

Date of Hearing: June 28, 2022

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

SB 1436 (Roth) – As Amended June 21, 2022

**SENATE VOTE:** 37-0

**SUBJECT:** Respiratory therapy

**SUMMARY:** Extends until January 1, 2027, the provisions establishing the Respiratory Care Board (Board) and makes additional technical changes and reforms in response to issues raised during the Board's sunset review oversight process.

**EXISTING LAW:**

- 1) Establishes the Board within the Department of Consumer Affairs to administer and enforce the Respiratory Care Practice Act (Act), subject to repeal on January 1, 2023. (Business and Professions Code (BPC) §§ 3700 *et seq.*)
- 2) Provides that the practice of respiratory care shall be performed under the supervision of a medical director in accordance with a prescription of a physician and surgeon or pursuant to respiratory care protocols. (BPC § 3703 (b))
- 3) Defines respiratory care practice as 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, as specified. (BPC §§ 3702, 3702.7)
- 4) Specifies activities that are not prohibited by the Respiratory Care Act, including:
  - a) The performance of respiratory care that is an integral part of the program of study by students enrolled in approved respiratory therapy training programs.
  - b) Self-care by the patient or the gratuitous care by a friend or member of the family who does not represent or hold themselves out to be a respiratory care practitioner licensed under the provisions of the Act.
  - c) The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formal or specialized training.
  - d) The performance of respiratory care in an emergency situation by paramedical personnel who have been formally trained in these modalities and are duly licensed under the provisions of an act pertaining to their specialty.
  - e) Respiratory care services in case of an emergency, which includes an epidemic or public disaster.

- f) Persons from engaging in cardiopulmonary research.
  - g) Formally trained licensees and staff of child day care facilities from administering to a child inhaled medication.
  - h) The performance by a person employed by a home medical device retail facility or by a home health agency licensed by the State Department of Public Health of specific, limited, and basic respiratory care or respiratory care related services that have been authorized by the board. (BPC § 3765)
- 5) Requires any employer of a Respiratory Care Practitioner (RCP) to report to the Board the suspension or termination for cause; provides that the above required reporting shall not act as a waiver of confidentiality of medical records, and that the information reported or disclosed shall be kept confidential, except as specified, and shall not be subject to discovery in civil cases. (BPC § 3758 (a))
- 6) Defines “suspension or termination for cause” to mean suspension or termination from employment for any of the following reasons:
- a) Use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice respiratory care.
  - b) Unlawful sale of controlled substances or other prescription items.
  - c) Patient neglect, physical harm to a patient, or sexual contact with a patient.
  - d) Falsification of medical records.
  - e) Gross incompetence or negligence.
  - f) Theft from patients, other employees, or the employer.
- (BPC § 3758 (b))
- 7) Provides that failure of an employer to make a required is punishable by an administrative fine not to exceed ten thousand dollars (\$10,000) per violation. (BPC § 3758 (c))

**THIS BILL:**

- 1) Extends the sunset date of the Board until January 1, 2027.
- 2) Adds additional categories, such as “leave, resignation, suspension, or termination,” for a RCP employer to the list of mandated reporting requirements that would be subject to mandatory reporting for violations already defined in law.
- 3) Allows licensed vocational nurses who have received training satisfactory to their employer, and when directed by a physician and surgeon, to perform basic respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills, or data collection.

4) Clarifies who may perform respiratory care services during a declared state of emergency.

**FISCAL EFFECT:** According to the Senate Appropriations Committee, this measure would impose an annual cost of approximately \$3.98 million (Respiratory Care Fund) and 17.4 positions to support the continued operation of the Respiratory Care Board of California's licensing and enforcement activities.

**COMMENTS:**

**Purpose.** This measure is one of five sunset bills sponsored by the author. According to the Author, "this bill is necessary to make changes to the Board's improve oversight of respiratory care professionals (RCPs) and services."

