PUBLIC SESSION MINUTES

Thursday, June 22, 2023
PUBLIC MEETING

Members Present:	Mary Ellen Early
	Mark Goldstein
	Ricardo Guzman
	Raymond Hernandez
	Preeti Mehta, MD
	Michael Terry
	Cheryl Williams
Staff Present:	Reza Pejuhesh, Legal Counsel
	Stephanie Nunez, Executive Officer
	Christine Molina, Staff Services Manager
	Kathryn Pitt, Associate Governmental Program Analyst

CALL TO ORDER

The Public Session was called to order at 1:02 p.m. by President Guzman.

Ms. Pitt called roll (present: Early, Goldstein, Guzman, Hernandez, Terry, Williams), and a quorum was established.

Dr. Mehta joined the meeting at 1:18 PM.

1. PRESIDENT'S OPENING REMARKS

President Guzman asked everyone to turn their cell phones to silent adding this is an official business meeting of the Respiratory Care Board. Board members may be accessing their laptops, phones, or other devices during the meeting. 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 Meetings 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 comments, 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.

Request for public comment: No public comment was received.

2. APPROVAL OF MARCH 9, 2023, MEETING MINUTES

President Guzman asked if there were any additions or corrections to the March 9, 2023, minutes.

Ms. Early indicated that two corrections were needed, as follows:

- The first motion on page 1 included Mary Ellen as voting although she was not in attendance.
- The motion also identified Dr. Lewis participating when it was Dr. Mehta.

Mr. Terry moved to approve the March 9, 2023, Public Session Minutes with the corrections noted by Ms. Early. The motion was seconded by Vice President Goldstein.

Request for public comment: No public comment was received.

M/Terry /S/Goldstein
In favor: Early, Goldstein, Guzman, Hernandez, Mehta, Terry, Williams
MOTION PASSED

3. EXECUTIVE OFFICER'S REPORT

a. Triannual E-Bulletins

i. Strategic Plan Administration Goal 1.4: Educate licensees about the Board's actions and organizational strategies to better understand roles, rules, regulations, and processes as appropriate.

Ms. Nunez stated the Board has begun issuing triannual e-bulletins to all licensees and applicants. The first e-bulletin was issued a few weeks ago and highlighted the differences between the Board, NBRC, CSRC and AARC including each organization's missions and activities and noticed the next Board Meeting. She added the RCB appreciates the positive feedback received from the CSRC and others. Each bulletin will be issued a few weeks before each meeting to encourage participation in Board activities. Ms. Nunez thanked President Guzman and Ms. Molina for their work on this.

b. Continuing Education

i. Strategic Plan Licensing Goal 2.6: Complete continuing education (CE) regulations, develop and execute a plan to disseminate information to all interested parties to ensure awareness of updated changes.

Ms. Nunez reported that the CE regulations are moving through the Department and Agency's final approval process and are expected to be filed with the Office of Administrative Law in early July and become effective October 1st. Board staff will be drafting a brochure that explains the changes to the CE requirements and will have the brochure inserted into all renewal applications beginning with December 2023 renewals. Staff will also issue an e-bulletin to all licensees as well. Implementation will be hybrid, where licensees will have the option to meet CE requirements under the existing framework, the new framework or even a combination thereof, through December 31, 2025. Thereafter, all CE must meet the new requirements.

Highlights of the changes include:

- The number of CE hours required to be completed remains at 30 total hours. However, now, instead of 20 hours required for "directly related" respiratory courses and up to 10 hours of indirectly related courses, the new framework requires:
-
    - 15 hours directly related to the practice
    - 10 hours directly related to respiratory care leadership and
    - up to 5 hours indirectly related to the practice

- 15 of the total 30 hours required must be from live interactive courses/meetings. Such courses may be delivered in person or through the Internet.

- Attendance at certain meetings may now be counted for up to 5 hours credit toward indirectly related CE.
- The new "leadership" category includes completion of the already required Law and Professional Ethics course and a new section to recognize qualified preceptor training and preceptorship for CE credit.
- Additional credentialing examinations and certifications are now recognized for CE credit toward direct care

ii. Strategic Plan Licensing Goal 2.8: Audit a statistically significant sample of license renewals to determine compliance with CE requirements by 2023 and thereafter.

