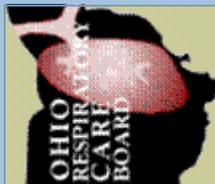




We're on the Web:  
www.respiratorycare.ohio.gov  
or www.hme.ohio.gov

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



# The News Link

## Governor Taft Proposes to Consolidate Licensure Boards and Transition Agencies to the Department of Health



Governor Taft released his 2006/2007 Executive Budget recommendations on Thursday, February 10, 2005. Included in the Governor's recommendations is a plan to consolidate all 27 occupational licensing Boards. Health related boards, including the Ohio Respiratory Care Board, will be placed under the Department of Health (DOH) within a single umbrella agency. The Ohio Respiratory Care Board will continue its current operations until June 30, 2006, when it will be transitioned to the DOH.

According to Governor Taft's proposal, the guiding principles of the transition are:

1. Actual board and commission members for each regulatory board will be retained and continue to serve in the capacity for which they were ap-

pointed.

2. The Director of the Department of Health will be appointed to serve on each of the boards and commissions consolidated within the umbrella agency.
3. Consolidation and streamlining of administrative activities as well as general activities (such as investigations, licensing/registration issuance, fee collection, testing, and continuing education monitoring) will be undertaken where reasonable and at the direction of the Department of Health.
4. Current staff will be retained until June 30, 2006. A hiring freeze will be implemented and an early retirement incentive offered to regulatory board staff. It is expected that these actions

will result in significant staff reductions. All remaining regulatory board staff will be transferred to the Department of Health.

Licensing agencies have been asked to cooperate and support the Governor's proposal. The Ohio Respiratory Care Board is obviously very interested in the final outcome of this proposal, because the Board believes its current structure has been responsive and effective to the respiratory care profession and its licensees and that accountability to the public and State of Ohio has been stressed at all levels of operation since the board's inception. Working with the Governor to assure the continuance of these attributes will be the Board's top priority.

## The Board Seeks Changes in Recently Enacted Home Medical Equipment Law



The Ohio Respiratory Care Board has filed three recommended changes to the recently enacted Home Medical Equipment Licensing Law with the bill's original sponsor, Representative Thom Collier. Enacted in September 2004, the HME law requires the

Ohio Respiratory Care Board to license and regulate HME facilities that rent, sell or maintain life sustaining equipment or technologically sophisticated medical equipment to the public in Ohio. The law permits qualifying facilities to practice under either of two options: a license or a certificate of

registration. A certificate of registration will be issued to qualifying facilities who are currently accredited by the Joint Commission on Accreditation of Health Organizations or any other organization recognized by the Board.

After working through the new law over the past four months to draft the rules necessary to enact the licensing and registration, three unrelated issues were identified that the Board believes must be corrected to improve the functionality of this law. The recommendations are:

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## Home Medical Equipment Surveys Mailed

Approximately 2800 preliminary application surveys were mailed statewide this December to collect data on Home Medical Equipment facilities operating in Ohio. In September 2004, the new HME law became effective requiring the Ohio Respiratory Care Board to license and regulate certain home medical equipment facilities in Ohio. Thus far only a small percentage (12%) of those forms mailed have been completed and returned to the Ohio Respiratory Care Board.

The new HME law regulates all Home Medical Equipment facilities that rent, sell, or maintain either life sustaining or technologically sophisticated medical equipment in the state of Ohio. This is a broad range of equipment, but not all HME facilities provide these services. The purpose of the preliminary application survey is to properly classify each HME facility based upon the type of equipment rented, sold, or maintained.

In this way, the Board can begin to estimate the total number of qualifying facilities and establish a contact data base for future mailings. Additionally, the data provided from the survey will determine if a qualifying facility should be licensed by the Board or seek registration as an accredited facility.

Some of the reported reasons for not completing the preliminary application are:

1. **The facility doesn't sell, rent or maintain respiratory care equipment.** This is a wrong interpretation of the law. The HME law has nothing to do with respiratory care. It is an HME licensure law, administered by the Respiratory Care Board.
2. **The facility will wait until the rules are written and then decide if the law applies.** The Board will probably find many qualifying facilities that failed to apply. It is however a serious offense to provide HME services without a valid license or registration.

