

Respiratory Care Board of California Professional Qualifications Committee Summary Report / Draft Licensure Recommendation

Summary Report

The Professional Qualifications Committee (PQC), a subcommittee of the Respiratory Care Board of California, has been charged with addressing the following strategic plan goals:

Respiratory Care Board Strategic Plan 2017 – 2021

- Ensure the initial and continuous competency of all licensed Respiratory Care Practitioners (RCPs).
- Develop an action plan to incorporate a baccalaureate degree provision in the Respiratory Care Practice Act (RCPA) to ensure education requirements meet the demand of the respiratory care field.

Respiratory Care Board Strategic Plan 2023 - 2027

- 2.3 Evaluate current respiratory care educational requirements and revise, as necessary, to support practice standards and patient safety.

Beginning June 2021, the PQC conducted a series of board study sessions, focus groups, and surveys to gather data and provide opportunity for the board and public to engage in discussion leading to a goal recommendation for board consideration. The following report provides a summary and meeting intervals and data can be accessed at the RCB Professional Qualifications Committee webpage: https://rcb.ca.gov/about_us/pgc.shtml

June 2021, October 2021, March 2022

Committee conducted a series of **board study sessions** to provide historical and current professional practice landscape, entry into practice educational requirements, and provide applicable profession advancement case studies.

Growth of Respiratory Care Profession

Historical development of the respiratory care profession in California has led to increasing complexity in the profession - ECMO, conscious sedation, specialty populations, advanced mechanical ventilation, responsibility for high acuity patients and situations.

Integration of evidence-based medicine and complex knowledge base require a higher level of critical thinking and decision-making in providing safe, competent respiratory care.

AARC identifies 153 of 202 [competencies](#) should be attained prior to entering the profession. The sheer amount of competencies are challenging to attain within an associate degree program.

Respiratory Care Board Strategic Plan 2017 – 2021

- Ensure the initial and continuous competency of all licensed Respiratory Care Practitioners (RCPs).
- Develop an action plan to incorporate a baccalaureate degree provision in the Respiratory Care Practice Act (RCPA) to ensure education requirements meet the demand of the respiratory care field.

Respiratory Care Board [Strategic Plan 2023 - 2027](#)

- 2.3 Evaluate current respiratory care educational requirements and revise, as necessary, to support practice standards and patient safety.

[Respiratory Care: 2015 and Beyond Symposium](#) –Vision and Framework for Advancement of the Profession

[AARC Position Statement \(5/2019\)](#): Entry Requirements to Respiratory Therapy Practice: 2030 and Thereafter.

[CSRC Position Statement](#) – Education Requirements for Respiratory Care Practitioners

Health Professions Case Studies

Nursing Case study – [Institute Of Medicine](#) recommended increasing baccalaureate level education in the profession to enhance patient outcomes.

Research supports better patient outcomes with practitioners trained at a Baccalaureate level.

New York BSN in Ten idea.

Physical Therapy Case Study – tiered structure that associates education and competency requirements to complexity of practice.

[Physical Therapy](#) tiered structure with OJT aides providing care with direct supervision of a Physical Therapist, PT Assistant directed by Physical Therapist can provide care without direct supervision, and Physical Therapist can work independently.

Dr. Lewis relayed the Medical Board increased its post-graduate training for MDs from 1 to 3 years due to advanced complexities. (Residency program as a model?)

Curricular Comparison for Educational Requirement Completion

- ASRC – 60 units to include general education – most graduates usually acquire ~ 100 credits when complete (standard in CA)
- AASRC and AOSRC – 60 units to include less general education – most graduates usually acquire 60-80 credits when complete
- BSRC – 120 credits

[CoARC Accreditation](#) Education Structure:

- Entry into Practice (associate or bachelor completion)
- Degree Advancement (bachelor or master completion)
- Advanced Practice (master completion)

CoARC reverses [standard requirements](#) to immediately accredit new AS degree entry into practice programs. RCB provides opposition letter to reversal.

