



Item: Proposed Continuing Education Regulatory Language

Item Summary: Staff are presenting modified text for the proposed continuing education regulation changes along with a summary of hundreds of comments received from licensees in response to the initial suggested changes.

Board Action:

1. President calls the agenda item and it is presented by or as directed by the President.
2. Item presented for review, discussion and to determine the next course of action (i.e. further input, begin the regulatory process).

Background: At its May 2018 meeting, the Board moved to circulate draft language and obtain stakeholder feedback prior to initiating the rulemaking (regulation) process to revise continuing education requirements.

Board staff issued the attached "NOTICE" in August with a requested date of December 1, 2018 to provide comments.

At the Board's 10/26/18 meeting, the Board reviewed comments received through October 15, 2018 and made suggested changes.

Attached is the notice that was issued in August with changes made in response to comments received from all stakeholders through December 7, 2018. Page 2 highlights the most contentious sections. Also attached is a summary of hundreds of comments received from licensees.

Consideration: The Board is currently considering giving additional continuing education credit to RCPs who take a preceptor course and agree to be preceptors for respiratory care students. The Board may want to consider beginning the regulatory process after a plan to establish minimum clinical education standards is complete.

NOTICE

RESPIRATORY CARE PRACTITIONER (RCP) PROPOSED CONTINUING EDUCATION REGULATION CHANGES

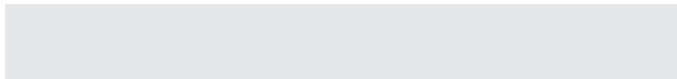
The Respiratory Care Board (Board) is amending regulations concerning Continuing Education (CE) requirements. Given that these changes may have a significant impact on RCP license renewals, the Board is reaching out to stakeholders for feedback prior to pursuing legal regulatory changes.

All comments and suggestions are welcome and providing an explanation for your suggested change(s) would be appreciated, but is not required. Please keep in mind that “protection of the public is the highest priority” of the Board. The Board is mandated to protect the public from the unauthorized and unqualified practice of respiratory care.

The following pages include proposed changes based on public comment and the Board’s most recent workforce study. Language identifying significant changes is highlighted in yellow. Those items identified in grey-filled boxes as an “Additional Suggested Change” were made subsequent to the original changes proposed. You are welcome to comment or make suggestions on these as well.

Please note that underlined text represents new proposed text and ~~strikeout~~ text represents text that is proposed to be deleted.

Changes may be submitted by email or in writing to:



Respiratory Care Board
3750 Rosin Court, Suite 100
Sacramento, CA 95834
E-mail: rcbinfo@dca.ca.gov

Note: Final regulatory changes will not go into effect prior to 2020 and will be implemented using a roll out method allowing RCPs a full two year cycle to adhere to changes prior to their license renewals.

California Code of Regulations, Title 16. Division 13.6. Article 5 Respiratory Care Board. Continuing Education PROPOSED LANGUAGE

§ 1399.349. Continuing Education Defined.

§ 1399.349. Continuing Education Defined.

“Continuing Education” means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, academic studies, in-service education, institutes, seminars, home study, internet courses, and workshops, taken by respiratory care practitioners for licensure renewal. These learning experiences are meant to enhance the knowledge of the respiratory care practitioner in the practice of respiratory care in direct and indirect patient care. Continuing education does not include basic education or training needed to become a licensed RCP.

Note: Authority cited: Sections 3719 and 3722, Business and Professions Code. Reference: Sections 3719 and 3740, Business and Professions Code.

§ 1399.350. Continuing Education Required.

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(a) Each respiratory care practitioner (RCP) is required to complete 30 hours of approved continuing education (CE) every 2 years as follows: At least two-thirds of the required CE hours shall be directly related to clinical practice.

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(1) A minimum of 10 hours must be directly related to practitioner leadership, including courses and conventions for educators educating students and practitioners, preceptor training, case management, or health-care financial reimbursement, cost containment or management. Successful completion of the Law and Professional Ethics Course as provided in section 1399.352, may be counted toward this requirement.

(2) A minimum of 15 hours must be directly related to the clinical practice of respiratory care. Successful completion of credentialing or certification examinations may be counted toward this requirement as provided in section 1399.353.

(3) Up to 5 hours may be earned through physical attendance at Respiratory Care Board, California Society for Respiratory Care, or American Association for Respiratory Care meetings open to the public or courses related to the role of a health care practitioner or indirectly related to respiratory care as may be included in section 1399.354.

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(b) A minimum of 15 hours of CE as outlined in subdivision (a) must be earned from courses or meetings in a live, in-person format requiring physical attendance.

NEW

(b) A minimum of 15 hours of CE as outlined in subdivision (a) must be earned from live courses or meetings provided with interaction in real time. The provider and the learner need not be in the same place but they must be able to communicate either verbally or in writing with each other during the time the learning activity is occurring. Examples of provider directed activities include, but are not limited to, live lecture educational sessions that are part of conventions, courses, seminars, workshops, lecture series, and distance learning activities such as web casts, video conferences, and audio conferences in which the learner can directly interact with the provider in real time.

