TITLE 16. DIVISION 13.6. RESPIRATORY CARE BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

INITIAL STATEMENT OF REASONS

Hearing Date:

No hearing date has been scheduled.

Subject Matter of Proposed Regulations:

Home and Community-Based Respiratory Tasks and Services

Section(s) Affected:

Section 1399.361 of Article 13.6 of Division 1 of Title 16, California Code of Regulations (CCR).

Background and Statement of the Problem:

The Respiratory Care Board of California (Board) licenses, regulates, and investigates complaints against Respiratory Care Practitioners (RCP) in California, totaling approximately 25,000 licensees. It is the Board's duty to enforce and administer the Respiratory Care Practice Act (Chapter 8.3 (commencing with section 3700) of Division 2 of the Business and Professions Code (BPC)) (Act). The Board is authorized to establish necessary rules and regulations for the enforcement of the Act and the laws subject to its jurisdiction (BPC section 3722).

Existing law provides that Licensed Vocational Nurses (LVNs) do not possess authority to perform respiratory care services, except as expressly authorized by statute and regulations adopted by the Board (BPC section 2860). Existing law further authorizes the Board to identify specific respiratory care tasks and services that may be performed by LVNs who meet specified requirements in specified settings (BPC section 3765).

In 2024, the Legislature passed Senate Bill 1451 (Chapter 481, Statutes of 2024), amending BPC section 3765 to reaffirm and clarify that LVNs employed by home health agencies or working in specific home and community-based settings may perform respiratory care tasks and services identified by the Board, provided the LVN satisfies the statutory requirements applicable to those settings. The legislation further authorized the Board to adopt regulations identifying the respiratory care tasks and services that LVNs may perform in the specified settings pursuant to BPC section 3765.

With this proposal, the Board seeks to promulgate the regulations contemplated by Legislature in BPC section 3765. After significant stakeholder input and consideration, the Board has drafted this regulatory proposal to specify in regulation the respiratory care tasks and services that LVNs may perform in the home and community-based settings identified in BPC section 3765, including task-specific limitations identifying which respiratory care activities are authorized and which are not authorized for LVNs.

Anticipated benefits from this regulatory action:

This regulatory action is anticipated to provide increased clarity and consistency regarding the respiratory care tasks and services that LVNs may perform in home and community-based settings pursuant to BPC section 3765. Indeed, in order to give the statutory provisions any substance, the Legislature made clear that the Board must identify the respiratory tasks and services that LVNs may perform in home and community-based settings if specified conditions are met. By expressly identifying authorized respiratory care tasks and services, the regulation will reduce uncertainty among licensees, employers, patients, and other health care providers regarding the lawful scope of LVN practice in these settings.

The regulation is expected to promote public health and safety by distinguishing between respiratory care tasks that LVNs are authorized to perform and those that are not authorized, thereby reducing the risk of unauthorized performance of respiratory care services. Explicit regulatory guidance will support appropriate delegation of respiratory care tasks, facilitate compliance with existing law, and help ensure that patients receiving respiratory care in home and community-based settings receive services that are consistent with statutory intent.

This regulatory action will also enhance transparency and regulatory consistency by providing a uniform statewide framework identifying permissible respiratory care tasks for LVNs across affected settings. By codifying task-level parameters in regulation, the Board will improve understanding and enforcement of the law, support continuity of care, and reduce the likelihood of inconsistent interpretations or application of BPC section 3765.

Specific purpose of, and rationale for, each adoption:

1. Subdivision (a) is added to this proposed rulemaking as follows:

   (a) For the purposes of subdivisions (i) and (j) of section 3765 of the Business and Professions Code, a licensed vocational nurse may perform the following respiratory care tasks and services:

   A. Purpose: Subdivision (a) establishes the statutory context for section 1399.361 by clarifying that the respiratory care tasks and services enumerated in the regulation are those authorized for LVNs pursuant to subdivisions (i) and (j) of BPC section 3765. This subdivision introduces and limits the scope of the task list that follows.

   B. Rationale: Subdivision (a) is necessary to implement BPC section 3765. By expressly tying the enumerated task list to subdivisions (i) and (j) of BPC section 3765, this subdivision ensures the regulation is read and applied within the statutory exemption created by the Legislature.