Quality and Safety

- Higher adoption of National Quality Forum safe practices⁷;
- Lower overall missed nursing care⁸;
- Higher support for evidence-based practice implementation⁹;
- Higher nurse-perceived quality of care¹⁰⁻¹²; and
- Higher patient ratings of their hospital experience¹³⁻¹⁶.

Patient Outcomes

- Lower mortality rates¹⁷⁻²²;
- Lower failure-to-rescue^{19,21};
- Lower patient fall rates²³⁻²⁴;
- Lower nosocomial infections²⁰;
- Lower hospital-acquired pressure ulcer rates²⁵; and
- Lower central line-associated bloodstream infection rates²⁶.

Magnet Status Outcomes:

<https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/>

Respiratory Care Workforce Study Findings

[Respiratory Care Workforce Study](#) – Respiratory Care community in California supports the need to move entry level to a baccalaureate degree.

Directors on RC Programs

- Perceive deficit in grads diagnostic skills
- See opportunity to enhance critical thinking and clinical experience
- Perceive substantial variation in student's clinical experiences
- Would like to “decompress” the RC curriculum

Directors of RC Departments

- Perceive new grads as unprepared to apply Evidence Based Medicine
- Feel BSRT would enhance professionalism and create opportunity

Clinical RCP's

- Perceive under-developed clinical reasoning in grads
- Suggest improving clinical experience of students with highly engaged Respiratory Care Departments
- Think additional training would make better clinicians

Advanced Practice – National profession movement to educational pathways to Master level practice are needed.

Employer, Legislature, and Public Comments

Mary Adorno - requested that the associate level not be eliminated and have some level of RT to work with the employers providing safe, quality care. She believes the Board needs to delineate which scope can and has been handled by the current RTs with no quality of care issues and where there are disciplinary areas because they did not have enough training.

Samantha Scott-Marquina, Interim Director at UCSF, highlighted the importance of moving the profession towards having a baccalaureate degree as the minimum requirement in terms of what is expected of the RCPs at UCSF.

Employers prefer bachelor's degree applicants to Associate Degree candidates. BS graduates are better at critical thinking, enhanced communication competency both with the medical team and the public. Better communication ability translates to better satisfaction survey results and JC required outcomes. BS employees had better preparation for institutional orientation and were more successful in diverse assignments. BS RCPs seem to have less turnover.

Legislator's feedback at Board's sunset hearing on March 7, 2022

Exercise caution in increasing education levels from an associate to a bachelor's degree (creating a barrier to licensure), unless significant consumer protection issues exist.

Identify with some degree of specificity the differences between the “clinical experiences” for an associate program vs. bachelor's program (e.g. Is clinical work done most entirely at the associate level and does the baccalaureate degree simply add liberal arts).

Explain how additional education will benefit daily practice? Will the additional education be used and needed for the expected number of licensees earning a bachelor's degree or is it additional education that will not be required for all respiratory positions? [Example cited was additional training is necessary to performing ECMO, but it is rarely required. We would not need all licensees formally educated to perform ECMO].

Identify the potential impact on preference of hiring; Would increasing education to a bachelor's degree make associate programs irrelevant? Would the bachelor's degree be the gold standard or minimum requirement and if not how would it be implemented and received by the industry?

Identify the potential impact of a workforce shortage.

Consider whether current and possibly future licensees with an associate degree be pushed out of the profession?

March 2023

Conducted **focus groups** throughout the month to explore how professionals in Respiratory Care perceive educational preparation for the field to better serve the California consumer. Participants were selected based on their experience in the field as Respiratory Care educators, Department leaders, specialty practitioners, and legislative or professional organizations.

