

OHIO RESPIRATORY CARE BOARD

**LICENSING RESPIRATORY CARE PROFESSIONALS
AND
HOME MEDICAL EQUIPMENT FACILITIES**

ANNUAL REPORT FY 2006

**Ohio Respiratory Care Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108**

TABLE OF CONTENTS

Notification of Compliance to the Governor and General Assembly

Executive Summary	1
Letter to the Governor and General Assembly	2

Table of Organization	3
Board Members	3

Board Functions

Mission Statement	3
Function of the Board	3
Vision Statement	4

Board Authority and Functions	5
-------------------------------------	---

2006 Actions of the Board	6
Minutes Excerpts	6 - 12

Trends and Opportunities

Recruitment and Retention	12
Home Medical Equipment Licensing	12
Consolidation of Boards and Commissions	14

Objectives for Next Year	15
---------------------------------------	----

Board Status

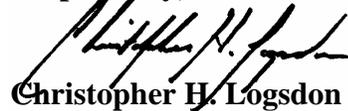
2006 License Activity	15
Revenues and Expenditures	16
Investigatory Report and Disciplinary Actions	17 -20

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. In 2004, the authority of the Ohio Respiratory Care Board was expanded to include licensing and registering home medical equipment facilities. 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 perhaps equally important, the General 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 its operations.

Respectfully,



Christopher H. Logsdon
Executive Director

Letter to the Governor and General Assembly

Dear Governor Taft 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 2005. This report reflects the efforts made by the Ohio Respiratory Care Board to ensure that all of the persons and facilities licensed by this Board are properly qualified to provide services to the citizens of Ohio. This report also summarizes the enforcement activities undertaken during fiscal year 2006, which demonstrates the Board's role in disciplining licensees that violate the law. Finally, this report will establish the future goals of the Board and provide suggestions for improving the practice of respiratory care and improving home medical equipment facility licensure in Ohio.

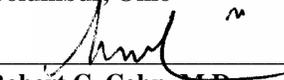
I strongly encourage reading this publication. This report will provide information about the practice of respiratory care and home medical equipment facilities, our methods of operation, the accomplishments and actions of the agency, and the dedication of the Board members and its staff. I believe you will find the Board dedicated to the regulatory role it has been so empowered to accomplish.

Respectfully submitted,

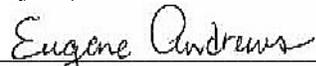

Marc K. Mays, MSA, RRT, RCP
President of the Ohio Respiratory Care Board

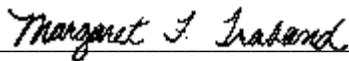
Board Members


Marc K. Mays, M.S.A., R.R.T., R.C.P.
Board President
Professional Member
Columbus, Ohio


