



Item: November 1, 2019 Meeting Minutes Approval

Item Summary: The minutes from the Board's November 1, 2019 meeting are submitted for the Board's review and approval.

- Board Action:**
1. President calls the agenda item and it is presented by or as directed by the President.
 2. President requests motion:
 - to adopt minutes as presented;
 - to adopt a modified version of minutes as presented;
 - to reject minutes as presented, or
 - any other appropriate motion.
 3. President may request a second to the motion (if not already made).
 4. Board member discussion/edits (if applicable).
 5. Inquire for public comment / Further Board discussion as applicable
 6. Repeat motion if necessary and vote: 1) aye, in favor, 2) no, not in favor, or
3) abstain [Members that were not present at the meeting should vote to abstain]



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5 **PUBLIC SESSION MINUTES**

6
7 **Friday, November 1, 2019**

8
9 **Department of Consumer Affairs**
10 **Headquarters – First Floor Hearing Room S102**
11 **1625 North Market Blvd.**
12 **Sacramento, CA 95834**
13

14
15 **Members Present:** Sherleen Bose
16 Mary Ellen Early
17 Rebecca Franzoia
18 Mark Goldstein
19 Ricardo Guzman
20 Michael Hardeman
21 Sam Kbushyan
22

23
24 **Staff Present:** Jason Hurtado, Legal Counsel
25 Stephanie Nunez, Executive Officer
26 Christine Molina, Staff Services Manager
27

28
29 **CALL TO ORDER**

30
31 The Public Session was called to order at 9:34 a.m. by President Goldstein.

32
33 Ms. Molina called roll (present: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman), and a quorum
34 was established.

35
36 Mr. Kbushyan joined the meeting at 9:43 a.m.
37
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3 **1. PRESIDENT’S OPENING REMARKS**

4 President Goldstein stated the Board encourages public comment as the issues being discussed
5 directly affect the profession and the RCP’s in attendance. He explained that public comment would
6 be allowed on agenda items, as those items are discussed by the Board during the meeting. He
7 added that under the Bagley-Keene Open Meeting Act, the Board may not take action on items raised
8 by public comment that are not on the Agenda, other than to decide whether to schedule that item for
9 a future meeting.

10
11 **2. APPROVAL OF JUNE 7, 2019 MEETING MINUTES**

12
13 Mr. Hardeman moved to approve the June 7, 2019 Public Session minutes as written.

14
15 Request for Public Comment: No public comment was received.

16
17 M/Hardeman /S/Early

18 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman

19 MOTION PASSED
20
21

22 **3. EXECUTIVE OFFICER’S REPORT**

23
24 3a – Licensure and the Application Process – New Published Booklet: Ms. Nunez discussed the
25 application process booklet updated as part of the RCB’s strategic plan objective to educate students
26 pursuing RCP licensure about the consequences of having convictions and violations of the
27 Respiratory Care Practice Act. The Board is currently in the process of reproduction and distribution to
28 all California respiratory care programs.

29
30 3b – Office of the Attorney General Budget Change Proposal: Ms. Nunez explained the Board was
31 notified this summer that the AG’s office increased their hourly rates. Attorney services increased
32 from \$170/hr. to \$220/hr. and Paralegal services, which the Board uses frequently, increased by 70%
33 from \$120/hr. to \$205/hr. She continued, after considering prior budget years and based on the
34 history of how these types of increases impact the Board, a determination was made not to pursue a
35 Budget Change Proposal to increase the AG line item (amount authorized to be spent during the FY).
36 She explained that rather, staff plans to closely monitor and contain costs to within the existing AG
37 budget amount.

38
39 3c- Detailed Disciplinary Action Summaries On-Line: Years ago, the Board published a quarterly list of
40 all disciplinary actions taken. However, that practice was discontinued when the BreEZe system was
41 implemented in 2013. A recommendation was made during the last Sunset Review that the Board
42 reinstate the practice of publishing disciplinary action summaries on its web site. In response, this
43 item was added to the current Strategic Plan and is now in place. Quarterly summaries can now be
44 found online dating back to 2016. Ms. Nunez thanked enforcement staff members, Kathryn Pitt and
45 Liane Freels, for their efforts to make this happen.

