



September 4, 2026

Ricardo Guzman, MA, RRT, RCP
President
Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834

Re: RCB Action related to Tasks Performed by Licensed Vocational Nurses (LVNs)

Dear Mr. Guzman:

On behalf of the California Association of Health Facilities, the California Hospital Association, LeadingAge California, the American Nurses Association\California and the Association of California Healthcare Districts, we are requesting that the Respiratory Care Board (RCB) consider several outstanding issues related to LVN scope of practice and take action, where it is within the Board's authority, to clarify the tasks related to the provision of respiratory care that may be performed by LVNs in specified settings.

While SB 1304 (Wahab) addressed some of the challenges facing LVNs and employers with regard to the effective delivery of care to patients with respiratory needs, there remain several issues that we believe will need to be addressed through future regulatory or legislative action. We appreciate the RCB's action related to clarifying allowable suctioning tasks and urge the RCB to review the issues listed below and consider taking action as practicable to reduce confusion and support the continuous delivery of effective care by LVNs.

Flexibilities for Employers Operating Co-Located Exempt and Non-Exempt Settings. SB 1304 authorizes a licensed vocational nurse to perform respiratory care services in exempted settings, including assisted living facilities. The bill requires a licensed vocational nurse, in all exempted settings, to complete patient-specific training provided by the employer before January 1, 2028, and receive task-specific training on respiratory tasks and services from specified providers on or after that date. There are currently settings in which exempt and non-exempt settings are co-located on the same or adjacent campuses.

For example, a Continuing Care Retirement Community (CCRC), sometimes called a Life Plan Community, is a senior housing option that provides independent living, assisted living, memory care, and skilled nursing all in one location. In California, these communities are highly regulated and require specific licenses and financial oversight to operate legally. CRCs are commonly comprised of mostly senior living and assisted living beds, with SNF beds as a small portion of the licensed beds that are used when residents transition from an in-patient setting back to the community. Staff routinely provide care across all of the CCRC settings, so limiting certain staff to only being able to provide care in certain settings will impact continuity of care or disrupt existing staffing plans.

SB 1304 would allow an LVN to provide care to a resident when they are in the assisted living part of the campus, but if the resident's care needs change and they require care in the skilled nursing facility (SNF) setting, the same LVN

would not be able to provide the care they were providing when the resident is in the assisted living building. The LVN can only provide respiratory services when the resident is in the assisted living setting, even though they have received the requisite training to provide care. C

We request that the RCB consider revisions to regulations that clarify that LVNs may perform respiratory care tasks in non-exempt settings when they have received the required training and when the non-exempt setting is co-located with an exempt setting and operated by the same employer.

Allow LVNs to perform respiratory care tasks in non-exempt settings as part of a formal education and training program. Skilled nursing facilities are a common site for LVNs to receive supervised “hands-on” training during clinical rotations. SB 1304 allows the performance of respiratory care that is an integral part of the program of study by students enrolled in approved respiratory therapy training programs, but does not explicitly allow the performance of respiratory care as part of an approved vocational nursing training program or include SNFs as an exempt setting where LVNs may perform respiratory care tasks. As part of the training required for licensing, LVNs are required to be assessed for competency on a range of clinical tasks, including tasks that support respiratory care. If the law does not allow LVN students to be trained on respiratory tasks in SNFs within the structure of an LVN training program, this will effectively make it more difficult for SNFs to serve as clinical training sites for LVNs and prevent LVNs from being trained and assessed on their competence to perform the basic tasks related to respiratory care, that they are expected to be able to perform during emergency situations.

We urge the RCB to support the flexibility for respiratory care tasks to be performed in SNFs as part of a formal vocational nursing training program.

Allow LVNs to provide basic non-invasive oxygen to patients when used for comfort care. We appreciate the RCB’s consideration of expanding allowable tasks to include oral, nasal and tracheal suctioning that does not enter the airway. Similarly, we request that the RCB consider providing clarification that LVNs in any setting, may place a noninvasive oxygen delivery mask on a patient when directed by a physician or RN. This would be intended to cover application of a mask with a CPAP, BiPAP, oxygen canula for comfort, etc. Similar to allowable suctioning tasks, use of an oxygen mask does not require any insertion of a device into the patient’s airway.

Next Steps

SB 1304 is expected to be signed by the Governor and will take effect on January 1, 2027. We urge the RCB to review and consider this request prior to January 1, so that the RCB can seek appropriate feedback from stakeholders and implement any policy changes as soon as possible. CAHF has also submitted a request to the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) to provide additional guidance to their licensees on the specific tasks that support respiratory care but are considered to be within the practice of vocational nursing. We urge the RCB to work with the BVNPT on the development of specific guidance to LVNs on defining the tasks that can be performed in non-exempt settings.

We would welcome the opportunity to discuss these issues with the RCB and its staff and begin the process of assessing what steps might need to be taken to address these issues. If you have questions, please contact Yvonne Choong at ychoong@cahf.org.

Sincerely,

Yvonne Choong, Vice President, Policy
California Association of Health Facilities

Vanessa Gonzalez, Vice President, State Advocacy
California Hospital Association

Amber King, Vice President, Legislative Affairs
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Sarah Bridge, Vice President, Advocacy & Strategy
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Marketa Houskova, CEO
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