

AMENDED IN ASSEMBLY APRIL 17, 2002

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

ASSEMBLY BILL

No. 2712

Introduced by Assembly Member Aroner

February 22, 2002

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

LEGISLATIVE COUNSEL'S DIGEST

AB 2712, as amended, Aroner. Health facilities: respiratory ~~therapist~~ *care practitioners*: 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~~ *care practitioner-to-patient* ratios established by the bill and to adopt written policies and procedures for training and orientation of respiratory-~~therapist~~ *care practitioner* 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~~ *care practitioners, licensed*
6 *pursuant to Article 3 (commencing with Section 3730) of Chapter*
7 *8.3 of Division 2 of the Business and Professions Code, so as to*
8 provide a respiratory ~~therapist-to-patient~~ *care*
9 *practitioner-to-patient* ratio as follows:
10 (1) In critical care units, burn units, labor and delivery,
11 postanesthesia units, and any other specialty units, one respiratory
12 ~~therapist~~ *care practitioner* per four patients who are receiving
13 respiratory care as ordered by a physician.
14 (2) For patients in emergency departments requiring care in an
15 intensive care or critical care setting, one respiratory ~~therapist~~ *care*
16 *practitioner* per four patients who are receiving respiratory care as
17 ordered by a physician.
18 (3) For patients in emergency departments who are being held
19 temporarily and who do not require care in an intensive care or
20 critical care setting, one respiratory ~~therapist~~ *care practitioner* per
21 two critical care patients receiving respiratory care as ordered by
22 a physician in addition to the regularly scheduled emergency room
23 staff.
24 (4) In step down units and telemetry units, one respiratory
25 ~~therapist~~ *care practitioner* per six patients receiving respiratory
26 care as ordered by a physician.
27 (5) In newborn intensive care units, one respiratory ~~therapist~~
28 *care practitioner* specially trained in the respiratory care of the
29 newborn per two patients receiving respiratory care as ordered by
30 a physician.
31 (6) In medical-surgical units, one respiratory ~~therapist~~ *care*
32 *practitioner* per 10 patients receiving respiratory care as ordered
33 by a physician.



1 (7) There shall be a minimum of one respiratory ~~therapist~~ *care*
2 *practitioner* for every 50 patients or fraction thereof in the hospital
3 at all times.

4 (b) The ratios specified in subdivision (a) shall constitute the
5 minimum number of respiratory ~~therapists~~ *care practitioners* that
6 shall be allocated. Additional staff shall be assigned in accordance
7 with a documented patient classification system for determining
8 respiratory care requirements, including, but not limited to, the
9 severity of the illness, the need for specialized equipment and
10 technology, the complexity of clinical judgment needed to design,
11 implement, and evaluate the patient care plan and the ability for
12 self-care, and the licensure of the personnel required for care.

13 (c) Direct care respiratory ~~therapists~~ *care practitioners*
14 responsible for implementing care on the basis of the patient
15 classification system and administrators responsible for assigning
16 patient care based on the system shall demonstrate knowledge and
17 competency in the use of the particular system used by the specific
18 facility.

19 (d) All health facilities licensed under subdivision (a), (b), or
20 (f), of Section 1250 shall adopt written policies and procedures for
21 training and orientation of respiratory ~~therapist~~ *care practitioner*
22 staff.

23 (e) (1) No respiratory ~~therapist~~ *care practitioner* shall be
24 assigned to a hospital unit or clinical area unless that respiratory
25 ~~therapist~~ *care practitioner* has first received orientation in that
26 clinical area sufficient to provide competent care to patients in that
27 area and has demonstrated current competence in providing care
28 in that area.

29 (2) The written policies and procedures for orientation of
30 respiratory-~~therapist~~ *care practitioner* staff shall require that all
31 temporary personnel receive the same amount and type of
32 orientation as is required for permanent staff.

33 (f) Requests for waivers to this section that do not jeopardize
34 the health, safety, and well-being of patients affected and that are
35 needed for increased operational efficiency may be granted by the
36 department to rural general acute care hospitals meeting the
37 criteria set forth in paragraph (2) of subdivision (a) of Section
38 1250.

39 (g) *The ratios required by this section shall be in addition to the*
40 *nurse-to-patient ratios established pursuant to Section 1276.4.*



1 SEC. 2. No reimbursement is required by this act pursuant to
2 Section 6 of Article XIII B of the California Constitution because
3 the only costs that may be incurred by a local agency or school
4 district will be incurred because this act creates a new crime or
5 infraction, eliminates a crime or infraction, or changes the penalty
6 for a crime or infraction, within the meaning of Section 17556 of
7 the Government Code, or changes the definition of a crime within
8 the meaning of Section 6 of Article XIII B of the California
9 Constitution.

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