3. **The facility doesn't understand the form and therefore, fails to complete it.** Contact numbers are on the form and cover letter. Any and all questions should be clarified through the Board office.

## On-line renewal being tested

### Renewal

2005 Limited Permit renewal applications were mailed to all active Limited Permit Holders in Ohio on January 22, 2005. All Limited Permit Holders are required to renew annually on or before the June 30th expiration date for their permit. Board's rules require eligible permit holder's to apply prior to March 15th to avoid a late fee penalty. Any application postmarked or filed after March 15th will be deemed late and a 50% penalty added to the annual renewal fee.

Several changes have been made to the renewal applications. Applicants will no longer need to send attached documentation to prove qualifications. The new renewal forms only requires reporting from the applicants. Responses will be validated through a random audit process. Additionally, the new forms contain confidential password and username information for on-line or electronic renewal. This information is confidential and will not be shared with any person other than the limited permit holder and only by mail. Thus, it is equally important that permit holders protect or destroy this information once renewal is complete.

### On-line Renewal

Beginning this Limited Permit renewal cycle, applicants will be permitted to renew their permit over the Internet. Each renewal form contains instructions and confidential on-line password information that will allow applicants to complete an electronic renewal application and pay for renewal fees using an acceptable credit card. The Board is testing this option to determine if the process is more convenient for applicants and if the process is operationally more efficient than the manual method of renewal currently employed by the Board.

The credit card companies acceptable for use this year are Visa and MasterCard. Should the Board choose to offer on-line renewal in the future, additional credit card companies may be accepted. Credit transactions are secure and are monitored by Board staff to resolve any problems that may need correction.

If electronic renewal is used, the Board strongly encourages users to slow down and carefully read all of the instructions and reporting formats required. Reporting examples are carefully placed in each section to improve the accuracy of reporting. Please telephone the Board office with any questions.

## Law Change Cont'd

- (1) (a) Waive the inspection/survey process for facilities already accredited by the Joint Commission on Accreditation of Health Organizations or other accrediting organizations recognized by the Board.
- (b) Eliminate the need to issue different authorizations. The Board recommends that all qualifying facilities be licensed and subject to the grounds for conduct set forth in the statute.

**Reason:** Current language contained in Chapter 4752 creates disparate complaint handling and disciplinary standards for "licensees" in comparison with "certificate of registration holders." It is not clear that accrediting organizations afford the certificate of registration holder's due process rights prior to issuing a decision to revoke the accreditation.

- (2) Remove the requirement that all licensed HME facilities provide life-sustaining equipment and do so on a 24/7 basis.

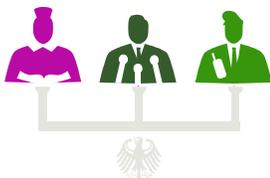
**Reason:** The Board believes this is an oversight and that the intent of the legislature was not to require that all licensees provide life-sustaining equipment, but if the facility does sell or rent such equipment, 24/7 services must be available.

- (3) Add language stipulating that the Board can refuse to issue or renew a license on grounds.

**Reason:** Refusal to issue or renew licenses for grounds is standard authority for regulatory agencies. The Board believes this was an oversight in statute.

Of course, these are only recommendations and the legislature may or may not accept them. In addition, if by providence the recommendations are ever introduced by the Ohio Legislature, the outcome is uncertain. Amendments to existing laws may be changed as they go through the legislative process or the amendments may be killed. The Board is firmly committed to the effective and efficient administration the HME law. Reporting the Board's position on issues and keeping potential licensees and registrants informed is a part of this process. The Board looks forward to the implementation of this law and encourages all potential licensees and registrants to contact us with any questions or concerns.

# Administrative Actions—How are they issued?



Have you ever validated a licensee on the Board's on-line website look-up and found the term "Action" on the record or telephoned the Board office and been informed a licensee has an "Administrative Action" on record? Do you know what an "ACTION" or "ADMINISTRATIVE ACTION" is?