Staff are averaging an audit rate of 6.25% of renewals submitted each month. Of an approximate 800 renewals received each month, 50 are randomly selected for audit for a 90% confidence level with a 2.25% margin of error. On average, we show: 97.3% passed the audit and 2.6% failed the audit. Ms. Nunez noted, as of September 2022, 50 licensees per month are being audited. Figures above are based on the most recent 3 months of completed audits (150 audits) Passed: 146 Failed: 4

c. Electronic Data Efficiencies

i. Strategic Plan Enforcement Goal 3.2: Move processes online to increase efficiency.
The Enforcement program has gone paperless as of this month. Currently, 96% of licensees are renewing online. 99% of out of State applications are online. About 50% of new applications (students) are applying online but staff expects that percentage will increase with time as it is still relatively new.

ii. Strategic Plan Enforcement Goal 3.4: Establish a process to share information with the Board of Vocational Nursing and Psychiatric Technicians on enforcement cases brought forth in response to the implementation of SB 1436.
RCB's Enforcement Program Manager along with BVNPT staff set up a process and a shared folder on the DCA network so that both agencies may access the enforcement files related to complaints lodged against LVNs practicing respiratory care. Ms. Nunez thanked Liane for her work on this.

iii. Strategic Plan Enforcement Goal 3.5: Review and streamline complaint intake methods to increase efficiency and customer satisfaction.
The Enforcement Program, including the complaint intake process, has now been moved entirely online and is considered paperless. Complaints are immediately scanned or inputted into BreEZe, flagged in the system for immediate review, and acknowledgment to the complainant can be made instantly via electronic communication. Many of the investigative documents received in the Enforcement unit are now being obtained in a paperless format. Other documents are scanned and maintained in an electronic file and only pertinent hard copies may be retained until the case is closed

before being destroyed. This process began at the end of 2022 and just this month, the Enforcement Program has now completely transitioned to paperless. This means faster response times by eliminating mail delivery time and because of the BreEZe management functionality. It also means we will no longer need to expand our file room and ultimately facility rent. Ms. Nunez thanked Ms. Pitt, Ms. Freels, and Ms. Molina for their work on this transition.

As briefly mentioned earlier, the Licensing Unit reported that 96% of RCPs are submitting their renewals online. An estimated 99% of out-of-state applications are completed online and 50% of applications for licensure are being submitted online. Online application submission only recently became available. She hopes to see this figure increase as staff continue to promote the online submission process. She thanked Ms. Molina for her work on this.

d. Work Permit Process Reengineered

i. Strategic Plan Enforcement Goal 3.7: Review and strengthen processes to detect unlicensed practice.

Board staff have reengineered the Work Permit process to reduce and detect the unlicensed practice of respiratory care. Previously, any person who had graduated but had not submitted required documents for licensure would automatically be sent a work permit along with a form for the employer to complete and return. Rarely were those completed employer forms returned, raising concerns that applicants who abandon their application are working unlicensed. We have a handful of such enforcement cases each year. In most instances, an applicant has submitted all required documents so that upon completion of their education program and the successful passage of their examinations, they are ready to be licensed- a process that takes 1-3 days in our office. Therefore, the issuance of a work permit is not common. The new process includes contacting each eligible applicant once certain requirements have been met (i.e. fingerprint clearance and passing of the CRT exam). At that time the applicant is provided a form for a potential employer to complete and as soon as it is completed and returned, a work permit is issued immediately. This allows staff to maintain contact with employer and notify them if the work permit is rescinded or remind them when the work permit expires. This way, the Board is sharing the burden with employers for compliance while also eliminating this type of unlicensed practice. Ms. Nunez thanked Ms. Molina and Ms. Pitt for improving this process.

Public comment:

Comment (name inaudible) asked for clarification on whether the preceptor class is needed to train new hires and students. Ms. Nunez replied, therapists still have the option to be preceptors with or without this training. This training is only required if a licensee wants to earn CEs for being a preceptor. In that case, the qualifications must be met.