      Including this introductory provision provides clarity to licensees, employers, patients, and other stakeholders by confirming that the tasks identified in section 1399.361 are not a general expansion of LVNs' scope

of practice, but rather a specific identification of tasks permitted only within the parameters established by BPC section 3765. This clarity supports consistent interpretation and application of the law and helps prevent unauthorized practice outside the statutory exemption.

2. Paragraph (a)(1) is added to the proposed rulemaking as follows:

(1) Ventilator Reconnection, Change-Out, and Circuit Management Tasks and Services

(A) Authorized tasks and services include:

1. Connecting a patient to a ventilator who may breathe independently at other times of the day.
2. Transferring a patient from a stationary ventilator to a travel ventilator that has been preprogrammed by a physician or respiratory care practitioner.
3. Changing out to a backup ventilator that has been preprogrammed by a physician or respiratory care practitioner when necessary.
4. Reassembling or reattaching a ventilator circuit using standardized components as directed by the manufacturer or as prescribed by a physician, after cleaning, replacement, ventilator change-out, or in response to an emergency.
5. Connecting or disconnecting the ventilator circuit as needed.
6. Changing to an alternative ventilator setting that has been preprogrammed by a physician or respiratory care practitioner.
7. Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device.
8. Filling, refilling, or cleaning a heater humidifier water chamber.
9. Using a manual resuscitation device (bag-valve mask) for a ventilated patient during an emergency.

(B) Tasks and services not authorized include:

1. Programming or configuring a ventilator pursuant to prescription for initial use by a home care provider.
2. Initiating or modifying any ventilator setting.
3. Performing the initial build or configuration of a ventilator circuit.

A. Purpose: Paragraph (a)(1) identifies the ventilator reconnection, change-out, and circuit management tasks and services that a LVN may perform in home and community-based settings pursuant to BPC section 3765. This paragraph also expressly identifies ventilator-related tasks and services that are not authorized for LVNs in order to clearly define the boundaries of permissible practice within this category of tasks and services.

B. Rationale: Paragraph (a)(1) is necessary to provide clear regulatory guidance regarding the limited ventilator reconnection, change-out, and circuit management tasks that LVNs may perform in home and community-based settings. In the Board's experience and in the common practice of the field, LVNs in these settings routinely perform discrete,

task-based activities related to ventilator support that are mechanical and standardized in nature, such as reconnecting a patient to a ventilator, transferring a patient between preprogrammed ventilators, reattaching ventilator circuits using standardized components, managing humidification devices, and providing emergency manual ventilation when immediate action is required.

These tasks do not involve ventilator programming or configuration, and do not require the LVN to perform comprehensive respiratory assessment or independently determine ventilator settings; when performed within prescribed parameters, they do not require the synthesis of clinical data or independent clinical judgment beyond the LVN's training and competency. Absent regulatory clarity, there is a risk that these routine support activities could be misinterpreted as authorizing more complex ventilator management functions that require advanced respiratory care education and training.

Paragraph (a)(1) addresses this risk by expressly authorizing only those ventilator-related tasks that are limited to mechanical reconnection, equipment change-out, and emergency support functions, while clearly excluding programming, initiation, or modification of ventilator settings and initial ventilator circuit build activities. By distinguishing these task categories, the regulation promotes patient safety, prevents unauthorized practice, and supports continuity of care for ventilator-dependent patients in home and community-based settings, consistent with the Board's public protection mandate.

3. Paragraph (a)(2) is added to the proposed rulemaking as follows:

(2) Ventilator Alarm Management Tasks and Services
- (A) Authorized tasks and services include:
  1. Verifying and testing ventilator alarms prior to patient connection.
  2. Responding to ventilator alarms by identifying the cause and either taking corrective action within the LVN's training and competency or escalating to the supervising provider.
  3. Silencing alarms temporarily when the cause has been or is being resolved within the LVN's training and competency.
- (B) Tasks and services not authorized include:
  1. Programming or adjusting alarm parameters from a locked settings menu.

A. Purpose: Paragraph (a)(2) identifies the ventilator alarm management tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765. This paragraph also specifies alarm-related tasks that are not authorized to clearly define the limits of permissible LVN involvement in ventilator alarm management.

