

AMENDED IN ASSEMBLY JUNE 16, 2015

AMENDED IN SENATE APRIL 6, 2015

**SENATE BILL**

**No. 525**

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**Introduced by Senator Nielsen**

February 26, 2015

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An act to amend Sections 3701, 3702, and 3702.7 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 525, as amended, Nielsen. Respiratory care practice.

Existing law, the Respiratory Care Practice Act, provides for the licensure and regulation of the practice of respiratory therapy *by the Respiratory Care Board of California*. A violation of the act is a crime.

Existing law declares it is the intent of the Legislature to recognize the existence of overlapping functions between physicians and surgeons, registered nurses, physical therapists, respiratory care practitioners, and other licensed health care personnel, and to permit additional sharing of functions within organized health care systems, as specified. Existing law also states that nothing in the act shall be construed to authorize a respiratory care practitioner to practice medicine, surgery, or any other form of healing, except as authorized by the act.

This bill ~~would define~~, for intent purposes, *would define* "overlapping functions" to include providing therapy, management, rehabilitation, diagnostic evaluation, and care for nonrespiratory-related diagnoses or conditions provided certain requirements are met.

Under existing law, respiratory care as a practice means a health care profession employed under the supervision of a medical director in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary

system and associated aspects of cardiopulmonary and other systems functions, and includes, among other things, direct and indirect pulmonary care services that are safe, aseptic, preventive, and restorative to the patient. Existing law provides for the registration and regulation of certified polysomnographic technologists by the Medical Board of California. Under existing law governing polysomnographic technologists, the practice of polysomnography is defined to include the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Existing law governing polysomnographic technologists exempts from those provisions, among others, respiratory care practitioners working within the scope of practice of their license.

This bill would provide that associated aspects of cardiopulmonary and other systems functions includes patients with deficiencies and abnormalities affecting the heart and cardiovascular system. The bill would further define the respiratory care practice to include, among other things, the administration of medical gases and pharmacological agents for the purpose of inducing conscious or deep sedation under specified supervision and direct orders, all forms of specified life support, and the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. By changing the definition of a crime, the bill 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 3701 of the Business and Professions
- 2 Code is amended to read:
- 3 3701. (a) The Legislature finds and declares that the practice
- 4 of respiratory care in California affects the public health, safety,
- 5 and welfare and is to be subject to regulation and control in the
- 6 public interest to protect the public from the unauthorized and
- 7 unqualified practice of respiratory care and from unprofessional

1 conduct by persons licensed to practice respiratory care. The  
2 Legislature also recognizes the practice of respiratory care to be  
3 a dynamic and changing art and science, the practice of which is  
4 continually evolving to include newer ideas and more sophisticated  
5 techniques in patient care.

6 (b) It is the intent of the Legislature in this chapter to provide  
7 clear legal authority for functions and procedures which have  
8 common acceptance and usage. It is the intent also to recognize  
9 the existence of overlapping functions between physicians and  
10 surgeons, registered nurses, physical therapists, respiratory care  
11 practitioners, and other licensed health care personnel, and to  
12 permit additional sharing of functions within organized health care  
13 systems. The organized health care systems include, but are not  
14 limited to, health facilities licensed pursuant to Chapter 2  
15 (commencing with Section 1250) of Division 2 of the Health and  
16 Safety Code, clinics, home health agencies, physicians' offices,  
17 and public or community health services.

18 (c) For purposes of this section, it is the intent of the Legislature  
19 that "overlapping functions" includes, but is not limited to,  
20 providing therapy, management, rehabilitation, diagnostic  
21 evaluation, and care for nonrespiratory-related diagnoses or  
22 conditions provided (1) a health care facility has authorized the  
23 respiratory care practitioner to provide these services and (2) the  
24 respiratory care practitioner has maintained current competencies  
25 in the services provided, as needed.

26 *SEC. 2. Section 3702 of the Business and Professions Code is*  
27 *amended to read:*

28 3702. (a) Respiratory care as a practice means a health care  
29 profession employed under the supervision of a medical director  
30 in the therapy, management, rehabilitation, diagnostic evaluation,  
31 and care of patients with deficiencies and abnormalities which  
32 affect the pulmonary system and associated aspects of  
33 cardiopulmonary and other systems functions, and includes all of  
34 the following:

35 (a)

36 (1) Direct and indirect pulmonary care services that are safe,  
37 aseptic, preventive, and restorative to the patient.