46
47 3d- Medicare’s “Patient-Driven Payment Model” Skilled Nursing Reimbursement Increases
48 reimbursement for respiratory care effective 10/1/19: Ms. Nunez stated it has come to the Board’s
49 attention that there is a new reimbursement model for skilled nursing. Upon becoming aware of the
50 new model, she contacted Ann Marie Hummel, AARC’s Associate Director of Government Affairs, for
51 additional insight into the changes. In summary, the new reimbursement model became effective
52 October 1, 2019. It used to be that subacute care and all skilled nursing facilities were reimbursed
53 based on nursing hours and the volume of services rather than the condition of the patients at the

1 time they were admitted. This has now changed and is based on the acuity of the patient, including a
2 category for Ancillary Services (which include respiratory care services). There are several items now
3 identified as respiratory care tasks though it does not specify that a respiratory therapist must be used
4 for those services. However, the hope is that it will provide an incentive to use respiratory therapists
5 to provide services and give patients the most qualified and competent care they deserve.
6

7 Mr. Guzman inquired how the Board can help get the word of the increased reimbursements out.
8

9 Ms. Nunez offered to look into how nursing facilities are being notified of this information and see if
10 there is anything the Board can do to help.
11

12 13 **4. BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS** 14 **JOINT STATEMENT/DISCUSSION** 15

16
17 Ms. Nunez summarized the history behind this item. The RCB and the BVNPT began meeting about a
18 year and a half ago with both board's attorneys, presidents, staff, some board members, Agency and
19 Department representatives. After meeting several times, a Joint Statement, agreed upon by both
20 boards, was established and published in April 2019. Shortly thereafter, there was some pushback
21 from associations related to home care. Because the Joint Statement was interpreting existing law,
22 there was no anticipation that regulations would be necessary. However, due to the pushback, the
23 Department suggested both boards develop draft regulations to ensure stakeholders had an
24 opportunity to provide input. At the Board's June meeting, considerable testimony related to home
25 care was received. Ms. Nunez noted that it remains illegal for LVNs to practice respiratory care if it is
26 beyond "manual and technical skills." However, the Board decided not to move forward with
27 regulations as it may have been perceived as insensitive after hearing all the testimony received.
28 Instead, the Board motioned to amend the Joint Statement to exclude home care. The BVNPT has
29 not presented regulations but instead presented legislation which essentially will authorize an LVN to
30 take a course, such as a continuing education course, and practice all aspects of mechanical
31 ventilator care in any setting. At this time, this proposed legislation has no author. However, the
32 BVNPT is asking for public comment mainly from individuals already providing these services. Most
33 are home care and adult day healthcare personnel, however, the legislation presented does not
34 narrow it to those fields, rather leaves it wide open for an LVN to take a course and provide care
35 anywhere. Home care is a little bit different and expectations are somewhat lower as there is a known
36 risk involved when caring for someone in the home. Again, at this point this is purely informational as
37 the proposed language has not been placed in a bill. Staff will be attending the BVNPTs advisory
38 committee meetings to monitor this proposal. The next meeting is scheduled for November 7, 2019.
39

40 Ms. Early stated she was surprised to read this proposed legislation and interested to hear that the
41 Board's Executive Officer was not made aware of this until 3 weeks ago. The purpose of making
42 exceptions after the last Board meeting was for LVNs to provide home care and lower level tasks. The
43 way the legislation is written does not support that.
44

45 Ms. Nunez stated it seems there is, at times, a gap in the communication between boards concerning
46 the level of respiratory care. LVNs education in respiratory care consists of one overview course
47 while ventilator care is one of the main components respiratory therapists are taught. Not only do
48 respiratory therapists receive over two years of education and clinical experience, they are also
49 competency tested and must be licensed to do this. The overview course taken by LVNs is not
50 sufficient to ensure they learn what it takes to safely provide this care.
51

