed respiratory care practitioner (RCP) or other qualified licensed personnel, in accordance with his or her their scope of practice, and documentation of such training, education and testing is maintained by the LHCE for a period of four years, and~~
- ~~(3) The LHCE ensures that the patient, the patient's family, or the patient's caregiver(s) are advised prior to or at the time equipment or supplies are delivered, that a RCP or other qualified licensed personnel, in accordance with his or her their scope of practice, shall provide follow up checks, by telephone or in-person as appropriate, at the request of the patient or the patient's family, caregiver, or physician, or any person who has had contact with the patient, or as otherwise directed by a plan of care, and such services are provided accordingly.~~

~~(***)~~

Key Updates to Amend Section 1399.360

To avoid any confusion, we decided to postpone amending this section. The originally proposed changes were non-substantive and not aligned with the intent of these regulations, so we concluded it was best to remove them from this package entirely.

ADD SECTION 1399.361

1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Service in Home Health Agencies and Home and Community-Based Settings Respiratory Tasks and Services- LVN Exemption

(a) For purposes of subdivision (j) of section 3765 of the Business and Professions Code B&P, a licensed vocational nurse (LVN) may perform the following respiratory care tasks and services ~~as follows, in the settings identified~~ provided conditions in subdivisions (b) and (c), provided conditions in subdivision (b) are met:

(1) ... [see attached list]

(b) An LVN employed by a home health agency licensed by the State Department of Public Health, may perform ~~these the~~ respiratory care tasks and services ~~as provided~~ identified in subdivision (a), ~~in settings identified in subdivision (c),~~ provided all of the following conditions are met:

(1) The LVN is performing the respiratory care task and service ~~based on~~ pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon.

(2) A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the LVN, ~~assesses and verifies [to be defined]~~ all of the following:

(A) The LVN holds a valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians.

(B) The LVN has received the proper employer-provided patient-specific training and demonstrated competency as required by ~~either:~~

(i) Subdivisions ~~(i)(1) or (i)(2) of subdivision (i) of section 3765 of the B&P for LVNs employed by a home health agency or Business and Professions Code in accordance with the~~ guidelines in section 1399.362 of the CCR.

~~(ii) Subdivisions (1)(B) and (1)(C) of subdivision (j) of section 3765 of the B&P for any LVN employed in the settings identified in subdivision (b).~~

~~(C) The LVN demonstrated competence to perform each respiratory task and service specific to each patient in accordance with the guidelines in section 1399.362 of the CCR.~~

~~(D) The LVN shall provide in writing, in accordance with subdivision (d) of section 1399.362 their understanding of their responsibilities, including when to report a patient's status change, what constitutes an emergency, and the steps to take in case of an emergency.~~

~~(3) The training records for the LVN shall document in detail the assessments and determinations made as described in subdivision (2) above including the name(s) of health care personnel providing direct oversight responsibility of the LVN, patient's name and date(s) of the assessment and determination.~~

~~(A) Training records must be maintained for a period of four years by the supervising medical professional, the employing organization,~~

~~or, in cases of independent contracting, the entity or individual responsible for overseeing the LVN.~~

(c) An LVN employed in a home or community-based setting listed in paragraph (3) may perform the respiratory care tasks identified in subdivision (a), provided all of the following conditions are met:

- (1) The LVN is performing the respiratory care task and service pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon.
- (2) A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the LVN, verifies the following:
 - (A) The LVN holds a valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians.
 - (B) The LVN has received employer-provided patient-specific training and demonstrated competency as required by subdivision (j)(1)(B) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.362 of the CCR.
 - (C) The LVN holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the board as required by subdivision (j)(1)(C) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.363 of the CCR.
- (3) This section is applicable to respiratory care tasks and services provided by LVNs in the following settings:
 - (A) A private residential home.
 - (B) A congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (C) An intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (D) An adult day health care center licensed by the State Department of Public Health.
 - (E) A pediatric day health and respite care facility licensed by the State Department of Public Health.
 - (F) A small family home licensed by the State Department of Social Services that is designated as six beds or fewer.
 - (G) As part of transportation and activities or family respite for patients living in any home or community-based setting.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR

Key Updates to Section 1399.361

The title was revised for clarity. It now distinguishes the requirements for LVNs employed by home health agencies licensed by the State Department of Public Health from those working in home or community-based settings. Details regarding employer-provided patient-specific training were moved to section 1399.362.