**Background.**

In 1982, legislation was signed into law that allowed for the licensure of RCPs through the prior oversight of the Respiratory Care Examining Committee. In 1994, the Respiratory Care Examining Committee was changed to the Board. The Board is comprised of nine members, including four public members, four RCP members, and one physician and surgeon member. Each appointing authority—the governor, the Senate Rules Committee, and the Speaker of the Assembly—appoints three members. The Board's purpose is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care (BPC § 3701). The Board is also tasked to ensure protection of the public shall be the highest priority in exercising its licensing, regulatory, and disciplinary functions. According to current law, whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

The Board's current mission statement is as follows: *"To protect and serve consumers by licensing qualified respiratory care practitioners, enforcing the provisions of the Respiratory Care Practice Act, expanding the availability of respiratory care services, increasing public awareness of the profession, and supporting the development and education of respiratory care practitioners."*

Along with physicians and nurses, RCPs work at patients' bedsides. Under the direction of a medical director, RCPs specialize in evaluating and treating patients with breathing difficulties as a result of heart, lung, and other disorders, as well as providing diagnostic, educational, and rehabilitation services. RCPs are present and offer care in practically every health care setting. RCPs provide services to a wide range of patients from premature infants to older adults. RCPs provide treatments for patients who have breathing difficulties, care for those who are dependent upon life support and unable to breathe on their own. RCPs treat patients with acute and chronic diseases, which include chronic obstructive pulmonary disease (COPD), trauma victims, and surgery patients.

Common conditions of RCP patients include individuals suffering from:

- Asthma Bronchitis
- Heart attack

- Cystic fibrosis
- Emphysema Stroke
- Lung cancer
- Premature infants and infants with birth defects
- High-risk influenza/COVID-19

The following issues were raised in the Board's most recent sunset review background paper and are addressed through language in this bill.

*Issue 6: Mandatory Reporting Requirement.* RCPs are not reported by facilities in circumstances when they were advised to resign instead of face termination. Facilities claim they are not required to report RCPs who were employed by registries. As a result, facilities using registry employees notify the registry that they do not want the employee assigned to their facility ever again. And while in most instances the registry is made aware of the reason the facility refuses assignments by certain RCPs, the registry, nor the facility, is obligated to inform the Board, even in those cases of serious violations as outlined in BPC § 3758. As a result of this gap within mandatory reporting, RCPs are able to continue to work without discipline.

This bill addresses reporting concerns by updating the reporting requirements to ensure all violations are reported and shared with appropriate agencies. As amended, the bill would require the Respiratory Care Board of California to share all complaints and information related to investigations involving a person licensed under the Vocational Nursing Practice Act with the Board of Vocational Nursing and Psychiatric Technicians of the State of California. Additionally, this measure updates required reporting requirements for a RCP by including "leave" and "resignation" to the list of mandated reporting requirements for a RCP employer.

*Issue 5: Ventilator Care.* Since May 1, 1996, LVNs and RCPs have struggled to reach an understanding regarding the appropriate scope of practice for administering respiratory services for managing patients. The Board contends LVNs should not be administering any ventilator services. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) guidance to licensees permitting LVNs to adjust ventilator settings. The Board has maintained this policy was not a formal regulation and does not have the authority to allow this practice. The Board has made numerous requests throughout the last 25 years to rescind the policy, but BVNPT has failed to revoke any policy regarding respiratory services and continues to take the position that LVNs should be able to adjust ventilators. The Board provided five examples adverse incident reports in the past 25 years resulting in death or serious harm from LVNs performing ventilator services. In 2019, the two boards attempted to resolve this issue and worked collaboratively. From that work, the two board's issued a joint statement clarifying RCP and LVN roles relating to patient care on mechanical ventilators. After reactions and comments from a variety of facilities and organizations, there was momentum to further clarify its respective regulations regarding patient care. The boards hosted a stakeholder meeting to further discuss the joint statement and concerns grew about expanding places LVNs can conduct ventilator services to home based settings as well. According to the Board, BVNPT backed out of the agreement and began exploring CE to train LVNs to perform ventilator services in more setting. The Board has offered legislative options to clarify scopes of practice, but has not come to an agreement with BVNPT on a solution moving forward.

This bill addresses these concerns related to respiratory care tasks and services to be performed by properly trained licensed vocational nurse. Specifically, the bill as amended, includes provisions that respiratory care and services may be provided if a licensed vocational nurse completes, before January 1, 2025, patient-specific training satisfactory to their employer. Additionally, the bill requires that on or after January 1, 2025, the licensed vocational nurse has completed patient-specific training by the employer in accordance with guidelines that shall be promulgated by the board no later than January 1, 2025, in collaboration with the BVNPT.

