Position:

It is the Board’s position that setting BiPAP/CPAP pressures during the initial setup and application or during subsequent adjustments, whether in person or by remote programming in the use of CPAP equipment cannot be performed by unlicensed persons.

Background:

The practice of home medical equipment services is defined under Section 4752.01 of the Revised Code. The scope of HME services defined under Section 4752.01 of the Revised Code includes the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment. The practice of respiratory care is defined under Section 4761.01 of the Revised Code. The scope of practice for respiratory care includes “applying, maintaining, and instructing in the use of artificial airways, ventilators, and other life support equipment.”

Analysis:

Clearly the Ohio General Assembly intended that home medical equipment facilities licensed or registered in the state of Ohio be able to properly install and demonstrate home medical equipment. This position statement addresses whether “installing and demonstrating” home medical equipment includes setting the pressures pursuant to a prescription issued by an individual licensed to practice medicine and surgery or osteopathic medicine and surgery or otherwise authorized under Ohio law to prescribe the use of home medical equipment.

The determination of need for BiPAP/CPAP therapy is often determined by a sleep study performed under the direction of a qualified physician. Upon review of data gathered during a sleep study, a physician writes a prescription for BiPAP/CPAP equipment, including the prescribed settings needed to provide optimal effect. Any home medical equipment facility licensed or registered by the Ohio Respiratory Care Board may install and demonstrate a BiPAP/CPAP device; however, setting the pressures pursuant to a prescription is not within the parameters of installing and demonstrating home medical equipment. Demonstration, by definition, includes a presentation or explanation of the equipment, but not the actual application of the device. Installation, by definition, means to “setup for use or service.” Setting the pressures on BiPAP/CPAP device, whether physically or by remote programming, is not equivalent to setting up the device for use or service. A BiPAP/CPAP device must be programmed to match the prescription of the
physician before the device can be setup for service (installed) or demonstrated to the patient.

Similarly, subsequent changes in the prescribed pressure settings do not constitute the installation or demonstration of a BiPAP/CPAP device. Setting pressures is an aspect of administering the therapy and must be performed by a qualified healthcare professional.

Based on this analysis, the Board finds that setting the pressures on a BiPAP/CPAP device pursuant to a prescription is not a service within the scope of HME services as it is defined under Section 4752.01 of the Revised Code.

1 Section 4752.01 (C) of the Revised Code states:

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   (C) "Home medical equipment services" means the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment. (emphasis added)
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2 Section 4761.01 (A) of the Revised Code states:

As used in this chapter:

(A) “Respiratory care” means rendering or offering to render to individuals, groups, organizations, or the public any service involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness, and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The practice of respiratory care includes:

(1) Obtaining, analyzing, testing, measuring, and monitoring blood and gas samples in the determination of cardiopulmonary parameters and related physiologic data, including flows, pressures, and volumes, and the use of equipment employed for this purpose;

(2) Administering, monitoring, recording the results of, and instructing in the use of medical gases, aerosols, and bronchopulmonary hygiene techniques, including drainage, aspiration, and sampling, and applying, maintaining, and instructing in the use of artificial airways, ventilators, and other life support equipment employed in the treatment of cardiopulmonary impairment and provided in collaboration with other licensed health care professionals responsible for providing care;

(3) Performing cardiopulmonary resuscitation and respiratory rehabilitation techniques;

(4) Administering medications for the testing or treatment of cardiopulmonary impairment. ***