1 Mr. Guzman added, there is a definite disconnect there. When a respiratory therapist graduates and
2 secures a job, even though they have had this extensive training, most hospitals will not put them in
3 the ICU for 6 months to a year because they know they are not prepared to function alone.
4

5 Ms. Bose commented, she read the proposed legislation and it sounds like the BVNPT is pursuing a
6 process of obtain a modified licensure. She noted this will obviously cost more to go through the
7 process which will be passed on to tax payers when we already have RTs who have an established
8 process of going through extensive training, education and the licensure process and are ready and
9 able to give care at the proper level.
10

11 Ms. Nunez added if there is any kind of a training course or certification that is to be provided it should
12 be overseen by the Respiratory Care Board and conducted by a licensed respiratory therapist as the
13 expert in respiratory care. It does not make sense to have the LVNs setting the training materials,
14 overseeing the course, and enforcing it.
15

16 President Goldstein stated with the legislation from last year, it is very important that the Board does
17 control and set up the course content and administer the courses because it will not only occur with
18 LVNs, but also with EMTs. Since the Board is here to protect the public and patients, it is very
19 important that the Board oversee the training for the skill sets they need to effectively do their jobs.
20 That might be the next job within Consumer Affairs: realizing that there are resident groups of experts
21 that can collaborate and cause that evolution to occur in a safe manner without a duplication of
22 services.
23

24 Public Comment: Braiden Oparowski, California Association of Health Services at Home, stated LVNs
25 provide a multitude of services in the home care setting for a 12 to 24-hour period such as bathing,
26 cooking and in-home nursing services. It is not like they are doing an hour of RT services and
27 leaving. These LVNs provide care for long periods of time sanctioned by the Medi-Cal program. The
28 Medi-Cal program only pays LVNs to do this. There is no other payment mechanism for that. He
29 added they are not trying to take anything from RTs. However, there needs to be some wiggle room to
30 work with because: 1) the hours and the care needed are very different; 2) how the State has
31 established funding and reimbursement; and 3) they already have oversight from the Department of
32 Public Health that is looking at and authorizing these cases.
33

34 Matt Diaz, Maxim Healthcare (a home health provider) stated they take great care and are very
35 serious about the training given to the LVNs providing respiratory care services. Extensive training is
36 given on the various home mechanical ventilators utilized. He added, he takes issue with the
37 comment of there being a lower expectation of care, stating these are medically fragile adults and
38 children that need these services to remain in the community. He questioned if the Board has thought
39 about what it would do to the health care delivery system if LVNs were not able to provide this care in
40 the community setting. He stated thousands of patients would be required to enter facility settings as
41 he doubts there are that many RTs that will come into play when there is not a funding mechanism
42 available to perform hourly care in the community with these patients, one on one. He further asked
43 the Board to consider that there are not enough facilities available to house these patients throughout
44 the State. If the Board were to go forward with this and not allow LVNs to continue to provide care to
45 individuals that require mechanical ventilation for life sustainment, it would impact not only the
46 individuals, but also the delivery system and tax payer dollars.
47

48 Ms. Nunez clarified, existing law today does not allow LVNs to provide the services that are being
49 provided in home care. The Board is talking about setting up a program to allow it because of the
50 arguments just made. She added, there have been at least 5 deaths in home care because of LVNs
51 not knowing what to do. She agreed there are not enough providers and it would be awkward to have
52 5 different providers come into a home to provide care to a patient. But currently, it is illegal for LVNs