*Issue 9: COVID-19 Impacts & Clarifications.* The Governor's response to the COVID-19 pandemic resulted in actions to ensure Californians received access to care during a public health crisis. These actions included Governor Newsom issuing numerous executive orders that directly impacted the state's healthcare workforce. On March 4, 2020, the Governor issued a State of Emergency declaration which immediately authorized the Director of the Emergency Medical Services Authority (EMSA) to authorize licensed healthcare professionals from outside of California to practice in California without a California license. Licensed professionals are authorized to practice in California during a state of emergency declaration as long as they are licensed and have been deployed by the Director of EMSA. On March 30, 2020, the Governor issued Executive Order N-39-20, which authorized the Director of the Department of Consumer Affairs (DCA) to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training. The waivers impacted the Board's work and practicing RCPs. In their sunset report, the Board states that they were immediately concerned about an insufficient number of RCPs. The Board identified the need to authorize other health professionals, students, or groups to perform respiratory services during an emergency, including instances of an endemic or public disaster.

The author addresses these concerns by clarifying and expanding respiratory care services permitted during a declared State of Emergency to include temporary performance by other licensed healthcare personnel and students.

#### **Prior Related Legislation.**

**SB 1474 (Committee on Business, Professions and Economic Development, Chapter 312, Statutes of 2021)** Extended by one year the sunset date of the Board from January 1, 2022 to January 1, 2023.

**SB 1003 (Roth, Chapter 180, Statutes of 2018)** Prohibited any state agency other than the Board from defining or interpreting the practice of respiratory care for those licensed pursuant to the Act, or developing standardized procedures or protocols pursuant to the Act, unless authorized by the Act or specifically required by state or federal statute.

**AB 1972 (Jones, Chapter 179, Statutes of 2014)** Required applicants to pass the advanced level of the national competency exam to qualify for RCP licensure

**SB 1955 (Figueroa, Chapter 1150, Statutes of 2002)** Mandated a formal ten month respiratory care educational program.

**ARGUMENTS IN SUPPORT:**

The **California Society for Respiratory Care (CSRC)** writes in support of the bill: “Respiratory Care Practitioners (RCPs), also known as Respiratory Therapists, work with vulnerable patient populations, from infants to the elderly. RCPs have specialized training in cardiology and pulmonology. They work with patients in intensive care units, operating rooms, laboratories, outpatient clinics, sleep clinics, and home-health environments - even in helicopters transporting critically ill patients – managing the patient’s airway. Most recently, RCPs work on the front lines battling COVID 19 for patients struggling to breathe.”

**The Respiratory Care Board (Board)** supports the bill and states, “The Respiratory Care Board (Board) has reviewed SB 1436 and has taken a support position. The bill aims to accomplish several items. Specifically, it 1) extends the Board’s inoperative date to January 1, 2027, 2) adds additional categories or types of employment that would be subject to mandatory reporting for violations already defined in law, 3) ensures consumers continue to have access to respiratory care in all settings, while minimizing the risks in the quality of respiratory care, and 4) authorizes the Board to provide a temporary, rapid response beneficial to consumers during a State of Emergency. The Board licenses respiratory care practitioners (RCPs) and is mandated to protect and serve consumers by administering and enforcing the Respiratory Care Practice Act in the interest of the safe practice of respiratory care. In support of its mandate, the Board continually strives to increase consumer protection in the most efficient manner through its licensing and enforcement programs. SB 1436 will allow the Board to continue to protect and serve California’s respiratory care consumers.”

**REGISTERED SUPPORT:**

California Society for Respiratory Care  
Respiratory Care Board of California

**REGISTERED OPPOSITION:**

None on file.

Analysis Prepared by: Annabel Smith / B. & P. / (916) 319-3301

AMENDED IN ASSEMBLY JUNE 21, 2022

AMENDED IN SENATE APRIL 19, 2022

AMENDED IN SENATE APRIL 7, 2022

**SENATE BILL**

**No. 1436**

---

---

**Introduced by Senator Roth**

*(Principal coauthor: Assembly Member Berman)*

February 18, 2022

---

---

An act to amend Sections 2860, 3710, 3716, 3758, 3758.6, and 3765 of *of, and to add Sections 2878.2 and 3760.5 to*, the Business and Professions Code, relating to respiratory therapy.

