OHIO RESPIRATORY CARE BOARD



MAKING A RESPONSIBLE DIFFERENCE FOR THE CITIZENS OF OHIO

BY EFFICIENT AND EFFECTIVE LICENSING FOR RESPIRATORY CARE PROFESSIONALS AND HOME MEDICAL EQUIPMENT FACILITIES, ENFORCING PRACTICE STANDARDS AND PROMOTING PROFESSIONAL COMPETENCY.

FY 2015 ANNUAL REPORT

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EXECUTIVE SUMMARY

Pursuant to Section 4761.03 (H) of the Ohio Revised Code, the Ohio Respiratory Care Board (hereafter referred to as "the Board") is required to file an annual report to the Governor and Ohio General Assembly. The annual report, by law, must list the official actions taken by the Board during the prior year and any recommendations for the improvement of the practice of respiratory care in Ohio. Although the statute only requires the Board to report on improvements to the practice of respiratory care, the Board believes recommendations on the improvement of home medical equipment regulation should also be addressed.

The Board's annual report strives to inform the Governor, the Ohio General Assembly, and the public of all its activities and actions taken during the prior year. The report is written to cover all aspects of the Board's operations: regulatory, financial, and judicial. The Board is committed to full public disclosure and accountability at all levels of operations.

On behalf of the Ohio Respiratory Care Board, I would like to thank the people of Ohio for allowing us to serve them.

Respectfully,

Corev C. Schaal, J.D., M.P.A.

Comey C. School

Executive Director

LETTER TO THE GOVERNOR AND OHIO GENERAL ASSEMBLY

Dear Governor Kasich and Members of the Ohio General Assembly:

It is my pleasure to submit, on behalf of the Ohio Respiratory Care Board, its annual report for Fiscal Year 2015. This report reflects the efforts made by the Ohio Respiratory Care Board to ensure that all respiratory care professionals and home medical equipment facilities licensed or registered by this Board are properly qualified to provide services to the citizens of Ohio. This report also summarizes the licensure and enforcement activities undertaken during fiscal year 2015, demonstrating the Ohio Respiratory Care Board's important influence on providing safe respiratory care and medical equipment services to Ohioans. This report will provide information about the practice of respiratory care and home medical equipment facilities, our methods of operation, the accomplishments and actions of the agency, and the dedication of the Board members and its staff. Finally, this report establishes the future goals of the Board and provides suggestions for improving the practice of respiratory care and improving home medical equipment facility licensure in Ohio.

The Ohio Respiratory Care Board would like to thank you and the Ohio General Assembly for supporting a budget that allows the Ohio Respiratory Care Board to meet its legislative objectives and address the many challenges faced by Ohio Respiratory Care Board to protect the health and safety of Ohioans through effective regulation of these practices.

Respectfully submitted,

Kennett C. Wolf

Kenneth C. Walz, J.D., R.R.T, R.C.P.

President, Ohio Respiratory Care Board

Board Members

Nancy E. Colletti
Nancy Colletti, Ph.D., R.R.T., R.C.P.,
Professional Member

Professional Member Dayton, Ohio

Carol A. Gilligan, A.T.P. HME Professional Member

Bath, Ohio

Marc K. Mays, R.R.T., R.C.P., M.S.A.

Professional Member Columbus, Ohio

Kenneth C. Walz, J.D., R.R.T., R.C.P. Board President, Professional Member

Toledo, Ohio

huling Cross

Melissa B. Cross

HME Professional Member

Port Clinton, Ohio

Maninder Singh Kalra, M.D., Ph.D.

Physician Member

Mason, Ohio

Steven A. Pavlak, R.R.T., R.C.P., C.P.F.T., M.S.