B. Rationale: Paragraph (a)(2) is necessary to clarify the role of LVNs in

responding to ventilator alarms in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs are often the health care personnel immediately present when a ventilator alarm activates and must be able to verify alarm functionality, identify obvious or mechanical causes, and take appropriate action within their training and competency, including notifying or escalating concerns to a licensed RCP or other authorized provider.

Timely response to ventilator alarms is critical to patient safety, particularly in non-facility settings where immediate access to an RCP or other authorized provider may not be available. The tasks authorized in this paragraph allow LVNs to perform limited alarm response functions, including verification of alarm status, temporary silencing when the cause has been identified or resolved, and initial response actions that may involve observation and situational assessment. Authorized tasks do not extend to independent interpretation of alarm parameters or modification of ventilator settings.

Absent regulatory clarification, alarm response activities could be misconstrued as authorizing LVNs to program or adjust alarm parameters, which requires respiratory assessment, configuration of ventilator settings, and advanced clinical judgment within the scope of practice of an RCP or other authorized provider. Paragraph (a)(2) addresses this risk by expressly excluding the programming or adjustment of alarm parameters from locked settings menus, thereby ensuring that alarm configuration remains the responsibility of a licensed RCP or other authorized provider.

By distinguishing permitted activities from prohibited alarm programming functions, paragraph (a)(2) promotes patient safety, supports consistent interpretation and application of BPC section 3765, and ensures that ventilator alarms are managed promptly and appropriately within the statutory exemption for LVNs in home and community-based settings.

4. Paragraph (a)(3) is added to the proposed rulemaking as follows:

(3) Non-Invasive Ventilation (NIV) Mask and Strap Management Tasks and Services

(A) Authorized tasks and services include:

1. Applying the NIV mask to a patient for ventilator use, including securing straps to ensure proper fit and seal.

A. Purpose: Paragraph (a)(3) identifies the non-invasive ventilation (NIV) mask and strap management tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765. This paragraph clarifies that LVNs may perform limited NIV interface application and adjustment tasks that do not involve respiratory assessment, ventilator programming, or modification of prescribed ventilator settings.

B. Rationale: Paragraph (a)(3) is necessary to clarify the scope of LVN involvement in the management of NIV interfaces in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely assist patients receiving NIV with the application, adjustment, and securing of masks and straps to maintain comfort, minimize air leaks, and support prescribed therapy.

While these activities may involve observation of patient tolerance and response, they do not require the LVN to perform comprehensive respiratory assessment, independently evaluate ventilation effectiveness, or modify ventilator settings. More advanced assessment, interpretation of clinical data, and therapeutic decision-making remain within the scope of practice of a licensed RCP or other authorized provider, even in the settings set forth in BPC section 3765.

Paragraph (a)(3) is necessary to distinguish these limited interface-management tasks from more complex respiratory care services that require advanced respiratory care education and training. This distinction promotes patient safety, supports continuity of care, and ensures consistent application of the statutory exemption without expanding LVN practice beyond the Legislature's intent.

5. Paragraph (a)(4) is added to the proposed rulemaking as follows:

(4) Ventilator Oxygen Concentration Management Tasks and Services
(A) Authorized tasks and services include:
1. Adjusting the oxygen concentration delivered through a ventilator, provided it does not involve changing the ventilator's programmed settings.

A. Purpose: Paragraph (a)(4) identifies the ventilator oxygen concentration management task that an LVN may perform in home and community-based settings pursuant to BPC section 3765. This paragraph clarifies that LVNs may adjust the oxygen concentration delivered through a ventilator, provided such adjustment does not involve changing the ventilator's programmed settings.

B. Rationale: Paragraph (a)(4) is necessary to clarify the scope of LVN involvement in managing oxygen concentration delivered through a ventilator in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely assist with maintaining ordered oxygen therapy for ventilator-dependent patients and may need to adjust oxygen concentration in response to patient condition and prescribed parameters.