Summary:

- Most respondents supported the Bachelor's Degree as a minimum standard for licensed RCPs in California. They concluded the additional education would **provide more clinical training, enhanced critical thinking skills, improved integration of evidenced based medicine practice, increase professional and staff retention, and other patient and public benefits.**
- Questions were raised as to whether the Bachelor's Degree should be an award in Respiratory Care or whether other BS degrees can be acceptable as long as licensees have completed RC entry into practice requirements (i.e. AS in Respiratory Care and a BS in Kinesiology, Business, or Psychology)?
- Most respondents felt that requiring a Bachelor's Degree for licensure **could improve patient safety.** Respondents could not point to direct evidence (studies) linking RCP education and patient safety and further study might be beneficial to support this perspective.
- Most respondents **avored tiered licensure structures.** They expressed varying perspectives to how tiered licensing could be structured (specialty practice, level of technical/acuity expertise and function, competency and skills requiring increased education and/or credentials).
- The Legislative/Professional Organization focus group indicated an increased educational requirement may negatively impact the number of out of state RCPs seeking California licensure, though there might be ways to lessen the impact of this through equitable regulatory design. The RCB is confident that it can mitigate any concerns with out of state RCPs seeking CA licensure.

Recommendations

- Identify and conduct follow up strategies for receiving more perspectives with applicable stakeholders (surveys, focus groups, open forums, etc.).
- Explore and review possible models for addressing the strategic plan goals.
- Identify a Bachelor's Degree education structure that prepares RC graduates to provide competent, safe care.
- Explore sponsorship for a study focused on RCP education/training and patient safety (communication and patient safety).
- Promote increase in number of California RC Bachelor's Degree programs.
- Identify a reasonable comprehensive plan and timeline for implementation to ensure adequate infrastructure and minimal disruption to the RCP workforce pipeline should changes to RCP licensure requirements be realized addressing the strategic plan goal. Include timeline approach for short term and long-term implementation strategies.

March 2024

California Respiratory Care Educational Requirements Survey Summary

The **survey** was developed in early 2024 and sent to all California Respiratory Care Licensees and to all Respiratory Care Schools in the State of California. We estimated that greater than **21,000** received the survey request.

1893 – responded (~0.09% response rate)

894 were completed (47% completion rate) Low response rate.

Demographics concerning age, place of practice and work roles agreed with previous descriptions of the Respiratory Care workforce.

Education

6.4% of respondents began their career as an On-The Job trainee

68.8% of respondents began their career with an Associate's degree

8.8 % of respondents began their career with a Bachelor's degree

71% of respondents continue their career at their starting level of education

22.9% of respondents have added a Bachelor's Degree

10.9% of respondents have added a Graduate Degree

Professional Association Membership

52.4 % of respondents are AARC members

38.0 % of respondents are CSRC members

The RCB California Workforce Study 2015 – 2016 identified a general perception of unpreparedness for RCP's entering the workforce.

40.7% of respondents agreed wholly with these findings

31.7% of respondents agreed partially with these findings

27.3 of respondents disagreed with these findings

Both the AARC and the CSRC have stated that RCP's entering the workforce after 2030 should be required to obtain a minimum of a Bachelor's Degree to qualify for practice. We asked if the respondents agreed this was a necessary step.

55% of respondents disagreed

45% of respondents agreed

We proposed five scenarios that could incorporate the requirement of a Bachelor's Degree for the practice of Respiratory Care in California.

Requiring a Bachelor's Degree as a minimum for practice, by the year 2030 - most favorably rated.

Requiring a Bachelor's Degree within two license renewal cycles - second most favored approach.

Changes requiring a multi-tiered licensure approach were disfavored.

The survey asked for how to best approach the perceived lack of new RCP preparation for clinical practice at the beginning of their careers, respondents could include multiple approaches in their response.

39.4% of respondents included ***requiring better/more clinical experience***

24.9% of respondents included a required Residency

18.9% of respondents included a Bachelor's Degree minimum

9.9% of respondents included a need for better schools

4.9% of respondents included the elimination of for-profit schools

2.6% of respondents included a need for better orientation

Respiratory Care Associate Degree Education Program Statistics

ASSOCIATE DEGREE TYPES

ASSOCIATE OF SCIENCE IN RESPIRATORY CARE (ASRC)

- Completion of the degree entails > 60 credit hours often past two years, including credits in a particular program specialization.
- Major credits in the field of study
- General education credit requirements of a four-year bachelor's degree
- Focuses on coursework in the direct sciences.