ADD SECTION 1399.362. (Collaboration with BVNPT needed)

1399.362. Employer-Provided Home and Community-Based Patient-Specific LVN Training Guidelines for Licensed Vocational Nurses Employed in Home Health Agencies and Home and Community-Based Settings

(a) For purposes of subdivisions (i)(2) and (j)(1)(B) of section 3765 of the B&P, ~~employer-provided~~ Business and Professions Code, employers of License Vocational Nurses (LVNs) employed by a home and health agency licensed by the State Department of Public Health or a home or community-based setting identified in paragraph (3) of section 1399.361 shall ensure that the LVN receives employer-provided patient-specific LVN training prior to performing any respiratory care task and service identified in subdivision (a) of section 1399.361. The training shall include the following:

- (1) ~~Subject matter education (with examples including, which may include skills training, simulation training exercises, return demonstration trials (not on involving a patient), and competency assessments).~~
- (2) ~~The employer shall provide each licensed vocational nurse (LVN) in their employment with patient~~ Patient-specific training within guidelines identified in this section as it pertains to each respiratory care task and service performed.
- (3) ~~For Assessment of the LVN's competency for each respiratory task and service to be provided, the employer shall provide an assessment of the LVN performing all through evaluation of the following:~~
 - (A) ~~Demonstrated knowledge of the subject~~ respiratory task and service.
 - (B) Demonstrated understanding of equipment operation and knowledge of how and when to respond to equipment failures.
 - (C) Demonstrated knowledge of how and when to respond to contraindications, precautions and/or possible potential complications, and hazards. and complications.
 - (D) Demonstrated knowledge of how and when to contact a supervising RCP, RN, or MD-licensed respiratory care practitioner, registered nurse, physician or the patient's family.
 - (E) Demonstrated knowledge of how and when to contact 911 or other emergency services.
 - (F) Demonstrated ability to provide clear communication communicate clearly and effectively in English language.
- (4) ~~Return demonstration to on the patient of each respiratory task and service, observed by a supervising licensed physician, registered nurse or respiratory care practitioner, registered nurse, or physician, by the LVN, of each respiratory task and service performed on a patient with daily a documented review of subdivisions (A)-(F). This review shall occur daily until every respiratory task and service has been demonstrated on the patient for a minimum of xx hours or xx working shift, whichever is less- three times.~~
- (5) The supervising licensed physician, respiratory care practitioner, registered nurse or respiratory care practitioner physician shall complete post training evaluations that confirm evaluation to determine the

readiness of the LVN to ~~provide~~ perform each respiratory care task and service for each patient ~~that will be cared for by the LVN assigned~~.

- (6) The employer shall perform annual patient-specific competency ~~checks~~ evaluations for each respiratory task and service and for each patient under the care of each LVN.
- (b) "Patient-specific training" as used in this section means training of an LVN, by a California licensed physician, registered nurse, or respiratory therapist, who provides care to each patient they are assigned and assumes responsibility to determine whether the LVN is competent to provide care for each patient.
- (c) ~~Patient-Specific~~ specific training shall be based on the version of guidelines published at the time the patient-specific training is provided by any of the following:
 - (1) The American Association for Respiratory Care.
 - (2) The California Thoracic Society.
 - (3) The American College of Surgeons.
 - (4) The American College of Chest Physicians.
 - (5) Society for Critical Care Medicine.
 - (6) Latest versions of textbooks currently used by respiratory care program accredited by the Commission on Accreditation for Respiratory Care (CoARC) ~~approved respiratory care programs~~.
- (d) The LVN shall provide written acknowledgment of their understanding of the following:
 - (1) Their responsibilities regarding the performance of respiratory care tasks and services.
 - (2) Criteria for reporting changes in a patient's condition, including when and how to escalate concerns to appropriate supervisory or emergency personnel.
 - (3) What constitutes an emergency, including specific circumstances under which emergency measures must be taken.
 - (4) The appropriate steps to take in the event of an emergency, including but not limited to contacting supervisory healthcare professionals, emergency services, and family members.
- (e) Training records for each LVN shall include detailed documentation of all assessments and determinations described in subdivision (a)(3), including the name and professional license type of the healthcare personnel with direct oversight responsibility for the LVN, the name of the patient, and the date(s) on which the assessments and determinations were conducted.
- (f) Training records must be maintained for a period of four years by the supervising medical professional, the employing agency or organization, or, in the case of independent contractors, the responsible party overseeing the LVN's services.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR.

Key Updates to Section 1399.362

The title was revised for clarity. It now specifies that LVNs in both home health agencies and home/community-based settings must complete employer-provided patient-specific training. Timing and frequency requirements for return demonstrations were updated, and guidelines from section 1399.361 were moved here for consistency.

ADD SECTION 1399.363

1399.363. Demonstrated Limited-Competency Certification Guidelines for Licensed Vocational Nurses Employed in Home and Community-Based Settings