While adjusting oxygen concentration may involve observation of patient response and limited clinical judgment, it does not require the LVN to perform comprehensive respiratory assessment, independently evaluate

ventilator performance, or modify ventilator programming. More advanced assessment, interpretation of patient data, and changes to ventilator settings remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(4) is necessary to distinguish permissible oxygen concentration adjustments from prohibited ventilator programming or configuration activities. By clearly limiting LVN authority to adjustments that do not involve changes to ventilator settings, this paragraph promotes patient safety, supports continuity of care in non-facility settings, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

6. Paragraph (a)(5) is added to the proposed rulemaking as follows:

(5) Aerosol Treatment Administration Tasks and Services

(A) Authorized tasks and services include:

1. Configuring and applying tracheostomy masks, face masks, and inline ventilator circuits for the purpose of administering nebulized medications.
2. Connecting and disconnecting aerosol delivery circuits as needed.
3. Performing pre-treatment assessments.
4. Administering preoxygenation.
5. Using prescribed medical gas mixtures during treatments.
6. Conducting post-treatment assessments.
7. Activating ventilator controls (e.g., pushing nebulizer delivery buttons) when applicable to provide aerosol treatments.
8. Aerosolized Medication Delivery, for example:
    a. Metered dose inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
    b. Medication delivery via ventilators.
    c. Specialized medication delivery for antibiotics.
    d. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.

A. Purpose: Paragraph (a)(5) identifies the aerosol treatment administration tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765. This paragraph specifies the aerosol delivery activities that LVNs may perform in connection with prescribed respiratory treatments.

B. Rationale: Paragraph (a)(5) is necessary to clarify the scope of LVN involvement in aerosol treatment administration in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely administer ordered aerosolized medications as part of ongoing respiratory care for patients receiving treatment in the home.

Administration of aerosol treatments may involve patient-specific observation before, during, and after treatment, including monitoring tolerance and response to therapy. However, these activities do not require the LVN to independently evaluate the effectiveness of treatment, perform comprehensive respiratory assessment, or modify prescribed therapy. More advanced respiratory assessment, interpretation of clinical data, and therapeutic decision-making remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(5) is necessary to distinguish permitted aerosol treatment administration tasks from more complex respiratory care services that require advanced respiratory care education and training. This clarification promotes patient safety, supports continuity of care in non-facility settings, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

7. Paragraph (a)(6) is added to the proposed rulemaking as follows:

(6) Ventilator Weaning Tasks and Services
- (A) Authorized tasks and services include:
  1. Performing "sprints" off the ventilator for progressively increasing periods of time.
- (B) Tasks and services not authorized include:
  1. Independently managing or directing the ventilator weaning process.

A. Purpose: Paragraph (a)(6) identifies the ventilator weaning-related task that an LVN may perform in home and community-based settings pursuant to BPC section 3765, specifically the performance of time-limited ventilator "sprints." This paragraph also clarifies that LVNs are not authorized to independently manage or direct the ventilator weaning process.

B. Rationale: Paragraph (a)(6) is necessary to clarify the limited role of LVNs in carrying out discrete components of ventilator weaning plans in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs may assist with physician-directed weaning protocols by performing ordered, time-limited sprints off the ventilator and observing patient tolerance.

While participation in ventilator sprints may involve patient-specific observation and clinical judgment, it does not require the LVN to independently design, adjust, or manage the overall weaning process. Comprehensive respiratory assessment, interpretation of patient response over time, and decisions regarding progression or modification of weaning plans remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(6) is necessary to distinguish the performance of ordered ventilator sprints from independent ventilator weaning management. This distinction promotes patient safety, ensures appropriate oversight of complex respiratory care decisions, and supports consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

8. Paragraph (a)(7) is added to the proposed rulemaking as follows:

(7) Oxygen Management Tasks and Services
(A) Authorized tasks and services include:
1. Reconnection, change-out, or replacement of the oxygen circuit or tubing.
2. Adjustment of oxygen liter flow or oxygen concentration from oxygen tanks.
3. Applying, adjusting, or maintaining tracheostomy oxygen interfaces

A. Purpose: Paragraph (a)(7) identifies the oxygen management tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765. These tasks include oxygen circuit management and adjustment of oxygen delivery as part of prescribed therapy.

B. Rationale: Paragraph (a)(7) is necessary to clarify the scope of LVN involvement in oxygen management in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely assist patients with maintaining prescribed oxygen therapy, including managing oxygen tubing and interfaces and adjusting oxygen delivery within ordered parameters.