1 to provide this home care. She added the Board is trying to get the law congruent with that type of
2 care.
3
4 President Goldstein stated, having been in home care himself, he has helped train LVNs at different
5 agencies on ventilators. He added, LVNs provide a very essential service and there is no intent to
6 limit that. The intent is to make it legal and to ensure that training content is consistent. He stated he
7 realizes getting the system changed would be horrendous on the patients.
8
9 Mr. Diaz stated they want what he believes everyone wants, to make sure these individuals remain
10 safe in the community and get proper care. He added, this is the best mechanism in order to make
11 that happen. Speaking for Maxim, he stated they are available to answer any questions or give any
12 feedback needed.
13
14 Mr. Guzman added a point of clarification. Initially, when working with the BVNPT, the RCB was
15 trying to provide what Mr. Diaz is asking for but the new proposal goes beyond that. It is not just for
16 home care and the Board definitely opposes that.
17
18 Ms. Nunez stated that is correct. Their proposal goes beyond home care and doesn't limit any scope
19 of practice at all. They likely would come back stating they are going to put that into regulation but
20 once the law is there, it leaves the scope of practice open. The BVNPT could authorize LVNs to
21 legally perform any task(s) under any education requirements they develop through regulation.
22
23 Mr. Guzman inquired if there is a mechanism for this Board to oppose this moving forward.
24
25 Ms. Nunez stated usually the Executive Committee can oppose positions on bills but given the large
26 scale of this language, perhaps the Board can take a position that if any such bill comes out it will be
27 opposed.
28
29 Mr. Hurtado, Legal Counsel, stated it would be okay given that it is in the preliminary stages though
30 there is no author, this is just a proposal. The Board can assess at the next Board meeting, what the
31 statutory language may state. He added, you never know what the final language will be and there
32 are many amendments that take place. Depending on what the statutory language provides for in
33 their Practice Act, the Board may take a position of support. It just depends on what the bill looks like.
34
35 Mr. Guzman stated he wants to make sure the Board upholds its mandate to protect the consumer
36 and that the Board is not just waiting to see what happens if there is something that can be done in
37 advance.
38
39 Mr. Hurtado cautioned to be mindful of the sensitivity that the two boards have competing interests
40 when choosing whether to support or oppose a particular bill.
41
42 Ms. Bose questioned when legislation is proposed, while going through the process and committees,
43 isn't there a step where they look at the bill to see if it contradicts any existing laws? Looking at the
44 proposed legislation, she stated it looks like it is directly contradicting what the RCB already has in
45 law.
46
47 Ms. Nunez stated it doesn't really contradict the RCB's existing law. It's just giving them more
48 authority. There are several stages in getting a bill. First you need to get an author. If successful in
49 getting an author, you're able to testify before any committee hearings. There is a lot of opportunity in
50 the process but as she understands it, Mr. Guzman's point is to make a statement for the record that
51 the Board rejects the language as presented.
52
53 Mr. Guzman moved to oppose the language of this bill as presented, seconded by Ms. Bose.

1
2 Ms. Franzoia wanted to clarify that this is for all LVNs not just home care LVNs. She added, in
3 looking at the timeline, July 2023 seems like a long time before this will take effect.
4

5 Ms. Nunez stated because of the lengthy regulatory process, this is a reasonable timeline.
6

7 Ms. Early stated sometimes when the Board takes a position on legislation, the position is “opposed
8 unless amended”. She inquired if this would be an appropriate amendment to this proposal.
9

10 Mr. Guzman restated the motion to oppose the concept of this bill’s language unless amended. The
11 Board will support if it is specific to home care only with the RCB having authority to approve training.
12