LEGISLATIVE COUNSEL'S DIGEST

SB 1436, as amended, Roth. Respiratory therapy.

(1) Existing law, the Respiratory Care Practice Act, establishes the Respiratory Care Board of California for the licensure and regulation of respiratory therapy practitioners. Existing law makes a violation of that act a crime and repeals the act on January 1, 2023.

This bill would extend the operation of the act to January 1, 2027. By extending the operation of the act, a violation of which would be a crime, the bill would impose a state-mandated local program.

(2) Existing law requires the employer of a respiratory care practitioner to report to the board the suspension or termination for cause of any practitioner in their employ. Existing law defines suspension or termination for cause to mean suspension or termination from employment for specified reasons, including gross incompetence or negligence, falsification of medical records, and the use of controlled substances or alcohol to the extent that it impairs the ability to safely practice respiratory care.

This bill would additionally require an employer of a respiratory care practitioner to report to the board the leave or resignation for cause of a practitioner whom they employ. The bill would define “leave, resignation, suspension, or termination for cause” for these purposes to include administrative leave, employee leave, resignation, suspension, or termination from employment for specified reasons that would additionally include suspected acts, such as suspected or actual gross incompetence or negligence, suspected or actual falsification of medical records, and the suspected or actual use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice respiratory care. The bill would also require an owner, director, partner, or manager of a registry or agency that places one or more practitioners at a facility to practice respiratory care to report those specified suspected or actual acts to the board under specified circumstances. Because a violation of these requirements would be a crime, the bill would impose a state-mandated local program. The bill would also make conforming changes.

(3) Existing law, the Respiratory Care Practice Act, prohibits a person from engaging in the practice of respiratory care unless the person is a licensed respiratory care practitioner, except for specified acts, including, among others, the performance of respiratory care services in case of an emergency, including an epidemic or public disaster.

Under this bill, the temporary performance of respiratory care services as identified and authorized by the board in the event of an epidemic, pandemic, public disaster, or emergency would not violate the Respiratory Care Practice Act.

(4) Existing law, the Vocational Nursing Practice Act, until January 1, 2025, establishes the Board of Vocational Nursing and Psychiatric Technicians of the State of California to license and regulate vocational nurses and psychiatric technicians. Existing law authorizes a licensed vocational nurse to withdraw blood, administer medications, and start and superimpose intravenous fluids, as described, when directed by a licensed physician and surgeon.

This bill would provide that a licensed vocational nurse is authorized to perform respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills, or data collection, as identified by the Respiratory Care Board of California, if the licensed vocational nurse has received training *and demonstrated competency* satisfactory to their employer and when directed by a physician and surgeon. The bill would also provide that a licensed vocational nurse



who is employed by a licensed home health agency who performs respiratory tasks or services identified by the Respiratory Care Board of California does not violate the Respiratory Care Practice Act if, before January 1, 2025, the licensed vocational nurse has completed patient-specific training satisfactory to their employer, and, on or after January 1, 2025, the licensed vocational nurse has completed patient-specific training by the employer pursuant to guidelines that the bill would require the Respiratory Care Board of California to promulgate in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

*This bill would require the Board of Vocational Nursing and Psychiatric Technicians of the State of California to share all complaints and information related to investigations involving respiratory care services with the Respiratory Care Board of California, as specified. The bill would require the Respiratory Care Board of California to share all complaints and information related to investigations involving a person licensed under the Vocational Nursing Practice Act with the Board of Vocational Nursing and Psychiatric Technicians of the State of California, as specified.*

(5) 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 2860 of the Business and Professions
- 2 Code is amended to read:
- 3 2860. (a) This chapter confers no authority to practice medicine
- 4 or surgery, to provide respiratory care services and treatment, or
- 5 to undertake the prevention, treatment, or cure of disease, pain,
- 6 injury, deformity, or mental or physical condition in violation of
- 7 any provision of law.
- 8 (b) Notwithstanding subdivision (a), a licensed vocational nurse
- 9 who has received training *and who demonstrates competency*
- 10 satisfactory to their employer may, when directed by a physician
- 11 and surgeon, perform respiratory tasks and services expressly

1 identified by the Respiratory Care Board of California pursuant  
2 to subdivision (a) of Section 3702.5.

