PUBLIC SESSION MINUTES

Friday, June 6, 2025
PUBLIC MEETING

Members Attending In-Person:
Ricardo Guzman, RCP
Raymond Hernandez, RCP
Preeti Mehta, MD
Abbie Rosenberg, RCP
Michael Terry, RCP

Members Attending Virtually:
Manuel Magpapian, Esq.
Cheryl Williams

Staff Present:
Reza Pejuhesh, Legal Counsel
Christine Molina, Executive Officer
Kathryn Pitt, Associate Governmental Program Analyst
Stephanie Aguirre, Associate Governmental Program Analyst

CALL TO ORDER

The Public Session was called to order at 1:04 p.m. by President Guzman.

Ms. Pitt called roll (Present: Magpapian, Mehta, Rosenberg, Terry, Williams, Hernandez, and Guzman) and a quorum was established.

PRESIDENT'S OPENING REMARKS

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 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 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.

President Guzman acknowledged the recent reappointment of Cheryl Williams by Governor Newsom, as a public member of the Board adding Ms. Williams can always be counted upon to bring a thoughtful perspective to our meeting and consistently provides invaluable input on many issues. We are glad she will continue to be a part of the Board for a few more years.

President Guzman advised word was received that Sam Kbushyan's time on the Board has come to an end with the expiration of his second term. On behalf of the Board, he expressed our deep gratitude to Mr. Kbushyan for his 8 years of service as a public member. His commitment to the mission of protecting consumers and supporting the respiratory care profession has been exemplary. While we will miss his presence on the Board, we wish him continued success in his future endeavors. Staff will work to provide Mr. Kbushyan a token of appreciation from the Board for his years of service.

President Guzman entertained any comments or questions from the members.

None were received.

President Guzman then asked if there was anyone in the audience that would like to make a public comment.

None were received.

MARCH 13, 2025 MEETING MINUTES APPROVAL

President Guzman asked if there were any additions or corrections to the March 13, 2025, minutes. None were received and a motion to approve as written was requested.

Dr. Mehta moved to approve the March 13, 2025, as written.

The motion was seconded by Ms. Rosenberg.

President Guzman entertained any comments or questions from the public.

None were received.

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

EXECUTIVE OFFICER'S REPORT

Governor's Executive Order N-22-25: 4-Day Return to Office for Staff

Ms. Molina explained at the onset of the COVID pandemic, most staff transitioned to telework in some capacity. During the early stages of the pandemic, telework became the primary work arrangement, though by 2024, staff had returned to working in the office 2–3 days per week.

On March 3, 2025, Governor Newsom issued Executive Order N-22-25, mandating that all state agencies and departments under his authority implement a hybrid telework policy requiring employees to work from a state office location at least four days per week, effective July 1, 2025. This policy aims to enhance collaboration, communication, and accountability within the state workforce.

Ms. Molina advised that in alignment with the Executive Order, beginning July 1, 2025, all Board staff will work in the office four days per week, with one telework day scheduled based on operational needs. She noted that while staff demonstrated exceptional adaptability in transitioning to telework, remained engaged and informed throughout, and continued to meet performance measure targets, there is undeniable value with in-person interaction. Many staff members have expressed a sense of nostalgia for the days when we saw each other daily. Despite challenges such as increased commuting costs and traffic, the team has shown overwhelming support for this change, and they consistently make leading them very easy.

Exclusive Online Initial Application Filing Beginning 2026

Ms. Molina stated that as part of ongoing efforts to streamline and modernize processes, the Board will transition to an exclusively online initial application filing process beginning next year.

On April 15, 2025, all program directors were notified that effective January 1, 2026, all initial applications must be submitted through the BreEZe online platform, and paper applications will no longer be accepted. This change is aimed at ensuring greater efficiency, reducing processing times, and enhancing the overall experience for applicants and program directors alike.

Additionally, Ms. Molina shared that we are updating the process for obtaining a Live Scan Form which contains the Board's pre-populated information for background processing. Soon, Live Scan Forms will only be generated once applicants have successfully filed their initial applications and the transition to e-filing will support this procedural change. The benefits of applying online include:

- Prevention of application form deficiencies, as mandated fields are required to be completed before the application can be submitted.
- Ability to attach supporting documents.
- Ability to view and monitor outstanding application requirements, including viewing updates when outstanding items have been fulfilled; and
- Online notification when the application has been approved.