An administrative action denotes a disciplinary sanction imposed by the Board against a licensee. Ohio law permits the Board to fine, reprimand, place on probation, suspend a license or permanently revoke a license. While the vast majority of licensees and permit holders will never have any such action taken against them, the unfortunate fact is

a small percentage has had discipline imposed. More unfortunate is the fact that most actions imposed by the Board are compliance based and avoidable if only licensees would comply with simple requirements of the law. For example, failure to complete continuing education or completing unrecognized continuing education is grounds for discipline. Licensees are required to understand and comply with the rules that regulate the respiratory care practice. Ignorance of the law is no excuse!

Compliance disciplines are not the only matters that come before the Board. Here's a list of common grounds:

- Using dangerous drugs or alcohol to the extent it impairs the ability to practice at an acceptable level of competency
- Being guilty of negligence or gross misconduct in the practice of respiratory care
- Being found guilty or pleading guilty to an offense of moral turpitude or to a felony
- Obtaining a license by means of fraud, false or misleading representation
- Engaging in dishonorable, unethical, unprofessional conduct likely to deceive or defraud the public

When an action is taken by the Board, a process must be followed. First, the Board must decide if a matter merits their attention. This means an issue must be investigated. Investigating is fact collecting or getting all sides of a story. Not all matters are found to be true, some are beyond the Board's authority, and some are not worthy of a formal censure. Matters that are likely deemed true and are worthy of attention are reviewed by the Board. Next, if the Board chooses, an Opportunity for Hearing Notice is mailed to the involved licensee. By law, licensees have 30 days to request a hearing. Some matters are settled before a hearing is held. However, if a hearing is held, the Board will render a decision that could dismiss the matter or impose a disciplinary action. Licensees have a right to be represented by legal counsel at any hearing and Board decisions can be appealed to the licensee's local Court of Common Pleas.

When an action is finalized, the licensee is served and the action is imposed. Licensing records will record that an "Action" has been taken. Most actions taken by the Board are corrective in nature. They are designed to get the attention of the licensee through notice, fine or rehabilitation. Some conduct is deemed so potentially harmful or dangerous to the public that the Board decides to suspend or, in extreme cases, permanently revoke a person's license or permit to practice in Ohio. For more information on the Board's disciplinary authority, review Chapter 4761 of the Ohio Revised Code.

## Home Medical Equipment Coordinator Needed

The Ohio Respiratory Care Board is seeking candidates for a newly created position called Home Medical Equipment Program Coordinator. The position is an exempt civil service position within the Ohio Respiratory Care Board office in Columbus, Ohio. Preferred candidates should have an undergraduate degree in business administration, management science or a field commensurate with the practice of Home Medical Equipment Sales or Service. A copy of the position posting may be obtained by telephoning the Ohio Respiratory Care Board or visiting [www.hme.ohio.gov](http://www.hme.ohio.gov) under What's New.



## 2004 Continuing Education Audits Completed



In 2004, following the June 30, 2004, expiration of Licenses and Limited Permits in Ohio, the Board conducted 297 random audits of continuing education reported on renewal.: 294 license holders and 3 Limited Permit Holders.

Auditing licensees is a slow and sometimes unnecessarily difficult process. Of the 297 audits issued, 16 licensees failed to provide proof of completing the continuing education reported on their 2004 renewal. In addition, numerous licensees provided proof of continuing education that differed from the continuing education reported on their license renewal form.

Licensees are required to:

- Complete 12 contact hours of continuing education within the term of collection established (example: July 1, 2002 thru June 30, 2004)
- RCCE must be valid and relevant to the practice. Irrelevant RCCE or non-approved RCCE is not recognized.
- Accurately report the RCCE on the renewal form. There should be no deviation between RCCE reported and RCCE submitted when audited.
- Maintain documents of completion. Board rules require licensees to keep document for two renewal cycles ( 2 years for Limited Permit Holders and 4 years for Licensees).

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

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.

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.

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 or visiting the NBRC website [www.nbrc.org](http://www.nbrc.org) or by using the NBRC link on the Board's website [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov).

