



## COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

May 1, 2017

The Honorable Tony Thurmond  
Chair, Assembly Labor and Employment Committee  
State Capitol, Room 4005  
Sacramento, CA 95814

**RE: AB 387 (Thurmond) – OPPOSE**

Dear Chairperson Thurmond:

The Commission on Accreditation for Respiratory Care (CoARC) strongly opposes AB 387 – Allied Health Professional Unpaid Internships. For the reasons set forth in this letter, the CoARC respectfully submits that enactment of this legislation would have a significantly adverse effect on the quality of the training of respiratory therapists in California, the number of respiratory therapists who graduate from training programs, and, most importantly, the quality of respiratory care received by patients in your State. While we understand and appreciate the good motives of proponents of the bill, we urge you not to pass it into law.

The CoARC is recognized by the Council for Higher Education Accreditation (CHEA) as the programmatic accreditor of 38 Entry into Professional Practice programs in respiratory care at the associate and baccalaureate levels in California. In 2015, these 38 programs enrolled 1,180 new students and produced 1,138 graduates for entry into the workforce. For this reason, we believe that we understand the process of education of respiratory therapists in the State of California –and the practical issues involved in that education.

Given our familiarity with these issues, we would like to point out that respiratory care students at hospitals and other clinical sites in California must master a wide variety of competencies needed to provide safe, high quality respiratory care for patients. Many of these competencies are high risk, high-touch skills, such as ventilator management and airway care. It requires significant time and effort by these hospitals and other clinical sites to provide the clinical instruction and mentorship that the students need to achieve proficiency in these competencies. And, of course, that time and effort involve substantial cost to these institutions.

Currently, students are generally not paid for their education and training. However, if AB 387 is enacted, these students would have to be paid. That would simply be uneconomic for many hospitals and clinical sites. Indeed, many clinical sites have told the CoARC that if they are required to pay students, they will either discontinue their respiratory care programs entirely – or substantially cut back on their scope. This development would, of course, create a significant shortage of qualified, well-trained respiratory therapists in your State.

Paid students would blur the line between student and employee. And the blurring of that line would increase the risk of students being used as a substitute for hospital staff. Further, use of students as substitutes for hospital care can create an unacceptable risk to patient safety. After all, students have not been deemed competent to independently perform the activities that they would be performing as substitutes for hospital staff.

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That is why CoARC standards expressly prohibit both substitution of students for clinical staff and the payment of students for work performed during their programmatic clinical coursework. For example, CoARC Standard 5.09 explicitly provides as follows:

**Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.**

*It is expected that programs include a service work statement in the program materials available to both students and clinical supervisors, stating that respiratory care students must not be substituted for paid staff. This does not prohibit a paid/unpaid internship but is designed to ensure that students who opt to reinforce competencies and skill sets in this manner are adequately supervised, do not receive educational credits for this experience, and are not used simply as back-ups in the absence of appropriate paid staff during clinical rotations. Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills with other students. However, students may not be the primary instructor or instructor of record for any component of the curriculum.*

Similarly, CoARC Standard 5.10 provides as follows:

**Students must not complete clinical coursework while in an employee status at a clinical affiliate.**

*The intent of this Standard is that students cannot be paid for any activities during educational clinical hours. There must be clear differentiation between clinical time as a student and paid employment.*

Enactment of AB 387 would directly undermine these important standards – to the detriment of students, patients, and teaching institutions.

In sum, AB 387 would have a deleterious impact on the future of the respiratory care education in California. It would result in a significant decrease in the number of healthcare providers who partner with schools in the state to train its allied health workforce. In fact, it would make it virtually impossible for schools to secure clinical sites that are required for the proper education and training of new respiratory care therapists. We believe, moreover, that the same effect would occur throughout the spectrum of the training of allied health practitioners who are critical to the proper delivery of patient care.

For the reasons stated above, the CoARC strongly opposes AB 387.

Our Executive Director, Tom Smalling, PhD, RRT, FAARC is available to answer any questions you may have regarding this response. He may be reached at: (817) 283-2835 ext. 101, or by email at: [tom@coarc.com](mailto:tom@coarc.com).



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Sincerely,

*Bradley A. Leidich*

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President

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cc: The Honorable Members of Assembly Labor and Employment Committee