Comment, (name inaudible), from UCLA made suggestions for continuing education. Ms. Nunez replied, it will be clearer when everyone is able to see it, today was just a brief overview of the changes. She added, Board staff will be drafting a brochure that explains the changes to the CE requirements and will have the brochure inserted into all renewal applications beginning with January renewals. Staff will also issue an e-bulletin to all licensees as well.

Comment (same commenter as above) had some suggestions for the CSRC to make it easier to get leadership CE education on their website. Ms. Nunez replied those are good ideas and that CSRC leadership was in attendance and is sure this suggestion will be taken into consideration.

Board comments:

Mr. Hernandez asked Ms. Nunez to repeat the numbers for goal 2.8 concerning CE audits. Ms. Nunez replied, staff are averaging an audit rate of 6.25% of renewals submitted which is approximately 50 out of 800 renewals received each month. Mr. Hernandez added, he appreciates how this is framed highlighting the strategic goals as the Board works through the strategic plan.

President Guzman inquired how the audit is performed. Ms. Molina replied, the selection of those audited is completely random from renewals. Staff has also began encouraging the submission of CEUs electronically using the BreEZe attachment feature.

4. SB 1436 IMPLEMENTATION

a. Strategic Plan Licensing Goal 2.2: Develop and promulgate regulations identifying basic respiratory tasks and services and disseminate information to pertinent state agencies and licensed facilities in response to the implementation of Senate Bill (SB) 1436

b. Strategic Plan Licensing Goal 2.5: Facilitate stakeholder meetings to gather feedback prior to promulgating regulations that provide training guidelines permitting licensed vocational nurses (LVNs) to provide specific respiratory tasks in the home care setting in response to the implementation of SB 1436. Regulations expected to be in effect January 1, 2025.

c. Withdraw Proposed Regulation to Adopt California Code of Regulations, Title 16, Section 1399.365, Basic Respiratory Tasks and Services.

d. Proposed Legislation: Additional Exemptions for Home and Community-Based Settings and Activities

Ms. Nunez explained, last year SB 1436 was signed by the Governor that allowed the Board to codify and identify basic respiratory tasks in an effort to reduce the unlicensed or unauthorized practice of respiratory care. In that bill, it laid out an exemption for health home agencies licensed by the CA Dept of Public Health. In October, after the bill was signed, the Board approved language identifying basic respiratory tasks via regulation. Staff noticed the proposed regulations and in December, numerous comments were received in opposition. While it remains the Board's position that unauthorized persons practicing respiratory care beyond these basic tasks, even now, is illegal and has a myriad of liability issues, the perception to these facilities is that the regulations are the catalyst to making unauthorized practice illegal. For emphasis, it is currently illegal for unauthorized or unlicensed people to practice respiratory care at any level. The proposed regulations permitted some very basic tasks to be performed by unlicensed and unauthorized personnel.
Because the proposed regulations are being perceived to restrict patient care, a quell of panic ensued among some patients and facilities. The Board agreed to stay within the spirit of the intent of SB 1436, and at its March meeting, moved to pursue legislative language that would provide additional exemptions. Following the March meeting additional needed exemptions were identified, and the regulatory language was not ready or fully researched to progress.

Also, as was reported in March, staff held a round table with home care agencies to discuss training guidelines. However, because the board is pursuing additional legislation that will also include training guidelines, it is premature to move further on this subject until the Board can establish via regulation basic respiratory tasks.

As a means to building cooperative and united relationships with the industry in pursuing consumer protection, Ms. Nunez recommended:

1. The Board make a final attempt at the beginning of 2024 to pursue a legislative exemption as appropriate, for specific facility types and activities. Proposed legislation will again be presented to the Board at its last meeting this year. Should opposition to the language kill legislative attempts, the Board may consider moving forward with the authority in SB 1436 and the original proposed regulatory language. A contentious process that the RCB hopes to avoid but may be without an alternative.

2. Formally withdraw the existing basic respiratory tasks regulatory language as the time limit to proceed expires in November of this year. Then resubmit the regulatory language mid 2024 after the Board has attempted additional exemptions through the legislative process.