13 Request for Public Comment: No public comment was received.
14

15 M/Guzman /S/Bose

16 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman, Kbushyan

17 MOTION PASSED
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19

20 5. BUDGET 21

22 Ms. Molina reviewed the fiscal report stating the overall current fund condition is stable due to the
23 recent fee increases. The Board continues to underspend the budget although slight increases in
24 expenditures are expected. There are always variables that come into play and some are unforeseen
25 when the Board does not have the reports to rely upon regularly as is the case now. Some examples
26 are: employee compensation, retirement contributions or items such as the AG increase that Ms.
27 Nunez previously mentioned. Staff continues to monitor expenditures closely to identify areas of
28 potential concern. She clarified a few items from the report by explaining the Supplemental Pension
29 Payout item amounts represents the Board’s share from a loan made by the General Fund used to
30 fund employee retirement contributions. Each State agency had to pay back for that loan along with
31 interest. As noted, the RCB’s portion is estimated to be about \$470,000 through the 2024/25 Fiscal
32 Year. Another item highlighted by Ms. Molina was ongoing BreEZe costs. Although we currently do
33 not have exact figures on what the ongoing breeze maintenance costs will be, we have been assured
34 by the Budget Office that the amounts will be similar to the amounts which have been identified in the
35 past. Ms. Molina further explained that things such as employee compensation and retirement
36 contribution increases affect the Board three-fold, from a staff perspective but also State-wide pro rata
37 and Departmental pro rata. As employee compensation goes up, the Department pays its employees’
38 more as well as the State from a statewide perspective. In summary, staff continues to carefully
39 monitor the budget.
40

41 Ms. Bose questioned the expenditure item for the Division of Investigation 2018/19 and the zero-dollar
42 amount asking if that is related to the disciplinary action items.
43

44 Ms. Molina responded, the majority of the Board’s investigations are conducted in-house by non-
45 sworn special investigators. DOI has a different kind of budgeting method where you essentially pay
46 for investigation for prior year’s cases. Because the Board uses them so infrequently, it is not
47 uncommon to see a zero for this expenditure item.
48

49 Taylor Schick, Fiscal Officer, Department of Consumer Affairs explained the Division of Investigation
50 (DOI) handles their budget much like pro rata with something called a two-year roll forward method.
51 The Department budgets a program in advance for anticipated workload. For the DOI, you don’t want
52 to hamper a program by not having the authority to pay. So, the DOI will do the work, then when

1 building the next year's budget, compare what was spent with what was budgeted and determine
2 whether a credit or debt is owed.

3 Mr. Schick updated the Board on the Fi\$Cal System: the new State-wide system for accounting,
4 budgeting, procurement and contracting. It incorporates what was previously numerous IT systems
5 into one. It is still in the implementation phase so there are a couple of key departments that are not
6 yet on or fully integrated into Fi\$Cal, most importantly, the State Controller's Office (SCO). Right now,
7 there is a discrepancy where the SCO is still the official book of record for the State of California, but
8 they are not on Fi\$Cal while the majority of the Departments are already on Fi\$Cal so there's a
9 reconciliation that needs to happen between those two systems. The DCA Accounting went live on
10 Fi\$Cal in July 2017 and are no longer relying on CALSTARS.

11
12 The integration on the Fi\$Cal system was challenging and presented a steep learning curve for DCA
13 staff. In the initial year, DCA faced numerous issues with data conversion, system configuration
14 problems and a massive volume of transactions within the system that required reconciliation. The
15 issues with conversion ultimately resulted in a situation where DCA was behind and have been
16 playing catch up for the last two years trying to get current on the system. Reporting continues to be
17 problematic and DCA is exploring various solutions to remedy the issue.

18
19 The Fi\$Cal system is very linear, and certain functions cannot be completed until the prior month/year
20 is closed in the system. For example, since DCA is currently in the process of closing out fiscal year
21 2018-19, cost allocations cannot be run for current year 2019-20, resulting in point in time
22 programmatic expenditure data that is incomplete.

23 Updates/Upcoming Timeline:

- 24 • DCA officially closed fiscal year 2017-18 in September 2019.
- 25 • Fi\$Cal programmer is on-site at DCA two days a week to address system issues and process
26 fixes.
- 27 • Completion of 2018-19 year-end financial estimates – Estimated completion October 30, 2019.
- 28 • Completion of 2017-18 year-end financial documents – Estimated completion November 30,
29 2019.
- 30 • Working with DCA's Office of Information Services to utilize in-house software (COGNOS) to
31 generate monthly budget and revenue reports for DCA Board and Bureaus using data from
32 Fi\$Cal – Estimated date to begin roll out is January 2020, starting with fiscal year 2019-20
33 monthly reports.
- 34 • Fully caught up in the system – estimated by March 2020.