(c) Completion of courses or successful completion of credentialing or certification examinations may not be repeated for credit during any one renewal cycle period.

~~(b) (d)~~ To renew the license, each RCP shall report compliance with the CE requirement. ~~Supporting documentation showing evidence of compliance with each requirement under this Article, shall be submitted if requested by the board.~~ Upon the board's request, the licensee shall provide the board with documentation as provided in subdivision (b) of section 1399.356 or for courses completed through an approved post-secondary institution, an official transcript showing successful completion of the course accompanied by the catalog's course description.

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

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

§ 1399.351. Approved Courses and Providers.

§ 1399.351. Approved Courses and Providers.

(a) Approved continuing education (CE) courses, in any format, shall be approved by or provided by the following entities:

- (1) Any post-secondary institution accredited by a regional accreditation agency or association recognized by the United States Department of Education.
- (2) A general acute care hospital licensed by the California Department of Public Health.
- (3) The American Association for Respiratory Care.
- (4) The California Society for Respiratory Care (and all other state societies directly affiliated with the American Association for Respiratory Care).
- (5) The American Medical Association.
- (6) The California Medical Association.
- (7) The California Thoracic Society.
- (8) The American College of Surgeons.
- (9) The American College of Chest Physicians.
- (10) The American Heart Association.

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- (11) American Lung Association
- (12) Allergy and Asthma Network
- (13) Society for Critical Care Medicine
- (14) National Asthma Educator Certification Board

Amended

(b) Additional CE providers approved to provide live, "real-time" in-person courses include any provider approved or accredited by:

- (1) any entity identified in subdivision (a),
- (2) the Accreditation Council for Continuing Medical Education, or
- (3) the California Board of Registered Nursing.

§ 1399.352. Law and Professional Ethics Course.

§ ~~1399.350.5~~: 1399.352. Law and Professional Ethics Course.

(a) As part of required continuing education, every person licensed under this chapter shall successfully complete a course in law and professional ethics as provided in section ~~1399.352.7~~ 1399.357 of this division, during every other license renewal cycle.

(b) Continuing education ~~units~~ earned in accordance with this section shall represent three hours of continuing education towards the requirement in subdivision (a)(1) of section 1399.350. ~~units toward the non-clinical practice requirements set forth in section 1399.350(a).~~ However, the course may be taken for continuing education credit only once during any renewal period.

Note: Authority cited: Sections 3719.5 and 3722, Business and Professions Code. Reference: Sections 3719 and 3719.5, Business and Professions Code.

§ 1399.353. Credentialling and Certification Exams.

Amended

§ ~~1399.351. Approved GE Programs.~~ 1399.353. Credentialling and Certification Exams.

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

(b) ~~Passing an official credentialling or proctored self-evaluation examinations~~ Successful completion of an examination leading to one of the following credentials awarded by the National Board for Respiratory Care, shall be approved for 15 hours of continuing education (CE), **for initial credentialling only**; as follows:

(1) Adult Critical Care Specialist Specialty Examination (ACCS)—15 hours;

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

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

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

(5) Sleep Disorders ~~Testing and Therapeutic Intervention~~ Respiratory Care Specialist (SDS) —15 hours;

(6) Registered Respiratory Therapist, if not required at the time of initial licensure.

NEW

(b) The following certifications are approved for continuing education credit for initial certification only and for the number of hours given by the provider:

- Pulmonary Rehabilitation Certified [*provided jointly by the American Association for Respiratory Care (AARC) and the American Association of Cardiovascular and Pulmonary Rehabilitation*];
- Tobacco and Smoking Cessation-Certified (*provided by the AARC*)
- COPD Educator-Certified (*provided by the AARC*)

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(bc) Successful completion of the following certification examinations, approved by an entity listed in section 1399.351, shall **each** be approved for 15 hours of CE for initial certification and 5 hours of CE for **renewal or** recertification:

~~(6)-(1) Advanced Cardiac Cardiovascular Life Support (ACLS)--number of CE hours to be designated by the provider;~~

~~(7)-(2) Neonatal Resuscitation Program (NRP);--number of CE hours to be designated by the provider; and~~

~~(8)-(3) Pediatrics Advanced Life Support (PALS)--number of CE hours to be designated by the provider.~~

~~(9)-(4) Advanced Trauma Life Support (ATLS)--number of CE hours to be designated by the provider.~~

(5) Asthma Educator Certified (AE-C) [*provided by the National Asthma Educator Certification Board*]

(d) CE credit will not be granted for:

(1) any review and/or preparation courses for credentialing or certification examinations,

(2) basic life support credentialing, or

(3) the recredentialing of any certification not expressly identified in subdivision (b).

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

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

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

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

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

§1399.354. General Continuing Education.