Robert C. Cohn, M.D.
Physician Member
Cleveland, Ohio


Susan M. Ciarliariello, M.B.A., R.R.T., R.C.P.
Professional Member
Dayton, Ohio


Eugene W. Andrews, B.S., R.R.T., R.C.P.
Professional Member
Strongsville, Ohio


Margaret F. Traband, M.Ed., R.R.T., R.C.P.
Professional Member
Toledo, Ohio

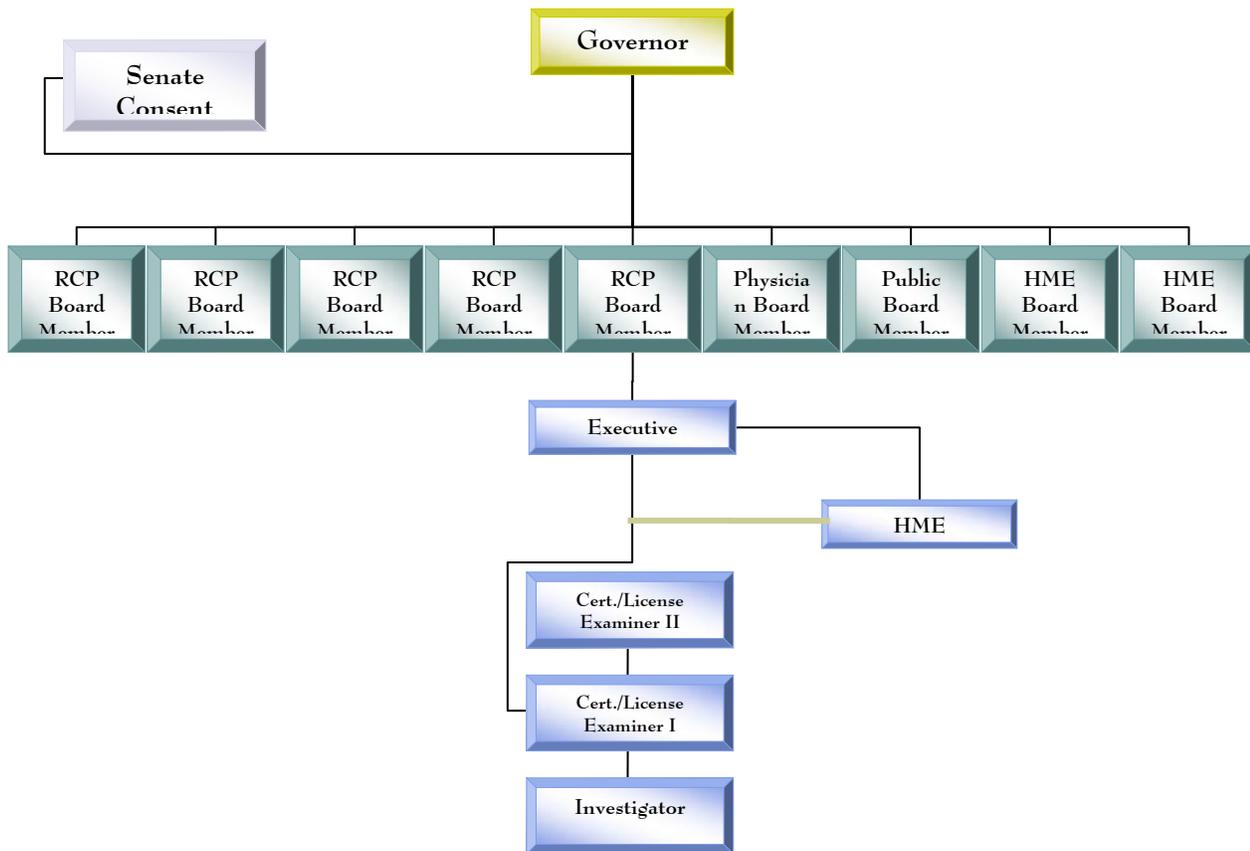

Dana G. Rinehart, Attorney at Law
Public Member
Columbus, Ohio


Anita L. Adams, R.R.T., R.C.P.
Professional Member
Dayton, Ohio


Joel D. Marx, B.S.
HME Professional Member
Pepper Pike, Ohio


Carol Gilligan
HME Professional Member
Bay Village, Ohio

Board Organization



Board Authority and Functions

The Boards primary purpose by law is to protect the public by regulating the practice of respiratory care and home medical equipment facilities in Ohio. With the advent of home medical equipment licensing under Chapter 4752 of the Revised Code, the Board membership was expanded to include persons with expertise in the provision of these services. In this regard the Board acts as a licensing agent for both the respiratory care profession and home medical equipment facilities in Ohio.

In addition to its licensing duties, the Board investigates complaints and takes any necessary corrective action, investigates inquiries and performs inspections, holds rules hearings pursuant to Chapter 119 of the Ohio Revised Code, and monitors continuing education compliance. The Board also approves respiratory care educational programs and, when necessary, conducts on site review.

In accordance with law, the Board may, following an adjudication hearing held pursuant to Chapter 119, take action against a licensed respiratory care provider of home medical equipment facility licensed by the board. Facilities registered by the board are required to follow standards of practice set down by the organization that accredits the facility. 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. In addition, the Board may also levy fines. Similar authority exists for home medical equipment facilities licensed by the board.

If a person or facility is found to be practicing without a license, the Board may seek an injunction or appropriate restraining order for such practice. Unlicensed practice of home medical equipment services can incur substantial financial penalty if imposed by a court of law. The action is pursued through the court of common pleas in the county in which the violation occurs.

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 general public) who are appointed by the Governor, with the advice and consent of the Ohio Senate. The Board is a diverse group of persons, representative of the demographic and cultural makeup of the home medical equipment industry and respiratory care profession. Members are paid for each day employed in the discharge of official duties. All members are reimbursed according to state travel rules for travel expenses.

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 "4K9" fund) consisting of fees from twenty-two professional licensing boards. Each agency in the fund is required to generate sufficient revenue to meet its own expenses. Although the 4K9 fund serves as the funding source for the Board, it must still go through the standard biennial budget process. Hence, the Board's biennial budget is established by the Ohio General Assembly. Each year, the Board reviews licensure fees and budget requirements to determine if fee adjustments are necessary.