35
36 Mr. Schick added his staff is working 7 days a week to get caught up right now trying to get 2018/19
37 financial year investments completed. He acknowledges that one of the tools the Board uses to
38 monitor its fund health is the fund condition and right now those fund conditions displayed in the
39 Governor's budget or in the programs are using estimates versus actual. He hopes to have all funds
40 completed within the next few weeks.

41
42 Ms. Nunez inquired if the DCA pro rata will be included in those reports coming out in January.

43
44 Mr. Schick replied they will be included in the reports out of COGNOS but the Departmental pro rata
45 won't show up in the automated reports until they are fully current on the system.

46
47 Ms. Nunez thanked Mr. Schick for coming to the meeting and for a great presentation. She also
48 thanked him for all he does for the budget office adding he is an exemplary leader.

1
2 Mr. Hardeman thanked Mr. Schick for the information and for the brevity.

3
4 Public comments: None received.

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6
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8 **6. ANNUAL LICENSING AND ENFORCEMENT STATISTICS**
9

10 Ms. Molina reviewed the enforcement and licensing statistics the Board is required to submit to the
11 Department on an annual basis stating there were no significant issues.

12
13 Mr. Guzman asked for clarification if the 23,490 is accurate for active licenses.

14
15 Ms. Molina responded, yes active or renewable.

16
17 Public comments: No comments received.

18
19
20 **7. LEGISLATION AND REGULATION**
21

22 **7a. MEMBERS TO REVIEW STATUS UPDATES FOR THE FOLLOWING BILLS TO WHICH THEY**
23 **HAVE ALREADY TAKEN A POSIION, AND TAKE ANY ACTION AS APPROPRIATE**
24

25 Ms. Molina reviewed the update on the legislation of interest stating the first year of the two-year
26 legislative cycle came to a close at the end of September:

- 27
28 AB 193: Professions and vocations
29 Status: This is a two-year bill and dead for 2019
30 Board's position: Watch
31 AB 241: Implicit bias: continuing education requirements
32 Status: Signed by the Governor. Chapter 417, Statutes of 2019
33 Board's Position: Watch
34 AB 476: Department of Consumer Affairs: task force: foreign-trained professionals
35 Board's Position: Watch
36 Status: Vetoed by the Governor
37 AB 496: Business and Professions
38 Board's Position: Watch
39 Status: Signed by the Governor. Chapter 351, Statutes of 2019
40 AB 613 Professions and vocations: regulatory fees
41 Status: This is a two-year bill and dead for 2019
42 Board's Position: Watch
43 SB 53 Open meetings
44 Status: This is a two-year bill and dead for 2019
45 Board's Position: Oppose unless Amended
46 SB 181: Healing arts boards
47 Board's Position: Watch
48 Status: This is a two-year bill and dead for 2019
49 SB 207: Medi-Cal: asthma preventive services
50 Board's Position: Watch
51 Status: This is a two-year bill and dead for 2019
52 HR 2508: BREATHE Act
53 Board's Position: Support

1 Status: Introduced on May 2, 2019 and referred to the Committee on Energy and
2 Commerce.
3

4 Request for Public Comment: No public comment was received.
5

6 **7b. 2020 PROPOSED LEGISLATION UPDATE** 7

8 Ms. Nunez updated the Board on the 2020 RCB proposed legislation stating in March the Board
9 approved pursuing legislation to include registries, as an entity, and people who resign from
10 employment required to provide mandatory reports. She explained, the Board currently has a
11 mandatory reporting system for certain violations. The Board is now adding those who resign or are
12 put on administrative leave and committed a violation. Also, if you work for a registry you would now
13 be required to report. She concluded, that a proposal has been submitted.
14

15 **7c. PROPOSED REGULATORY LANGUAGE UPDATE** 16

17 Ms. Molina updated the Board on the proposed regulations which have an implementation date of July
18 1, 2020 and result from AB 2138 which passed last year requiring each of the boards to move forward
19 promulgating regulations in line with that legislation. Ms. Molina explained the regulation process is
20 lengthy and the Board has not yet begun the officially rulemaking process. The proposed regulatory
21 package has been submitted to DCA's regulations coordinator. There are several layers of review
22 within the Department. The package is currently in the Legal Office with Chief Counsel. Once signed
23 off there it will go to the Director's Office, then to Agency. Once Agency signs off, the Board will move
24 forward with noticing the regulation and the formal rule making process.
25