ASSOCIATE OF APPLIED SCIENCE IN RESPIRATORY CARE (AASRC)

ASSOCIATE OF OCCUPATIONAL STUDIES IN RESPIRATORY CARE (AOSRC)

- Completion of the degree entails 60 credit hours which can be accomplished in two years, including credits in a particular program specialization.
- Major credits in the field of study
- Minimal general education requirements
- Focuses on coursework in the direct sciences.
- Less credits applicable for transfer



DEGREE REQUIREMENTS A.S. VS A.A.S./A.O.S.

Requirements	A.S.	A.A.S. A.O.S.
Prerequisites: Medical Term, Anatomy, Physiology, Chemistry, Microbiology, Algebra, Physics	24-29	< 24
Core Major Coursework (aligned with CoARC standards)	40-55 ~ 48	40-55 ~ 48
Clinical Experience	Varies	Varies
General Education	~ > 18	< 18
TOTAL:	82 - 106	60 - 75



COARC ACCREDITED PROGRAMS (2025)

Type	CA	FL	TX
Associate of Science (A.S.)	31	24	2
Associate of Applied Science (A.A.S.)	0	1	27
Associate of Occupational Studies (A.O.S.)	5	0	0
Bachelor of Science (B.S.) (Entry into Practice)	1	3	4
Bachelor of Science Degree Advancement (B.S.) (Entry after completing Associate Degree)	2 (8)	0	0
Masters of Science (M.S.)	0 (1)	1	2
Advanced Practice Respiratory Therapist (A.P.R.T.) 1 CoARC Accredited Program Nationwide			

<https://www.coarc.com/>



February 2025

California Respiratory Care Program Education Requirements Survey

	AS	AAS or AOS
California Programs invited to participate (Public & Private)	31	5
Programs responded **	15	4

** Email was sent to all Program Directors identified per CoARC website. Survey open between Feb 5-12, 2025. Initial and two follow up reminder emails provided to improve response rate.

Question	AS	AAS or AOS
1. PREREQUISITE preparation courses that are required prior to entry into your Respiratory Care Program.	Anatomy Physiology Chemistry Microbiology Medical Terminology (40%)	Included with major coursework while completing program
2. Total unit value for PREREQUISITE requirements (semester units)	14 - 21 - 30	0
3. Total unit requirement for the RESPIRATORY CARE MAJOR courses (semester units)	39 - 52 - 69	48 - 56.5 - 67
4. Total unit requirement for the GENERAL EDUCATION courses (semester units)	12 - 20 - 25	9 - 15 - 19
5. Total Units (semester units)	65 - 93 - 124	60 - 71.5 - 86
6. LABORATORY PRACTICE (hours)	96 - 285 - 450	120 - 170 - 260
7. ON SITE CLINICAL EXPERIENCE (hours)	87 - 770 - 1044	0 - 670 - 720
8. How long to complete program once admitted (months)	20 - 22 - 28	20 - 20.5 - 22
9. Has your academic institution discussed a reduction in Major coursework units?	Yes (6), No (9)	Yes (0), No (4)

If “yes” to Q #9, what is the impact in course modifications AND meeting graduate competency and CoARC outcomes (comments):

- Removing 4 GE units focused on allied health programs as well as chemistry pre-requisite (4 units). Total 8 semester unit reduction.
- Ensuring meeting NBRC matrix information is being taught and CoARC requirements being met.
- Decreased Respiratory Care Major units from 91-69 due to college accreditation requirements for our BSRC program. Classes were reduced on average about 20 minutes per class which has not significantly impacted our program.

- We've discussed adding more lab hours so that we can still meet outcomes.....We would not reduce clinical hours but we would reduce lecture hours, increase lab hours, and also adding prerequisite or co-requisite courses in the program so students can be considered full time.
- It would be great if the RCB could provide standards for programs in terms of minimal clinical hours and major coursework. BVNPT does this. CoARC continues to get more vague in terms of requirements so it's impossible for them to determine what California RCPs need.

Board members noted a wide variation in the number of laboratory and clinical hours identified between respondent programs.