Board Secretary, Professional Member

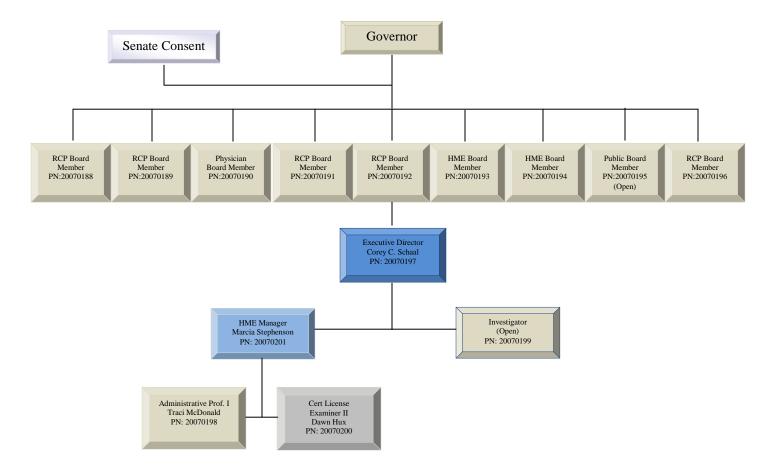
Youngstown, Ohio

Andrea D. Yagodich, B.S., R.R.T., R.C.P.

Professional Member

Pickerington, Ohio

BOARD ORGANIZATION



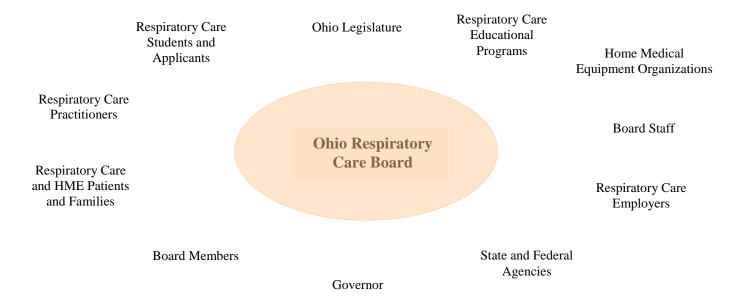
MISSION STATEMENT

The mission of the Board is to protect and serve the public of Ohio by effectively and efficiently regulating Home Medical Equipment facilities and the practice of Respiratory Care in the State of Ohio through the licensing of qualified facilities and practitioners, the establishment of standards for respiratory care educational programs and home medical equipment facilities and the enforcement of the laws and rules governing these practices.

VISION STATEMENT

Making a responsible difference for the citizens of Ohio --- by efficient and effective Licensing for Respiratory Care Professionals and Home Medical Equipment facilities, Enforcing Practice Standards and Promoting Professional Competency.

STAKEHOLDERS



BOARD BACKGROUND, AUTHORITY AND FUNCTIONS

- Background

The Ohio Respiratory Care Board was established in 1989 under Substitute Senate Bill 300. The Board issued its first license on June 13, 1990, following a one-year startup, which required the agency to implement rules, develop forms, define processes and procedures and employ staff to fulfill the mission and daily functions of the Board. The Board was composed of five members: One physician with a pulmonary background, one public member and three respiratory therapists with five years of experience in the practice. The membership remained at five persons until 2004 when Substitute House Bill 105 was enacted, which added Home Medical Equipment licensure under the agency's authority. The Board membership was expanded to nine persons, adding two more licensed respiratory care professionals and two home medical equipment members.

- Function

The Ohio Respiratory Care Board has dual functions: the licensing and regulation of respiratory care professionals under Chapter 4761 of the Ohio Revised Code and licensing and registration of Home Medical Equipment facilities offering to sell, deliver, rent, install, demonstrate, replace or maintain specified home medical equipment in Ohio under Chapter 4752 of the Ohio Revised Code.

The Ohio Respiratory Care Board's guiding principle in the regulation of respiratory care is to improve the quality of respiratory care delivered to the public by respiratory care professionals. The Board concentrates on effective, thorough and expedient licensure of Respiratory Therapists, investigating consumer and health organization complaints, and adjudicating matters that allege practitioner misconduct.