Although the Board must provide the same services as larger agencies, it does so with a small staff. Under the direction of the Board, one Executive Director, one License/Certification Examiner II, one License/Certification Examiner I, one Investigator, and one Home Medical Equipment Licensing Coordinator staff the office. The office is located at the Vern Riffe Center for Government and the Arts, 77 South High Street, 16th Floor, Columbus, Ohio. Office hours are from 7:30 a.m. to 4:30 p.m., Monday through Friday.

The Board disseminates information concerning its activities, including board meeting minutes, forms, notices, and board member profiles on its state Webpage: www.respiratorycare.ohio.gov.

Mission Statement

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.

Board Programs

- Respiratory Care Practice

The Ohio Respiratory Care Board was established in 1989 to regulate the practice of respiratory care. Respiratory Therapists, under the prescription of a licensed physician or qualified certified nurse practitioner or clinical nurse specialist, may 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 hospitals, long-term care facilities, home care organizations, and physician offices. Today, all lower forty-eight states, the District of Columbia, and Puerto Rico require some form of licensure for respiratory therapists. Only Alaska and Hawaii do not require licensing in this practice. Over 6400 persons in Ohio hold an active license to practice respiratory care. Since its inception, the Ohio Respiratory Care Board has issued more than 10,400 total licenses to qualified respiratory therapists.

- Home Medical Equipment Licensing and Registration

The Ohio Respiratory Care Board is charged with the licensing/certification and inspection of Home Medical Equipment (HME) facilities in the state of Ohio that sell, rent or maintain HME equipment. The law focuses on home medical equipment providers that sell or lease life sustaining or technologically sophisticated equipment. In addition, the Board can identify other equipment that meets the definition of HME. In 2006, the Board promulgated rules defining specific equipment that falls under the definition of qualifying home medical equipment. Since this time, the Ohio Department of Job and Family Services has issued notification to HME vendors participating in the Medicaid program identifying the type of equipment requiring a license or certificate of registration issued by the Ohio Respiratory Care Board.

Two types of authorization to practice may be issued:

(1) Certificate of Registration: this status would apply to those facilities that are already accredited by the Joint Commission on Accreditation of Health Organizations or another accrediting organization recognized by the Ohio Respiratory Care Board. Holders of this authorization may provide the full range of home medical equipment services defined in the law, but will not be subject to the requirements of a licensed facility. For example, a Certificate of Registration holder would not have to undergo inspection by the board, because the accrediting organization performs this requirement.

(2) License: this status would apply to all non-accredited facilities. Licensed providers are subject to regular inspections and must comply with all provisions of the law to legally sell or lease the full range of home medical equipment services defined in the law.

(3) Provisional License: this status would apply to any facility that has been providing home medical equipment services for at least 12 months prior to the inception date of the law and who does not meet the qualifications for issuance of a license.

Since the initiation of HME licensing and certification on September 16, 2005, the Ohio Respiratory Care Board has issued 149 facility licenses and 307 facility certificates of registration. Beginning in 2006, the Ohio Respiratory Care Board will begin inspection procedures for licensed facilities. The Board believes inspections can be completed over a two-year cycle.

2006 Actions of the Board

Official actions of the Board are journalized in the minutes of each meeting. The Board meets every other month for two days. Generally, the first day consists of committee meetings and routine business: approvals of licenses, hearing notices, consent agreements, expenditures and discussion on topical issues before the membership. The second day of the Board meeting is reserved for adjudication hearings. The Board hears nearly all of its own cases and normally renders decisions the same day of the hearing. Board meeting minutes are available to the public by mail, e-mail, and a full year or more of minutes are maintained on the Board's website.

The following is a synopsis of the important actions taken by the Board during each meeting. This list does not include routine business and investigative matters, nor disciplinary hearings and findings.

- August 31, 2005

- **The Board moved to delegate HME licensure approval to the authority of the Board's HME Committee to expedite application processing and issuance.**
- **The Board approved:**
 - **Six Opportunity for Hearing Notices based on violations of the laws and rules governing the practice of respiratory care in Ohio.**
 - **Seven consent agreements in lieu of administrative hearings before the Board.**
 - **Closing five complaint investigations based on unfounded or non-jurisdictional issues.**
 - **Withdrawing twelve previously issued Opportunity for Hearing Notices.**
- **The Board ratified the issuance of 88 HME facility licenses, 20 contingent approval to issue HME licenses, 225 HME Certificates of Registration, 160 respiratory care professional licenses and 110 limited permits.**
- **The Board considered a proposal to hire hearing officers to save cost and improve sufficiency. After consideration, the Board found that holding hearings before Board members is the most cost effective method.**

- The Board reviewed a proposal to require background checks for respiratory care licensure applicants. The membership expressed serious concerns over cost to the applicants. The matter was taken under advisement.
- The Board moved to advise ODJFS of conflicting standards if draft rules proposed by ODJFS would be enacted for HME facilities.
- The Board approved the FY 2005 annual report.

