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www.respiratorycare.ohio.gov

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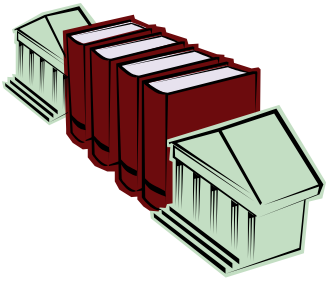
OHIO RESPIRATORY CARE BOARD
LICENSING RESPIRATORY CARE PROFESSIONALS AND HOME MEDICAL EQUIPMENT FACILITIES IN OHIO

The News Link

Board Adopts Rules on Administering Medications to Induce Mild to Moderate Sedation



A number of administrative rules regulating the practice of respiratory care were adopted by the Board at its April 14, 2005, board meeting. These rules went into effect on May 23, 2005. Among these rules was OAC 4761-7-05, the "Medication Administration" rule for respiratory care professionals and limited permit holders. This rule was amended to establish new guidelines on the administration of medications to induce mild to moderate sedation/analgesia.

The primary purpose of this rule is to establish medication administration competency and training requirements for respiratory care professionals and limited permit holders. This portion of the rule remains unaffected by the amendment. The new amendment only addresses the administration of medications to induce mild to moderate sedation/analgesia for the limited number of respiratory care procedures that may require the use of such medications. Further, the rule limits administration to only qualified Respiratory Care Professionals, not Limited Permit Holders.

The guidelines established by the Board were developed through a collaborative effort of many health professions, including nursing, nurse anesthetists, physicians, and anesthesiologists. The Board's clear intent is to establish safe practice guidance for qualified Respiratory Care Professionals who are called upon to assist physicians during respiratory care procedures. A limited number of procedures were considered: assistance during bronchoscopy procedures, pulmonary function testing for infants, and sleep studies. The rule does not allow therapists to administer these medications without establishing proof of training and competencies in every aspect of the guidelines.

The Board will be working on an additional guidance paper to assist therapists in their understanding of the new rules and its application in practice. The Board believes this process will remain collaborative. The rules are available on the Board's respiratory care website www.respiratorycare.ohio.gov. Careful review of the amended language is encouraged before engaging in any practice requiring the administration of these medications. Questions should be directed to the Board's Executive Director, Christopher Logsdon at 614-752-9218.

Board Consolidation Amendment Passed by the Ohio Senate

On June 2, 2005, the Ohio Senate passed the 2006/2007 budget bill for the State of Ohio, keeping Governor Taft's proposal to consolidate Boards and Commissions intact. The bill now goes to a conference committee to consider final changes before being considered by Governor Taft and signed into law. The language contained in the Ohio Senate's version of the budget bill will exempt seven Boards from consolidation based upon their scope and size: Accountancy, Dental, Medical, Engineers, Architects, Nursing and Pharmacy.

In testimony before the Ohio Senate, the Ohio Respiratory Care Board opposed the consolidation language contained in the House version of the budget bill. The elimination of the seven boards from the Governor's proposal reduces the potential savings and efficiencies sought in the original proposal. The Ohio Respiratory Care Board advocated reorganization of services within the current state structure as opposed to functional consolidation of Boards. Future updates will be published in the Board's newsletter.

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Licensing Acts Under Review Nationwide: Ohio not the Only State Considering Consolidation

2005 is fast becoming the year of challenges for respiratory care boards throughout the nation. While Michigan and Vermont became the final mainland states to pass licensing acts, a number of states have attempted to pass laws eliminating their respiratory care boards or consolidating the board with other regulatory boards. The following are examples:

California: Governor Swarzenegger introduced SB 232, proposing the elimination of several state licensing boards, including the Respiratory Care Board. After further consideration, the plan was abandoned pending further review.

West Virginia: HB 3361 proposed to terminate the Respiratory Care Board and other boards.

Colorado: After a close call, SB 147 was introduced continuing the existence of the respiratory care board after the Colorado Senate recommended termination of the board.