26 **7d. PROPOSED REGULATORY LANGUAGE FOR APPROVAL** 27

28 Ms. Nunez reviewed language approved by the Board in March to begin pursuing regulations. She
29 explained she had some concerns it wasn't in the right format and needed it approved at a meeting
30 before beginning the review process. Two areas needed to be changed, including one addition
31 related to citation and fine amounts raised by a staff member, and several changes regarding
32 continuing education prompted by a discussion with President Goldstein and Mr. Guzman. Most
33 notably was the change to not require people to meet certain requirements to be a preceptor but to
34 offer continuing education as an incentive if they moved in that direction. The overall goal is that it
35 provides leadership, creates better candidates out of the schools, and better employees. Ms. Nunez
36 recently shared this idea with a DCA Executive who agreed this was an excellent incentive that all
37 boards should consider. Trying to find well-qualified people willing to sacrifice their time to teach
38 somebody is affecting not just the RCB but a lot of the health professions. With this regulation, they
39 would have the incentive to become a preceptor. Ms. Nunez explained the CE language was
40 modified to include this idea. It needs the Board's approval to move forward with this language to
41 begin the rule making process.
42

43 Mr. Guzman moved for the Board staff to pursue the promulgation of regulatory amendments as
44 outlined in the attached proposed regulatory text and authorize board staff to make non-substantive
45 changes as necessary.
46

47 Ms. Nunez summarized the changes stating for every 1000 hours of preceptor supervision and
48 instruction, 5 CE hours will be earned which counts as Live CE and Leadership CE. She added, this
49 will greatly benefit the public in getting well-qualified students.
50

51 Ms. Bose asked for clarification on § 1399.352.5 (a) 5, which states criteria as not having any prior or
52 existing personal relationship with the student(s) precepted, inquiring if a preceptor has a daughter or
53 son going through the training in their group than that preceptor will not be able to meet the criteria.

1
2 Ms. Nunez stated that is correct, but it does not mean they cannot precept them, it means they cannot
3 get CE credit for it.
4
5 Ms. Bose explained most of the time the preceptor is teaching a group of students, not just one
6 individual. So, for them not to get credit because of one student in the group does not seem right.
7 She inquired if that can be modified.
8
9 Mr. Guzman stated CoARC has a ratio of one clinical precept to six students but that rarely happens
10 in his experience.
11
12 Ms. Bose stated she has precepted for 4 – 5 students in a group and feels that should be modified to
13 reflect there cannot be one-on-one training with someone with whom the precept has or had a
14 personal relationship to qualify.
15
16 Ms. Nunez questioned Mr. Guzman, when drafting this, were the precepting hours counted for each
17 students' individual hours or as hours for a group as a whole?
18
19 Mr. Guzman stated, the Board may have to clarify and possibly limit the hours in a 24-hour period
20 because if a preceptor has 4 students, they're going to want to claim clinical hours for all 4 students
21 on the same day and that might be a problem.
22
23 Ms. Nunez inquired if the Board is okay with staff reworking it and bringing it back at the next Board
24 meeting.
25
26 Mr. Hurtado inquired if there are any other changes the Board would like made regarding the
27 regulatory language.
28
29 Ms. Nunez inquired if this was already addressed in subdivision (b),2, D, which states that preceptors
30 shall retain records indicating the hours precepted on each date.
31
32 Mr. Guzman commented it's not clear if a preceptor with, say 3 students claims hours for each student
33 or as a group.
34
35 Ms. Nunez agreed and asked the Board if they were okay with staff reworking the proposed language.
36 She added, the problem is if the Board moves forward with the regulations without the change, the
37 regulation process can take 9 – 18 months so that would put this change off for a long time.
38
39 Ms. Franzoia inquired if there is any way the changes be made and distributed to the Board and the
40 Board can meet in a conference call to just vote on the proposed language.
41
42 Ms. Nunez replied the Board can have a teleconference Board meeting. She asked President
43 Goldstein if he was okay with Mr. Guzman and Ms. Bose working on this with her since Ms. Bose
44 raised the issue.
45
46 President Goldstein replied he has no problem with that.
47
48 Ms. Franzoia stated the Board has seen the basic language and has identified the questionable part
49 of the language that needs to be clarified. She doesn't want to put this off too much longer.
50
51 Ms. Nunez inquired if the Board wanted to schedule a mid to late January teleconference with the
52 purpose of presenting the changes for approval and any other Board business that might come up.
53