3. The final step will be to pursue regulatory language to implement the training components of SB 1436 and any other successful legislative attempts.

Mr. Goldstein moved to formally withdraw the basic respiratory tasks proposed regulations.

Public Comments:

Comment from Congregate Living Health Facilities Association. There are 268 facilities in California who service a variety of patients, some respiratory and some not respiratory. They are asking for an exemption because they are considered a patient's home just like home health. With the proper training and education, it is feasible to provide respiratory care for our patients and doesn't make sense to staff an RT. Congregate living facilities employ RNs, LVNs & CNAs who provide the care.

M/Goldstein /S/Hernandez
In favor: Early, Goldstein, Guzman, Hernandez, Mehta, Terry, Williams
MOTION PASSED

5. PROFESSIONAL QUALIFICATIONS COMMITTEE UPDATE & DISCUSSION

President Guzman turned the meeting over to the Professional Qualifications Committee Chair, Ray Hernandez for an update regarding the Committee's work on Strategic Plan Goals 2.3 and 2.4.

Mr. Hernandez stated this is ongoing from a previous strategic goal to develop an action plan to incorporate a baccalaureate degree into the Respiratory Care Practice Act to ensure the education requirements meet the demand of the respiratory care field. This exploratory phase was started about 2 years ago. Mr. Hernandez and Mr. Terry have been working on developing some recommendations. They started with a series of study sessions looking at the progression of the profession as well as case studies looking at other professions and qualifications. At that point they started to gather data through a series of focus groups, which is what is being presented. He emphasized no decision has been made by the Board in this exploratory phase and if there is a regulatory change, there would be a grandfather clause that would allow a practitioner to maintain their license regardless of any new statutory requirement, as long as their license remains current.

Mr. Terry shared the process and the results of the focus groups which included educators, department leaders, specialty practitioners and legislative or professional organizations, 21 individuals in total representing a wide variety in the field of respiratory care. Mr. Terry summarized the focus groups' comments:

<u>Summary:</u>

- 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 favored tiered licensure structures. They expressed varying perspectives to how a 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.

Public comment:
Vill Miranda, Respiratory Therapist at Grossmont Hospital, stated he appreciated the want to upscale the minimum requirement, but because of the shortage, there must be an entry level. The concept of 'having a higher education keeping you at bay' is false. At Grossmont alone, they have lost PAs, master's, and bachelor's nurses because of how hard it has been over that last couple of years. It takes great appreciation to do their job. He has an associate degree and was the physician extender at Grossmont Hospital doing all the critical care intubations and A-lines. He added, it is his grit, focus and desire to take care of people that put him in that position. Leadership isn't always something that you can teach someone.

Ms. Williams stated it is her understanding that with nurses there is a CNA, LVN and RN and now they split the RNs to where you can get an associate degree and be an RN. Are you saying that the nurses need to go through a program like this first for respiratory?

Mr. Miranda replied nursing has always been an associate program with bachelors as a fast track. If the profession is trying to implement bachelors as a minimum, the finances must be there to pay RTs as much as a nurse and there must be incentive from the facility. It's all about money. You can't hold respiratory to a higher standard than nursing and expect to pay RTs less.

Ms. Nunez asked him, in your opinion, doesn't that not elevate the profession? Mr. Miranda replied only if it is recognized. The perception is that nurses do more in respiratory than RTs. The higher standard must be compensated.

President Guzman asked if every hospital created a tier that paid associate RTs a certain amount and bachelors a certain amount, would that be something he would support? Mr. Miranda responded, it's not just money, it's incentive. He believes RTs should have a bachelors for specialty areas but doesn't think it should be required for standard care.

Bob, retired RT from Madera, CA, stated he has seen a lot of changes in the field and feels RTs have and will progress much more from the basic care to more complicated and sophisticated things and supports the 4-year degree as essential in the years to come to support the profession.