Arkansas: HB 2877 would abolish all state agencies unless re-instated by the legislature.

Illinois: SB 279 includes a provision to repeal the Respiratory Care licensing act.

Indiana: Governor considering the consolidation of licensure boards.

It's difficult to say if these efforts will succeed. In many cases, some changes will occur regardless of the continuance of the board itself. Once introduced by the legislature, licensing review becomes an opportunity for others to seek changes in the enabling statute. The result may effect the practice even though licensing itself survives the review. In Ohio, board autonomy has long been supported by the legislature due to the effectiveness of the model. Under this style of governance, each Board is responsible for the regulation of its own profession and the cost of operation is supported by the licensing fees generated through the profession served. A large number of state governments; however, house their professional regulation under a single licensing authority or agency of the state. Services are shared and licensing and investigations are conducted through a licensing through divisions of the agency. The attraction of this model is the potential to reduce costs and establish standardization of form and function within the regulatory system.

Boards by their nature are not involved in the political process. This role is more appropriately served by the professions and their professional organizations. It is important to be alert and watchful of legislative efforts to change or terminate professional regulations.

Polysomnography Exemptions

Nationwide, new bills are being introduced or new laws enacted that exempt Polysomnography Services from licensing requirements. Ohio passed such an exemption in October, 2000. These laws create limited exemptions, permitting polysomnographic technologists to perform limited respiratory care tasks without holding a license in the practice of respiratory care. To practice legally, a provider must qualify for the exemption and practice within the set parameters of the exemption. Otherwise, the practice would require a license. Further, the exemption is intended for polysomnographic technologists, not respiratory therapist who practice polysomnography within their scope of respiratory care practice. Section 4761.10 of the Revised Code establishes the exemption and Rule 4761-5-06 of the Administrative Code establishes the parameters of the exemption. The Board encourages licensed respiratory therapists and qualified polysomnographic technologists to work collaboratively to understand and apply Ohio's polysomnography exemption. The following is the Ohio Administrative Code pertaining to polysomnography:

Rule 4761-5-06 of the Ohio Administrative Code states:

(A) As used in division (B)(3) of section 4761.10 of the Revised Code, "a polysomnographic technologist" shall be defined as a person who holds a credential as a registered polysomnographic technologist (RPSGT) issued by the board of registered polysomnographic technologists (BRPT) or its successor organization.

(B) As used in division (B)(3) of section 4761.10 of the Revised Code, "a trainee" shall be defined as a person who, under

Cont'd See Polysom Pg. 3

Home Medical Equipment Rules Adopted

On May 23, 2005, 54 new rules regulating the licensing and registration of Home Medical Equipment facilities became effective. The Board is now moving to complete implementation of the home medical equipment law by licensing qualified facilities. The rule adopted establish the standards for applying for licensing and registration, facility and personnel standards, and inspection requirements. The Board is very excited to begin the licensing process for these facilities after working for so long on the regulations that govern the practice. A full copy of the rules can be found on the Board's HME website: www.hme.ohio.gov.

Supervisory Requirements for Limited Permit Holders

Supervision Requirement

Under Ohio law Limited Permit Holders must be supervised by a Respiratory Care Professional. Each limited permit holder is required to file a form with the Board called a Supervisor Registration Form. This form must be signed by the limited permit holders primary supervisor . Recently adopted rules require this supervision to **be readily available in the facility**. This is a significant change from the prior version of the rule that required supervisors to only be readily available, leaving discretion to the supervisor when determining onsite or offsite availability. The new language reads:

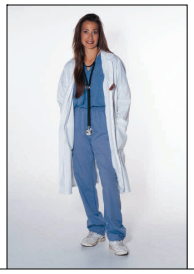
"To practice under the supervision of a respiratory care professional" as used in division (B) of section 4761.05 of the Revised Code requires that an RCP be readily available in the facility, and responsible at all times for the direction and actions of a limited permit holder under their supervision. "

This ruling clearly states the Board's position that supervisors should be more than just readily available, but should be within the facility to provide direction to limited permit holders under their charge.