3 *SEC. 2. Section 2878.2 is added to the Business and Professions*  
4 *Code, to read:*

5 *2878.2. The board shall share all complaints and information*  
6 *related to investigations involving respiratory care services, as*  
7 *described in Chapter 8.3 (commencing with Section 3700),*  
8 *including, but not limited to, data, findings, interviews, and*  
9 *evidence, with the Respiratory Care Board of California.*

10 ~~SEC. 2.~~

11 *SEC. 3.* Section 3710 of the Business and Professions Code is  
12 amended to read:

13 3710. (a) The Respiratory Care Board of California, hereafter  
14 referred to as the board, shall enforce and administer this chapter.

15 (b) This section shall remain in effect only until January 1, 2027,  
16 and as of that date is repealed. Notwithstanding any other law, the  
17 repeal of this section renders the board subject to review by the  
18 appropriate policy committees of the Legislature.

19 ~~SEC. 3.~~

20 *SEC. 4.* Section 3716 of the Business and Professions Code is  
21 amended to read:

22 3716. (a) The board may employ an executive officer exempt  
23 from civil service and, subject to the provisions of law relating to  
24 civil service, clerical assistants and, except as provided in Section  
25 159.5, other employees as it may deem necessary to carry out its  
26 powers and duties.

27 (b) This section shall remain in effect only until January 1, 2027,  
28 and as of that date is repealed.

29 ~~SEC. 4.~~

30 *SEC. 5.* Section 3758 of the Business and Professions Code is  
31 amended to read:

32 3758. (a) Any employer of a respiratory care practitioner shall  
33 report to the Respiratory Care Board of California any leave,  
34 resignation, suspension, or termination for cause of any practitioner  
35 in their employ. The reporting required herein shall not act as a  
36 waiver of confidentiality of medical records. The information  
37 reported or disclosed shall be kept confidential except as provided  
38 in subdivision (c) of Section 800, and shall not be subject to  
39 discovery in civil cases.

1 (b) For purposes of the section, “leave, resignation, suspension,  
2 or termination for cause” is defined to mean any administrative  
3 leave, employee leave, resignation, suspension, or termination  
4 from employment for any of the following reasons:

5 (1) Suspected or actual use of controlled substances or alcohol  
6 to such an extent that it impairs the ability to safely practice  
7 respiratory care.

8 (2) Suspected or actual unlawful sale of controlled substances  
9 or other prescription items.

10 (3) Suspected or actual patient neglect, physical harm to a  
11 patient, or sexual contact with a patient.

12 (4) Suspected or actual falsification of medical records.

13 (5) Suspected or actual gross incompetence or negligence.

14 (6) Suspected or actual theft from patients, other employees, or  
15 the employer.

16 (c) An owner, director, partner, or manager of a registry or  
17 agency that places one or more respiratory care practitioners at  
18 any facility to practice respiratory care shall report to the  
19 Respiratory Care Board of California pursuant to subdivision (a)  
20 if either of the following apply:

21 (1) The owner, director, partner, or manager is aware that a  
22 respiratory care practitioner is no longer employed at the facility  
23 they were placed at by the registry or agency for any behavior  
24 described in subdivision (b).

25 (2) The owner, director, partner, or manager is asked to place  
26 the practitioner on a “do not call” list or other status indicating the  
27 facility does not want that practitioner placed at their facility for  
28 any behavior described in subdivision (b).

29 (d) Failure of an employer to make a report required by this  
30 section is punishable by an administrative fine not to exceed ten  
31 thousand dollars (\$10,000) per violation.