Respiratory Care is arguably one of three healthcare professions often seen working at the patient's bedside, the others being physicians and nurses. Respiratory therapists, under the prescription of a licensed physician, qualified certified nurse practitioner or clinical nurse specialist, provide many therapeutic, high risk and life-saving procedures to patients suffering from a variety of diseases and ailments affecting the lungs and heart. Persons suffering from emphysema, lung cancer, asthma, cystic fibrosis, and many other lung/heart ailments receive assessment, care, education and rehabilitation by respiratory therapists. The profession can be found providing care in nearly all health settings: hospitals, long-term care facilities, lifeflight, ground emergency services, home care organizations, rehabilitation facilities, and physician offices. Today, forty-nine states, the District of Columbia and Puerto Rico require some form of licensure for respiratory therapists.

The Ohio Respiratory Care Board's guiding principle for home medical equipment licensure is to validate the quality and safety of facilities that provide home medical equipment services to Ohio consumers. The home medical equipment act requires facilities to hold a license or a certificate of registration to engage in the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment. Home medical equipment facilities that hold licenses are inspected by the Board to assure compliance with the quality and safety standards of the State of Ohio. Home medical equipment facilities that hold a certificate of registration are accredited by one of eight organizations recognized by the Ohio Respiratory Care Board as having accreditation standards that meet or exceed the standards used for licensed facilities.

The law defines home medical equipment as "equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

- (1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;
- (2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;
- (3) An item specified by the Ohio respiratory care board in rules adopted under division (B) of section 4752.17 of the Revised Code.

The Ohio Respiratory Care Board may identify specific equipment by rule or add additional equipment through order of the Board. Currently rule 4761:1-3-02 of the Ohio Administrative Code lists the equipment meeting the definitions of HME under Ohio law. The Board has added some additional equipment to the list and regularly posts these updates to its website.

The Ohio Respiratory Care Board is responsible for validating the qualifications of facility applicants, investigating consumer complaints against licensed facilities and inspecting licensed facilities for compliance with established standards.

- Board Membership

The Board is composed of nine members (five respiratory care professionals, two home medical equipment facility managers, one physician who specializes in pulmonary medicine and one member of the public) who are appointed by the Governor, with the advice and consent of the Ohio Senate. Members may be paid for each day employed in the discharge of official duties and can be reimbursed according to state travel rules for travel expenses.

In addition to regular board meetings, the Board has established several committees to improve efficiency and to address specific actions and recommendations. Among these are:

- 1. Scope of Practice Committee Scope of Practice Committee is established to address inquiries from hospitals, licensed therapists, insurance organizations, and home medical equipment facilities on the legal scope of service provided by respiratory care professionals and home medical equipment facilities.
- 2. Education Committee The Education Committee is established to address educational quality and monitor ongoing accreditation. In recent years, the Committee has devoted its time to reviewing accreditation standards and proposed amendments to the standards.
- 3. Home Medical Equipment Committee the Home Medical Equipment Committee is established to advise the Board on HME practices and regulatory policy. The Committee is regularly reviewing inspection standards, inspections compliance and policies unique to the providing Home Medical Equipment Services in Ohio.
- 4. Probable Review Committee the Probable Review Committee is staffed by two Board members who work with staff and legal counsel to review complaints and investigations. The Probable Review Committee is charged with determining if the findings of an investigation warrant the issuance of a Notice of Opportunity for Hearing or if the matter should be dismissed as non-jurisdictional to the agency's authority or unfounded.
- 5. Rules Committee the Rules Committee is established to review rules and statutes and to advise the Board on legislative policy.

Name	Residence	Initial Appointment Date	Re- Appointment Date	Expiration Date	Employer	Term
Melissa B. Cross, HME Member	Port Clinton, OH	4/7/2015		3/14/2018	O.E. Meyer. Co.	1
Nancy E. Colletti, Ph.D., RRT	Dayton, OH	4/29/2015		3/14/2017	Kettering College	1
Carol Gilligan, HME Member	Bath, OH	9/13/2004	3/24/2014	3/14/2017	President, Health Aide of Ohio, Inc.	5
Maninder Singh Kalra M.D.	Mason, OH	6/11/2013		3/14/2016	Sleep Disorders Center, Middletown, OH	1
Marc K. Mays, RRT	Grove City, OH	3/12/2004	3/28/2013	3/14/2016	The Ohio State University Hospitals, Columbus, OH	4
Steven A. Pavlak, RRT, CPFT	Youngstown, OH	4/03/2012	3/24/2015	3/14/2018	St. Joseph's Health Center, Warren, OH	2
Kenneth C. Walz, J.D. RRT	Toledo, OH	3/14/2009	3/24/2015	3/14/2018	Sandusky County Prosecutor's Office	3
Andrea D. Yagodich, RRT	Pickerington, OH	1/29/2013	3/15/2014	3/14/2017	The Ohio State University Hospitals, Columbus, OH	2
VACANT – Public Member						