Denise Tugade, SEIU United Health Care Workers, representing over 100,000 allied health care workers across California including respiratory therapist, raised concerns about the process of the report raised by the Professional Qualifications Committee. She added, this report focus group has wonderful representation but is critically lacking in the voices of the practicing respiratory therapist who have invaluable experience regardless of their education and have served through multiple pandemics. Their concern is that any change in education should be based in evidence for improvement to patient care and any changes, if any, will occur to scope and responsibilities. They are not just concerned about pay, but also what the career ladder will look like for RTs and APRTs. They also remain concerned about the ability of the California educational institutions to meet both the demands for classroom spots and clinical education placement, even just finding preceptors has been

a challenge. SEIUHW continues to hope that they, along with the respiratory therapist, who they represent, will be able to be considered partners and have a seat at the table for this critical discussion of moving this profession forward. She gave the Board a list of written comments from many respiratory therapists who were not able to attend this board meeting.

Bridgette LeMere, Respiratory Therapist for 21 years, stated her concern is while they will be grandfathered in, with the schools moving on to bachelor's degrees, they will also need to include more clinical hours. She is also concerned about the lack of recognition. There is no differentiation between the CRT and RRT.

Tamra Langguth, Scripps Nursing in San Diego, a practicing RT for 42 years, stated from her experience, just because an RT has their RRT and bachelors does not make them a better therapist. A tiered system would not work because it would not address balance in the department. Someone might get paid less but do more.

Joe from UCLA stated that regardless of the degree, he believes the profession will still be recognized because of all the accomplishments. During the pandemic, the news highlighted the field and acknowledged the work of respiratory therapists. He believes the profession could still be elevated if a BS degree is provided but not as a minimum requirement. RTs should be able to go beyond an associate for self-fulfillment and if required for leadership and management.

Trisha, Kaiser Permanente, asked if respiratory therapy can model itself from the barriers of other professions that have gone through this process. Mr. Hernandez replied, the committee has looked at other professions during the study sessions and some of the challenges each has gone through.

Unidentified speaker stated the committee needs to look at reimbursement pay of other professions versus respiratory therapy reimbursement. That is a big issue for RTs. Mr. Hernandez replied the committee is taking those things into account as well. When looking at reimbursement via Federal to State, the bachelor's degree is one of the big factors.

Mr. Hernandez reviewed committee recommendations for next steps:

- Identify and conduct follow up strategies for receiving more perspectives with applicable stakeholders (surveys, focus groups, open forums, etc.). He added feedback needs to be informed, based on people reading the information and then responding, and not an emotional reaction.
- Explore and review possible models for addressing the strategic plan goals. The committee will also take a look at what a tiered structure would look like.
- 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. The Legislature has revised California law to allow the community college system to develop and implement bachelor's degree programs in needed industries.
- 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.

Mr. Terry inquired if it would be possible for the Board to initiate a study to look at the level of RCP education and patient safety, similar to the 2017 Work Force Study. Ms. Nunez responded it is possible through the contracts process if the Board wishes to move in that direction. Details and

scope will need to be identified prior to the bid process. Mr. Hernandez suggested the subcommittee bring something to the Board by the next meeting.

Ms. Williams asked if she is correct in saying that most people at this meeting don't feel that implementing a BS degree is needed at this level because it is more of a hands-on job. She added the Board is not looking to replace current RCPs with baccalaureate degree RCPs.

President Guzman clarified, the RCP's roll is more than just hands on, and it continues to evolve. Forty years ago, when he entered the program with one year of education and a CRT, he was not prepared so he went back to school to earn his advanced credentials and at that point felt more prepared to perform at the level expected. He added the profession now is much more advanced than it was at that time and RCPs are expected to do more. It will benefit the profession if more RTs pursue higher education.

Vice President Goldstein stated he graduated in 1973 with an AS degree. The field, at that time, was primarily on the job training or CRT. While nurses went from an AS to a BS, respiratory therapists were fighting between CRTs and RTs. The problem has been communication which is learned through education.
President Guzman added there are also reimbursement issues that need to be considered. One of the reasons an RT is not recognized by the government is because RTs are at an associate level.

Unidentified speaker stated the problem is with the facilities and not so much the regulations. The facilities need to be mandated on time constraints for training.