Staff "RCP Shadow Days" at UC Davis Medical Center

Over the last few weeks, Ms. Molina stated that she and several other staff members had the opportunity to shadow respiratory therapists at UC Davis Medical Center here in Sacramento. From a personal perspective, she shared that shadowing in an ICU was an eye-opening experience. Ms. Molina said she had participated in high-level tours before where she was shown briefly the various settings in which RCPs work. However, this recent visit gave her a front row seat to the critical role RCPs play in patient care. Ms. Molina witnessed the high-pressure environment of the ICU, where quick thinking, precision, and teamwork are absolutely essential.

During her time at UC Davis, Ms. Molina observed the intricacies of managing ventilators, assessing respiratory conditions, and collaborating with a multidisciplinary medical team. She gained a deeper understanding of the challenges faced by patients with severe respiratory issues and the technical expertise required to support them. The experience also brought to light the emotional and human aspects of healthcare. She saw how therapists navigate the delicate balance between offering life-saving interventions and providing compassionate care. It was both humbling and inspiring, and she expressed her gratitude to all four RCPs on this Board for the care they have personally provided California's respiratory care patients. She also thanked Chris Giannelli, the exceptional RCP that allowed her to tag along with him on his shift.

Ethics Course Revisions Update

Ms. Molina explained the Board continues to work with the CSRC and AARC on the required revisions to the Law and Professional Ethics course, scheduled for implementation next January. The CSRC met the May 1st target date by submitting a draft course, which has already been reviewed by staff and the Professional Qualifications Committee (PQC), and feedback has been shared with CSRC.

Due to recent staffing changes, the AARC requested additional time and has not yet submitted its course. Final course submissions from both organizations are due by September 26th to ensure staff has adequate time to prepare materials for the Board's review and approval at the October 10th meeting.

Sunset Timelines

Ms. Molina explained the sunset review process occurs every four years and provides an opportunity for the Department of Consumer Affairs (DCA), the Legislature, the Board, and various stakeholders to assess the Board's performance and recommend improvements. Our Board is included in the next group scheduled for review.

She pointed out that as outlined in the attached timeline, the sunset review process typically begins in the spring of each cycle and continues through the end of the following year. Around this time of year, the Joint Sunset Committee provides a template requesting detailed information and data from the boards (we anticipate receiving ours soon). Using this template, Ms. Molina will draft the Board's report for review, discussion, and approval in the fall, ensuring it is ready for submission by the deadline in either December 2025 or January 2026.

In January or February of 2026, the Board's Sunset Bill will be introduced, usually with placeholder language, and hearings commence in February or March. Approximately 10 days before the hearing, the Joint Oversight Committee issues a background paper that evaluates the Board's

performance since its last review and highlights issues requiring attention. At the hearing, the Executive Committee and Executive Officer testify, and the Board has 30 days to submit written responses to the background paper and any additional information requested. If no significant issues are identified, the Legislature typically extends the Board's sunset date for another four years.

The content and data requested in the sunset template have remained largely consistent for over a decade, with only minor revisions or additions. Given this continuity, Ms. Molina has already begun drafting portions of the report using last year's template, as well as current updates to issues identified during our last sunset review. In the coming months, she will continue to develop the report and provide updated drafts to the Executive Committee for review and feedback before presenting the final draft to the full Board at our October meeting.

2025 LEGISLATION OF INTEREST

The agenda materials include updates regarding those bills for which the Board took WATCH positions at the March 13, 2025, meeting. Ms. Molina proceeded to highlight a few of those bills that have had had significant amendments since March 2025.

AB 667 - (Solache) Professions and vocations: license examinations: interpreters

AB 667 initially proposed that, beginning January 1, 2026, each licensing board within the Department of Consumer Affairs (DCA) permit applicants who are unable to read, speak, or write in English to use an interpreter during licensing examinations. However, as of April, the bill was amended to exclude health care licensure boards. Consequently, this legislation no longer affects our Board.

AB 742 - (Elhawary) DCA: licensing: applicants who are descendants of slaves

AB 742 mandates that state licensing boards within the DCA prioritize licensure applicants who are descendants of slaves. The Board previously opposed an earlier version of this legislation due to potential cost impacts associated with certifying applicants meeting the established criteria. However, in April, the bill was amended to assign the responsibility for certifying eligibility to the Bureau for Descendants of American Slavery, which is proposed to be established under a separate Senate Bill (SB 518). This amendment effectively eliminates any cost concerns for the Board.