~~§ 1399.352. Criteria for Acceptability of Courses.~~ §1399.354. General Continuing Education.

Continuing Education (CE) courses related to the role of a health care practitioner or indirectly related to respiratory care include, but are not limited to the following:

~~Acceptable courses and programs shall meet the following criteria:~~

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

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

~~(2) Health care cost containment or cost management.~~

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~~(3)~~ (1) Preventative health services and health promotion, [including tobacco and smoking cessation counseling.](#)

~~(4)~~ (2) Required abuse reporting.

~~(5)~~ (3) Other subject matter which is directed by legislation to be included in CE for licensed healing arts practitioners.

(4) Any course including training regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS).

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

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

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

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

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

~~(c) Educational objectives shall be listed.~~

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

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

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

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

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

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

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

~~(3) The American Association for Respiratory Care.~~

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

~~(5) The American Medical Association:~~

~~(6) The California Medical Association:~~

~~(7) The California Thoracic Society:~~

~~(8) The American College of Surgeons:~~

~~(9) The American College of Chest Physicians:~~

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

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

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

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

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

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

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

§1399.355. CE Hours.

§ ~~1399.352.5.~~ 1399.355. CE Continuing Education Hours.

The board will accept hours of approved continuing education (CE) as follows:

(a) The number of hours designated by those entities identified in ~~subdivision (h) of Section 1399.352 1399.351~~ as it pertains to their own course or a course approved by them.

(b) Notwithstanding subdivision (a), one (1) academic quarter unit is equal to ten (10) CE hours and one (1) academic semester unit is equal to fifteen (15) CE hours.

(c) Providers may not grant partial credit for any CE course. Partial credit is defined as any time segment less than the total designated course duration or time period.

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

§ 1399.356. Provider Obligations.

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(a) Approved providers shall ensure faculty is knowledgeable in the subject matter as evidenced by a degree from an accredited college or university and verifiable experience in the subject matter, or teaching and/or clinical experience in the same or similar subject matter.

(b) Upon successful completion of a course, continuing education (CE) providers shall provide documentation to the course participant that includes:

(1) the participant's name,

(2) the participant's RCP license number,

(3) the course title,

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(4) the course delivery method (e.g. on-line, **live-on-line, live-in-person**),

(5) the course approval identifying information (for those providers identified in subdivision (b) of section 1399.351),

(6) the number of CE hours awarded,

(7) the date CE hours were awarded, and

(8) the name and address of the course provider.

(c) Course providers shall maintain records identified in subdivision (b) for a period of four years as well as a description and details of the course.

(d) Courses completed at an approved post-secondary institution are exempt from this section provided the courses are reported on an official transcript.

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

§ 1399.357. Law and Professional Ethics Course Criteria.

§ 1399.352.7. § 1399.357. Law and Professional Ethics Course Criteria.

An acceptable course in law and professional ethics shall meet the following criteria and be approved by the board's executive or education committee:

(a) The course shall be provided by the American Association for Respiratory Care or the California Society for Respiratory Care.

(b) The course shall be three hours in length. One hour of instruction shall consist of not less than 50 minutes of actual classroom time or actual time spent by the licensee completing the coursework on the internet.

(c) The course shall include:

_____ (1) a course description,

_____ (2) course objectives,

_____ (3) references (as applicable),

_____ (4) legal disclosures (as applicable),

_____ (5) course content,

_____ (6) a post-examination,

_____ (7) an optional survey,

_____ (8) and a certificate of completion with information as identified in subdivision (b) of section 1399.356.

(e) The delivery and format of the course shall be user-friendly.

(f) The provider shall not charge more than thirty dollars (\$30) for board applicants and sixty dollars (\$60) for board licensees or petitioners for reinstatement.

(g) The provider shall ensure that procedures are in place to address Americans with Disabilities Act (ADA) requests.

(h) The course title shall be "Law and Professional Ethics."

(i) The course content shall consist of a minimum of thirty (30) pages of written material and a minimum of two (2) hours dedicated to professional ethics with a concentration in:

_____ (1) Obligations of licensed respiratory care practitioners to patients under their care and

_____ (2) Responsibilities of respiratory care practitioners to report illegal activities occurring in the work place.

(j) The course content may also include, as directed by the board, up to one hour of material with a concentration in:

_____ (1) Current activities of the profession and

_____ (2) Acts that jeopardize licensure and licensure status.

(c) The content of the course shall consist of the following subject areas:

_____ (1) Obligations of licensed respiratory care practitioners to patients under their care;

_____ (2) Responsibilities of respiratory care practitioners to report illegal activities occurring in the work place; and

_____ (3) Acts that jeopardize licensure and licensure status.

(d) The course shall meet all of the following requirements:

(1) (d) The course shall consist of two (2) hours dedicated to professional ethics and one (1) hour toward California law. The board may opt to prepare or edit in full or part, any portion of the course.

(2) The course title shall be "Law and Professional Ethics."