- (a) Pursuant to ~~subdivision paragraph (1)(C) of subdivision (j) of section 3765 of the B&P, the California Society for Respiratory Care (CSRC) and the Business and Professions Code,~~ California Association of Medical Product Suppliers (CAMPS), ~~the California Society for Respiratory Care (CSRC), or another organization identified by the board~~ may provide learning experiences for respiratory tasks and services and may issue corresponding ~~certificates of demonstrated limited-competency~~ Demonstrated Limited-Competency Certificates to licensed vocational nurses (LVN) in accordance with this section.
- (b) Learning experiences must include education, ~~and~~ training, and LVN return demonstration provided and observed by instructors holding a Board-issued respiratory care practitioner (RCP) license in good standing.
- (1) Education and training may be delivered in any format, including ~~the following examples: but not limited to~~ in-person classroom education, online education, skills lab demonstration, and situational analysis/ or case studies.
- (2) Education and training shall be based on guidelines published by organizations listed in subdivision (c) of section 1399.362, where applicable.
- (3) Return demonstration must be completed in ~~an in-person, format, where the~~ The RCP instructor must directly observe the LVN and perform each respiratory care task and service and must conduct a limited-competency assessment for each respiratory care task and service.
- (c) "Limited competency" as used in this section, ~~means refers to~~ the completion of education and return demonstration limited to patients who are stable or have stable and chronic patients conditions, and the most easily corrected troubleshooting techniques. Limited competency does not include an emphasis on the full range of respiratory complications and hazards. Limited competency does not include a response to all respiratory complications and hazards, but rather emphasizes responding to patient activity that warrants contacting a physician, registered nurse, respiratory care practitioner or emergency personnel.
- (d) A "limited-competency assessment" as used in this section means an evaluation, performed by the licensed RCP, of the LVN's knowledge and critical thinking skills ~~of an LVN to safely perform respiratory tasks and services to the level of limited competency defined in subdivision (c).~~
- (1) If the limited-competency assessment includes the use of equipment or supplies, the assessment must ~~then also include the~~ evaluation of the LVN's operational ability and knowledge of the device, trouble-shooting techniques, and understanding of any special considerations and emergency protocol associated with the device or procedure in the use and/or application of equipment or any portion thereof, within the framework as provided in subdivision (c).
- (2) When the limited-competency assessment requires evaluation of the LVN's operational ability and knowledge in the use or application of

equipment or any portion thereof, the assessment shall be conducted using the actual or comparable functioning device ~~must be used~~.

- (e) Upon successful completion of the limited-competency assessment, a ~~certificate of completion~~ Demonstrated Limited-Competency Certificate shall be issued ~~for a~~ . The certificate shall remain valid until the LVN's next license renewal date. For initial certification only, if the LVN's license is due to expire less than 12 months from the date of certificate issuance, the certificate shall remain valid until the subsequent license renewal period, unless otherwise stated. Renewal of the certificate shall occur in alignment with the LVN's license renewal schedule ~~one-year~~ and shall ~~must~~ include all of the following:

- (1) The title of the certificate shall read "Demonstrated Limited-Competency Certificate."
 - (2) The date the certificate was issued.
 - (3) The statement "This certificate ~~is~~ shall remain valid for one year until the LVN's next license renewal date. For initial certification only, if the LVN's license is due to expire less than 12 months from the date issued of issuance, this certificate shall remain valid until the subsequent license renewal period."
 - (4) The LVN's full legal name, (verified by government-issued picture identification, ~~including a~~ (e.g. California Driver's License, passport, or other government-approved issued identification).
 - (5) The LVN's California vocational nurse license number.
 - (6) The name and license number of the RCP(s) and their organization, who conducted the limited-competency assessment.
 - (7) ~~The A~~ A list of the specific respiratory tasks and services assessed with the corresponding date(s) the LVN successfully passed the limited-competency assessment (of successful completion (must be completed within a 30-day period from when the certificate is issued) days prior to issuance).
 - (8) The following statement: "Patient-Specific Training by the employer shall be completed as provided in section 1399.362 of division 13.6 of title 16 of the California Code of Regulations."
- (f) For each Demonstrated Limited-Competency Certificate issued, the ~~CSRC and CAMPS, CSRC, or another organization identified by the board~~ shall retain ~~related [define which records]~~ identified in subdivision (e) records for a period of four years from the date the Demonstrated Limited- Competency Certificate is issued.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR

Key Updates to Section 1399.363

The title was revised for clarity. It now includes that, in addition to CSRC and CAMPS, another organization identified by the board may also provide the training. The certificate name was updated to "Demonstrated Limited-Competency Certificate" for consistency. The renewal period for the certificate was adjusted from one year to align with the LVN license renewal cycle every two years.

Proposed Respiratory Care Tasks and Services with Amendments

RESPIRATORY CARE TASKS AND SERVICES CURRENTLY PROVIDED IN HOME CARE ~~January 24, 2023~~ June 6, 2025

1. Ventilator ~~set-up, and change-out and configuration~~ Setup, Change-Out, and Circuit Management Tasks

Includes:

- Connecting a patient to a ventilator who may breathe independently at other times of the day.
- Transferring a patient from a stationary ventilator to a preprogrammed travel ventilator.
- Change out to a preprogrammed back-up ventilator as when necessary.
- ~~The ongoing build and configuration of the ventilatory circuit (after cleaning, replacement, ventilator change-out or an emergency)~~ Reassembling or reattaching a ventilator circuit using standardized components after cleaning, replacement, ventilator change-out, or in response to an emergency.
- ~~The connection and disconnection of a ventilatory~~ Connecting or disconnecting the ventilator circuit as needed.
- Changing to an alternative preprogrammed ventilator setting upon and physician order. ~~ed-ventilator setting upon a physician's order/approval~~
- Initial set-up, change out or replacement of heat moisture exchanger (HME) or other humidification device.
- Filling, refilling, or cleaning a heater humidifier water chamber.
- Using a manual resuscitation device (bag-valve mask) for a ventilated patient during an emergency.