Mr. Hernandez summarized next steps stating the committee will continue to gather feedback and report back to the Board and present some models at a future meeting. The committee will also look at exploring a proposal for a study which looks at patient safety.

Mr. Hernandez moved the Board's Executive Office reach out to all the associate degree schools in California to let them know the RCB is in support of a bachelor's degree program in California and that the Board is here to provide a letter of support, should they need that. The motion was seconded by Mr. Terry.

Public comment:
Denise Tugade, SEIU United Health Care Workers, raised a concern with the debt incurred by their members to achieve this level of education as well as the limited number of schools providing this training. Additionally, if there were to be a rush of schools in California, they might not be properly vetted or at the level needed to provide the additional education.

Jolene Burgess, Enloe Medical Center, Chico CA, stated it seems to be only Sacramento represented in the focus groups and wanted the committee to ensure Northern California is represented as well where there are a lot of rural facilities. She offered to provide input as needed.

Wayne Walls, CSRC President and respiratory therapist, stated it would be valuable information to have an idea of how many licensed practitioners already hold degrees beyond the associate level. He added, this information might possibly be included in the license renewal process.

Unidentified speaker added to Mr. Wall's suggestion, stating it would also be helpful to know what type of jobs RTs are doing in their facilities.

M/Hernandez /S/Terry
In favor: Early, Goldstein, Guzman, Hernandez, Mehta, Terry, Williams
MOTION PASSED

Abdullah Alismail, PhD, RCP, RRT, FCCP, FAARC, faculty at Loma Linda University, shared preliminary findings of the APRT (Advanced Practice Respiratory Therapy) survey. Dr. Alismail stated, a needs assessment survey for the APRT was conducted throughout the State to get a perception of where the profession stands on establishing an APRT in California. This study was conducted by Yiqing Xu, BSRC, RRT, RCP, who is currently in the master's program at Loma Linda University. The study is designed to be conducted in multiple phases. They have just completed phase 1 which was to reach out to stakeholders in the profession. The survey went out to all licensed RCPs in the State as well as Program Directors and their students to gather their thoughts. He thanked the RCB and CSRC for their assistance disseminating the survey. Phase 2 will be to recruit more M.D.s. So far, they have received over 1,000 responses. 72% of respondents were practicing bedside RCPs, 15% managers and directors, and 9% full-time faculty, students were about 4%. The education levels are close to 40% between associate and bachelor's degrees and 18% masters. 93% support the establishment of advanced practice respiratory therapy in the State of California as an APP (Advance Practice Provider). The survey also showed 61% recommended that the preferred education for an APRT be at a master's degree level. 70 % said they would be interested in applying for the APRT program should one be established. Key barriers identified by the survey are as follows:

1. Acceptance among advance practice providers (76%)
2. Acceptance among physicians (70%)
3. Legislation as a barrier (52%)
4. Scope of Practice (50%)
5. Reimbursement (48%)

Dr. Alismail continued, 74 % believed this should be a separate license and 96% believed patient care experience should be a prerequisite before getting into the program. 67% of managers, directors, bedside RTs, students, and full-time faculty do see potential employment opportunities for an APRT at their facilities.

Dr. Alismail added they are hoping to complete the study in August/September then publish the findings soon thereafter.

Mr. Hernandez asked when they expect to complete and publish the entire study. Dr. Alismail responded the goal is to have it completed this year.

Dr. Mehta asked if he could expand on the scope of practice. Dr. Alismail responded the scope of practice is not yet known except that it is an Advanced Practice Provider. They need to think about reimbursement and prescription rights as part of the barriers and challenges. CoARC has the program curriculum designed but from a legislative perspective it is still in the works.

Mr. Terry responded VA has a model for APRT which is similar to an advanced practice nurse, so they would have prescriptive abilities. They work in clinics and ICUs.

Public comment:

Name inaudible, UC Davis Medical Center, stated North Carolina House Bill 316 has advanced and there is a lot of support for it. He added it would be helpful to get more information from the board in North Carolina. Dr. Alismail and Mr. Terry have been in touch with them as they have shared their information. There is also a working group with AARC that's helping with some of the legislative questions.