In FY 2015 – The following Members of the Board concluded their service						
Name	Residence	Initial Appointment Date	Re- Appointment Date	End Date	Employer	Term
Joel Marx, HME Member	Pepper Pike, OH	9/13/2004	4/3/2012	3/14/2015	President, Medical Services Companies	4
Verna Riffe Biemel	Walton Hills, OH	4/25/2013		3/14/2015	Public Affairs Consultant	1
Robert A. Slabodnick, RRT	Grove City, OH	2/16/2012	3/15/2014	4/23/2015	North Central State College	2

- Funding

The Board is self-sustained through fees generated from applications for initial licensure, renewal fees, fines, and other miscellaneous sources. Fees are deposited into a joint operating fund (called the "4K90" fund) consisting of fees from twenty-five professional licensing Boards. Each agency in the fund is required to generate sufficient revenue to meet its own expenses. Although the 4K90 fund serves as the funding source for the Board, it is not a rotary fund and the Board is funded through the standard biennial budget process. Hence, the Ohio General Assembly establishes the Board's biennial budget. Each year, the Board reviews licensure fees and budget requirements to determine if fee adjustments are necessary.

- Staffing

Although the Board must provide the same services as larger agencies, it does so with a small staff. One full time Executive Director, 1 full time Home Medical Equipment Licensing Manager, one full time Investigator, one full time License/Certification Examiner II position, and one full time Office Professional I position. The office is located at the Vern Riffe Center for Government and the Arts, 77 South High Street, 16th Floor, Columbus, Ohio. The core business hours are from 7:30 a.m. to 5:00 p.m., Monday through Friday.

- Duties

In addition to its licensing duties, the Board investigates complaints and takes any necessary corrective action, investigates inquiries and performs home medical equipment facility inspections, holds rules hearings pursuant to Chapter 119 of the Ohio Revised Code, and monitors continuing education compliance.

Home medical equipment facilities registered by the Board are required to follow standards of practice established by the organization that accredits the facility. The Board recognizes eight independent accrediting organizations for the purpose of registering home medical equipment facilities. Licensed home medical equipment facilities, on the other hand, are not accredited by a recognized entity. Licensed facilities must adhere to standards of practice developed by the Board through rule authority. These facilities are inspected at least once every four years, or upon cause, to ensure compliance with the Board's standards.

Following an adjudication hearing held pursuant to Chapter 119 of the Revised Code, the Board may take action against a licensed respiratory care provider or home medical equipment facility licensed by the Board. Within the parameters of the law for respiratory care, the Board may refuse to issue a license or a limited permit; issue a reprimand; suspend or revoke a license or limited permit; or place a license or limited permit holder on probation. Additionally, the Board may also levy fines. The only exception to this process is a summary suspension action. Pursuant to Chapter 4761.09 of the Revised Code, the Board may hold a teleconference to consider a summary suspension of a person's professional practice, if there is clear and convincing evidence that a person's continued practice would present immediate and serious harm to the public.

Similar authority exists for home medical equipment facilities licensed by the Board. Certificate of registration holding facilities are subject to the standards developed by their accreditation organization. The Board is obligated by law to take action against a certificate of registration holder if the accreditation organization moves to revoke or suspend the facility accreditation.

If a person or facility is found practicing without a license, the Board may seek an injunction or appropriate restraining order for such practice. If imposed by a court of law, unlicensed practice of home medical equipment services can result in a substantial financial penalty. The Office of the Ohio Attorney General, upon the Board's request, may pursue appropriate relief through the court of common pleas in the county in which the violation occurs.