32 ~~SEC. 5.~~

33 *SEC. 6.* Section 3758.6 of the Business and Professions Code  
34 is amended to read:

35 3758.6. (a) In addition to the reporting required under Section  
36 3758, an employer shall also report to the board the name,  
37 professional licensure type and number, and title of the person  
38 supervising the licensee who has been subject to leave, resignation,  
39 suspension, or termination for cause, as defined in subdivision (b)  
40 of Section 3758. If the supervisor is a licensee under this chapter,

1 the board shall investigate whether due care was exercised by that  
2 supervisor in accordance with this chapter. If the supervisor is a  
3 health professional, licensed by another licensing board under this  
4 division, the employer shall report the name of that supervisor and  
5 any and all information pertaining to the leave, resignation,  
6 suspension, or termination for cause of the person licensed under  
7 this chapter to the appropriate licensing board.

8 (b) The failure of an employer to make a report required by this  
9 section is punishable by an administrative fine not to exceed ten  
10 thousand dollars (\$10,000) per violation.

11 *SEC. 7. Section 3760.5 is added to the Business and Professions*  
12 *Code, to read:*

13 *3760.5. The board shall share all complaints and information*  
14 *related to investigations involving a person licensed pursuant to*  
15 *Chapter 6.5 (commencing with Section 2840), including, but not*  
16 *limited to, data, findings, interviews, and evidence, with the Board*  
17 *of Vocational Nursing and Psychiatric Technicians of the State of*  
18 *California.*

19 ~~SEC. 6.~~

20 *SEC. 8. Section 3765 of the Business and Professions Code is*  
21 *amended to read:*

22 *3765. This act does not prohibit any of the following activities:*

23 (a) The performance of respiratory care that is an integral part  
24 of the program of study by students enrolled in approved  
25 respiratory therapy training programs.

26 (b) Self-care by the patient or the gratuitous care by a friend or  
27 member of the family who does not represent or hold themselves  
28 out to be a respiratory care practitioner licensed under the  
29 provisions of this chapter.

30 (c) The respiratory care practitioner from performing advances  
31 in the art and techniques of respiratory care learned through formal  
32 or specialized training.

33 (d) The performance of respiratory care in an emergency  
34 situation by paramedical personnel who have been formally trained  
35 in these modalities and are duly licensed under the provisions of  
36 an act pertaining to their specialty.

37 (e) Temporary performance, by other health care personnel,  
38 students, or groups, of respiratory care services, as identified and  
39 authorized by the board, in the event of an epidemic, pandemic,  
40 public disaster, or emergency.

1 (f) Persons from engaging in cardiopulmonary research.

2 (g) Formally trained licensees and staff of child day care  
3 facilities from administering to a child inhaled medication as  
4 defined in Section 1596.798 of the Health and Safety Code.

5 (h) The performance by a person employed by a home medical  
6 device retail facility or by a home health agency licensed by the  
7 State Department of Public Health of specific, limited, and basic  
8 respiratory care or respiratory care related services that have been  
9 authorized by the board.

10 (i) The performance, by a vocational nurse licensed by the Board  
11 of Vocational Nursing and Psychiatric Technicians of the State of  
12 California who is employed by a home health agency licensed by  
13 the State Department of Public Health, of respiratory tasks and  
14 services identified by the board, if the licensed vocational nurse  
15 complies with the following:

16 (1) Before January 1, 2025, the licensed vocational nurse has  
17 completed patient-specific training satisfactory to their employer.

18 (2) On or after January 1, 2025, the licensed vocational nurse  
19 has completed patient-specific training by the employer in  
20 accordance with guidelines that shall be promulgated by the board  
21 no later than January 1, 2025, in collaboration with the Board of  
22 Vocational Nursing and Psychiatric Technicians of the State of  
23 California.

24 (j) The performance of pulmonary function testing by persons  
25 who are currently employed by Los Angeles County hospitals and  
26 have performed pulmonary function testing for at least 15 years.

27 ~~SEC. 7.~~

28 *SEC. 9.* No reimbursement is required by this act pursuant to  
29 Section 6 of Article XIII B of the California Constitution because  
30 the only costs that may be incurred by a local agency or school  
31 district will be incurred because this act creates a new crime or  
32 infraction, eliminates a crime or infraction, or changes the penalty  
33 for a crime or infraction, within the meaning of Section 17556 of  
34 the Government Code, or changes the definition of a crime within  
35 the meaning of Section 6 of Article XIII B of the California  
36 Constitution.

- 1
- 2 **REVISIONS:**
- 3 **Heading—Line 2.**
- 4

\_\_\_\_\_

\_\_\_\_\_

O