Level of Supervision

The level of supervision for each limited permit type varies. Rule 4761-7-05 states:

"The level of supervision and the duties assigned may vary based upon the type of limited permit holder that is being supervised. The RCP shall determine the appropriate level of supervision and assigned respiratory care duties for an employment-based limited permit holder taking into consideration institutional competency reviews and work performance. For student limited permit holders, the appropriate level of supervision and assigned respiratory care duties shall be based, in part, on competencies approved on the verification of education form completed by the student's respiratory care educational program director. At no time shall a supervising RCP assign duties that exceed the approved competencies documented on the verification of education form. Graduate-based limited permit holders may practice a full scope of respiratory care duties, but must still be supervised in accordance with this rule."



Am I properly Supervised?

General Compliance

In addition to filing a Supervisor Registration form, **Student-based Limited Permit Holders** are required to file a "Verification of Education form" with the Board. This form is logged and a copy is returned to the limited permit holder. Each employer is required to maintain a copy of this form on file and abide by the practice limitations documented on the form. Forms may be updated as a student progress through school, but at no time should on-the-job practice exceed the documented competencies contained on the Verification of Education form.

Work-based Limited Permit Holders are generally authorized to practice a full range of care, except administering medications to induce mild to moderate sedation/analgesia. However, documentation should be on file validating the permit holder's competencies in each area of practice.

Graduate Limited Permit Holders may practice a full range of care, except administering medications to induce mild to moderate sedation/analgesia based upon documented graduation from an accredited respiratory care program. Although supervision is still required until licensure is attained, the scope of practice is less restrictive than a student-based.

Polysom Cont'd

course of education leading to eligibility to take the comprehensive registry exam for polysomnographic technologists.

(C) As used in division (B)(3) of section 4761.10 of the Revised Code, "being eligible to be credentialled" shall be defined as a person who has completed the training and clinical experience required by the BRPT to take the comprehensive registry exam for polysomnographic technologists. Eligibility status shall not exceed eighteen months.

(D) As used in division (B)(3) of section 4761.10 of the Revised Code, "direct supervision" shall be defined as being immediately available to oversee and direct the care rendered by a trainee.

(E) The following respiratory care tasks performed in the diagnosis and therapeutic intervention of sleep-related breathing disorders may be performed upon the prescription or order under the general supervision of a physician:

(1) Application and titration of bi-level or continuous positive airway pressure;

(2) Application and titration of supplemental low flow oxygen;

(3) Application and monitoring of pulse oximetry;

(4) Application and monitoring of capnometry; and

(5) Patient education in the application of bi-level or continuous positive airway pressure, low flow oxygen, or pulse oximetry for the ongoing management of sleep-related disorders.

National Board for Respiratory Care (NBRC) and American Association for Respiratory Care (AARC) Adopt New CRT and RRT Admissions Policy

Due to confusion over the NBRC's recent policy change, the Board is reprinting this article from the Winter Newslink.

The AARC and NBRC recently adopted new admissions criteria for the CRT and RRT examinations. The Ohio Respiratory Care Board staff has received numerous calls about the policy change and has referred licensees to the NBRC offices and website for more information. According to NBRC publications the NBRC Board moved to change the admissions criteria to encourage "earlier pursuit" of the advanced RRT credential.

Effective January 1, 2005, new graduates of advanced level respiratory care programs will have three years after graduation to complete the RRT examination. Current graduates, CRTs or persons who have passed one part of the RRT examination will have three years from January 1, 2005, to complete the RRT credential. After three years, persons seeking an RRT credential will be required to repeat and pass the CRT examination through a process called recredentialing. Upon retaking and passing the CRT examination, CRTs will have another three years to complete the RRT credential.