Official actions of the Board are journalized in the minutes of each meeting. In FY 2015, the Board held six regular meetings. Board meeting minutes are available to the public by mail, email, and minutes from several years are maintained on the Board's website. The Board disseminates information concerning its activities, forms, notices, and Board member profiles on its state webpage: www.respiratorycare.ohio.gov.

FY 2015 PROGRAM HIGHLIGHTS AND STATISTICS

Board Meetings

In order to conduct business, the Board must meet on a regular basis in an open, public meeting.

The Ohio Respiratory Care Board met on the following dates in fiscal year 2015:

- August 20, 2014
- October 15, 2014
- **December 17, 2014**
- **February 11, 2015**
- **April 22, 2015**
- June 10, 2015

In an effort to reduce costs, the Board strives to consolidate its agenda and hold single day meetings; however, if business dictates, the Board will schedule a two-day meeting to meet the business needs of the agency. In fiscal year 2015, the Board was able to conduct all its business during one-day meetings. Meeting dates are posted on the Board's website and meeting notices and agendas are posted no less than 10 days prior to a scheduled meeting. Matters involving immediate and serious harm to the public are the only instance the Board can hold a teleconference to consider the summary suspension of a license.

Following Board approval at each meeting, the prior meetings minutes are posted to the agency's website for public review. Like most meetings, the Board's business agenda follows a regular process that includes approval of prior meeting minutes, officer and staff reports, committee meeting reports, old business, and new business. As required, the Board must also address administrative matters under Chapter 119 of the Revised Code, including administrative disciplinary hearings and rules hearings.

Licensure and Certification

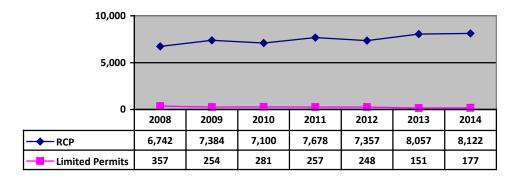
The Ohio Respiratory Care Board issues respiratory care professional licenses and student-based limited permits under ORC 4761.04 and 4761.05. HME licenses and certificates of registration are issued under ORC 4752.

Respiratory Care Licensing

At the end of FY 2015, 8,122 persons held an active license to practice respiratory care in Ohio. This is the highest number of active licensees in more than twelve years. Active respiratory care licenses held continues to trend higher each biennium, ranking Ohio the fourth largest state in the U.S., behind California, Texas and Florida. Since its inception, the Ohio Respiratory Care Board has issued over 14,000 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2015, 177 limited permits remained active, primarily representing working students that are enrolled in recognized respiratory care educational programs.

- 2015 Licensing Activity

Initial RCP Licenses Issued	<u>2012</u> 444	2013 540	2014 440	2015 404
Initial Limited Permits Issued	272	259	219	135
Current Active	2012	2012	2014	2015
RCP License Holders	2012 7,357	2013 8,057	2014 7,476	2015 8,122
Limited Permit Holders	<u>248</u>	<u>151</u>	<u>138</u>	<u>177</u>
Total	7,605	8,208	7,614	8,299



- Respiratory Care Education

Ohio has twenty-two Registered Respiratory Therapists (RRT) programs - 21 200-Level Programs and 1 300-Level (Satellite) Program. The following are active programs and are listed in chronological order by date of accreditation by the Commission on Accreditation for **Respiratory Care (CoARC):**