March 2025

Letters presented to RCB in support for increasing baseline education requirements for CA RCPS

CSRC Managers Association of Respiratory Services Letter

- 75% of respondents **support implementing a bachelor's degree minimum for all new hires.**
- 90% agree that increasing the educational standard will **enhance patient outcomes.**
- 88% believe that **elevating educational requirements is necessary to align with other healthcare professions.**

UC Managers Collaborative Letter

Survey data collected from managers within the UC Health System highlights overwhelming support:

-**advancing the minimum educational requirement to a bachelor's degree.**
Specifically, 39 respondents in management level positions **(74%) affirmed support** for this transition, with only one dissenting response and 13 expressing uncertainty. Additionally, 48 of 54 respondents (89%) believe this change is necessary to align our profession with other healthcare disciplines, further demonstrating the widespread agreement on this issue.
- standardizing educational requirements for **leadership roles** across all UC campuses, with 44 of 52 respondents (85%) in favor. Standardization would **ensure consistency in clinical excellence** and professional development opportunities while **enhancing workforce preparedness for the evolving healthcare landscape.**

CSRC Professional Advancement Committee (Educators Response) Letter

- ...the respiratory care educational community is overwhelmingly in favor of professional advancement.... 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.**
- 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."

State Educational Requirement Proposals

New York: Senate Bill [6329](#)

[New York State Justification for Changing the Educational Requirement from an Associate to a Bachelor's Degree for Licensure as a Respiratory Therapist](#)

North Carolina: [Respiratory Care Modernization Act](#) to create licensure for Advanced Respiratory Care Practitioner.

Draft Licensure Recommendation for Discussion

RCPs play an integral role in assessing patients with pulmonary disorders, consulting with physicians on treatments, and recommending specific changes in therapeutic care based on their patient assessments. They are involved in analyzing data to determine levels of oxygen, carbon dioxide, acid-base balance, and other physiological parameters. RCPs contribute heavily to managing patients placed on highly technical, very complex treatment modalities and medical devices. This includes providing a variety of advanced modes of mechanical ventilation and artificial airway devices, actively participating in rapid response teams and emergency situations, all of which require high levels of critical thinking application and effective communication abilities. RCPs also provide education to patients and their families about how to best care for their cardiopulmonary disorders in both the in-patient and out-patient care setting.

- Focus group respondents support the Bachelor's Degree as a minimum standard for licensed RCPs in California. They concluded the additional education would provide more clinical training, enhanced critical thinking skills, improved integration of evidenced based medicine practice, increase professional and staff retention, and other patient and public benefits. (1)
- Focus group respondents also felt that requiring a Bachelor's Degree for licensure could improve patient safety. Studies focused on Bachelor's Degree prepared health care providers support increased safety and quality of care. (1,2,3,4)
- The American Association for Respiratory Care (AARC) and California Society for Respiratory Care (CSRC) assert positions supporting an educational minimal standard increase to a bachelor's degree. Their positions are supported by their evaluation of data, current and future practice standards, as well constituency feedback locally and nationally. (5,6)
- California managers and educators voice support for advancing the minimum educational requirement to a bachelor's degree citing enhancement of patient outcomes and insuring consistency in clinical excellence. (7,8,9)
- RCPs are classified per Medicare and Medicaid as 'technicians' with the current minimal entry into practice education level. An increase to bachelor's minimum provides the opportunity for a legislative classification change to allow RCPs to provide independent respiratory services and reimbursement upon physician referral. This change can provide California citizens with greater and more direct access to RCPs and the quality care they can provide. (10)
- Educator survey respondents confirmed that AS degree graduates on average already accumulate 90+ units upon graduation. While increasing the minimum educational requirements to a bachelor's degree may delay entry into the workforce by adding 6-12 months, the increased educational training will provided needed time and exposure to hands on clinical experience, greater development of required critical thinking and communication skills, and improved competency of evidenced based medicine practice. (11)
- A four-year program provides respiratory care students with longer periods of clinical rotations, more exposure to complicated cardiopulmonary cases, additional training in advanced medical management and pharmaceutical treatments, and allows for the introduction of more advanced medical technology.