Does not include:

- Programming or configuring a ventilator per prescription for initial use by a home care ~~health~~ provider.
- Initiating or ~~changing~~ modifying any ventilator setting
- Performing the ~~The initial build and~~ or configuration of the a ventilator circuit

2. Ventilator Alarms: ~~Set, test, respond to, reset, or silence~~ Management Tasks

Includes:

- Verifying and testing ~~Testing~~ ventilator alarms ~~before~~ prior to connecting a patient. ~~to the ventilator~~
- Responding to ventilator alarms.
- Silencing alarm ~~once~~ temporarily when the caregiver is in the process of resolving, or has resolved, the cause of ~~resolves or in the process of resolving the reason for the alarm~~ (in accordance with establish protocols).

Does not include:

- Programming or adjusting alarm parameters from a locked settings menu.
~~Setting alarms (LVNs are not permitted to access locked ventilator menu where alarms are set)~~

3. Non-Invasive Ventilation Mask and Straps Management Tasks

Includes:

- Fitting a new non-invasive ~~Placing~~ ventilation (NIV) mask for initial use of a ventilator. ~~on patient for use of a ventilator including straps and placement is secure~~
- Applying the NIV mask to a patient for ventilator use, including securing straps to ensure proper fit and seal.

Does not include:

- ~~Fitting a new mask for initial use of a ventilator~~

4. Ventilator Oxygen Concentrations Management Tasks

Includes:

- Initiating or changing ~~adjusting the~~ oxygen concentrations delivered through a ventilator (with a physician's order), provided it does not involve changing the ventilator's preprogrammed settings. ~~without changing the programming of the ventilator itself~~

5. Aerosol Treatments (Administration Tasks for Nebulizer and Meter Dosed Inhalers)

Includes:

- Configuration and ~~application of trach~~ applying tracheostomy masks, face masks and inline ~~ventilatory ventilator~~ ventilator circuits for the purpose of administering nebulized medications.
- ~~The connection and disconnection of an~~ Connecting and disconnecting aerosol delivery circuits as needed.
- Performing pre-treatment assessments.
- Administering preoxygenation as ordered by a physician.
- Using prescribed ~~Use of~~ medical gas mixtures during treatments.
- ~~Endotracheal and nasal suctioning~~
- Conducting post-treatment assessments.
- Activating ~~Pushing a ventilator button (if applicable)~~ controls (e.g. pushing nebulizer delivery buttons) to provide nebulizer treatments.

6. Troubleshooting Artificial Airway ~~problems~~ Management Tasks

Includes:

- ~~Troubleshooting artificial airway problems~~ Checking that trach the tracheostomy tube is in place and is clear and correcting problems or blockages correctly positioned and clear.
- Identifying and correcting common airway issues such as blockages or dislodgement.

Does not include:

- Making clinical decisions ~~about~~ regarding the type, size, or style of tracheostomy tube or performing any type of intubation.

7. Ventilator Weaning Tasks

Includes:

- Performing physician-ordered “sprints” off the ventilator for increasing periods of time.

Does not include:

- Management of ventilator weaning process.

8. ~~Oxygen and Humidification~~ Setup and Management Tasks

Includes:

- Initial set-up, change-out or replacement of the ~~breathing~~ oxygen circuit or tubing.
- Adjustment of oxygen liter flow or oxygen concentration ~~for~~ from oxygen tanks, with a physician's order. ~~heat moisture exchanger or other humidification device~~
- ~~Filling, refilling, and cleaning the heater humidifier water chamber used with ventilators~~

9. ~~Tracheal~~ Tracheostomy Care Tasks

Includes:

- ~~Replacement of tracheostomy tie~~
- ~~Replacement of tracheostomy gauze~~
- ~~Cleaning of the stoma site~~
- ~~Tracheal suctioning (surface and deep suctioning)~~
- Inflating and deflating the tracheostomy cuff. ~~inflation/deflation~~
- Placement or removal of an external speaking valve or ~~trach~~ tracheostomy cap.
- Removal or replacement of the tracheostomy tube, including inner ~~canula~~ and outer cannula.
- ~~Placing / removing a~~ Initial set-up, change out, or replacement of a Heat Moisture Exchanger (HME) or other humidification device from a tracheostomy tube.
- Filling, refilling, or cleaning a heater humidifier water chamber.
- Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.

Does not include:

- Clinical assessment for the use of a speaking valve or ~~trach~~ tracheostomy cap.
- ~~Deep nasal or endotracheal suctioning~~

10. Assessment of and Response to a Patient's Respiratory Status Tasks

Includes:

- Observing patients for signs and symptoms of respiratory distress
- Taking appropriate action, such as calling 911, in response to respiratory distress. ~~that the LVN has been trained in~~
- ~~Administering life support protocols for which he/she has been trained~~
- ~~Use of an ambu bag~~

Does not include:

- Performing any task for which an LVN does not feel competent or has not received training.