While oxygen management may involve observation of patient response and limited clinical judgment, it does not require the LVN to perform comprehensive respiratory assessment or independently determine oxygen therapy goals. More advanced assessment, interpretation of patient data, and modification of prescribed therapy remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(7) is necessary to distinguish permissible oxygen management tasks from more complex respiratory care services requiring advanced respiratory care education and training. This clarification promotes patient safety, supports continuity of care in non-facility settings, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

9. Paragraph (a)(8) is added to the proposed rulemaking as follows:

(8) Tracheostomy Care Tasks and Services
(A) Authorized tasks and services include:

1. Inflating and deflating the tracheostomy cuff.
2. Placement or removal of an external speaking valve or tracheostomy cap as prescribed by a physician.
3. Removal or replacement of the tracheostomy tube, including inner and outer cannula.
4. Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device from a tracheostomy tube.
5. Filling, refilling, or cleaning a heater humidifier water chamber.
6. Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.
7. Hygiene care including replacement of tracheostomy ties and gauze and cleaning of the stoma sites.

(B) Tasks and services not authorized include:

1. Clinical assessment of whether a speaking valve or tracheostomy cap is appropriate for use.

A. Purpose: Paragraph (a)(8) identifies the tracheostomy care tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including inflating and deflating the tracheostomy cuff; placement or removal of an external speaking valve or tracheostomy cap as prescribed by a physician; removal or replacement of the tracheostomy tube, including the inner and outer cannula; management of heat moisture exchangers or other humidification devices; heater humidifier water chamber maintenance; and use of a manual resuscitation device to provide emergency ventilation for a patient with a tracheostomy; and hygiene care including replacement of tracheostomy ties and gauze and cleaning of the stoma sites. This paragraph also clarifies that LVNs are not authorized to perform clinical assessment of whether a speaking valve or tracheostomy cap is appropriate for use.

B. Rationale: Paragraph (a)(8) is necessary to clarify the scope of LVN involvement in tracheostomy care in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely provide tracheostomy-related care as part of ongoing, physician-directed respiratory care, including routine device management, humidification maintenance, and emergency ventilation support when immediate action is required.

These tasks may involve patient-specific observation and limited clinical judgment, such as monitoring tolerance to cuff inflation or deflation, recognizing signs of distress, and responding appropriately in emergency situations. However, these activities do not require the LVN to perform comprehensive respiratory assessment or make independent clinical determinations regarding airway management. Determinations regarding the appropriateness of speaking valves or tracheostomy caps require clinical assessment and remain within the scope of practice of a licensed RCP or other authorized provider in all settings.

Paragraph (a)(8) is necessary to distinguish permissible tracheostomy care tasks from higher-level airway assessment and decision-making functions. By clearly identifying authorized and non-authorized activities, this paragraph promotes patient safety, supports continuity of care in non-facility settings, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

10. Paragraph (a)(9) is added to the proposed rulemaking as follows:

(9) Troubleshooting Artificial Airway Management Tasks and Services

(A) Authorized tasks and services include:

1. Checking that the tracheostomy tube is correctly positioned and clear.
2. Identifying and correcting common airway issues such as blockages or dislodgement.
3. Making selections or adjustments only within the options explicitly prescribed by a physician.

(B) Tasks and services not authorized include:

1. Making clinical decisions regarding the type, size, or style of tracheostomy tube beyond the options prescribed by a physician.

A. Purpose: Paragraph (a)(9) identifies the troubleshooting artificial airway management tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including checking tracheostomy tube positioning and patency, identifying and correcting common airway issues such as blockages or dislodgement, and making selections or adjustments only within options explicitly prescribed by a physician. This paragraph also clarifies that LVNs are not authorized to make clinical decisions regarding the type, size, or style of tracheostomy tube beyond physician-prescribed options.

B. Rationale: Paragraph (a)(9) is necessary to clarify the scope of LVN involvement in troubleshooting artificial airway issues in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs are frequently the health care personnel immediately present when artificial airway issues arise and must be able to identify and address common, non-complex problems to maintain airway patency and patient safety.

These tasks may involve patient-specific observation and limited clinical judgment, such as recognizing signs of obstruction or displacement and taking appropriate corrective action within prescribed parameters. However, these activities do not require the LVN to independently assess airway suitability or make determinations regarding airway device selection. Decisions regarding the type, size, or style of tracheostomy tube require higher-level clinical assessment and remain within the scope of practice of a licensed RCP or other authorized provider in all settings.