6. LEGISLATION OF INTEREST

Ms. Molina provided a summary for three newly identified bills, including staff recommended positions before a vote was taken:

AB 477 (Waldron) - Staff Recommended Position: WATCH
Title: Legislative review of state boards.
Status: Referred to Assembly Committee on Business and Professions and is now a 2-year bill.
Existing law requires the Joint Sunset Review Committee to review eligible agencies (like the Board) and prepare a report that is made available to the public and the Legislature on whether the agency should be terminated, or continued, or whether its functions should be revised or consolidated with those of another agency, as specified. This bill would require the report prepared by the Joint Sunset Committee to be made available to the public online. While this bill is no longer active this year, since it is a 2-year bill, the Board should still be watching it for any potential action that may be taken in 2024.

AB 1028 (McKinnor) - Staff Recommended Position: OPPOSE
Title: Reporting of crimes: mandated reporters.
Update: Bill was referred to Senate Public Safety Committee on June 14th, but no hearing date has been set.
Existing law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor.
This bill would, on and after January 1, 2025, remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct, and instead require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, to provide brief counseling, education, or other support, and a warm handoff, as defined, or referral to local and national domestic violence or sexual violence advocacy services, as specified.
Staff has recommended an oppose position on this bill as it seems eliminating the duty of a health care practitioner to report assaultive or abusive conduct to law enforcement when they suspect a patient has suffered physical injury caused by such conduct directly conflicts with the Board's highest priority of consumer protection. In some instances, it is surmised that interaction with a healthcare practitioner may be the only opportunity for a victim in an unsafe situation to connect with law enforcement. As stated by the San Diego County District Attorney's Office in opposition to the bill, "California has long protected it's most vulnerable by legislating mandated reporting for domestic violence and child abuse, and more recently elder abuse. This bill eliminates healthcare mandated reporting for any physical injury due to domestic violence other than the small percentage of domestic violence cases that result in injuries from firearms. This means that domestic violence victims who are bruised, attacked, stabbed, strangled, tortured, or maimed or are injured with weapons other than firearms, would not receive the current protection the law affords."

SB 544 (Laird) - Staff Recommended Position: WATCH
Title: Bagley-Keene Open Meeting Act: teleconferencing.
Status: In Assembly, referred to the Governmental Organization Committee.
This bill amends the Bagley-Keene Open Meeting Act to remove certain teleconference requirements, while ensuring remote public access to state body meetings via audio, online platforms, or physical attendance. The bill does specify that each board meeting include at least one physical location where a member be physically present, but also allows this requirement to be satisfied by the attendance of at least one staff member. Also, those of you who have served on the Board for many years may recall that prior to Governor's Executive Order authorizing teleconference meetings in response to COVID-19, the Bagley-Keene required public access at any location where a member participated in

a meeting requiring the coordination of several public locations throughout the State. This bill eliminates that requirement, allowing members to attend virtually from any remote location, including their homes.

Vice President Goldstein moved to accept the staff recommendation of Watch on AB 477, Oppose on AB 1028 and Watch on SB 544.

Ms. Early commented she remembers having a teleconference from the Evanston Illinois public library a few years ago as it had to be opened to the public and she feels SB 544 would be a good idea.

Public comment: None received

M/Goldstein /S/Mehta
In favor: Early, Goldstein, Guzman, Hernandez, Mehta, Terry, Williams
MOTION PASSED

7. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

President Guzman stated the Board is unable to take action on any items not listed on the agenda. The only action the Board may take is to decide whether to place an item on a future agenda. He asked if anyone would like to make a public comment on anything that is not on the agenda.

Public comment:
Michael Madison shared his frustrating experience with the application process in Massachusetts and thanked the RCB for their efficiency and added, the Board should keep doing what they're doing.

8. FUTURE AGENDA ITEMS

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

Mr. Hernandez commented to continue the Professional Qualification Committee update.

Public comment: None received.

ADJOURNMENT

The Public Session Meeting was adjourned by President Guzman at 3:10 p.m.

RICARDO GUZMAN
President

STEPHANIE A. NUNEZ
Executive Officer