11. Respiratory treatments, and Therapies, and other Devices Management Tasks

Includes:

~~The~~ Initiation, instruction, and assistance, setup, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices; as applicable for the following:

- Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest ~~treatments therapy~~.
- Manual chest percussive therapy.
- Cough assist machines, including activating ventilator cough assist functions when applicable.
- ~~Pushing a ventilator button (if applicable) to engage cough assist function~~
- Heater/humidifiers used in line with a ventilator.
- Airvo/Optiflow direct tracheostomy interfaces (high flow oxygen/humidifier device).
- Air compressors for {cool mist, heater, and humidifier} functions.
- Metered Dose Inhalers (both independent device and those connected to ~~vent/trach-ventilator or tracheostomy tubes~~)
- Medication delivery via ~~the~~ ventilator.
- Medication delivery via patented Podhaler system for ~~TOBI brand tobramycin~~ TOBI® (tobramycin).
- Treatments delivered via a Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.
- ~~CPAP/BiLevel Positive Airway Pressure (BiPAP) devices~~
- All types of pulse oximeter devices.
- Apnea monitors.
- Device power supply management.

12. Suctioning Tasks

Includes

- Nasal tracheal suctioning, including deep suctioning.
- Suctioning via tracheostomy, including surface and deep suctioning.
- Oral suctioning.

Does not include:

- Endotracheal suctioning.

13. Documentation Tasks

Includes:

- Documenting all care provided.
- Recording ~~and~~ observations of patients' status and responses.

14. Education and Instruction Tasks

Includes:

- Providing instruction on the proper operation or application of ~~these~~ respiratory devices, procedures, or ~~therapy~~ therapies for which the LVN has received training.
- ~~Providing~~ Offering advice or instructions ~~on~~ regarding safety hazards related to respiratory care.

Key Updates to Respiratory Care Tasks and Services Currently Provided in Home Care

Task titles have been revised slightly to improve clarity and consistency. Some task categories were divided or expanded. A distinct suctioning section was added, clearly differentiating nasal, oral, and tracheostomy suctioning while excluding endotracheal suctioning. The non-invasive ventilation mask section now explicitly includes fitting a new mask for initial use, which was previously excluded. Overall, the list uses more standardized medical and procedural terminology, such as "NiPPV."

Conceptual Language – Clean Copy

California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 13.6. Respiratory Care Board
Article 6. Scope of Practice

CONCEPTUAL REGULATORY LANGUAGE CONCERNING HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES

ADD SECTION 1399.361

§ 1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Services in Home Health Agencies and Home and Community-Based Settings

- (a) For purposes of subdivision (j) of section 3765 of the Business and Professions Code, a licensed vocational nurse (LVN) may perform the following respiratory care tasks and services, provided conditions in subdivisions (b) or (c) are met:
 - (1)[PENDING]
- (b) An LVN employed by a home health agency licensed by the State Department of Public Health, may perform the respiratory care tasks and services identified in subdivision (a), provided all of the following conditions are met:
 - (1) The LVN is performing the respiratory care task and service pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon.
 - (2) A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the LVN, verifies the following:
 - (A) The LVN holds a valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians.
 - (B) The LVN has received employer-provided patient-specific training and demonstrated competency as required by subdivision (i)(1) or (i)(2) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.362 of the CCR.
- (c) An LVN employed in a home or community-based setting listed in paragraph (3) may perform the respiratory care tasks identified in subdivision (a), provided all of the following conditions are met:
 - (1) The LVN is performing the respiratory care task and service pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon.
 - (2) A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the LVN, verifies the following:
 - (A) The LVN holds a valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians.
 - (B) The LVN has received employer-provided patient-specific training and demonstrated competency as required by subdivision (j)(1)(B) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.362 of the CCR.

- (C) The LVN holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the board as required by subdivision (j)(1)(C) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.363 of the CCR.
- (3) This section is applicable to respiratory care tasks and services provided by LVNs in the following home and community-based settings:
 - (A) A private residential home.
 - (B) A congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (C) An intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.
 - (D) An adult day health care center licensed by the State Department of Public Health.
 - (E) A pediatric day health and respite care facility licensed by the State Department of Public Health.
 - (F) A small family home licensed by the State Department of Social Services that is designated as six beds or fewer.
 - (G) As part of transportation and activities or family respite for patients living in any home or community-based setting.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR

ADD SECTION 1399.362. (Collaboration with BVNPT needed)

1399.362. Employer-Provided Patient-Specific Training Guidelines for Licensed Vocational Nurses Employed in Home Health Agencies and Home and Community-Based Settings