(3) Delivery and format of the course shall be user friendly.

(4) The course will be at least thirty (30) pages of written material with at least twenty (20) test questions related to professional ethics and ten (10) related to California law.

(5) Course content must include course description, course objectives, references, scenarios, questions, certificate of completion and legal disclosures, as applicable.

(6) (k) The course content shall provide several segments. Each segment must include a narrative or discussion, a scenario, and at least one question and at least one scenario-based question requiring critical thinking skills. For each question there must be between three and six possible responses with only one correct answer. Each response must include an explanation as to why the response is incorrect or correct. The number of questions tied to each segment may vary, as each component will differ in length and content.

(7) The course will include at least thirty (30) scenario-based questions that require critical thinking skills.

(8) The provider shall submit course test scores, names and other course related information to the board, as requested by the board.

(9) The provider shall not charge more than thirty dollars (\$30) for board applicants and sixty dollars (\$60) for board licensees or petitioners.

(10) The provider shall ensure that procedures are in place to address Americans with Disabilities Act (ADA) requests.

(11) (l) The participant shall be allowed one (1) year to complete the course/exam after enrollment.

(m) The post examination shall consist of at least thirty (30) questions related to the materials presented.

(12) (n) The participant shall not be able to exit the post examination once commenced.

(13) (o) The participant shall not have a time limit to take the post examination.

(14) (p) The minimum post examination passing score shall be 70%. The post examination shall be scored on all cumulative components, not by each section.

(15) (q) As applicable, the provider shall offer and allow participants who failed the initial post examination to retake the post examination free of charge. There shall be no wait time to retake the

post examination if previously failed.

~~(r)~~ (r) The course will include a survey, optional to participants, to gather feedback for the board.

~~(s)~~ (s) The provider shall submit course test scores, names and other course related information to the board, as requested by the board.

~~(t)~~ (t) The board may opt to prepare or edit in full or part, any portion of the course.

~~(u)~~ (u) The course is solely the product of the provider and the provider assumes full responsibility for the course.

~~(v)~~ (v) The course must be revised once every four years. Each revision must be approved by the board.

~~(w)~~ (w) The board's ~~E~~ ~~E~~ Committee may rescind the approval of a course at any time if it believes it has been altered or finds that the course does not meet the requirements as provided for in this article.

~~(x)~~ (x) The provider may advertise and or reference that an approved course is "approved" by the board.

Note: Authority cited: Section 3722, Business and Professions Code. Reference: Sections 3719 and 3719.5, Business and Professions Code.

§ 1399.358. Audit and Sanctions for Noncompliance.

~~§ 1399.353.~~ 1399.358. Audit and Sanctions for Noncompliance.

(a) The board shall audit a random sample of RCPs for compliance with the continuing education (CE) requirements.

(b) If documentation of the CE requirement is improper or inadequate, or the licensee fails to provide the requested documentation within 30 days, the license becomes inactive. The practice of respiratory care, or representation that one is an RCP, is prohibited while the license is inactive. Practice on an inactive license shall constitute grounds for appropriate disciplinary action pursuant to the B&P.

(c) Notwithstanding subdivision (b), if the board determines that through no fault of the licensee the CE completed does not meet the criteria set forth in this article, the board may grant an extension, not to exceed six months, for the licensee to complete approved CE.

(d) Misrepresentation of compliance shall constitute grounds for disciplinary action.

(e) Documentation supporting compliance with CE requirements shall be available to the board upon request during the four year period following relicensure.

Note: Authority cited: Section 3722, Business and Professions Code. Reference: Sections 3719, 3719.5 and 3750, Business and Professions Code.

§ 1399.358.5. Waiver of Requirements.

~~§ 1399.354.~~ 1399.358.5. Waiver of Requirements.

At the time of making application for renewal of a license, an RCP may request a waiver from completion of the continuing education (CE) requirements. ~~The board shall grant a waiver only if the RCP verifies in writing that, during the two year period immediately prior to the expiration date of the license, he or she:~~

(a) Upon receipt of military orders or other verifiable documentation, the board shall grant a waiver of CE if ~~(a) the licensee has~~ Has been absent from California for at least one year during the two-year period immediately prior to the expiration date of the license, because of military service reasonably preventing completion of the CE requirements; or

(b) Upon receipt of verification by a licensed physician and surgeon, the board shall grant a waiver of CE if the licensee has ~~Has~~ been prevented from completing the CE requirements for reasons of health or other good cause for at least one year during the two-year period immediately prior to the expiration date of the license, which includes:

(1) Total medical disability of the RCP ~~for at least one year~~; or

(2) Total medical disability of an immediate family member ~~for at least one year~~ where the RCP has had total responsibility for the care of that family member.

Verification of the disability under subsection (b) shall be verified in writing by a licensed physician and surgeon.

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

§ 1399.355. REPEALED.