Paragraph (a)(9) is necessary to distinguish routine troubleshooting activities from clinical airway management decisions. This distinction promotes patient safety, ensures timely response to airway issues, and supports consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

11. Paragraph (a)(10) is added to the proposed rulemaking as follows:

(10) Assessment and Response to Patient Respiratory Status Tasks and Services

(A) Authorized tasks and services include:

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

A. Purpose: Paragraph (a)(10) identifies the assessment and response to patient respiratory status tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including observing patients for signs and symptoms of respiratory distress and taking appropriate action, such as calling 911, in response to respiratory distress.

B. Rationale: Paragraph (a)(10) is necessary to clarify the role of LVNs in observing and responding to changes in patient respiratory status in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely monitor patients for signs of respiratory compromise and must be able to recognize when immediate intervention or emergency response is required.

These activities may involve patient-specific observation and situational assessment, but do not authorize the LVN to independently diagnose respiratory conditions or modify prescribed respiratory therapy. Comprehensive respiratory assessment, interpretation of clinical data, and treatment decisions remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(10) is necessary to ensure that LVNs can respond appropriately to respiratory distress while maintaining clear boundaries regarding clinical decision-making authority. This clarification promotes patient safety and supports consistent application of BPC section 3765 in non-facility settings. This paragraph identifies assessment and response tasks LVNs may perform in these settings pursuant to BPC section 3765, while reserving diagnosis, interpretation of clinical data, and therapeutic decision-making to an RCP or other authorized provider.

12. Paragraph (a)(11) is added to the proposed rulemaking as follows:

(11) Respiratory Treatments, Therapies, and Device Management Tasks and Services

(A) Authorized tasks and services include:

1. Instruction, assistance, assembly, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
2. Lung Inflation Techniques, for example:
    a. Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
3. Bronchial Hygiene, for example:
    a. Manual chest percussion therapy.
    b. Cough assist machines, including activating ventilator cough assist functions when applicable.
4. Humidification Techniques, for example:
    a. Air compressors for cool mist, heater, and humidifier functions.
5. Respiratory Monitors, for example:
    a. Apnea monitors.
    b. Pulse oximetry.
6. Oxygen Delivery, for example:
    a. Nasal cannula.
    b. Oxygen mask.
    c. Direct tracheostomy interfaces (high flow oxygen/humidifier devices).
7. Device power supply management.

A. Purpose: Paragraph (a)(11) identifies the respiratory treatments, therapies, and device management tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including instruction, assistance, assembly, operation, connection, disconnection, and troubleshooting of prescribed respiratory treatments and devices.

B. Rationale: Paragraph (a)(11) is necessary to clarify the scope of LVN involvement in respiratory treatments, therapies, and device management in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely assist patients with prescribed respiratory treatments and devices, including lung inflation techniques, bronchial hygiene therapies, humidification techniques, respiratory monitoring equipment, oxygen delivery devices, and power supply management.

These tasks may involve patient-specific observation and limited clinical judgment to ensure therapies are delivered as prescribed and devices function properly. However, they do not require the LVN to independently evaluate treatment effectiveness or alter prescribed therapy. More advanced respiratory assessment and treatment decisions remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(11) is necessary to distinguish device operation and therapy assistance from higher-level respiratory care services. This distinction promotes patient safety, supports continuity of care, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

13. Paragraph (a)(12) is added to the proposed rulemaking as follows:

(12) Suctioning Tasks and Services

(A) Authorized tasks and services include:

1. Nasal tracheal suctioning, including deep suctioning.
2. Suctioning via tracheostomy, including surface and deep suctioning.
3. Suctioning via stoma, including surface and deep suctioning.
4. Oral suctioning.

A. Purpose: Paragraph (a)(12) identifies the suctioning tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including nasal tracheal suctioning, suctioning via tracheostomy or stoma, and oral suctioning.

B. Rationale: Paragraph (a)(12) is necessary to clarify the scope of LVN involvement in suctioning in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely perform suctioning as part of prescribed respiratory care to maintain airway patency and patient comfort.

Suctioning requires patient-specific observation and limited clinical judgment, including recognizing indications for suctioning and monitoring patient response. However, it does not require comprehensive respiratory assessment or independent modification of respiratory therapy. More advanced assessment and decision-making remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(12) is necessary to distinguish permissible suctioning activities from more complex respiratory care services. This clarification promotes patient safety and ensures consistent application of BPC section 3765.