- October 17, 2005

- The Board's Education Committee reported on the Educator's Roundtable meeting held in September.
- Education Committee approved a draft report on the status of Ohio's respiratory care educational programs. The committee recommended regular updates to the status report and publication of the report on the board's website.
- The Board approved:
 - One Opportunity for Hearing Notices based on violations of the laws and rules governing the practice of respiratory care in Ohio.
 - One consent agreement in lieu of an administrative hearing before the Board.
 - Closing three complaint investigations based on unfounded or non-jurisdictional issues.
- The Board ratified the issuance of 18 HME facility licenses, 29 provisional licenses, 46 HME Certificates of Registration, 51 respiratory care professional licenses and 39 limited permits.
- The Board approved the fall 2005 Newsletter for RCB and HME programs.
- The Board approved a project for scanning active licensee files.
- The Board reviewed proposed renewal fees for FY 2006. After consideration, the Board moved to retain the current renewal fee structure for respiratory therapist and established renewal fee of \$800 for HME licensed facilities and \$350 for HME Certificate of Registration facilities.

- December 13 & 14, 2005

- The HME Committee reported progress on the development of HME inspection standards for licensed facilities. The Committee reported that a number of industries experts were working with Board staff to develop understandable and reasonable standards of practice.
- The Board approved:

- Four consent agreements in lieu of administrative hearings before the Board
 - One Opportunity for Hearing Notice based on violations of the laws and rules governing the practice of respiratory care in Ohio and approval to issue hearing notices to any person that had not filed corrected fees for returned checks or failed to acquire required continuing education for license renewal.
 - Closing two complaint investigations based upon non-jurisdictional or unfounded issues.
- The Board ratified the issuance of 9 HME facility licenses, 7 HME Certificates of Registration, 36 respiratory care professional licenses and 23 limited permits.
 - The Board approved a cooperative agreement for HME facilities accredited by the Joint Commission on Accreditation of Health Organizations.
 - The Board held two adjudication hearings. Following the hearings and after deliberation, the Board moved to suspend the license of Richard Matthews for two calendar weeks, and permanently revoke the license of Jeffrey Stock.

- February 21 & 22, 2006

- The Board Executive Director reported on the initial status of an on-line electronic renewal process initiated for FY 2006.
- The HME Committee presented draft inspection standards to the Board for approval. The Board moved to approve the standards. Next, the Committee filed several proposed rule amendments and requested authorization to file the proposed rules. After consideration of the amendments, the Board moved to authorize rule filing. The HME coordinator reported that the Board had issued 277 active certificates of registration, 128 licenses, and 16 provisional licenses to HME facilities.
- The Scope of practice committee considered several inquiries and recommended approval of responses. Inquiries sought clarification of scope for:
 - Injecting definity contrast solution to perform echocardiography
 - Injecting saline/bubble mixture to perform echocardiography
 - Use of non-licensed persons to perform nocturnal pulse oximetry studies
 - Administering inhaled insulin for the treatment of diabetes
 - Administer Albuterol to treat hyperkalemia
- The Rules Committee reported that the HME Committee's draft rule amendment proposals were considered found to be acceptable. The Committee also reported that several potential legislative initiatives were discussed and the Committee urged the Board to consider new language and seek legislative interest in the proposal. Proposal included:
 - Expanding scope of practice to include administration of inhaled medications, other than respiratory care medications.
 - Adding gas collection procedures for non-pulmonary diagnoses.
 - Adding Nurse Midwives to the list of authorized prescribers.

