

Item: Discussion and Possible Action to Take a Position on or Take Other Action Regarding Assembly Bill 2096 (Pacheco), Vocational Nursing: respiratory care

Item Summary: AB 2096 proposes to authorize licensed vocational nurses (LVNs) to perform respiratory tasks and services consistent with the LVN scope of practice “as it existed on December 31, 2022,” while repealing the statutory framework established through SB 1436 (Statutes of 2022) and later refined by SB 1451 (Statutes of 2024).

BACKGROUND

Prior to 2023, LVNs did not have express statutory authority to perform respiratory care. While some respiratory-related activities occurred in certain settings, they were performed without clear statutory authorization or defined parameters. The Respiratory Care Board exercised enforcement discretion while working with stakeholders and the Legislature to develop a clearer statutory framework.

SB 1436 and subsequent legislation established a structured framework identifying limited basic respiratory tasks that may be performed when they do not require respiratory assessment. The framework also includes employer-based training and competency requirements and provides structured exemptions for certain home and community-based settings. These provisions were developed through extensive stakeholder engagement to balance access to care with patient safety protection.

IMPACT OF THE BILL

AB 2096 would remove the statutory framework created through SB 1436 and SB 1451 and revert the law to its status as of December 31, 2022, a time when LVNs did not have explicit statutory authority to perform respiratory care services. As a result, the bill would eliminate the structured guardrails, implementation provisions, and competency safeguards currently established in statute. This change could reintroduce ambiguity regarding scope boundaries and enforcement authority and undermine the regulatory clarity the Legislature and Board worked to establish. This would also apply to the carefully crafted exemptions for home and community-based settings that the Board and stakeholders have worked to develop to ensure access to care while maintaining appropriate safeguards. By reverting the statute to the pre-framework structure, those provisions would also be eliminated, effectively undoing the work that has gone into creating a balanced and clearly defined approach for those settings.

Because respiratory care often involves medically fragile patients whose conditions may deteriorate rapidly, the distinction between performing limited tasks and conducting respiratory assessments is a critical patient safety consideration. The current statutory framework preserves that distinction and provides enforceable standards designed to protect patients while maintaining access to care in defined settings.

STAFF RECOMMENDED POSITION: OPPOSE