2020

Bill: Senate Bill 878 authored by Senator Jones.
Department of Consumer Affairs: license: application: processing timeframes
Introduced 1/22/2020 – CSRC Support
Chaptered 9/24/2020
Summary: This bill would require each board within the Department of Consumer Affairs that issues licenses, on at least a quarterly basis, to prominently display on its website either the current average timeframes for processing initial and renewal license applications or the combined current average timeframe for processing both initial and renewal license applications.
Advocacy: The CSRC worked with Senator Jones office to highlight the work of the RCB who later became the “poster child” for the expectation of timely processing.

Bill: Senate Bill 1159 authored by Senator Hill.
Workers’ compensation: COVID-19: critical workers
Introduced 2/20/2020 – CSRC Support with amendments
Chaptered 9/17/2020
Summary: Would define “injury” for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023. The bill would create a disputable presumption that the injury arose out of and in the course of the employment and is compensable. The bill would limit the applicability of the presumption under certain circumstances. The bill would also make a claim relating to a COVID-19 illness presumptively compensable after 30 days or 45 days, rather than 90 days.
Advocacy: The CSRC worked with the Senator Hill’s office to ensure the bill was amended to include respiratory therapists under those covered.

Bill: Assembly Bill 1850 authored by Assembly Member Gonzalez
Worker classification: employees and independent contractors
Introduced: 2/14/2020 – CSRC Support with amendments
Last Amended 5/12/2020
Summary: Bill that provides exemptions to the ABC Test for independent contracting, passed the Assembly and will next be considered by the Senate. This bill would protect Respiratory Care Practitioners who choose independent employment. The breadth of this bill may have impacted per diem work eventually.
Advocacy: The CSRC advocated to be included in an exemption and remained in communication with bill authors that protected the interest of respiratory therapists as independent contractors to ensure bill verbiage would cover the profession.
Bill: Assembly Bill 2293 authored by Assembly Member Mayes and Chiu
Chronic obstructive pulmonary disease (COPD): research, education and treatment.
Introduced 2/14/2020 – CSRC Support
Last Amended 8/12/2020
Summary: This bill would require the State Department of Public Health to conduct a Chronic
Obstructive Pulmonary Disease (COPD) Provider Awareness Campaign to increase awareness of
COPD, as specified, and to target the COPD Provider Awareness Campaign to, among others,
primary care providers and family care providers. The bill would make related findings and
declarations.
Advocacy: The CSRC will follow up with the bill as it was sent to the senate appropriations
committee to determine cost to the state. The GA members intend to advise and support
removing barriers related to passing this legislation.

Legislative Day 2020 - The CSRC met in person with legislators to discuss amendments within
bills to Senate Bill 5 and requested they consider voting in our favor.

2019

Legislative Day 2019 - The CSRC met in person with legislators to discuss Senate Bill 5, it’s
infringement on the versatility of employment in the respiratory care profession and urged a
legislator to amend the bill.

2018

Legislative Day 2018 - The CSRC met in person with legislators to discuss the implications of the
Dynamex case and its potential impact on the versatility of employment in the respiratory care
profession.

2015

Bill: Senate Bill 525 authored by Senator Nielsen
Respiratory care practice
Chaptered 9/2/2015 – CSRC support
Summary: This bill amended the Respiratory Care Act to include additional associated aspects
of cardiopulmonary disease and treatment to include new technology, broadening the scope of
inhaled gas administration, RCP administration of ECMO, and providing respiratory care
education to students, health professionals and consumers.
Advocacy: CSRC supported bill author through drafting and amendment.
2014

**Bill:** Assembly Bill 1972 authored by Senator Jones  
Respiratory care practitioners  
Chaptered 7/23/2014 – CSRC support  
**Summary:** Raise the minimum credential for applying for a California RCP license to the RRT credential.  
**Advocacy:** The CSRC provided background information to the author and testified at a 2/2014 Respiratory Care Board meeting.

**Bill:** Senate Bill 850 authored by Senators Block and Hill  
Public postsecondary education: community college districts: baccalaureate degree pilot programs  
Chaptered 9/28/14 – CSRC support  
**Summary:** Gave authority for a pilot program allowing two-year colleges (under qualifying conditions) to offer baccalaureate degree programs for certain allied health professions to include Respiratory Care.

2009

**Bill:** Senate Bill 132 authored by Senator Denham  
Polysomnographic technologists: sleep and wake disorders  
Chaptered 10/23/09 – CSRC support  
**Summary:** Unregistered personnel performing polysomnography will be required to be registered with the medical board of CA. Personnel are required to meet education requirements, pass a competency exam, and undergo criminal background checks. California RCPs are exempt from meeting any additional requirements.  
**Advocacy:** The CSRC worked on this bill and advocacy with the author beginning in 2002.