AB 1434 - (Rodriguez) Health care boards: workforce data collection

AB 1434 addresses workforce data captured by the RCB and BRN. Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. This bill would make non-substantive changes to those provisions.

SB 389 - (Ochoa Bogh) Pupil health: individuals with exceptional needs: specialized physical health care services

SB 389 clarifies that a licensed vocational nurse (LVN) performing suctioning and other basic respiratory tasks under the supervision of a credentialed school nurse are not prohibited by the Respiratory Care Practice Act. Initially, the bill proposed amending the Education Code to allow LVNs to perform suctioning. However, following discussions with the Senate Business and Professions Committee, it was determined that the issue would be better addressed by amending Business and Professions Code Section 3765 within the RCPA (where other exemptions related to LVNs are currently provided). The current version of the bill reflects this change, exempting LVNs from respiratory care licensure requirements for suctioning when performed in a school setting under the supervision of a credentialed school nurse, with agreement from both the author and sponsor.

SB 470 - (Laird) Bagley-Keene Open Meeting Act: teleconferencing

SB 470 extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

Bagley-Keene Open Meeting Act

(1) Traditional single-location option
- Majority of members gathered at one publicly noticed and accessible location.
- No members participating remotely.
- No requirement to allow remote public participation.

(2) Traditional teleconference option
- Members at different publicly noticed and accessible locations connected via phone or Webex.
- No requirement to allow remote public participation.

(3) New teleconference option
- Majority of members gathered at one publicly noticed and accessible location.
- Extra members above a majority can participate remotely from private, non-public sites.
- Must allow remote public participation.

This bill would delete the January 1, 2026, repeal date, authorizing the alternative set of teleconferencing provisions for multimember state boards indefinitely.

SB 669 - (McGuire) Rural hospitals: standby perinatal medical services

SB 669 would require the California Department of Public Health (CDPH) to establish a five-year pilot project to allow critical access and individual and small system rural hospitals to establish standby perinatal medical services.

FEDERAL LEGISLATION

HR 783 – (Congressman John Joyce) The Sustainable Cardiopulmonary Rehabilitation Services in the Home Act - **Board Position To Be Ratified: SUPPORT**

Status: 1/28/25: Introduced in the House of Representatives and referred to relevant committees for consideration

HR 783, the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act, a Federal bipartisan legislative effort aimed at permanently expanding Medicare coverage for in-home cardiac and pulmonary rehabilitation services delivered via telehealth. This initiative builds upon temporary flexibilities introduced during the COVID-19 pandemic, which allowed patients to receive these essential services remotely.

During the pandemic, temporary waivers demonstrated the effectiveness of home-based rehabilitation services, leading to improved patient outcomes and increased access to care. Recognizing these benefits, the Act aims to make such services a permanent fixture in Medicare. It has garnered support

from various healthcare organizations, including the American Association of Cardiovascular and Pulmonary Rehabilitation, the American College of Cardiology, and the American Thoracic Society.

The Board became aware of this bill after the March meeting. Consequently, the Executive Committee was asked to take an interim support position, as permitted, to enable the preparation of a support letter, which is included in your agenda materials. The Board is now being asked to ratify the interim support position.

Mr. Terry moved to ratify the interim support position taken by the Executive Committee on HR 783.

Ms. Rosenberg seconded the motion.

President Guzman entertained questions and comments from the members.

None were received.

Request for public comment.

Michael Madison: Mr. Madison stated the corresponding Senate Bill 1406 (SOAR Act) has been entered into the US Senate and was submitted by Senator Cassidy who is a physician in Louisiana.

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

PROFESSIONAL QUALIFICATIONS COMMITTEE UPDATE & DISCUSSION

(Raymond Hernandez, Chair, Michael Terry, Member)

Draft Recommendation to Increase the Minimum Education Requirements for Entry into Practice to a Bachelor's Degree

Vice-President Hernandez explained this process began in June 2021 and involved the assistance and input of Mr. Terry, as well as the support of the Board's executive staff. The process over the past 4 years involved collection data which was acquired over time, and consisted of studies, meetings, discussions, bringing information to the Board, obtaining feedback and incorporating it into the process and we are now at the point where the proposed recommendation is being presented for consideration.

The Board's March 2025 meeting was held in conjunction with the CSRC's Annual Meeting, where additional information was received, including letters from the CSRC's Respiratory Managers Association, UC Managers Collaborative, and CSRC's Professional Advancement Committee (Educators Response).