CRT admissions policy was also changed to allow individuals enrolled in an advanced level respiratory care program to attempt the CRT examination 30 days prior to actual graduation.

The NBRC policy changes will not have any affect on licensure status. Licensing in Ohio is minimally based on the completion of the CRT credential. Questions regarding the new NBRC policies should be directed to the NBRC by telephoning at 913-599-4200.

Licenses and Limited Permits Issued February 2005 thru May 2005

Respiratory Care Professionals

RCP 9791	Gibbons	James
RCP 9792	Iacobucci	Kristi
RCP 9793	Leatherwood	Bryan
RCP 9794	Leslie	Mandy
RCP 9795	Nance	Keisha
RCP 9796	Painter	Joshua
RCP 9797	Rheinsmith	Sharon
RCP 9798	Rice	Sarah
RCP 9799	Schwinn	Valerie
RCP 9800	White	Erica
RCP 9801	Young	Racheal
RCP 9802	Anderson	William
RCP 9803	Baber	Glenda
RCP 9804	Cobb	Angela
RCP 9805	Mullin	Rory
RCP 9806	Paepke	Ashley
RCP 9807	Swart	Wayne
RCP 9808	Taliaferro	Angela
RCP 9809	Williams	Gina
RCP 9810	Zielinsky	John
RCP 9811	Allen	Brad
RCP 9812	Capek	Anita
RCP 9813	Cavanaugh	Nicole
RCP 9814	Gibson	Jennifer
RCP 9815	Gill	Elizabeth
RCP 9816	Johnson	Valerie
RCP 9817	Khosla	Renu
RCP 9818	King	James
RCP 9819	Likou	Emmanuel
RCP 9820	Lockwood	Kasie
RCP 9821	Melvin	Cher
RCP 9822	Sison	Romulo
RCP 9823	Walker	Kathleen
RCP 9824	Inman	Tara
RCP 9825	Ardito	Marjorie
RCP 9826	Bell	Michelle
RCP 9827	Buell	Christine
RCP 9828	Emerson	Taria
RCP 9829	Hall	Sarah
RCP 9830	Meola	Carol
RCP 9831	Reed	Shannon
RCP 9832	Riley	Tawanna
RCP 9833	Rule	Melissa
RCP 9834	Slack	Carrie
RCP 9835	Spence III	William
RCP 9836	Thompson	Valerie
RCP 9837	Weaver	Tommie
RCP 9838	Workman	Lance
RCP 9839	Baker	Hannah
RCP 9840	Dowlin	Elizabeth
RCP 9841	Drewery	Derek
RCP 9842	Elliott	Courtney
RCP 9843	Gonzalez	Cindy
RCP 9844	Haney	Karen
RCP 9845	Huff	Richard
RCP 9846	Jeansonne	Crystal
RCP 9847	McIntyre	Janet
RCP 9848	Mullins	James
RCP 9849	Olivier	Samuel
RCP 9849	Olivier	Samuel
RCP 9850	Roth	Trisha
RCP 9851	White	Lyndsey
RCP 9852	Bishop	Melissa
RCP 9853	Falk	Debra
RCP 9854	Gaffney	Douglas
RCP 9855	High	Brad
RCP 9856	Hogle	Ryan
RCP 9857	Jones	James
RCP 9858	Kozak-Smith	Christine
RCP 9859	Linder	Sandra
RCP 9860	Penney	Alesia
RCP 9861	Rutherford	Mark
RCP 9862	Anderson	Natasha
RCP 9863	Caldwell	Brandi
RCP 9864	Decker	Elaine
RCP 9865	Hamilla	Stephanie
RCP 9866	Kennedy	Maja
RCP 9867	Phillips	Natasha
RCP 9868	Rexroad	Tracy
RCP 9869	Rosenberg	Larry
RCP 9870	Schmidt	Holly
RCP 9871	Stringer	Kimberly
RCP 9872	Woodall	Guy
RCP 9873	Watkins	Felisa
RCP 9874	Areabi	Hasan
RCP 9875	Bell	Anita
RCP 9876	Birch	Robbin
RCP 9877	Carlson	Jane
RCP 9878	Carter,Jr.	Ronald
RCP 9879	Cates	Lavaine
RCP 9880	Dixon	Jeffrey
RCP 9881	Fick	Bettsy
RCP 9882	Gies	Jeffrey
RCP 9883	Grosser	Bridget
RCP 9884	Hallis	Jennie
RCP 9885	Marchetti	Marion
RCP 9886	McCormick	Kevin
RCP 9887	Medla	Serena
RCP 9888	Novicky	Carrieann
RCP 9889	Perry	Delanie
RCP 9890	Rasey	Lori
RCP 9891	Rice	James
RCP 9892	Serrano, Jr.	Armando
RCP 9893	Smith	Timothy
RCP 9894	Villamagna	Frank
RCP 9895	Wilson	Shelia
RCP 9896	Wiltshire	Letitia