- 1. Kettering College of Medical Arts, Kettering, OH
- Cuvahoga Community College, Parma, OH 2.
- Sinclair Community College, Dayton, OH 3.
- 4. The Ohio State University, Columbus, OH
- University of Toledo, Toledo, OH 5.
- Columbus State Comm. College, Columbus, OH 6.
- The University of Akron, Akron, OH 7.
- Lakeland Community College, Kirtland, OH 8.
- Youngstown State University, Youngstown, OH 9.
- Cincinnati State Tech, Comm. College / Univ. of Cincinnati-Clermont, Cincinnati, OH 10.
- Shawnee State University, Portsmouth, OH 11.
- James A. Rhodes State College, Lima, OH 12.
- Eastern Gateway Community College, Steubenville, OH **13.**
- North Central State College, Mansfield, OH 14.
- Bowling Green State University Firelands College, Huron, OH **15.**
- Stark State College, Canton, OH 16.
- 17. Washington State Community College, Marietta, OH
- Collins Career Center, Chesapeake, OH 18.
- 19. University of Rio Grande/Rio Grande Comm. College/Buckeye Hills Career Center, Rio Grande, OH
- 20. Southern State Comm. College - Fayette Campus, Washington Court House, OH
- 21. Kent State University – Ashtabula, Ashtabula, OH
- 22. **Bowling Green State University – Lorain Comm. College,** Elyria, OH (satellite program)

Home Medical Equipment Licensing

At the end of FY 2015, 229 home medical equipment facilities held active licenses and 772 home medical equipment facilities held active certificates of registration, giving Ohio an active total of 1,001 licensed or registered home medical equipment service providers for Ohio citizens.

HME facilities holding a certificate of registration must be accredited by one of eight recognized organizations. These organizations have published quality standards that must be met to achieve and retain accreditation. By rule, the Ohio Respiratory Care Board requires each organization, except for the Joint Commission, to file an application and submit documentation providing proof that the organization meets ten standards required by rule. The organizations recognized by the Ohio Respiratory Care Board are:

- **Accreditation Commission of Health Care, Inc. (ACHC)**
- **Board for Orthotist/Prosthetist Certification (BOC)**

- **Community Health Accreditation Program (CHAP)**
- **Committee on Accreditation of Rehabilitation Facilities (CARF)**
- The Compliance Team (TCT)
- Healthcare Quality Association on Accreditation (HQAA)
- **The Joint Commission**
- American Board for Certification in Orthotics, Prosthetics, & Pedorthics, Inc. (ABC)

HME facilities holding a license are not accredited by any of the eight accrediting organizations recognized by the Ohio Respiratory Care Board. The Board, through contracted inspectors, routinely inspects these HME facilities. **Inspection standards are** designed to mirror accreditation standards for the HME industry on safety and quality. The Ohio Respiratory Care Board rates companies on cleanliness, organization and adequacy of the physical plant, care and maintenance of equipment, organization and maintenance of patient records, and training and qualifications of HME personnel. In FY 2015, the Ohio Respiratory Care Board completed 26 inspections of licensed HME facilities.

Initial HME Licenses Issued	2012 30	2013 47	2014 113	2015 88
Initial HME Registrations Issued	184	114	85	104
Current Active	2012	<u>2013</u>	<u>2014</u>	<u>2015</u>
HME Licensed Facilities	76	116	109	229
HME Certificates of Registration	<u>769</u>	<u>822</u>	<u>618</u>	<u>772</u>
Total	845	938	727	1,001

Hearings and Disciplinary Actions

The Ohio Respiratory Care Board is authorized under ORC 4761.09 and 4752.09 to impose disciplinary action against a licensed respiratory care professional, limited permit holder, or a home medical equipment facility holding a license or certificate of registration. Hearings are held in accordance with Section 119. of the Revised Code. Alternative settlement agreements (Consent Agreements) are regularly offered in lieu of hearing. Once approved by the Ohio Respiratory Care Board, Consent Agreements are entered upon the Board's journal as an Order of the Board.

The Ohio Respiratory Care Board employs one investigator who, under the supervision of the Executive Director, investigates complaints for both the respiratory care and home medical equipment service sections of the Ohio Respiratory Care Board. The investigator is responsible for statewide coverage. The Ohio Respiratory Care Board also contracts with four home medical equipment facility inspectors. Inspections are performed on licensed home medical equipment companies every four years. The use of contract inspectors allows the Ohio Respiratory Care Board to be flexible with scheduling and efficiently complete mandatory facility inspections at a reduced cost to the agency.