## Licenses and Limited Permits Issued November 2004 thru January 2005

### Respiratory Care Professionals

RCP 9730 Marsha Craig	RCP 9755 Robert Owens
RCP 9731 Kerri Day	RCP 9756 Bunnany Pekar
RCP 9732 Julie Johnston	RCP 9757 Melissa Failla
RCP 9733 Connie Lee	RCP 9758 Diana Ferguson
RCP 9734 Audra Leeds	RCP 9759 Dana Gilbert
RCP 9735 Cheryl Maillet	RCP 9760 Gregory Jenelos
RCP 9736 Ronald Monroe	RCP 9761 David Jenkins
RCP 9737 AnnaBelle Moore	RCP 9762 Melissa Johnson
RCP 9738 Stephen Poindexter	RCP 9763 Carolyn Kilburn
RCP 9739 Mary Staehling	RCP 9764 Terri Leonhard
RCP 9740 Diana Walker	RCP 9765 Jennifer Melton
RCP 9741 Rita Younas	RCP 9766 Danielle Sexton
RCP 9742 Stephanie Barone	RCP 9767 Ali Shadchehr
RCP 9743 Brian Baum	RCP 9768 Latracha Williams
RCP 9744 Julia Deane	RCP 9769 Olga Krutovsky
RCP 9745 Rebecca Elmore	RCP 9770 Mark Austin
RCP 9746 Kathrine Holman	RCP 9771 Alicia Brown
RCP 9747 Rebecca Makay	RCP 9772 Anna Ducey
RCP 9748 Carol Payne	RCP 9773 Darcy Dzapo
RCP 9749 Rebecca Wasmer	RCP 9774 Darlene Jackson
RCP 9750 William Clendening	RCP 9775 Kerry Moodispaugh
RCP 9751 Lora Coppedge	RCP 9776 Varsha Patel
RCP 9752 Tracy Fulton	RCP 9777 LaToya Richey
RCP 9753 Elaine Long	RCP 9778 Sue Scott
RCP 9754 Kompheak Mao	RCP 9779 Charles Alley
	RCP 9780 Christopher Bowlin

RCP 9781 Cary Gulley	L1 4338 Sonja Paul
RCP 9782 Jamie Patrick	L1 4339 Karen Pernell
RCP 9783 Ashley VanHorn	L1 4340 Angela Bovia
RCP 9784 Pamela Butcher	L1 4341 Lisa Cole
RCP 9785 Nicholas DiCarlo	L1 4342 Franciso Diaz
RCP 9786 William Hemphill	L1 4343 Vikki Finley
RCP 9787 Lois Jugan	L1 4344 Chantelle Hallman
RCP 9788 Brenda Myers	L1 4345 David Humphrey
RCP 9789 Thomas Siwek	L1 4346 Barry Johnston
RCP 9790 Tara Young	L1 4347 Evan Lowe

### Limited Permit Holders

L1 4335 Shelly Ast	L1 4348 Carol Shaffner
L1 4336 Alissa Hanes	L1 4349 Christopher Schmidt
L1 4337 Robin Pascaru	L1 4350 Stephen Wilson

## NOTICE OF PUBLIC HEARING OF INTENT TO ADOPT NEW OHIO ADMINISTRATIVE RULES



The Ohio Respiratory Care Board announces its intent to adopt new rules to for Home Medical Equipment licensure and registration under Section 4752 of the Revised Code and amend existing rules for Respiratory Care Practice under Section 4761 of the Revised Code. These rules are being filed in compliance with Chapter 119. of the Revised Code.

A public hearing will be held at 1:00 p.m., Thurs., April 14, 2005 in room 1918 of the Vern Riffe Center for Government, 77 South High St., Columbus, Ohio. Persons affected by the proposed new rules or rule revisions may appear and be heard in person, or by an attorney, or may submit written or oral testimony, examine witnesses and present evidence to show that the proposed rule, if adopted, will be unreasonable, or unlawful. Persons intending to testify before the Ohio Respiratory Care Board should notify: Christopher H. Logsdon, MBA, RCP, Ohio Respiratory Care Board, 77 South High Street, 16<sup>th</sup> Fl., Columbus, Ohio 43215. Rules are available in printed form for the cost of copying and mailing by contacting: Ohio Respiratory Care Board, 77 South High St., 16th Fl. Columbus, OH 43215-6108, (614) 752-9218 or by obtaining a copy from the register of Ohio website: [www.registerofohio.state.oh.us](http://www.registerofohio.state.oh.us) or by accessing the Ohio Respiratory Care Board's website: [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov) or [www.hme.ohio.gov](http://www.hme.ohio.gov).

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