~~§ 1399.355. Renewal After Inactive or Delinquent Status:~~

~~(a) For the renewal of an expired license up to more than two years and within three years of the date of expiration, the applicant shall provide documentation of completion of the required 30 hours of CE during the four-year period preceding the application for renewal.~~

~~(b) For the renewal of an expired license two years or less from the expiration date, the applicant shall provide documentation of completion of the required 15 hours of CE during the two-year period preceding the application for renewal.~~

~~(c) After a license has been expired for three years, it will be cancelled and the applicant must make application just as for an initial license and meet all the current criteria required for licensure~~

~~Note: Authority cited: Sections 3719 and 3722, Business and Professions Code. Reference: Sections 3719 and 3774, Business and Professions Code.~~

§ 1399.359. License Status.

~~§ 1399.356. 1399.359. License Status.~~

A licensee may request, in writing, to change the status of his/her license as follows:

(a) To change the status of a license from active to inactive, the licensee shall make application to the board for such a change.

(b) To change the status of a license from inactive to active, the licensee shall request such in writing, pay all current, delinquent and accrued renewal fees, and provide documentation of completion of 45 30 hours of CE continuing education during the two-year period preceding the request for active status.

Note: Authority cited: Sections 701, 704, 3719 and 3722, Business and Professions Code. Reference: Sections 3719, 3774 and 3775, Business and Professions Code.

Continuing Education Comments through December 7, 2018

§ 1399.350. Continuing Education Required.

(a)(1) (1) A minimum of 10 hours must be directly related to practitioner leadership, case management, or health-care financial reimbursement, cost containment or management. Successful completion of the Law and Professional Ethics Course as provided in section 1399.352, may be counted toward this requirement

Received From	Date	Comment or Summary of Comment
Emily Brandt	8/28/18	Suggestion for item 1399.350 (1). Could the minimum of 10 hours in number one include CEUs related to respiratory care educators? I attended a summer forum conference with an educator track. As an educator, I believe it is important to include education related CEUs as an option.
Dale E. Claes	8/29/18	<p>I object to the potential revision 1399.350 section (a) (1) This revision has nothing to do with patient care, except for case management. Those subjects are covered in management courses and should not be part of our license requirements.</p> <p>I also believe that all requirements and references to the Law and Professional Ethics Course should be removed. To my knowledge; We are the only licensed profession that requires all their members to routinely attend such a course.</p>
Lisa Halsey	8/30/18	<p>Concerns: Just a few years ago the Respiratory Care Board increased the number of CEUs required for renewal. I believe this action was done despite the concerns of those in the field. Now further changes are being proposed that again will burden those of use practicing respiratory care within this state.</p> <p>RCPs are already required to complete an Ethics course during every other license renewal cycle which is 3 CEUs. Requiring 10 hours to this subject every renewal cycle then decreases the number of valuable education hours an RCP would use to increase their knowledge and skills that would then benefit their patients. It is my understanding that we are wanting more knowledgeable and skilled RCPs in the field providing care for patient's.</p> <p>The majority of RCPs are not in a management position that would require leadership training, case management, reimbursement or cost containment/management. I also have a question. Would it even be ethical to place the burden on an RCP to worry about reimbursement or cost containment while trying to provide quality and effective care to patient's?</p>

Rod DeSouza RCP, RRT, NPS	11/29/18	<p>...Fairly recently the CEU requirements were doubled resulting in further financial cost added to an already high license renewal fee. In addition to an already higher financial/time impact to the RCP, the proposed changes would even further impact us. A proposed shift away from clinical CE and on leadership, financial, and management is not reflective of the majority of practicing RCPs providing clinical care in multiple arenas. In addition limiting online CE further burdens those of us juggling careers, family, and our personal lives. While I support strengthening our profession with a well-rounded CE format, please keep in mind the financial and time impact on the practitioner.</p>
Pachee Vang, BSRT - NPS	11/30/18	<p>Currently, many therapists are pursuing a bachelor's of science in respiratory care. The BSRT program focus heavily on quality care and finances. Completion of these courses/program should be qualified for this section. Also, there are very limited (maybe even rare) resources that offer CE for management, finances, and leadership courses. Will the RCB promote organizations to offer these? If so, at what cost? I personally feel that our renewal fee is quite high. If we were to pay for these courses to obtain the proper CEs it could negatively impact those who have obligations to their families. Example: renewal fee is \$250, ACLS renewal \$120, PALS renewal \$120, NRP renewal \$150, NBRC fee \$25 annually. The cost the maintain an active license in CA becomes roughly \$690 every two years.</p>
Change.org PETITION 493 Signatures	12/7/18	<p>Request Respiratory Care Board eliminate Article (1) : minimum of 10 hours be directly related to practitioner leadership , case management, or health-care financial reimbursement , cost containment or management.</p> <p>1: respiratory field of interest, hospital therapist , travel therapist, DME therapist. 2: should not be required to have continuing education hours that have to do with the above topics but if respiratory therapist is interested in seeking knowledge and or acquiring jobs related to those areas, those continuing education courses should be made available but not mandatory</p>

§ 1399.350. Continuing Education Required.