14. Paragraph (a)(13) is added to the proposed rulemaking as follows:

(13) Documentation Tasks and Services

(A) Authorized tasks and services include:

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

A. Purpose: Paragraph (a)(13) identifies the documentation tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including documenting care provided and

recording observations of patient status and responses.

B. Rationale: Paragraph (a)(13) is necessary to clarify LVN responsibilities related to documenting respiratory care in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely document care provided and patient observations as part of interdisciplinary care coordination.

These documentation activities may involve patient-specific observation but do not require independent respiratory assessment or clinical decision-making. More advanced interpretation of clinical data remains within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(13) supports accurate recordkeeping, continuity of care, and consistent application of BPC section 3765.

15. Paragraph (a)(14) is added to the proposed rulemaking as follows:

(14) Education and Instruction Tasks and Services
(A) Authorized tasks and services include:
1. Providing instruction on the proper operation or application of respiratory devices, procedures, or therapies for which the LVN has received training.
2. Offering advice or instruction regarding safety hazards related to respiratory care.

A. Purpose: Paragraph (a)(14) identifies the education and instruction tasks and services that an LVN may perform in home and community-based settings pursuant to BPC section 3765, including providing instruction on respiratory devices, procedures, or therapies for which the LVN has received training and offering advice regarding respiratory care safety hazards

B. Rationale: Paragraph (a)(14) is necessary to clarify the scope of LVN involvement in patient and caregiver education related to respiratory care in home and community-based settings. In the Board's experience and in the common practice of the field within these settings, LVNs routinely reinforce proper use of prescribed respiratory devices and educate patients and caregivers on safety considerations.

These activities may involve patient-specific communication and observation but do not require independent respiratory assessment or modification of prescribed therapy. More advanced education and clinical instruction decisions remain within the scope of practice of a licensed RCP or other authorized provider.

Paragraph (a)(14) promotes patient safety, supports continuity of care, and ensures consistent application of BPC section 3765 without expanding LVN practice beyond the Legislature's intent.

Underlying Data:

The Board relied upon the following technical, factual, and procedural materials in developing the proposed regulation:

1. BPC section 3765, subdivisions (i) and (j).
2. Materials from the Respiratory Care Board of California's November 14, 2025, Board meeting, including:
    a) Agenda
    b) Materials – Agenda Item 3
    c) Draft Meeting Minutes

Business Impact:

The Board has determined that the proposed regulations will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states.

This determination is based on the fact that the proposed regulation operationalizes existing statutory authority in BPC section 3765 by identifying the respiratory care tasks and services that LVNs may perform in settings and circumstances identified by Legislature. While the statute authorizes such practice, the regulation provides the task identification necessary for that authority to be relied upon in practice and does not impose new compliance obligations beyond those established by statute.

The regulation is intended to promote clarity, consistency, and lawful practice by defining the tasks authorized under the statute, thereby reducing uncertainty for licensees and regulated entities.

Businesses are anticipated to maintain compliance with the proposed regulations within normal business operations and without incurring additional workload or costs.

Economic Impact Assessment:

The Board has determined that this regulatory proposal will have the following effects:

> It will not create or eliminate jobs within the State of California because this proposal does not impose new licensing requirements, operational mandates, or compliance obligations, and instead provides clarity regarding activities authorized by statute.
>
> It will not create new business or eliminate existing businesses within the State of California because the proposed regulation does not impose new licensing requirements, operational mandates, or compliance obligations on businesses, and instead provides clarity regarding activities authorized by statute.
>
> It will not affect the expansion of businesses currently doing business within the State of California because the proposed regulation does not restrict business operations or limit the provision of services authorized by statute.

This regulatory proposal benefits the health and welfare of California residents because it promotes patient safety and consumer protection by identifying the respiratory care tasks and services that may be performed by LVNs in home and community-based settings, reducing uncertainty and the risk of unauthorized practice.

This regulatory proposal does not affect worker safety because it does not establish or modify occupational safety standards or workplace safety requirements.

This regulatory proposal does not affect the state's environment because it does not regulate environmental activities or result in environmental impacts.

Specific Technologies or Equipment:

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives:

The Board has made a determination that no reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Description of reasonable alternatives to the regulation that would lessen any adverse impact on small business:

No such alternatives have been proposed, however, the Board welcomes comments from the public.