- The Commission on Accreditation for Respiratory Care (CoARC) report (2018) indicated that those who were bachelor's prepared had a significantly higher passing rate, at 87.6%, for the Registered Respiratory Therapist credentialing exam, compared to those who were associate degree prepared, at 78.9%. (5)

Based on data gathered and in-depth discussions over the past 3 years, ***The PQC recommends: Educational licensure requirements for entry into practice be increased to a bachelor's degree minimum.*** The increased educational requirement supports improvement in the health, safety, and welfare of California citizens in need of respiratory care services and aligns with current and evolving healthcare practices.

1. Respiratory Care Board Focus Group Survey March 2023
2. [Kaur R, Geistkemper A, Mitra R, Becker EA. RT education and COVID-19 pneumonia discharge quality. Can J Respir Ther. 2023 Sep 8;59:190-203. doi: 10.29390/001c.87641. PMID: 37781347; PMCID: PMC10540156.](#)
3. [Craddock KM, Nguyen J, Schivo M, Louie S, Kenyon NJ, Kuhn BT. The Effect of Respiratory Therapist Case Managers Integrated into COPD Clinical Care. Respir Care. 2025 Apr;70\(4\):363-367. doi: 10.1089/respcare.11728. Epub 2025 Jan 28. PMID: 39969931.](#)
4. [Journal American Medical Association: Educational Levels of Hospital Nurses and Surgical Patient Mortality](#)
5. [AARC Issue Paper, Entry to Respiratory Therapy Practice 2030](#)
6. [California Society for Respiratory Care \(CSRC\): Position Statement-Education Requirements for Respiratory Care Practitioners](#)
7. California Society for Respiratory Care (CSRC) Managers Association of Respiratory Services Letter
8. University of California (UC) Respiratory Care Managers Collaborative Letter
9. California Society for Respiratory Care (CSRC) Professional Advancement Committee (Educators Response) Letter
10. [Medicare Respiratory Care Services Coding Guidelines – January 1, 2024](#)
11. Respiratory Care Board California Respiratory Care Program Education Requirements Survey



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 feel 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 for 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 clear 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



UC Collaborative

February 11, 2025

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

Dear Members of the Respiratory Care Board of California,

The UC Collaborative represents the respiratory therapy programs across the University of California system, including UCLA, UC San Diego, UC Davis, UC Irvine, and UCSF, working collectively to advance respiratory care education and practice.

On behalf of the UC Collaborative, which employs 5-10% of Respiratory Therapists (RTs) in California and plays a pivotal role in advancing both membership and research within our profession, we are writing to express our strong support for the implementation of higher educational requirements for Respiratory Therapists across the state. Our position aligns with the American Association for Respiratory Care (AARC), which has long advocated for a bachelor's degree as the entry-level standard for Respiratory Therapists.

Recent survey data collected from managers within the UC Health System highlights overwhelming support for advancing the minimum educational requirement to a bachelor's degree. Specifically, 39 respondents in management level positions (74%) affirmed support for this transition, with only one dissenting response and 13 expressing uncertainty. Additionally, 48 of 54 respondents (89%) believe this change is necessary to align our profession with other healthcare disciplines, further demonstrating the widespread agreement on this issue.

Evidence from current research further underscores the positive impact of higher education on patient care. A study published in the *Canadian Journal of Respiratory Therapy* (Kaur et al., 2023) demonstrated that patients with COVID-19 pneumonia experienced significantly improved discharge outcomes when over 85% of their care was provided by RTs holding advanced degrees. These patients transitioned to good outcomes at a rate 3.72 times higher than those treated primarily by RTs without advanced degrees ($p = .001$). Similarly, RTs with adult critical care competencies demonstrated even greater impact, transitioning patients to good outcomes 5.10 times more frequently ($p < .001$). These findings underscore the value of advanced education in enhancing patient outcomes and the overall standard of respiratory care.