(b) A minimum of 15 hours of CE as outlined in subdivision (a) must be earned from courses or meetings provided in a live, in-person format requiring physical attendance.

Received From	Date	Comment or Summary of Comment
Saraa Tawfeek	9/26/18	Reduce In-Person CEs: 17 to 7
Richard Dyer	9/11/18	Eliminate In-Person CE requirement
Kellie Butler-Ormond	9/11/18	Eliminate In-Person CE requirement
Daryl Jonathan Redmon	9/13/18	Eliminate In-Person CE requirement
Angelica Padre	10/1/18	Eliminate In-Person CE requirement
Lisa Halsey	8/30/18	<p>[Concerns: Just a few years ago the Respiratory Care Board increased the number of CEUs required for renewal. I believe this action was done despite the concerns of those in the field. Now further changes are being proposed that again will burden those of use practicing respiratory care within this state.]</p> <p>This section creates a hardship on not only the Respiratory practitioner but also on the facilities they are employed by. The cost of live CEU events is costly to the practitioner is several hundreds of dollars for registration fees which do not include travel and lodging expenses. Most facilities do not provide any reimbursement for education so this expense is covered by the participant. These events are normally over several days which is an inefficient use of valuable time. It also creates a burden on the facilities that employ them as they need to provide appropriate coverage which could include the expense of overtime to the facility as well as employee fatigue. This could place a facility at risk of providing poor patient care and costly mistakes.</p> <p>For example the upcoming Focus Conference is a 2 day conference the registration fees are \$300.00 and participants will receive 14 CEUs for this in person educational experience. These fees do not cover meals, travel or lodging during this event. This means facilities that employ individuals attending need to provide staff to cover their tour of duty and participants are having to pay for this even out of pocket. I'm not sure about you but for me this is a financial impact to my family. I could easily find quality online education for about half of the registration fees for this educational event.</p>
Janet Fantazia Petition TOTAL OF 66 SIGNATURES	May 2018 Board Meeting	Eliminate in-person CE requirement. Limits RCPs ability to obtain CEUs in appropriate subjects for concentrations such as ACCS, PFTS, NPS and AE-C.
Oroville Hospital Petition 34 Signatures	10/22/18	In our area there are very few live presentations to attend and driving to Sacramento or the Bay area is time consuming and expensive. We support having access to online classes and would like the Board to consider not making this change.
Kyle Knopp	11/30/18	I agree with the petition of signatures to not require any of the hours to be mandatory for live, in person attendance. It is difficult to get classes that work with schedules, especially work a night shift. Hospitals and organizations that put together classes, still don't really work with people who work nights. ...

<p>Northern California PETITION Approx 35 Signatures</p>	<p>10/29/18</p>	<p>Our concerns derive from the limited access these RCP have to CE offerings in a “live, in-person format requiring physical attendance.” The CSRC website “Calendar of Events” from Jan-Dec 2018 has NO events offering CEU n a face to face format north of Sacramento. Many of the hospitals in this region also have very minimal offerings for CEUs for RCPs that are DIRECTLY RELATED to the clinical practice of respiratory care requiring physical attendance.</p> <p>This change in our CE requirements will result in RCPs of Northern California will be disproportionately impacted financially as compared to those who reside in more populated regions of California. Travel to the Sacramento area requires 2-5 hours of driving time depending on location and many of the CE events have an early morning start often requiring an overnight stay. The combination of travel and hotel costs for these CEs is often not fiscally feasible for RCPs from this area, in comparison to an online offering. The CSRC offers an annual Convention at which a RCP may earn up to 15 CEUs over a two to three day period. Unfortunately this event has never been offered north of Napa, and is most commonly offered in Souther California and Monterey areas.</p> <p>The RCPs of Northern California who have signed below are requesting item B under Section 1399.350 removed from the proposed CE regulation changes by the Board.</p>
<p>Ridgecrest PETITION 14 Signatures</p>	<p>11/19/18</p>	<p>Opposed proposed change due to following:</p> <ol style="list-style-type: none"> 1) Our hospital is a critical access facility in a rural area. Live courses would be offered in larger metropolitan area. This would require extensive travel and time to reach due to our location placing us at least 3-4 hours away. 2) In recent years, the RCB has significantly increased our licensing costs. Requiring RCPs to meet such requirements would pose undo economic hardship. Going to a conference on average, costs several hundred dollars just to attend (travel,boarding). 3) Over the past three years, several major changes have impacted RCPs. In 2015 we began to be required to obtain our RRT in order to work. In 2017 the required CEs increased from 15 credits to 30 credits. This change would create additional stress and hardships. 4) In-person lecture and video lecture formats have minimal differences in regards to learning. In addition, new technology is able to provide interaction between the lecturer and participants, even in on-line formats.
<p>San Francisco PETITION 69 Signatures</p>	<p>11/26/18</p>	<p>Oppose requirement for live, in-person CE courses. It is cost effective for the employers, who will need to grant education time off and the possibility of education reimbursement. Also by allowing RCPS to choose how they are to achieve their education credits, gives them options to keep their interest.</p>
<p>Mary K. Holman-Romero</p>	<p>11/29/18</p>	<p>Regarding the proposed changes to the CCR as it relates to continuing education, I believe that requiring live, in-person course attendance would place undue hardship on those RCPs living in rural areas where live CEU opportunities are limited. This would require traveling to more urban areas for live education and incurring travel and lodging expenses that those of us living in urban areas would not have to incur. Although I believe the intent of the change is to provide some guarantee of participants’ attendance and participation, I don’t believe it to be well thought out.</p>