CSRC Managers Association of Respiratory Services Letter Stated:

- 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 Stated:

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 Stated:

- …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."

Vice-President Hernandez added that nationwide there is growing support to increase the educational requirements from an associate degree to a bachelor's degree and shared that New York State currently has proposed legislation, Senate Bill 6329, aimed to achieve this.

Vice President Hernandez also mentioned that North Carolina and Ohio are pursuing legislation to create licensure for an Advanced Respiratory Care Practitioner.

There are approximately three other states that are either in the discovery phase or in actual discussions in terms of a bachelor's degree. There appears to be a movement across the nation in terms of advancing the profession.

Based on data gathered and in-depth discussions over the past 4 years, ***the PQC asked the Board to consider its recommendation to increase the minimum educational requirements for entry into practice to a bachelor's degree.*** The increased educational requirement supports improvement in the health, safety, and welfare of California's consumers in need of respiratory care services and aligns with current and evolving healthcare practices.

Mr. Terry added this is an idea whose time has come, and we have been at this for many years and not just in California. This started back in 2006/2008 with the AARC and the reasons for doing it were apparent then and just as apparent now. It speaks volumes to receive the recognition from the managers and educators here in California and the leadership of the field endorsing this.

President Guzman thanked Vice-President Hernandez and Mr. Terry for their continued work on this matter and opened the matter to members for discussion.

Dr. Mehta thanked Vice-President Hernandez and Mr. Terry for their hard work and the many hours spent in compiling the information.

Vice-President Hernandez extended his appreciation to the Board's executive staff for their assistance throughout this process, including the creation of a page on the Board's website which provides various information related to this matter and is very helpful and a great resource.

President Guzman entertained questions and comments from the public.

Naomi Bugayong, RRT, UC Davis Health, Sacramento and Secretary, CSRC – Ms. Bugayong is speaking on her own behalf and thanked the Board for expanding their role. She explained that she was part of the first graduating class at Modesto Junior College for the bachelor's program, had a great experience, and appreciates the work being done, including the matter being carefully studied with surveys and data.

Jennifer Tannehill, CSRC – Ms. Tannehill thanked the Board for staying abreast of where the industry is heading and how we can best serve patients and ensuring California is providing the best respiratory care.

No other public comments were received.

Ms. Rosenberg moved to support the recommendation to move forward with a bachelor's degree as the minimum requirement for RCP licensure.

Mr. Terry seconded the motion.

Mr. Pejuhesh, Board Legal Counsel, clarified that the motion under consideration should be understood as the Board's general support for expanding education requirements for licensure, with the recognition that such changes require legislative action that may be beyond the Board's direct control.

Mr. Hernandez emphasized that while the motion signals direction, further details, including timelines, strategies, and implementation considerations, may be refined and brought back to the Board for review. Ms. Molina noted that the upcoming Sunset Review could serve as a potential vessel for pursuing this proposal, though legislation outside of that process is another alternative.

Mr. Hernandez acknowledged that this effort will continue to require a thoughtful, deliberate approach, with additional discussions and planning through the PQC. Considerations will include workforce impact, potential barriers to licensure, and alignment with legislative priorities and reaffirmed its commitment to advancing this initiative while recognizing that statutory changes will be required before implementation.

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

ADVANCED PRACTICE RESPIRATORY THERAPIST

Legislative Efforts by the California Society for Respiratory Care (CSRC) to Establish an Advanced Practice Respiratory Therapists (APRT) in California

Ms. Molina brought attention to this item as it has potential to directly impact our Board. The agenda materials for this item outline proposed legislation as well as the benefits of the APRT, which include the availability of qualified practitioners to improve patient care by providing specialized respiratory services, increasing access in underserved areas, reducing costs, enabling timely interventions, educating patients, enhancing care coordination, and driving innovation in respiratory therapy. Ms. Molina requested the Board's input on including the APRT as a "new issue" within the Board's upcoming Sunset Report to show the correlation between how the establishment of this role aligns with the Board's consumer protection mandate.

Consideration to: 1) support the development of the Advanced Practice Respiratory Therapist (APRT) Role in California to Enhance Consumer Protection by Ensuring Access to Highly Skilled Respiratory Care Professionals, and 2) to Collaborate with the California Society for Respiratory Care (CSRC) to Draft Legislative Language that Prioritizes Public Safety and Aligns with the Standards of the Respiratory Care Practice Act

Mr. Terry asked if there was anyone from the CSRC present to provide comment.