The Executive Director reviews and assigns complaints to the investigator based upon the Ohio Respiratory Care Board's jurisdictional authority found in Sections 4761.09 and 4752.09 of the Revised Code. When an investigation is complete, the Ohio Respiratory Care Board's Probable Review Committee then reviews the case. In FY 2015, Robert Slabodnick, M.Ed., R.R.T., R.C.P. and then Andrea D. Yagodich, B.S., R.R.T., R.C.P. served as the Ohio Respiratory Care Board's supervising member for respiratory care based complaints and Carol Gilligan, HME member served all FY 2015 as the Ohio Respiratory Care Board's supervising member for home medical equipment based complaints.

All disciplinary actions are reported to the federal National Practitioner's Data Bank (NPDB).

Thirty-nine (39) investigations involving the respiratory care professionals or persons seeking to become a respiratory care provider in the state of Ohio and nineteen (19) investigations involving home medical equipment practice were opened during FY 2015.

2015 Disciplinary Actions

2015 Respiratory Care Complaints

2015 Home Medical Equipment Complaints

Criminal Issues	1		
Fraud/Misrepresentation	1		
Drug/Alcohol Impairment	2		
Unlicensed Practice	1		
Poor Standard of Care	3		
Statutory/Rules Violation	24		
Licensure Issue	7	<u>Using unlicensed personnel</u>	1
Total Investigations	39	Total Investigations	1

Adjudication Hearings Held:

RESPIRATORY CARE:

Name and Case Number	Complaint	Disposition
Brittany Beckman/2014ORCB054	Conviction of offenses involving	Issued license under
	moral turpitude	probation X 1yrs
Caroline Murphy/2014ORCB039	Impairment in practice/	Indefinite Suspension
	Violation of Professional Code	
	of Conduct	
Daniel G. Musgrave/2013ORCB056	Violation of Professional Code	License Revoked
	of Conduct	

Consent Agreements approved:

RESPIRATORY CARE:

Case Number and Name	Issue
2014ORCB059 /Vanessa R. Merrill	Conviction of offense involving moral turpitude
2014HME015 / Absolute Chiropractic, Inc.	Failure to comply with standards
2014ORCB049 /Laura E. Brown	Conviction of felony
2014ORCB057 /Jeffrey T. Gordon	Conviction of offense involving moral turpitude
2014ORCB058 /Christopher L. Wantz	Conviction of offense involving moral turpitude
2014ORCB060 /Ruth A. Fulkerson	Conviction of felony
2015ORCB011 /Tammy L. Caid	Unlicensed practice
2015ORCB022/Sean P. McLeeson	Unlicensed practice/Failure to complete RCCE
	in term
2015 ORCB 005/Shyla Michael	Rule 4761-9-02 (B) Violation & Rule 4761-8-
	01 (F) Violation
2015 ORCB 015/Aerica Bailey	Rule 4761-9-02 (B) Violation
2014 ORCB 043/Robert Sillitoe	O.R.C. 4761.09(A)(1) violation
2014 ORCB 050/Donald Mook	O.R.C. 4761.09(A)(2) violation
2015 ORCB 006/Brandi Conaway	Rule 4761-8-01(F) violation
2015 ORCB 009/Angela Barrett	Rule 4761-9-02(B) violation
2015 ORCB 012/Lori King	Rule 4761-9-02(B) violation
2015 ORCB 016/Norma Starks	Rule 4761-9-02(B) violation
2015 ORCB 019/Criste Phillips	Rule 4761-9-02(B) violation
2015 ORCB 020/Anna Schumick	Rule 4761-9-02(B) violation
2014 HME 016/Buckeye Physical Medicine &	O.R.C. 4752.09(A)(1) violation
Rehab – Gahanna, HMEL.11545	
2014 HME 017/Kenwood Family Chiropractic,	O.R.C. 4752.09(A)(1) violation
LLC, HMEL.11544	
2014 HME 018/Buckeye Physical Medicine &	O.R.C. 4752.09(A)(1) violation
Rehab – Heath, HMEL.11569	
2015 ORCB 036/Chandra Balderson	O.R.C. 4761.09(A)(4) violation

HOME MEDICAL EQUIPMENT:

Buckeye Physical Medicine and Rehab.	Surrendered license
HMEL.11542	
Ability Chiropractic, Inc. HMEL.11549	Surrendered license

Board Administration

Administration responsibilities covered by the Board include fiscal, personnel, legal, information technology and communications.