Rod DeSouza RCP, RRT, NPS	11/29/18	Fairly recently the CEU requirements were doubled resulting in further financial cost added to an already high license renewal fee. In addition to an already higher financial/time impact to the RCP, the proposed changes would even further impact us. A proposed shift away from clinical CE and on leadership, financial, and management is not reflective of the majority of practicing RCP's providing clinical care in multiple arenas. In addition limiting online CE further burdens those of us juggling careers, family, and our personal lives. While I support strengthening our profession with a well-rounded CE format, please keep in mind the financial and time impact on the practitioner.
Elisabeth Gerrity, BS, RRT Assistant Director, Pulmonary Services Community Hospital of the Monterey Peninsula		<p>I live and work in a rural area outside of the San Francisco Bay Area. My staff and I have very limited access to local CEU offers. To attend a conference for CEUs requires time off, thousands of dollars for travel, accommodation, and meals, and child and elder care for families we're leaving behind. I know RCPs that have yet to attend a conference as the arrangements are out of reach financially. Twenty five percent of our staff are of modest means and would not be able to maintain licensure if these changes were enacted.</p> <p>I urge you to consider the needs of the workforce you represent, as well as the needs of the consumers you protect. Respiratory Care Practitioners have access to solid online educational choices to maintain licensure. Please keep our profession accessible while maintaining high standards.</p>
Fabian Gomez	12/1/18	...The board recently doubled our CE requirements, which doubled our financial burden-these proposed changes will only add to that growing burden. The time-demand aspect also comes into play- increasing time requirements and financial burden both negatively impact our families. Elimination or limitation of Online CE's further burdens the practitioner and their family. While I support the strengthening of our profession and the "public first" motto, please keep in mind the RCPs that are living that motto every day.
Change.org PETITION 493 Signatures	12/7/18	<p>Opposed</p> <p>1: financial hardship on cost of attending live seminars; travel cost, cost of seminars, hotel cost, gas, lost time at work, family (babysitters, family time etc).</p> <p>2: live course availability, out of town, few coincide with work schedule.</p> <p>3: length of live course minimal of 2-3 days some of them</p> <p>Additional Comments:</p> <p>1) As an educator, I see the value in promoting lifelong learning. With that said, however, I know on-the-job experience is just as efficient as taking more classes - if not more effective.</p> <p>Not to mention, requiring more classes means the RTs are away from their families. Work experience is much more cost effective in the form of income as opposed to tuition. I truly do not see why those in the field for decades, and even those who just graduated their program, should have to go back to school.</p> <p>Help retain good, strong RTs by keeping them out of the classroom and allowing them to work.</p> <p>2) Agree with not having to go to live seminars. Most organizations do not reimburse for the costs. It's very costly to travel, not to mention having to figure out work and family schedules especially when you have young children and no help!</p>

1399.353. Credentialing and Certification Exams.

(b) Successful completion of the following certification examinations, approved by an entity listed in section 1399.351, shall be approved for 15 hours of CE for initial certification and 5 hours of CE for recertification:

- ~~(6) (1) Advanced Cardiac Cardiovascular Life Support (ACLS) – number of CE hours to be designated by the provider;~~
- ~~(7) (2) Neonatal Resuscitation Program (NRP); – number of CE hours to be designated by the provider; and~~
- ~~(8) (3) Pediatrics Advanced Life Support (PALS) – number of CE hours to be designated by the provider.~~
- ~~(9) (4) Advanced Trauma Life Support (ATLS) – number of CE hours to be designated by the provider.~~

Robert Wood	9/11/18	<p>I am looking for clarification of item 1399.353 (b) on page 4. Is the Initial approved for 15 hours of CE each or a maximum no matter how many were completed? Same question for recertification. (b) Successful completion of the following certification examinations, approved certification by an entity listed in section 1399.351, shall be approved for 15 hours of CE for initial certification and 5 hours of CE for recertification: (1) Advanced Cardiovascular Life Support (ACLS) (2) Neonatal Resuscitation Program (NRP) (3) Pediatrics Advanced Life Support (PALS) (4) Advanced Trauma Life Support (ATLS)</p>
Pachee Vang, BSRT - NPS	11/30/18	<p>NRP renewal every two years it is mandatory to complete an online testing session followed by a 4 hour(live) mega code session. Initial and re-certification requires equivalent studies. Will individuals be granted 15 CE's for this?</p>

