

**Assembly Bill No. 1972**

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Passed the Assembly May 8, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate July 3, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2014, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to amend Sections 3730, 3735, and 3739 of, and to repeal Section 3735.5 of, the Business and Professions Code, relating to respiratory care.

## LEGISLATIVE COUNSEL'S DIGEST

AB 1972, Jones. Respiratory care practitioners.

(1) Under the Respiratory Care Practice Act, the Respiratory Care Board of California licenses and regulates the practice of respiratory care and therapy. The act requires an applicant to successfully pass the national respiratory therapist examination conducted in accordance with board regulations.

This bill would, instead, require an applicant to pass all parts of the national registered respiratory therapist examination, unless an applicant provides evidence that he or she passed the national certified respiratory therapist examination prior to January 1, 2015, and there is no evidence of prior license or job-related discipline, as determined by the board in its discretion. The bill would make conforming changes.

(2) The act authorizes a person who has filed an application for licensure with the board to perform as a respiratory care practitioner applicant under the direct supervision of a respiratory care practitioner, if the applicant has met education requirements and passed the national respiratory therapist examination, if he or she ever attempted the examination. Those privileges automatically cease if the applicant fails that examination.

This bill would authorize the board to extend the dates an applicant may perform as a respiratory care practitioner applicant for up to 6 months when the applicant is unable to complete the application for licensure process due to causes outside his or her control, or when the applicant provides evidence that he or she has successfully passed the national certified respiratory therapist examination, and the applicant has otherwise completed the application for licensure process and has not previously been authorized to practice as a respiratory care practitioner applicant.

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

SECTION 1. Section 3730 of the Business and Professions Code is amended to read:

3730. (a) All licenses for the practice of respiratory care in this state shall be issued by the board, and all applications for those licenses shall be submitted directly to and filed with the board. Except as otherwise required by the director pursuant to Section 164, the license issued by the board shall describe the license holder as a “respiratory care practitioner licensed by the Respiratory Care Board of California.”

(b) Each application shall be accompanied by the application fee prescribed in Section 3775, shall be signed by the applicant, and shall contain a statement under oath of the facts entitling the applicant to receive a license without examination or to take one or more examinations.

(c) The application shall contain other information as the board deems necessary to determine the qualifications of the applicant.

SEC. 2. Section 3735 of the Business and Professions Code is amended to read:

3735. (a) Except as otherwise provided in this chapter, an applicant shall not receive a license under this chapter without first successfully passing all parts of the national registered respiratory therapist examination.

(b) Notwithstanding subdivision (a), any person applying for licensure who provides evidence that he or she passed the national certified respiratory therapist examination prior to January 1, 2015, shall not be required to pass the national registered respiratory therapist examination, if there is no evidence of prior license or job-related discipline, as determined by the board in its discretion.

SEC. 3. Section 3735.5 of the Business and Professions Code is repealed.

SEC. 4. Section 3739 of the Business and Professions Code is amended to read:

3739. (a) Except as otherwise provided in this section, every person who has filed an application for licensure with the board may, between the dates specified by the board, perform as a respiratory care practitioner applicant under the direct supervision of a respiratory care practitioner licensed in this state if he or she

has met education requirements for licensure as may be certified by his or her respiratory care program.

(b) The board may extend the dates an applicant may perform as a respiratory care practitioner applicant under either of the following circumstances:

(1) When the applicant is unable to complete the licensure application due to causes completely outside his or her control.

(2) When the applicant provides evidence that he or she has successfully passed the national certified respiratory therapist examination, and the applicant has otherwise completed the application for licensure process and has not previously been authorized to practice as a respiratory care practitioner applicant under this subdivision.

(c) Authorization to practice as a respiratory care practitioner applicant pursuant to paragraph (2) of subdivision (b) shall not exceed six months from the date of graduation or the date the application was filed, whichever is later.

(d) During this period the applicant shall identify himself or herself only as a “respiratory care practitioner applicant.”

(e) If for any reason the license is not issued, all privileges under subdivision (a) shall automatically cease on the date specified by the board.

(f) This section shall not be construed to prohibit the board from denying or rescinding the privilege to work as a respiratory care practitioner applicant for any reason, including, but not limited to, failure to pass the registered respiratory therapist examination or if cause exists to deny the license.

(g) “Under the direct supervision” means assigned to a respiratory care practitioner who is on duty and immediately available in the assigned patient care area.







Approved \_\_\_\_\_, 2014

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*Governor*