PUBLIC SESSION MINUTES

Friday, March 27, 2026
PUBLIC MEETING

Members Attending:	Ricardo Guzman, RCP Raymond Hernandez, RCP Manuel Magpapian, Esq. Preeti Mehta, MD Abbie Rosenberg, RCP Michael Terry, RCP Cheryl Williams
Staff Present:	Reza Pejuhesh, Legal Counsel Deepi Miller, Regulatory Counsel Christine Molina, Executive Officer Kathryn Pitt, Manager

CALL TO ORDER
(Ricardo Guzman, President)

The Public Session was called to order at 1:24 p.m. by President Guzman.

Ms. Pitt called roll. Present were Magpapian, Mehta, Rosenberg, Terry, Williams, Hernandez, and Guzman. A quorum was established.

1. PRESIDENT'S OPENING REMARKS
(Ricardo Guzman, President)

President Guzman requested everyone place their cell phones on silent, adding this is an official business meeting of the Respiratory Care Board (Board). Board members may be accessing their laptops, phones, or other devices during the meeting. He explained they are using the devices solely to access the Board meeting materials that are in electronic format.

Public comment will be allowed on each agenda item, as each item is taken up by the Board, during the meeting. Under the Open Meeting Act, the Board may not take any action on items raised by public comment that are not on the agenda, other than to decide whether to schedule that item for a future meeting.

If providing comment, it would be appreciated, though not required, if you would provide your name and the organization you represent if applicable, prior to speaking. To allow the Board sufficient time to conduct its scheduled business, public comment may be limited.

The Board welcomes public comment on any item on the agenda, and it is the Board's intent to ask for public comment prior to the Board taking action on any agenda item. If for some reason public comment is not requested on an agenda item and you wish to speak on that item, please let the moderator know and you will be recognized.

President Guzman added if you are an RCP and would like to earn CE credit for your attendance at today's meeting, be sure that you sign in and sign out before leaving. If you have any questions, one of our staff members can provide assistance.

For those attending virtually via WebEx, please ensure you provide your first and last name as it appears on your license when logging in. Your arrival and departure times will be verified via the WebEx "Attendance Report" following the meeting. Verification of CE hours awarded will be emailed to all attendees within 30 days.

The Board values your comments and thanks you for participating. President Guzman reminded everyone that the public comment period will be facilitated by our moderator, who will open the comment period for the various agenda items and allow each public participant 3 minutes for their comment.

2. UPDATE, DISCUSSION, AND POSSIBLE ACTION ON BOARD RESPONSES TO SUNSET REVIEW COMMITTEE BACKGROUND PAPER

(Christine Molina, Executive Officer)

Ms. Molina advised that in late December 2025, the Board submitted its Sunset Review Report to the Joint Legislative Sunset Review Committee earlier this year. In response, on March 18, 2026, the Committee issued a Background Paper identifying 11 issues affecting the Board's operations, regulatory authority, and consumer protection mandate:

Issue 1 – Fees
Supports increasing the renewal fee ceiling, eliminating the initial license fee, and aligning reserve levels to ensure long-term fiscal stability without immediate increases.

Issue 2 – Occupational Analysis / Exams
Relies on the national NBRC exam and is working with OPES to determine whether additional California-specific analysis is needed while considering cost and practicality.

Issue 3 – Emerging Technology (AI)
Believes existing authority is sufficient to address AI and will continue monitoring developments to ensure patient safety.

Issue 4 – Bachelor's Degree Requirement
Supports moving toward a bachelor's degree as the minimum entry requirement to strengthen clinical competency and align with evolving healthcare demands.

Issue 5 – Advanced Practice RT (APRT)
Supports exploring an advanced practice role as a physician extender, with continued stakeholder engagement to assess feasibility.

Issue 6 – Interstate Compacts
Approaches compacts cautiously due to potential impacts on California's higher standards and enforcement authority.

Issue 7 – LVN Scope / Basic Services
Maintains that the current framework appropriately defines limited LVN involvement in respiratory care but supports targeted clarification to reduce confusion while ensuring consumer protection and access to care.

Issue 8 – Enforcement (Serious Felonies)
Supports authority for automatic suspension and revocation for specified serious felony convictions to better protect the public. Convictions for violent crimes and those involving sexual misconduct.

Issue 9 – Background Checks (Rap Back)
Supports participation in the FBI rap back system to receive real-time criminal history updates and improve enforcement responsiveness.

Issue 10 – Technical Changes
The Board is not aware of any technical changes but is happy to work with the Committee if future items are identified.

Issue 11 – Board Continuation
Supports the Board's continued existence, citing effective regulation, strong performance, and commitment to consumer protection.

On March 24, 2026, President Guzman, Vice President Ray Hernandez, and Ms. Molina appeared before the Sunset Committee to answer questions regarding the report and the background paper. Questions answered related to a few of the issues, including the bachelor's degree (with concern expressed as to how this may impact already underserved areas such as the Central Coast) as well as a few questions related to the amendments to our fee authority (ceiling increase to $375, elimination of 10% step requirement, and provision regarding a 6-month fund).

Board staff developed draft responses addressing each of the issues identified in the Background Paper which are being presented for consideration. Considering the question regarding how a bachelor's degree may impact underserved areas, we are planning to add demographic information on the counties where practitioners currently reside, as well as their proximity to community colleges offering bachelor's programs.

Ms. Molina added final responses must be provided to the Joint Sunset Committee no more than 30 days following the sunset hearing, in our case April 24, 2026.

President Guzman requested a motion to approve the responses to the 2025-26 Sunset Review Committee Background Paper as written or allow the Executive Committee to render final approval of the Background Paper responses with edits.