1 Ms. Bose moved to table this topic until the next teleconference meeting in January 2020.

2

3 Request for Public Comment: No public comment received.

4

5 M/Bose/S/Guzman

6 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman, Kbushtyan

7 MOTION PASSED

8 [See page 12 for further action taken]

9

10

11

8. ELECTION OF OFFICERS FOR 2020

12

13

President

14

15 President Goldstein opened the floor for nominations for Respiratory Care Board President.

16

17 A motion to nominate Mr. Guzman for President was made by President Goldstein and seconded by
18 Ms. Early.

19

20 No public comment.

21

22 M/Goldstein /S/Early

23 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman, Kbushtyan

24 MOTION PASSED

25

Vice President

26

27 President Goldstein opened the floor for nominations for Respiratory Care Board Vice President.

28

29 A motion to nominate Mr. Goldstein for Vice President was made by Mr. Guzman, and seconded by
30 Ms. Early.

31

32 No public comment.

33

34 M/Guzman /S/Early

35 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman, Kbushtyan

36 MOTION PASSED

37

38

9. CALENDAR 2020 MEETING DATES

39

40 The following Public Meetings were scheduled for 2020:

41

42 January 24, 2020 – Teleconference

43 April 3, 2020 - Southern California

44 June 19, 2020 - Tentative

45 October 23, 2020 – Sacramento

46

47

10. PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

48

49 No public comments were received.

50

51

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3 **11. FUTURE AGENDA ITEMS**

4 Ms. Nunez requested the Board add Sunset Review as a future agenda item. That report will be due
5 next year, and she will be working with the Executive Committee. She would like it on the agenda to
6 keep it on the Board's radar.

7 Request for Public Comment: No comments were received.
8
9

10 =====
11 **CLOSED SESSION**
12

13 The Board convened into Closed Session, as authorized by Government Code Section 11126c,
14 subdivision (3) at 11:10 a.m. and reconvened into Public Session at 11:45 p.m.
15 =====

16
17
18 The Board reconvened into Public Session at 11:50 a.m. and had further discussion on item 7d:
19 Proposed Regulatory Language, eliminating the need for the January teleconference meeting.
20

21 Specifically, Ms. Nunez presented clarifications and amendments related to the definition of a
22 preceptor to include employment as an RCP in an acute care setting; clarifying that hours identified
23 for preceptor CE credit be for actual hours of instruction, regardless of the number of students
24 instructed at one time; and clarifies the definition of a preceptor instructor versus a respiratory care
25 program educator or clinical instructor, including the elimination of personal relationships.
26

27 President Goldstein made a motion to move forward with the clarifications and changes to the
28 proposed regulatory language and authorizing staff to make non-substantive changes as necessary.
29

30 M/Goldstein /S/Kbushyan

31 In favor: Bose, Early, Franzoia, Goldstein, Guzman, Hardeman, Kbushyan

32 MOTION PASSED
33
34

35 **ADJOURNMENT**
36

37 The Public Session Meeting was adjourned by President Goldstein at 12:05 p.m.
38
39
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45

46 _____
47 MARK GOLDSTEIN
48 President

46 _____
47 STEPHANIE A. NUNEZ
48 Executive Officer