- (a) For purposes of subdivisions (i)(2) and (j)(1)(B) of section 3765 of the Business and Professions Code, employers of License Vocational Nurses (LVNs) employed by a home health agency licensed by the State Department of Public Health or a home or community-based setting identified in paragraph (3) of section 1399.361 shall ensure that the LVN receives employer-provided patient-specific training prior to performing any respiratory care task and service identified in subdivision (a) of section 1399.361. The training shall include the following:
- (1) Subject matter education, which may include skills training, simulation exercises, return demonstration trials (not involving a patient), and competency assessments.
 - (2) Patient-specific training within guidelines identified in this section as it pertains to each respiratory care task and service performed.
 - (3) Assessment of the LVN's competency for each respiratory task and service through evaluation of the following:
 - (A) Demonstrated knowledge of the respiratory task and service.
 - (B) Demonstrated understanding of equipment operation and knowledge of how and when to respond to equipment failures.
 - (C) Demonstrated knowledge of how and when to respond to contraindications, precautions, potential complications, and hazards.
 - (D) Demonstrated knowledge of how and when to contact a supervising licensed respiratory care practitioner, registered nurse, physician, or the patient's family.
 - (E) Demonstrated knowledge of how and when to contact 911 or other emergency services.
 - (F) Demonstrated ability to communicate clearly and effectively in English.
 - (4) Return demonstration on the patient of each respiratory task and service, observed by a supervising licensed respiratory care practitioner, registered nurse, or physician, with a documented review of subdivisions (A)-(F). This review shall occur daily until every respiratory task and service has been demonstrated on the patient a minimum of three times.
 - (5) The supervising licensed respiratory care practitioner, registered nurse, or physician shall complete post training evaluation to determine the readiness of the LVN to perform each respiratory care task and service for each patient assigned.
 - (6) The employer shall perform annual patient-specific competency evaluations for each respiratory task and service and for each patient under the care of each LVN.
- (b) "Patient-specific training" as used in this section means training of an LVN, by a California licensed physician, registered nurse, or respiratory therapist, who provides care to each patient they are assigned and assumes responsibility to determine whether the LVN is competent to provide care for each patient.

- (c) Patient-specific training shall be based on the version of guidelines published at the time the patient-specific training is provided by any of the following:
 - (1) The American Association for Respiratory Care.
 - (2) The California Thoracic Society.
 - (3) The American College of Surgeons.
 - (4) The American College of Chest Physicians.
 - (5) Society for Critical Care Medicine.
 - (6) Latest versions of textbooks currently used by respiratory care programs accredited by the Commission on Accreditation for Respiratory Care (CoARC).
- (d) The LVN shall provide written acknowledgment of their understanding of the following:
 - (1) Their responsibilities regarding the performance of respiratory care tasks and services.
 - (2) Criteria for reporting changes in a patient's condition, including when and how to escalate concerns to appropriate supervisory or emergency personnel.
 - (3) What constitutes an emergency, including specific circumstances under which emergency measures must be taken.
 - (4) The appropriate steps to take in the event of an emergency, including but not limited to contacting supervisory healthcare professionals, emergency services, and family members.
- (e) Training records for each LVN shall include detailed documentation of all assessments and determinations described in subdivision (a)(3), including the name and professional license type of the healthcare personnel with direct oversight responsibility for the LVN, the name of the patient, and the date(s) on which the assessments and determinations were conducted.
- (f) Training records must be maintained for a period of four years by the supervising medical professional, the employing agency or organization, or, in the case of independent contractors, the responsible party overseeing the LVN's services.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR.

ADD SECTION 1399.363

1399.363. Demonstrated Limited-Competency Certification Guidelines for Licensed Vocational Nurses Employed in Home and Community-Based Settings

- (a) Pursuant to paragraph (1)(C) of subdivision (j) of section 3765 of the Business and Professions Code, California Association of Medical Product Suppliers (CAMPS), the California Society for Respiratory Care (CSRC), or another organization identified by the board may provide learning experiences for respiratory tasks and services and may issue corresponding Demonstrated Limited-Competency Certificates to licensed vocational nurses (LVN) in accordance with this section.
- (b) Learning experiences must include education, training, and return demonstration provided and observed by instructors holding a Board-issued respiratory care practitioner (RCP) license in good standing.
 - (1) Education and training may be delivered in any format, including but not limited to in-person classroom education, online education, skills lab demonstration, and situational analysis or case studies.
 - (2) Education and training shall be based on guidelines published by organizations listed in subdivision (c) of section 1399.362, where applicable.
 - (3) Return demonstration must be completed in-person. The RCP instructor must directly observe the LVN perform each respiratory care task and service and must conduct a limited-competency assessment for each respiratory care task and service.
- (c) "Limited competency" as used in this section, refers the completion of education and return demonstration limited to patients who are stable or have stable chronic conditions, and the most easily corrected troubleshooting techniques. Limited competency does not include an emphasis on the full range of respiratory complications and hazards. Limited competency does not include a response to all respiratory complications and hazards, but rather emphasizes responding to patient activity that warrants contacting a physician, registered nurse, respiratory care practitioner or emergency personnel.
- (d) A "limited-competency assessment" as used in this section means an evaluation, performed by the licensed RCP, of the LVN's knowledge and critical thinking skills to safely perform respiratory tasks and services to the level defined in subdivision (c).
 - (1) If the limited-competency assessment includes the use of equipment or supplies, the assessment must include evaluation of the LVN's operational ability and knowledge of the device, trouble-shooting techniques, and understanding of any special considerations and emergency protocol associated with the device or procedure in the use and/or application of equipment or any portion thereof, within the framework as provided in subdivision (c).
 - (2) When the limited-competency assessment requires evaluation of the LVN's operational ability and knowledge in the use or application of equipment or any portion thereof, the assessment shall be conduct using the actual or comparable functioning device.