Mr. Terry motioned to accept as written, incorporating any non-substantive corrections and minor edits made by Ms. Molina.

The motion was seconded by Vice President Hernandez.

President Guzman entertained questions and/or comments from members. None were received.

President Guzman welcomed comments from the public. None were received.

M/Terry/S/Hernandez
In Favor: Magpapian, Mehta, Rosenberg, Terry, Williams, Hernandez, Guzman
MOTION PASSED

3. DISCUSSION AND POSSIBLE ACTION TO TAKE A POSITION ON OR TAKE OTHER ACTION REGARDING ASSEMBLY BILL 2096 (PACHAECO), VOCATIONAL NURSING; RESPIRATORY CARE

(Christine Molina, Executive Officer)

Ms. Molina explained AB 2096, which would authorize licensed vocational nurses (LVNs) to perform respiratory tasks consistent with the LVN scope of practice "as it existed on December 31, 2022," while removing the statutory framework established through SB 1436 and refined by SB 1451.

Although framed as a technical change, reverting to the 2022 standard would effectively return the law to a time when LVNs did not have clear statutory authority to perform respiratory care, and when such tasks occurred without defined parameters. The current framework—developed through extensive stakeholder engagement—establishes guardrails by limiting tasks, requiring training and competency, and preserving the critical distinction between performing a task and conducting a respiratory assessment.

AB 2096 would remove these safeguards, reintroducing ambiguity around scope of practice and enforcement. This is particularly concerning given the expectation of a higher, more regulated level of care in licensed facilities, as compared to home- and community-based settings, where patients and their families may choose greater flexibility and independence in exchange for a different level of care.

It is also important to note this bill is likely a starting point, with the intent of amending it in the future. While the specific amendments are not yet known, the author's office has indicated that the sponsor believes LVNs should be permitted to perform all tasks identified by the Board in home and community based exempt settings—however, across all settings.

Ms. Molina stated it is worth reiterating that there is a common misconception that the Board "took away" the LVN scope of practice or created two different scopes of practice depending on the setting in which an LVN works. This is not accurate. The existing framework does not reduce or alter the underlying LVN scope of practice; rather, it clarifies and appropriately defines when and how LVNs may perform respiratory-related services. Specifically, LVNs in certain settings, and under defined parameters, are permitted to perform additional aspects of respiratory care, while also being authorized—through Board-adopted regulations—to perform basic respiratory care tasks across all settings. This approach ensures clarity, consistency, and patient safety, without creating multiple scopes of practice.

The Board has invested significant time and effort in developing the current framework to prioritize patient safety, clarity and access to care. Ms. Molina believes that targeted refinements—not a rollback—are the appropriate path forward to ensure consistent application, compliance, and consumer protection.

To address remaining gaps identified through stakeholder engagement, as part of the sunset process, we are proposing limited amendments that would:

- Streamline and consolidate existing exempt settings into a clearer, more cohesive structure;
- Align training and competency requirements across all exempt settings; and
- Add a limited number of additional home and community-based settings where similar patient care circumstances exist.

These refinements are based on feedback staff has received pre-and-post implementation of the basic tasks regulation and ongoing stakeholder discussions. Some of the changes are intended to clarify or better align existing facility categories so the law is applied consistently. Others reflect care settings where similar services are already being provided but were not previously included in the statute identifying the exemptions.

For these reasons, staff recommends the Board adopt an oppose position on AB 2096 while it continues to refine the issue through its work with the Joint Sunset Committee.

President Guzman asked if any member would like to make a motion to oppose AB 2096 as recommended by staff.

Dr. Mehta moved to oppose AB 2096 as recommended by staff.

The motion was seconded by Mr. Terry.

President Guzman entertained comments from the public.

Cheryl Arnold: Ms. Arnold expressed concern that the Board is attempting to fix a framework that was fundamentally flawed from the start. She emphasized that scope of practice should never depend on location, noting that such variability is confusing, unsafe, and ultimately sets nurses up to fail. She explained that these inconsistencies create unnecessary barriers for nurse educators and clinical facilities. Ms. Arnold believes that if a nurse is permitted to perform a task in one facility, they should be permitted to perform that same task in all facilities. She recommends discarding the current approach and starting over to ensure patient safety and to support students and nurses in learning and practicing in a consistent, appropriate manner.

Rosemarie Castro, LVN, Landmark Medical Center: Ms. Castro echoed Ms. Arnold's concerns, adding that she agrees with the Board that patient safety must remain the priority. She explained that her facility has 95 beds and is only required to have an RN on-site for eight hours a day, seven days a week. As a result, if a respiratory emergency occurs—or if a situation requires assessment and titration—there is no RN available overnight because regulations do not require one. She emphasized that RNs are not seeking to replace RCPs but are instead requesting clarity and flexibility so they can safely perform the tasks they were trained to do without compromising patient safety.

Joann Peterson, Community Liaison, Connected Living, Congregate Living Health Facility: Ms. Peterson echoed the same concerns mentioned by both Ms. Arnold and Ms. Castro.

M/Mehta/S/Terry
In Favor: Magpapian, Mehta, Rosenberg, Terry, Williams, Hernandez, Guzman
MOTION PASSED

4. PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

(Ricardo Guzman, President)

President Guzman asked the Board members if they had any specific items they would like to see on the next agenda.

None were received.

President Guzman then entertained questions and comments from the public.

No comments were received.

5. ADJOURNMENT

(Ricardo Guzman)

The Public Session Meeting was adjourned by President Guzman at 1:50 p.m.

RICARDO GUZMAN
President

CHRISTINE MOLINA
Executive Officer