Jennifer Tannehill, CSRC – On behalf of the CSRC, Ms. Tannehill thanked the Board for their consideration in supporting the proposal for the creation of the APRT and feels the Board's support, and inclusion of this in the Board's Sunset Report, for consideration by the Legislature during Sunset Review, provides a spotlight on the industry. The CSRC believes cardiopulmonary patients and physicians will greatly benefit by having a graduate level, advanced practice provider, who comes to the physician already having a strong cardiopulmonary base of understanding that's unlike any other advanced provider. Ms. Tannehill concluded the CSRC looks forward to working with the Board on this important issue as it develops and provided information which the members should have and is available for any questions.

Mr. Terry explained this is an example of an idea that resulted from grass roots to address the needs of the medical community, not just now but the needs in the future. We are aware there will be access issues forthcoming for patients and feel developing the APRT will help remediate some of the problems in the future by making more practitioners available to those patients that need them. This is a national movement that is also occurring in other states. Mr. Terry added he was apprised of 5 other states that are in the process of developing APRT language, and our Board is one of the first five in the nation.

Mr. Terry made the recommendation that the Board support the development of the Advanced Practice Respiratory Therapist in California, adding the Board should work closely with the CSRC to develop the appropriate legislative language and was pleased to see that the CSRC has already created some legislative language.

Ms. Molina recommended the Board support the development of an Advanced Practice Respiratory Therapist in California and to work with the CSRC toward this effort but noted in supporting the development of the advanced practice role, the Board needs to be mindful of the consumer protection enhancement portion of it. Ensuring access to highly skilled respiratory care professionals, with the projected physician shortages will allow availability and access to those that need pulmonary and cardiopulmonary care. She also stated that in collaborating with the CSRC, the Board must prioritize public safety that aligns with the standards of the Respiratory Care Practice Act.

Vice-President Hernandez moved to support the development of the Advanced Practice Respiratory Therapist (APRT) role in California to enhance consumer protection by ensuring access to highly skilled respiratory care professionals, and to collaborate with the California Society for Respiratory Care (CSRC) to draft legislative language that prioritizes public safety and aligns with the standards of the Respiratory Care Practice Act, with public protection being the Board's priority.

Mr. Terry seconded the motion.

President Guzman entertained comments and questions from the members.

Dr. Mehta reiterated that with the number of physicians aging out and the number of cardiologists and pulmonologist being reduced, there will be a shortage and patient safety needs to be a priority. Added this is important as many respiratory care practitioners are already participating in this role, especially in the academic centers.

Vice-President Hernandez stated the motion just approved for entry into the bachelor's degree aligns nicely with the pathway to advanced practice and everything is fitting together nicely for California citizens.

President Guzman entertained comments and questions from the public.

Naomi Bugayong, RRT, UC Davis Health, Sacramento and Secretary, CSRC – Ms. Bugayong thanked the Board for passing the motion regarding APRT. She stated that Jennifer Tannehill, CSRC, provided assistance and support with the legislative language process, as well as Theresa Cantu, CSRC, and Krystal Craddock, CSRC. The packet that was submitted is very detailed and hopes it shows their dedication to collaborating toward that shared goal.

Michelle Herzog, Executive Director of Therapy Services, UC Davis Health – Ms. Herzog advised it's a very exciting time to be a respiratory care practitioner and appreciates the Board. As an employer, the APRT provides her a functional way to advocate for career path development, specifically as it pertains to some of their value-based initiatives, and this will enhance the employee satisfaction, support, and career longevity for respiratory care therapists. And while she knows there will be some immerging space for advance practice respiratory therapists, there are currently critical care areas where the APRT would be beneficial. She works with many critical care specialties and spaces within UC Davis where they currently have an advanced practice provider, but it is not a respiratory care practitioner. As previously mentioned, the need for cardiopulmonary disease and airway specialty is necessary and is excited to see where we go from here.

Michael Madison – As a point of information, Mr. Madison advised the National Board for Respiratory Care (NBRC) Task Force met last week to begin developing requirements for a national credential for APRT similar to the RRT. It was requested the NBRC be added to the list for collaboration regarding this matter.