1996

**Bill:** Senate Bill 113 authored by Senator Maddy  
Clinical laboratories  
Chaptered 11/96  
**Summary:** Changed CA laws on the licensure and regulations of clinical laboratories (including blood gas labs) and determined that point of care testing and using point of care testing are within the scope of practice of licensed RCPs.  
**Advocacy:** The CSRC helped move this decision along after inquiry from the authors team. Work on this legislation began in 1991.
1994

Bill: Assembly Bill 1639 authored by Assembly Member Tucker
Blood Gas and Electrolytes
Became Senate Bill 113 – opposed by pathologists, clinical lab technologists, etc.
Summary: Allowed RCPs to analyze and report blood gas and electrolyte values from the same specimen.

1992

Bill: Assembly Bill 566 authored by Assembly Members Hunger and Filante
ECMO Scope of Practice
CSRC opposed – bill amended to not infringe on RCP scope of practice
Summary: This bill would threaten RCP participation in ECMO under RCP scope of practice

1991

Bill: Assembly Bill 798 authored by Assembly Member Tucker – Drafted by CSRC
Blood gas and electrolytes
Became Senate Bill 113 – opposed by pathologists, clinical lab technologists, etc.
Summary: Allowed RCPs to analyze and report blood gas and electrolyte values from the same specimen.

Bill: Senate Bill 956 authored by Senator Torres
12-hour shift work
CSRC opposed bill – bill did not pass into law.
Summary: This bill would have prevented 12-hour shift work.

1990

Bill: Assembly Bill 2425 authored by Assembly Member Polanco
Insurance Reimbursement
Summary: Adds respiratory care to the insurance code so private insurance call bill for respiratory care procedures.

Bill: Assembly Bill 224 authored by Assembly Member Vasconcellos
Medi-Cal Reimbursement
Summary: Authorized reimbursement for respiratory care services performed by RCPs in home care settings, skilled nursing facilities, clinics and physician offices.
Advocacy: The CSRC drafted this bill in 1987 after attempts to amend other related bills. The bill was introduced originally as AB 1242 authored by Assembly Member Tucker.
1989

**Bill:** Assembly Bill 1355 authored by Assembly Member Brown
ECMO Scope of Practice
Chaptered 1989
**Summary:** This bill included ECMO in RCP scope of practice.

**Bill:** Assembly Bill 1150 authored by Tucker
Amendments to Respiratory Care Practice Act
**Summary:** Amendments to improve the respiratory care act passed in 1982.

1987

CSRC testimony at National Labor Relations Board hearing for a bargaining unit beginning established in the Sacramento area resulted in RCP's being included in the Professional Labor Bargaining unit (with RNs and PTs) rather than the technical unit. This was the first occurrence of its kind in the country.

1982

**Bill:** Senate Bill 1287 authored by Senator Tucker
Respiratory Care Practice Act
Chaptered 9/1982
**Summary:** Roles would be clearly defined instead of being relegated to otto the “other professions” category. Reimbursement would be withheld due to lack of licensure. Respiratory Care Examining Committee (now the RCB was formed on CSRC nominees)
**Advocacy:** The CSRC drafted the bill in 1980 and worked with many professional organizations to advocate for bill support and professional support. Many original opposing professional bodies later offered support.

1981

**Bill:** Senate Bill 118
Oxygen sales tax regulation
**Summary:** Exempted oxygen use in the home from CA sales tax.
The CSRC appeared before the Senate Revenue and Taxation Committee in support.
1980

**Bill:** Senate Bill 1033  
Topical medications and physical therapy  
CSRC opposed – bill was not passed into law  
**Summary:** Would have allowed for Physical Therapists to administer topical medications to include aerosolized medications.

California Department of Consumer Affairs releases position statement that Respiratory Therapists may not perform oral endotracheal intubation (due to lack of licensure)  
CSRC and CTS opposed and referred DCA to 1974 position statement delimiting the criteria under which RCPs could intubate the trachea.

1979

Transmittal 745: Would have denied payment for most services performed by RCPs.  
CSRC and AARC opposed: rescinded and rewritten.

1978

**Bill:** Assembly Bill 2389  
Blood gas analysis  
Chaptered 6/78 – CSRC support  
**Summary:** Would have prevented unlicensed personnel from withdrawing blood and performing blood gas analysis.  
**Advocacy:** CSRC wrote a joint position statement with the California Thoracic Society, California Society of Pathologists, and California Society of Anesthesiologists to ensure that respiratory care practitioners could continue to perform blood gas analysis.