

To: Respiratory Care Board of California 3750 Rosin Court, Suite 100 Sacramento, CA 95834

February 10, 2025

Dear Members of the Respiratory Care Board of California,

In response to the California Respiratory Care Educational Requirements Survey sent in September 2024 by the Respiratory Care Board of California, the California Society for Respiratory care reached out to the Program Directors and Director's of Clinical Education throughout the state asking for their thoughts and the thoughts of their program faculty on the options presented in the survey in order to determine, what they feel, is the best path to implementation of the Bachelor's degree as the minimum requirement for licensure in the state.

Dr. Michael Sheahan, who is the Program Director for Crafton Hills College and a member of the Professional Advancement Committee for the California Society for Respiratory Care was tasked with this communication. On behalf of the California Society for Respiratory Care, Dr. Sheahan sent the following questions via email to over seventy Program Director's and Director's of Clinical Education requesting feedback on the options presented in the survey and asked the following questions:

- 1. What do you fuel is the best path of implementation for the Bachelor's as the minimum degree requirement for licensure in California?
- 2. Do you believe that transitioning from an Associate's to a Bachelor's degree as the minimum requirement for licensure is essential to moving our profession forward?
- 3. Do you, your institution, and faculty support the Idea of the Bachelor's degree as the minimum requirement for licensure In one of the ways that was presented in the survey?
- 4. Which of the proposed pathways do you feel would be most effective for this transition?
- 5. Do you have any other ideas regarding the pathway to a Bachelor's degree as the minimum requirement for licensure? If so, we would love to hear it.

The responses received were overwhelmingly in favor of the implementation of a Bachelor's degree as the minimum requirement for our profession:

#### Question #1

The responses to question number one indicated that an appropriate transition period for smooth implementation while maintaining clarity and avoiding disruption for existing professionals, with scenarios one and two being the favored approach. It is clear that, from an educational standpoint, a shift from an associate's degree to the Bachelor's degree as the minimum requirement for licensure is greatly supported among the educational community.



## Question #2

The responses to question number two were overwhelmingly "absolutely", and "indeed". Comments highlighted that "An Associate's Degree prepares individuals for a technical role, whereas a Bachelor's Degree marks the starting level for a practitioner. Our field has evolved from being primarily technical to a more professional, practitioner-focused role. The demands of the clinical environment require Respiratory Care Practitioners (RCPs) to possess advanced knowledge and skills, making the transition to a Bachelor's degree essential. RCPs are akin to Physician Assistants, yet our role is often not formally recognized as such", "as with other healthcare fields, such as nursing (RN), physical therapy (PT), and occupational therapy (on we must advance our profession by enhancing our education, skills, and scope of practice", and "this transition is critical for the growth and recognition of respiratory therapy as a profession. Findings from the California Workforce Study indicate that directors and educators overwhelmingly support a shift toward a bachelor's degree, citing benefits such as enhanced critical thinking, better clinical preparedness, and alignment with evolving healthcare demands. This move will elevate the profession and create new opportunities fot RTs." The responses also indicated the need to align with other professions who have done the same in order to strengthen the profession as part of the overall interdisciplinary team.

## Question #3

The responses to question number three indicated a resounding "yes" to the implementation of Bachelor's degree as the minimum requirement. However, there were a couple comments as to the five scenarios suggested. These comments consisted of:

"While I fully support the goal, I do not believe the five proposed scenarios in the survey provide the most effective or practical pathways for implementation. They introduce unnecessary complexity and potential barriers that could deter individuals from entering the field at a time when we need to attract more RTs."

"I adamantly oppose the idea of allowing a bachelor of health science as an option as entry to practice. Nursing does not have another degree, it's BSN. Ours should be BSRC if we are having it as an entry to practice." (This would include BSRT as well). "All our community colleges are making BSRC programs available to students. Access is not going to be an issue. Making BSRC or something else will have students going to the health science degree instead of supporting our own discipline, colleges, etc." "Not allow It to be BSRC 'or something else'. I am so opposed to it. I can't believe it was presented as an option. The state, CSRC, etc. should be advocating for education in our own field.

#### Question #4

The responses to question number four indicate that the great majority of the programs support scenarios one or two. It was also noted that, "in addition to raising educational standards, we must also address the issue of Associate of Applied Science (AASRC) degrees or Associate of Occupational Science (AOS) degrees. These programs often leave students with a terminal degree that is non-transferable, effectively blocking further education opportunities." It is unethical to offer a degree that does not allow them to transition into a bachelor's program. "If we are committed to advancing RT education, we must



also ensure that students are not being funneled into degree programs that limit their career progression. Transparency and oversight of these programs should be a priority for the Respiratory Care Board and CoARC!" It is clear that the most effective transition would be one that does not hinder student success or workforce shortages that exist or may exist in the future.

# Question #5

The purpose of question number five was to open the discussion to ideas that the California Society for Respiratory Care and the Respiratory Care Board of California may not have thought of thus far. These answers consisted of transitioning two-year programs to four-year programs over time, expanding clinical opportunities to meet the new educational requirements, pursuing articulation agreements between two- year and four-year programs, and emphasizing the need to require the BSRC or BSRT specifically and not allowing for a Health Sciences degree even if its emphasis is in respiratory care. It is also worth noting that there are a total of twelve Bachelor's of Respiratory Care/Therapy degree programs in the state of California that are either up and running or will be soon, and that number Is expected to grow.

## **Summary of Email Responses**

It is dear from the email responses that the respiratory care educational community is overwhelmingly in favor of the professional advancement of our field and feels that the need to increase the minimum requirement for licensure from an associate's degree to a bachelor's degree exists and is necessary within our profession. It is also clear that, due to recent legislation changes in the state of California and the ability for community colleges to now introduce bachelor's degree programs in respiratory care, this professional advancement is not only necessary, but achievable.

The educators in the state of California and the California Society for Respiratory Care support the bachelor's degree as the minimum requirement for licensure and scenario one or scenario two as the appropriate pathways, but with proposed changes. The requirement within these scenarios should not include the option for a bachelor's degree in health science. The Commission on Accreditation for Respiratory Care sets the minimum standards for associate and bachelor's level programs in respiratory care and should continue to do so. By allowing a bachelor's degree in health science, the Respiratory Care Board of California would potentially hinder the ability of the Commission on Accreditation for Respiratory Care to maintain those standards for respiratory care programs and practitioners in the field. If these standards are not upheld, It puts the patients at risk and the primary charge of the Respiratory Care Board of California is patient safety through maintaining standards for licensure.

Due to the potential limitations of scenario one, the CSRC proposes the following scenario:

"As of 2030, all new associate degree applicants would need to show they have a Bachelor's Degree in Respiratory Care (BSRC), or Bachelor's Degree in Respiratory Therapy (BSRT), within four years of attaining their California Respiratory Care License. Advanced Practice Respiratory Therapist licenses would require a qualifying Master's Degree in Respiratory Care, or Master's Degree in Respiratory Therapy, which is accredited by the Commission on Accreditation for Respiratory Care to deliver the



degree in the category of Advanced Practice Respiratory Therapist. All current license holders would maintain the classification of Respiratory Care Practitioners, unless they held this qualifying Master's Degree for the Advanced Practice Respiratory Therapist license. Current license holders would not be affected by this change."

Sincerely,

Michael Sheahan, Ed.d, MHA, RRT CSRC Professional Advancement Committee Member