- (e) Upon successful completion of the limited-competency assessment, a Demonstrated Limited-Competency Certificate shall be issued. The certificate shall remain valid until the LVN's next license renewal date. For initial certification only, if the LVN's license is due to expire less than 12 months from the date of certificate issuance, the certificate shall remain valid until the subsequent license renewal period, unless otherwise stated. Renewal of the certificate shall occur in alignment with the LVN's license renewal schedule and must include all of the following:
- (1) The title of the certificate shall read "Demonstrated Limited-Competency Certificate."
 - (2) The date the certificate was issued.
 - (3) The statement "This certificate shall remain valid until the LVN's next license renewal date. For initial certification only, if the LVN's license is due to expire less than 12 months from the date of issuance, this certificate shall remain valid until the subsequent license renewal period."
 - (4) The LVN's full legal name, verified by government-issued picture identification, (e.g. California Driver's License, passport, or other government-approved issued identification).
 - (5) The LVN's California vocational nurse license number.
 - (6) The name and license number of the RCP(s) and their organization, who conducted the limited-competency assessment.
 - (7) A list of the specific respiratory tasks and services assessed, with the corresponding date(s) of successful completion (must be completed within 30 days prior to issuance).
 - (8) The following statement: "Patient-Specific Training by the employer shall be completed as provided in section 1399.362 of division 13.6 of title 16 of the California Code of Regulations."
- (f) For each Demonstrated Limited-Competency Certificate issued, the CAMPS, CSRC, or another organization identified by the board shall retain those records identified in subdivision (e) for a period of four years from the date the Demonstrated Limited-Competency Certificate is issued.

Note: Authority cited: Sections xxx, Business and Profession Code. Reference: Sections 3717, xxx, Business and Professions Code. Section 1399.377 of the CCR

Proposed Respiratory Care Tasks and Services – Clean Copy

RESPIRATORY CARE TASKS AND SERVICES CURRENTLY PROVIDED IN HOME CARE June 6, 2025

1. Ventilator Setup, Change-Out, and Circuit Management Tasks

Includes:

- Connecting a patient to a ventilator who may breathe independently at other times of the day.
- Transferring a patient from a stationary ventilator to a preprogrammed travel ventilator.
- Change out to a preprogrammed backup ventilator when necessary.
- Reassembling or reattaching a ventilator circuit using standardized components after cleaning, replacement, ventilator change-out, or in response to an emergency.
- Connecting or disconnecting the ventilator circuit as needed.
- Changing to an alternative preprogrammed ventilator setting upon physician order.
- Initial set-up, change out or replacement of heat moisture exchanger (HME) or other humidification device.
- Filling, refilling, or cleaning a heater humidifier water chamber.
- Using a manual resuscitation device (bag-valve mask) for a ventilated patient during an emergency.

Does not include:

- Programming or configuring a ventilator per prescription for initial use by a home care provider.
- Initiating or modifying any ventilator setting.
- Performing the initial build or configuration of a ventilator circuit.

2. Ventilator Alarm Management Tasks

Includes:

- Verifying and testing ventilator alarms prior to patient connection.
- Responding to ventilator alarms.
- Silencing alarms temporarily when the caregiver is in the process of resolving, or has resolved, the cause of the alarm (in accordance with established protocols).

Does not include:

- Programming or adjusting alarm parameters from a locked settings menu.

3. Non-Invasive Ventilation Mask and Strap Management Tasks

Includes:

- Fitting a new non-invasive ventilation (NIV) mask for initial use of a ventilator.
- Applying the NIV mask to a patient for ventilator use, including securing straps to ensure proper fit and seal.

4. Ventilator Oxygen Concentration Management Tasks

Includes:

- Initiating or adjusting the oxygen concentration delivered through a ventilator with a physician's order, provided it does not involve changing the ventilator's programmed settings.

5. Aerosol Treatment Administration Tasks for Nebulizers and Metered Dose Inhalers

Includes:

- Configuring and applying tracheostomy masks, face masks, and inline ventilator circuits for the purpose of administering nebulized medications.
- Connecting and disconnecting aerosol delivery circuits as needed.
- Performing pre-treatment assessments.
- Administering preoxygenation as ordered by a physician.
- Using prescribed medical gas mixtures during treatments.
- Conducting post-treatment assessments.
- Activating ventilator controls (e.g., pushing nebulizer delivery buttons) when applicable to provide aerosol treatments.

6. Troubleshooting Artificial Airway Management Tasks

Includes:

- Checking that the tracheostomy tube is correctly positioned and clear.
- Identifying and correcting common airway issues such as blockages or dislodgement.