Entire Regulation Proposal- Comments

<p>Kevin Hamilton</p>	<p>8/29/18</p>	<p>I am commenting in support of the proposed CEU requirement rules change for Title IV; Sect. 1399.349.</p> <p>I have been a Registered Respiratory Therapist and RCP in California for over 35 years. During that time my career has offered me a variety of opportunities that I am grateful for, though have not always felt were supported by the existing CME structure. It is critical that RCP's thoroughly understand the "business" of medicine and the underlying policies that support their work and right to practice while protecting our patients'. This change was identified as a strategic part of physician training and implemented in medical schools across the nation by the mid-90's. The various American Academy's of Medicine included credentialing and CME credit to support those physicians who felt called away from patient care and into leadership positions, to better advocate for their colleagues and patients by ensuring good health policy was drafted and passed at the state and federal level. For too long the our profession has largely avoided this responsibility and recognition of the need to engage in this great work. I'm excited to see that evolving and changing in a way that encourages members of our great profession to take on leadership roles in both in the clinical and public arena.</p>
<p>Jeffrey Davis, BS, RRT Director, Respiratory Care Services and Pulmonary Function UCLA Health Ronald Reagan Medical Center</p>	<p>10/31/18</p>	<p>On page two I feel it would be difficult to achieve revision numbered (1) [requiring CE in leadership]. However #2 and #3 and letter b. are valid and good revisions, in my opinion. California was one of if not the first state to enact licensure, and with that there were no grounds to determine the appropriate number of required continuing education hours. Prior to the move to 30 hours we were one of the lowest in the nation. Any other state that I had been associated with required at least 50% live attendance. There are too many low quality online programs. It may also help to add that live webinars count as live attendance.</p> <p>Therefore I disagree with additional suggested change #1 (to eliminate the requirement for live, in-person CE).</p>

Barish Erenler		<p>Good morning and thank you for taking the time to read my email. I have gone over the document you provided via the CSRC webpage. Some concerns I have are as follows:</p> <p>1399.350 a 3 does not define if CSRC or AARC ceu's must be in person or online 1399.350 b does but approved sources are not mentioned</p> <p>A Possible amendment to this amendment would be live online courses or webinars Webinars should also be defined and included. I feel with a younger group of practitioners coming into the field more progressive tech savvy ways should be best included now rather than in the future.</p> <p>1399.357 states that the ethics course must be revised every 4 years but doesn't define what types of revisions are required. Is it to the course, after test or both? Ethics coincides with morals and I feel that we shouldn't have to change our morals every 4 years due to bylaws. A possible adjustment to the content here would be to review the course and revise if need to address current trends or have some type of rotating question bank for the post test</p>
Lisa Morrell	10/15/18	<p>I am a current stakeholder, I am an active Respiratory Care Practitioner in San Bernardino County in California, license # 30556 in good standing.</p> <p>In regards to the proposed changes for the Restructuring of Continuing Education credits, I am informing you that I am OPPOSED to these changes. My reason for opposition is that this is a MESS. Too much confusion here: § 1399.350. Continuing Education Required. (a)Each respiratory care practitioner (RCP) is required to complete 30 hours of ap</p> <p>1399.353. Credentialling and Certification Exams. (a) ...</p> <p>Like, what is this? I can have some CEUs that I have worked for in one grouping, but not all, and then I would still need ____ number of CEUs that pertain to _____ but only if _____ has not been already achieved, unless _____ or an earthquake hits on a Wednesday of the 4th or 8th month or a Friday the 13th lands in the month of June but only in year 2 of your licensure.....you get the idea. This is way to confusing.</p> <p>Just keep it simple: 30 hours, this, this or this. Not 5 hours of this plus 10 hours of that along with 15 hours of just that. NO! Just a simple 30 hours, please.</p> <p>I implore you to simplify this standard.</p>

<p>Pachee Vang, BSRT - NPS</p>	<p>11/30/18</p>	<p>Additionally, I would like to know if the proposal will still restrict the amount of nursing CE's. Currently we are only allowed to use 1/3 nursing CE. As a bedside therapist working in a hospital, many courses offered have pertinent respiratory education but CE's are offered under nursing. I believe this is due to the facilitator not having the proper credentials to give respiratory CE. In this instance, can we utilize these CEs? It would be great if there is an available list of "accepted CE facilitator" on the RCB website so that there are no confusion as to whether or not a CE someone obtained is eligible.</p> <p>Lastly, who gets to vote or make changes to these proposal? And when will it finalize?</p> <p>I greatly appreciate all the hard work the RCB has done for CA respiratory therapists. I hope that individuals, like myself, has been able to help the board make the best decision for our profession.</p>
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