Limited Permit Holders

L1 4351	Howard	Chassidy
L1 4352	Diehl	Angela
L1 4353	LaValley	Contessa
L1 4354	Shadowen	Shelly
L1 4355	Canter	Jennifer
L1 4356	Horsley	Deborah
L1 4357	Knight	Sharie
L1 4358	Stucin	Rachel
L1 4359	Wilson	James
L1 4360	Brindza	Stephanie
L1 4361	Burke	Laura
L1 4362	Cestari	Manuel
L1 4363	Cicero	Dawn
L1 4364	Davis	Kristina
L1 4365	Condos	Shelley
L1 4366	Figueroa	Melissa
L1 4367	Floyd	Rikki
L1 4368	Fullmer	Rochelle
L1 4369	Galloway	Jason
L1 4370	Johnson	Nikki
L1 4371	Locklear	Brittany
L1 4372	Manuel	Joseph
L1 4373	McNee	Sarah
L1 4374	Muran	Daniel
L1 4375	Rodgers	Sara
L1 4376	Snider	Christine
L1 4377	Strayer	Katrina
L1 4378	Taylor	Monica
L1 4379	Williams	Kayla
L1 4380	Wong	Wanki
L1 4381	Zuber	Heather
L1 4382	Ermish	Sharon
L1 4383	Helton	Chad
L1 4384	Hickey	Matthew
L1 4385	Kloepfer	Susan
L1 4386	Kohli	Jolynne
L1 4387	O'Rourke	Katie
L1 4388	Swary	Jennifer
L1 4389	Thompson	Bethany
L1 4390	Wingate	Danielle
L1 4391	Adams	Terry
L1 4392	Ayres	Nicole
L1 4393	Baldwin	Jade
L1 4394	Collins	Lorin
L1 4395	Gourley	Rachael
L1 4396	Held	Tisha
L1 4397	Kiger	Mary
L1 4398	Meyer	Lisa
L1 4399	Miller	Rebecca
L1 4400	Pike	Jay
L1 4401	Russeau	Emily
L1 4402	Smith	Angela
L1 4403	Speer	Greogory
L1 4404	Staveski	Melissa
L1 4405	Taylor	Nicole
L1 4406	Tilley	Jason
L1 4407	Tritschler-Rutter	Julie
L1 4408	Austing	Leslie
L1 4409	Baldridge	Kelli
L1 4410	Bourgeois Kmaur	Karrissa
L1 4412	Coppa	Robert
L1 4413	Eggert	Deborah
L1 4414	Fadorsen	Arthur
L1 4415	Hageman	Therese
L1 4416	Hall	Ryan
L1 4417	Hartung	Michelle
L1 4418	Murphy	Jessica
L1 4419	Pizzano	Christine
L1 4420	Russell	Melissa
L1 4421	Shearer	Robin
L1 4422	Smith	Emily
L1 4423	Streng-Tekulve	Corissa
L1 4424	Webster	Tracy
L1 4425	Dhir	Shifali

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