Board Governance

The Ohio Respiratory Care Board met six times during FY 2015. All meetings were held at 77 South High Street, Columbus, Ohio. Kenneth Walz, J.D., R.R.T., R.C.P. was elected as Board

President and Steven A. Pavlak, M.S., R.R.T., R.C.P., C.P.F.T. was elected as Board Secretary. The Ohio Respiratory Care Board appointed Corey C. Schaal, J.D./M.P.A. as Executive Director.

Rules

Rule promulgation:

The Ohio Respiratory Care Board promulgated one rule during FY 2015.

December 17, 2014

Respiratory Care Licensing ORC 4761 rules adopted new:

OAC Rule 4761-14-01: Accepting and storing hyperbaric technologist certifications

Fiscal

FY 2015 Final Disbursements and Budget Balances as of 6/30/2015.

EXPENSES	FY 2015
Payroll (Account ID 500)	\$345,306.02
Purchase Service (Account ID 510)	\$63,089.08
Supplies & Maintenance (Account ID 520)	\$80,347.94
Subsidies & Shared Rev. (Account ID 590)	\$29,000.00
Transfers & Non-Expense (Account ID 595)	\$37.50
Total	\$517,780.54

Funds encumbered from FY 2015 to FY 2016: \$17,158.91

RECOMMENDATIONS FOR IMPROVEMENT

Respiratory Care regulation:

Recommendation #1: Add "Respiratory Care Driven Protocols" to the scope of respiratory care practice under Section 4761.01 of the Revised Code.

The current law regulating the practice of respiratory care does not include "protocol" based care within the scope of practice, as it is defined under Section 4761.01 of the The practice of respiratory care has long supported the use of Revised Code. "respiratory care protocols" that allow a respiratory care professional to follow a predetermined set of physician orders. Protocols provide instructions or interventions, in which the licensed respiratory therapist is permitted to initiate, discontinue, amend, transition, or restart procedures based upon a patient's medical condition as evaluated by the respiratory care professional. Protocols improve efficiency, patient outcomes and allocation of health resources. Protocol-based respiratory therapy is specifically addressed in the definition of the respiratory care scope of practice in 28 states.

Recommendations #2: Add clarifying language to Section 4761.09 (A) (8) of the Revised Code.

The current law regulating the practice of respiratory care permits the Board to sanction a licensee if the person uses a dangerous drug or alcohol to the extent its use impairs an individual's ability to practice at an acceptable level of competency. The Ohio Respiratory Care Board believes this language leads to variable interpretation and should be clarified by the legislature. It is the Board's belief that intent of Section 4761.09(A) (8) was to make rendering respiratory care while under the influence of a dangerous drug or alcohol a violation of the law.

Home Medical Equipment regulation:

Recommendation #1: Amend Section 4752.15 of the Revised Code to permit the Ohio Respiratory Care Board with authority to independently investigate certificate of registration holders, rather than relying upon a private accreditation process.

Section 4752.15 of the Revised Code allows the Ohio Respiratory Care Board to revoke or suspend a certificate of registration holder whose accreditation is no longer valid. The Ohio Respiratory Care Board, under law, must forward complaints to the home medical equipment provider's accrediting organization and await the outcome of the accrediting organization's process. The Ohio Respiratory Care Board is concerned that this process is a potentially conflict of interest since the home medical equipment provider pays the accrediting organization for accrediting services. Respiratory Care Board is not implying that any specific instance of conflict of interest exists, but that the appearance of a conflict of interest is sufficient to warrant a change in the law to allow the Board to independently act upon complaints and, if warranted, to hold administrative hearings pursuant to the provisions of 119. of the Ohio Revised Code. This would allow the Board to render decisions independent of the accrediting organization.