Does not include:

- Making clinical decisions regarding the type, size, or style of tracheostomy tube.

7. Ventilator Weaning Tasks

Includes:

- Performing physician-ordered "sprints" off the ventilator for progressively increasing periods of time.

Does not include:

- Management of the ventilator weaning process.

8. Oxygen Setup and Management Tasks

Includes:

- Initial set-up, change-out, or replacement of the oxygen circuit or tubing.
- Adjustment of oxygen liter flow or oxygen concentration from oxygen tanks, with a physician's order.

9. Tracheostomy Care Tasks

Includes:

- Inflating and deflating the tracheostomy cuff.
 - Placement or removal of an external speaking valve or tracheostomy cap.
 - Removal or replacement of the tracheostomy tube, including inner and outer cannula.
 - Initial set-up, change out or replacement of heat moisture exchanger (HME) or other humidification device from a tracheostomy tube.
 - Filling, refilling, or cleaning a heater humidifier water chamber.
- Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.

Does not include:

- Clinical assessment for the use of a speaking valve or tracheostomy cap.

10. Assessment and Response to Patient Respiratory Status Tasks

Includes:

- Observing patients for signs and symptoms of respiratory distress.
- Taking appropriate action, such as calling 911, in response to respiratory distress.

Does not include:

- Performing any task for which the LVN does not feel competent or has not received training.

11. Respiratory Treatments, Therapies, and Device Management Tasks

Includes:

- Initiation, instruction, assistance, setup, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
 - Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
 - Manual chest percussion therapy.
 - Cough assist machines, including activating ventilator cough assist functions when applicable.
 - Heater/humidifiers used in line with ventilators.
 - Airvo/Optiflow direct tracheostomy interfaces (high flow oxygen/humidifier devices).
 - Air compressors for cool mist, heater, and humidifier functions.
 - Metered Dose Inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
 - Medication delivery via ventilators.
 - Medication delivery via patented Podhaler system for TOBI® (tobramycin).
 - Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.

- All types of pulse oximeter devices.
- Apnea monitors.
- Device power supply management.

12. Suctioning Tasks

Includes:

- Nasal tracheal suctioning, including deep suctioning.
- Suctioning via tracheostomy, including surface and deep suctioning.
- Oral suctioning.

Does not include:

- Endotracheal suctioning.

13. Documentation Tasks

Includes:

- Documenting all care provided
- Recording observations of patients' status and responses.

14. Education and Instruction Tasks

Includes:

- Providing instruction on the proper operation or application of respiratory devices, procedures, or therapies for which the LVN has received training.
- Offering advice or instruction regarding safety hazards related to respiratory care.

Discussion Questions for Stakeholder and Board Member Input

The draft language is being presented to the Board again for further discussion. While it remains in the conceptual phase, we welcome input from Board members and all stakeholders. This is a collaborative effort, and we strongly encourage meaningful dialogue at this stage to ensure that, when the final language is presented, all voices have been heard and considered.

To ensure these regulations are effective, practical to implement, and responsive to patient needs, the RCB is seeking feedback on the following:

Scope of Practice

- Do you agree with the proposed scope of respiratory care tasks and services that LVNs will be allowed to perform in home health agencies and home and community-based settings? How do you think this scope aligns with current clinical practices and patient needs in these settings?
- Are there specific respiratory care tasks you believe should be added or excluded from this scope? Why?

Employer-Provided Patient-Specific Training Guidelines

- What are your overall impressions of the proposed guidelines for employer-provided patient-specific training? Do you find the guidelines clear and actionable for employers?
- Are the proposed training standards sufficient to ensure LVNs perform respiratory care tasks safely and competently?
- What elements should be required in employer-provided patient-specific training to ensure LVNs are adequately prepared?
- How feasible is it for employers, especially in small or resource-limited settings, to provide this level of training and oversight? What supports might be necessary?

Demonstrated Limited-Competency Certification

- What criteria should be considered essential in the certification process to assure competency?
- Do stakeholders support the use of CAMPS and CSRC as competency certifiers? Are there other organizations that should be considered?

Impact on Patient Safety and Care Quality

- What potential risks or unintended consequences might arise from these regulations as currently drafted? How might these risks be mitigated through clearer language, additional safeguards, or other means?
- Could these regulations inadvertently limit access to care or create barriers for LVNs or patients?

Implementation and Compliance

- What challenges do you anticipate employers and LVNs will face in implementing these training, certification, and documentation requirements?

- What types of resources or support would be helpful to ensure smooth adoption of the regulations?

General Feedback

- Are there other concerns or suggestions regarding the conceptual regulatory language, training guidelines, or competency certification that the Board should consider?

We encourage all stakeholders to review the discussion questions and share their input during the public comment period for this agenda item. To ensure your feedback is fully considered, especially if time is limited during the meeting, we strongly encourage submitting more detailed comments in writing to rcbinfo@dca.ca.gov. The RCB also plans to hold a stakeholder meeting in the coming months with all interested parties. If you would like to participate, please contact us to be added to the invitation list.