38 (b)

39 (2) Direct and indirect respiratory care services, including, but  
40 not limited to, the administration of pharmacological and diagnostic

1 and therapeutic agents related to respiratory care procedures  
2 necessary to implement a treatment, disease prevention, pulmonary  
3 rehabilitative, or diagnostic regimen prescribed by a physician and  
4 surgeon.

5 (e)

6 (3) Observation and monitoring of signs and symptoms, general  
7 behavior, general physical response to respiratory care treatment  
8 and diagnostic testing and ~~(1) (A)~~ determination of whether such  
9 signs, symptoms, reactions, behavior, or general response exhibits  
10 abnormal characteristics; ~~(2) (B)~~ implementation based on observed  
11 abnormalities of appropriate reporting or referral or respiratory  
12 care protocols, or changes in treatment regimen, pursuant to a  
13 prescription by a physician and surgeon or the initiation of  
14 emergency procedures.

15 (d)

16 (4) The diagnostic and therapeutic use of any of the following,  
17 in accordance with the prescription of a physician and surgeon:  
18 administration of medical gases, exclusive of general anesthesia;  
19 aerosols; humidification; environmental control systems and  
20 baromedical therapy; pharmacologic agents related to respiratory  
21 care procedures; mechanical or physiological ventilatory support;  
22 bronchopulmonary hygiene; cardiopulmonary resuscitation;  
23 maintenance of the natural airways; insertion without cutting tissues  
24 and maintenance of artificial airways; diagnostic and testing  
25 techniques required for implementation of respiratory care  
26 protocols; collection of specimens of blood; collection of specimens  
27 from the respiratory tract; analysis of blood gases and respiratory  
28 secretions.

29 (e)

30 (5) The transcription and implementation of the written and  
31 verbal orders of a physician and surgeon pertaining to the practice  
32 of respiratory care.

33 (b) *As used in this section, the following apply:*

34 (1) *“Associated aspects of cardiopulmonary and other systems*  
35 *functions” includes patients with deficiencies and abnormalities*  
36 *affecting the heart and cardiovascular system.*

37 (2) *“Respiratory care protocols” as used in this section means*  
38 *policies and protocols developed by a licensed health facility*  
39 *through collaboration, when appropriate, with administrators,*  
40 *physicians and surgeons, registered nurses, physical therapists,*

1 respiratory care practitioners, and other licensed health care  
2 practitioners.

3 ~~SEC. 2.~~

4 *SEC. 3.* Section 3702.7 of the Business and Professions Code  
5 is amended to read:

6 3702.7. The respiratory care practice is further defined and  
7 includes, but is not limited to, the following:

8 (a) Mechanical or physiological ventilatory support as used in  
9 *paragraph (4) of subdivision (d) (a)* of Section 3702 includes, but  
10 is not limited to, any system, procedure, machine, catheter,  
11 equipment, or other device used in whole or in part, to provide  
12 ventilatory or oxygenating support.

13 (b) Administration of medical gases and pharmacological agents  
14 for the purpose of inducing conscious or deep sedation under  
15 physician and surgeon supervision and the direct orders of the  
16 physician and surgeon performing the procedure.

17 (c) All forms of extracorporeal life support, including, but not  
18 limited to, extracorporeal membrane oxygenation (ECMO) and  
19 extracorporeal carbon dioxide removal (ECCO2R).

20 (d) Educating students, health care professionals, or consumers  
21 about respiratory care, including, but not limited to, education of  
22 respiratory core courses or clinical instruction provided as part of  
23 a respiratory educational program and educating health care  
24 professionals or consumers about the operation or application of  
25 respiratory care equipment and appliances.

26 ~~(e) “Associated aspects of cardiopulmonary and other systems  
27 functions,” as used in Section 3702, includes patients with  
28 deficiencies and abnormalities affecting the heart and  
29 cardiovascular system.~~

30 ~~(f)~~

31 (e) The treatment, management, diagnostic testing, control,  
32 education, and care of patients with sleep and wake disorders as  
33 provided in Chapter 7.8 (commencing with Section 3575).

34 ~~SEC. 3.~~

35 *SEC. 4.* No reimbursement is required by this act pursuant to  
36 Section 6 of Article XIII B of the California Constitution because  
37 the only costs that may be incurred by a local agency or school  
38 district will be incurred because this act creates a new crime or  
39 infraction, eliminates a crime or infraction, or changes the penalty  
40 for a crime or infraction, within the meaning of Section 17556 of

- 1 the Government Code, or changes the definition of a crime within
- 2 the meaning of Section 6 of Article XIII B of the California
- 3 Constitution.

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