Krystal Craddock, CSRC President, RCP at UC Davis Health – Ms. Craddock explained that she's seen firsthand the backlog of patients trying to seek out-patient care in the sub-patient specialty clinics such as COPD and asthma where follow ups are currently scheduled out to December and January, so an APRT would be very helpful in the urban community as well as the rural community. She added that up north there are only a handful of pulmonologists so there are many patients traveling down to seek medical treatment and having APRTs positioned in all areas would be very helpful. Ms. Craddock expressed her appreciation to the Board with their support to the CSRC on this matter.

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

UPDATE AND DISCUSSION REGARDING PROPOSED REGULATIONS RELATED TO HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES AND TRAINING REQUIREMENTS

Ms. Pitt provided an update on the proposed regulations related to home and community-based respiratory tasks and services, as well as the training and certification requirements for LVNs.

She explained the regulations are meant to lay out the specific conditions where LVNs can provide certain respiratory care tasks, above the basic ones, when they're working in home health agencies or in home and community-based settings.

The proposal focuses on three main things:

1. Clearly defining which tasks and services LVNs can perform in these settings;
2. Setting standards for employer-provided, patient-specific training; and
3. Laying out the guidelines for a Demonstrated Limited-Competency Certification.

This matter was first brought before the Board during the March Board meeting as a draft for discussion. Since then, we've met with CSRC and CAMPS and updates were made based on the feedback we received from those meetings, and the revised language is provided today.

Currently, everything is still in the conceptual phase, so feedback and ideas from both Board members and stakeholders is being requested. In the coming months, a dedicated stakeholder meeting will be planned, so anyone interested in joining is asked to advise Board staff and we will ensure you are included. It was also suggested any additional feedback be emailed to the Board as all input is appreciated and we want to ensure everyone has the opportunity to weigh in as we continue moving forward.

President Guzman entertained comments and questions from the members.

Vice-President Hernandez explained with the thoughtful and deliberate process, and bringing things back over and over, makes him feel confident that we are moving in the right direction and ensuring the process is well thought out.

Ms. Molina advised that her and Ms. Pitt have met with the CSRC independently as well as a group meeting with CAMPS to determine if there could be any crossover as far as training and demonstrated competencies. From that point they have continued to work with the CSRC, adding there was a little resistance from CAMPS which expressed possible interest in some changes. It was explained at that time the regulations are based on the law in effect now and some of their suggestions would require changes. CAMPS didn't seem to be fully committed to participating in the process. Ms. Molina stated that communication with CAMPS hasn't ceased and that she remains hopeful they come back to the table. Meanwhile, the CSRC has been outstanding during this process, have been on board, and have met with staff and we confident we will be able to implement the regulations as planned.

President Guzman entertained comments and questions from the public.

Naomi Bugayong, RRT, UC Davis Health, Sacramento and Secretary, CSRC – Ms. Bugayong thanked the Board for working diligently with the CSRC regarding the language and appreciates the interaction, the meetings, editing, etc. She added that the CSRC is just as dedicated as the Board and looks forward to instilling some confidence in LVNs performing this care as they are our allies for patients who prefer to live in smaller home community-based centers close to their homes. Ms. Bugayong looks forward to working with the stakeholders and develop the curriculum supporting the

LVNs in a way to expand their competence and their roles with patients in these communities. She thanked the Board for the interactions and allowing them to participate and looks forward to seeing how this progresses come January 2028.

PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

President Guzman asked if there was anyone who wanted to make a public comment on anything that was not on the agenda. He explained that 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.

Ms. Molina introduced Deepi Miller, Regulatory Attorney, Department of Consumer Affairs. Ms. Miller is replacing Dao Choi and has been assigned to the Board. An introductory meeting was held earlier in the week and Ms. Molina expressed excitement to work with Ms. Miller.

Ms. Miller explained has been with DCA for a little over a month and is coming from a private practice background having done a lot of litigation then pivoted into regulatory work. She brings a lens of identifying holes in regulations and ensuring items brought to the Office of Administrative Law are successful. Ms. Miller stated she's happy to be here and complemented on what a well-oiled machine the Board is and expressed her excitement to be working with us.

No other comments received.

FUTURE AGENDA ITEMS

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

Mr. Terry requested the next meeting agenda include the proposal for discussion of the BS minimum and further explore the importance of the "how to." He added he looks forward to continue working with Vice-President Hernandez on this matter.

President Guzman entertained questions and comments from the public.

No public comment received.

ADJOURNMENT

The Public Session Meeting was adjourned by President Guzman at 2:20 p.m.

RICARDO GUZMAN	CHRISTINE MOLINA
President	Executive Officer