

**ASSEMBLY BILL**

**No. 2712**

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**Introduced by Assembly Member Aroner**

February 22, 2002

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An act to add Section 1276.45 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2712, as introduced, Aroner. Health facilities: respiratory therapist: staff-patient ratios.

Existing law provides for the licensure and regulation of health facilities by the State Department of Health Services. Existing law requires the department to establish, by regulation, minimum licensed nurse-to-patient ratios by licensed nurse classification and hospital unit for general acute care hospitals, acute psychiatric hospitals, and special hospitals. A violation of these provisions is subject to criminal sanction.

This bill would require these hospitals to provide minimum respiratory therapist-to-patient ratios established by the bill and to adopt written policies and procedures for training and orientation of respiratory therapist staff.

Because this bill would create new crimes relating to health facilities, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1276.45 is added to the Health and  
2 Safety Code, to read:  
3 1276.45. (a) A health facility licensed pursuant to  
4 subdivision (a), (b), or (f) of Section 1250 shall allocate sufficient  
5 numbers of respiratory therapists so as to provide a respiratory  
6 therapist-to-patient ratio as follows:  
7 (1) In critical care units, burn units, labor and delivery,  
8 postanesthesia units, and any other specialty units, one respiratory  
9 therapist per four patients who are receiving respiratory care as  
10 ordered by a physician.  
11 (2) For patients in emergency departments requiring care in an  
12 intensive care or critical care setting, one respiratory therapist per  
13 four patients who are receiving respiratory care as ordered by a  
14 physician.  
15 (3) For patients in emergency departments who are being held  
16 temporarily and who do not require care in an intensive care or  
17 critical care setting, one respiratory therapist per two critical care  
18 patients receiving respiratory care as ordered by a physician in  
19 addition to the regularly scheduled emergency room staff.  
20 (4) In step down units and telemetry units, one respiratory  
21 therapist per six patients receiving respiratory care as ordered by  
22 a physician.  
23 (5) In newborn intensive care units, one respiratory therapist  
24 specially trained in the respiratory care of the newborn per two  
25 patients receiving respiratory care as ordered by a physician.  
26 (6) In medical-surgical units, one respiratory therapist per 10  
27 patients receiving respiratory care as ordered by a physician.  
28 (7) There shall be a minimum of one respiratory therapist for  
29 every 50 patients or fraction thereof in the hospital at all times.  
30 (b) The ratios specified in subdivision (a) shall constitute the  
31 minimum number of respiratory therapists that shall be allocated.  
32 Additional staff shall be assigned in accordance with a  
33 documented patient classification system for determining  
34 respiratory care requirements, including, but not limited to, the  
35 severity of the illness, the need for specialized equipment and



1 technology, the complexity of clinical judgment needed to design,  
2 implement, and evaluate the patient care plan and the ability for  
3 self-care, and the licensure of the personnel required for care.

4 (c) Direct care respiratory therapists responsible for  
5 implementing care on the basis of the patient classification system  
6 and administrators responsible for assigning patient care based on  
7 the system shall demonstrate knowledge and competency in the  
8 use of the particular system used by the specific facility.

9 (d) All health facilities licensed under subdivision (a), (b), or  
10 (f), of Section 1250 shall adopt written policies and procedures for  
11 training and orientation of respiratory therapist staff.

12 (e) (1) No respiratory therapist shall be assigned to a hospital  
13 unit or clinical area unless that respiratory therapist has first  
14 received orientation in that clinical area sufficient to provide  
15 competent care to patients in that area and has demonstrated  
16 current competence in providing care in that area.

17 (2) The written policies and procedures for orientation of  
18 respiratory therapist staff shall require that all temporary  
19 personnel receive the same amount and type of orientation as is  
20 required for permanent staff.

21 (f) Requests for waivers to this section that do not jeopardize  
22 the health, safety, and well-being of patients affected and that are  
23 needed for increased operational efficiency may be granted by the  
24 department to rural general acute care hospitals meeting the  
25 criteria set forth in paragraph (2) of subdivision (a) of Section  
26 1250.

27 SEC. 2. No reimbursement is required by this act pursuant to  
28 Section 6 of Article XIII B of the California Constitution because  
29 the only costs that may be incurred by a local agency or school  
30 district will be incurred because this act creates a new crime or  
31 infraction, eliminates a crime or infraction, or changes the penalty  
32 for a crime or infraction, within the meaning of Section 17556 of  
33 the Government Code, or changes the definition of a crime within  
34 the meaning of Section 6 of Article XIII B of the California  
35 Constitution.

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