The AARC's 2019 report (*BSRT.Masters.AARC, 2019*) set a strategic goal for 80% of practicing RTs to obtain a bachelor's degree or be actively pursuing one. The report identified key barriers, including limited availability of bachelor's programs and challenges in recruitment. Our survey findings echo these concerns, with respondents noting that the lack of available BSRT programs in California remains a significant obstacle. However,



UC Collaborative

the long-term benefits of improved patient outcomes, elevated professional standards, and alignment with other healthcare professions far outweigh these challenges.

Survey respondents also expressed strong support for standardizing educational requirements for leadership roles across all UC campuses, with 44 of 52 respondents (85%) in favor. Standardization would ensure consistency in clinical excellence and professional development opportunities while enhancing workforce preparedness for the evolving healthcare landscape.

While concerns exist regarding recruitment and retention, we believe that a well-planned transition, including financial assistance programs and expanded BSRT program offerings, can mitigate these challenges. Ensuring tuition reimbursement and employer-supported pathways to degree completion will be critical in making this shift feasible and equitable.

In conclusion, the UC Collaborative strongly urges the Respiratory Care Board of California to take decisive action in advancing educational standards for Respiratory Therapists. This transition is vital to ensuring the future of our profession and, most importantly, improving the quality of care for our patients. We are committed to supporting this initiative and stand ready to collaborate on its successful implementation.

Thank you for considering our recommendation. We appreciate your leadership in advancing respiratory care in California.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Dartt", with a stylized flourish at the end.

Matthew Dartt

Matthew Dartt MBA, BSRT, RRT-ACCS
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UC Collaborative

The following signatures represent the Directors of Respiratory Care from the University of California campuses **UC Davis, UCSF, UCSD, UCI, and UCLA** confirming our support for the survey results and the advancement of educational standards for Respiratory Therapists:

Michelle Herzog, MBA, BSRC, RRT
Director, Respiratory Care
UC Davis Medical Center

Samantha J. Scott-Marquina MS, RRT
Director, Department of Respiratory Care
UCSF Medical Center | Parnassus | Mt. Zion | Mission Bay

Jacqui Soucy MHA, HRT-NPS, ACCS
Director of Respiratory Care
UC San Diego Health

Jeffrey Davis BS, RRT, FAARC
Director, Respiratory Therapy and Pulmonary Function
Ronald Reagan UCLA Medical Center
UCLA Health

Edward F. Garcia, MS, FAARC, RRT
Sr. Director, Respiratory Care, PFT, and
Rehabilitation Services
UCI Health- Orange

Ted Pessin BS, RRT
Director of SM Respiratory Care and
Pulmonary Function Lab at
UCLA Medical Center -Santa Monica

California Society for Respiratory Care



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

Date: March 13, 2025

Dear Members of the Respiratory Care Board of California,

On behalf of the California Society for Respiratory Care (CSRC) Managers Association, we are writing to express our strong support for the implementation of higher educational requirements for Respiratory Therapists across the state. As leaders in respiratory care, we recognize the need to advance our profession to align with other healthcare disciplines, improve patient outcomes, and strengthen workforce preparedness.

Our recent survey, conducted among managers across California, reveals strong support for transitioning to a bachelor's degree as the minimum requirement for new Respiratory Therapists. Specifically:

- **75% of respondents** support implementing a bachelor's degree minimum for all new hires.
- **90% agree** that increasing the educational standard will enhance patient outcomes.
- **88% believe** that elevating educational requirements is necessary to align with other healthcare professions.

Survey participants also emphasized the need for tuition assistance programs and employer-supported degree pathways to ensure accessibility and workforce retention. Concerns about recruitment and transition planning were acknowledged, reinforcing the importance of a phased implementation approach.

The CSRC Managers Association stands ready to collaborate on solutions that will ensure a smooth transition to these higher standards while supporting both current practitioners and future Respiratory Therapists. We urge the Respiratory Care Board of California to take decisive action in elevating our profession's educational requirements.

Thank you for considering our recommendation. We appreciate your leadership in advancing respiratory care in California.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Dartt", is written over a horizontal line.

Matthew Dartt

Matthew Dartt MBA, BSRT, RCP, RRT-ACCS
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