- Proceeding to consolidate HME licenses and certificates of registration into one single license.
- **The Board approved:**
 - the closure of two investigations after the Board determined that the investigation found no grounds for further review
 - one consent agreement in lieu of an administrative hearing before the Board
 - four Opportunity for Hearing Notices based on violations of the laws and rules governing the practice of respiratory care in Ohio
 - closing two complaint investigations based upon non-jurisdictional or unfounded issues.
- **The Board ratified the issuance of 56 respiratory care professional licenses and 26 limited permits.**
- **The Board approved recognition of Southern State Community College's new respiratory therapy program.**
- **The Board considered options available to perform inspections of licensed HME facilities. After discussion, the Board recommended retaining qualified contract staff, but did not reject a recommendation to train board staff.**
- **The Board held three adjudication hearings. Following the hearings and after deliberation, the Board moved to issue a reprimand to Ryan Brenneman and require probationary conditions to be met, refuse to reinstate the license of Susan Harrison Daws, and dismissed the charges in the matter of Reginald Johnson.**

-- April 11 & 12, 2006

- **The Board received new appointee Anita Adams.**
- **The Board held a public rules hearing on one new and four amended HME rules.**
- **The Board moved to withdraw the Order of the Board issued in matter of Susan Harrison Daws.**
- **The Education Committee reported on the completion of the 2005 Education Report. The Committee also reported that recognition of a new respiratory care educational program at Miami-Jacobs Career College in Dayton, Ohio had been undertaken, but after lengthy discussion with the college staff, the committee expressed a number of concerns that prohibit endorsing the program.**
- **The HME Committee reported reviewing a standard work contract for HME inspectors. Several recommendations were provided to staff to improve the agreement. A final copy will be filed.**
- **Officer elections were held. Marc K. Mays was elected President of the Board, Eugene Andrews was elected Secretary of the Board, and Dana (Buck) Rinehart was elected Hearing Officer.**

- **The Board moved to adopt one new and four amended HME licensure rules.**
- **The Board approved:**
 - **one Opportunity for Hearing Notice based on violations of the laws and rules governing the practice of respiratory care in Ohio**
- **The Board ratified the issuance of 19 HME facility licenses, 8 HME certificates of registration, and the transition of one provisional HME license to a full license. Next, the Board ratified the issuance of 47 respiratory care professional licenses and 25 limited permits.**

- June 19 & 20, 2006

- **The Board President assigned member to serve on the Probable Review Committee, Rules Committee, Operations Subcommittee, Education Committee, Scope of Practice Committee and HME Committee.**
- **Mr. Rinehart reported on a motion for compensatory fees in the matter of Reginald Johnson. Mr. Rinehart sought ratification of an Order to refuse compensatory fees on the grounds that the Board had sufficient justification to file charges in the matter. The Board moved to ratify the decision.**
- **The HME Committee reported reviewing several applications for contract HME Inspector positions. Mr. Marx, Committee Chair, stated that the Committee selected approximately six qualified candidates for the positions. The Committee also reviewed the final draft Inspector Agreement and found the version to be acceptable. Last, the Committee reviewed a draft Attorney General Informal Opinion Request concerning the authority of the Board to enforce regulations on out-of-state applicants. The Committee recommended approving the request.**
- **The Education Committee reported meeting with representatives of Miami-Jacobs Career College concerning recognition of the program. After discussions, the Committee's concerns regarding the programs ability to retain sufficient clinical resources for the number of student enrolled was unabated. The Committee also reviewed recognition of Rio Grande University, Buckeye Hills Career Center's new respiratory care program. After some discussion, the Committee moved to recommend recognition to the Board.**
- **The Rules Committee reported that draft rules to increase continuing education requirements will be filed with the Board upon completion. The Committee also reviewed criminal background check language formulated by the Joint Group of Regulatory Boards. The Committee recommends endorsing the proposal.**

The Scope of practice committee considered an inquiry concerning the Board's stance on requiring a prescription for pulse oximetry when used to assess patient care. It was the Committee's position that pulse oximetry should not require a prescription when used to assess patient care.

- **The Board approved:**
 - the closure of six investigations after the Board determined that the investigation found no grounds for further review
 - four consent agreements in lieu administrative hearing before the Board
 - three Opportunity for Hearing Notices based on violations of the laws and rules governing the practice of respiratory care in Ohio
- **The Board moved to issue a letter to CoARC concerning the Board's issues with the new Miami Jacobs Career College's respiratory care program.**
- **The Board ratified the issuance of 13 HME facility licenses, the transition of one HME Provisional license to a full license, 3 HME Certificate of Registrations, 72 respiratory care professional licenses and 72 limited permits.**
- **The Board moved to ratify the Appointed Hearing Officer's decision in the matter of Reginald Johnson to deny compensation of attorney fees.**
- **The Board moved to authorize year-end capital purchases for one computer, one office chair and software upgrades.**
- **The Board approved a resolution concurring with the Ohio Department of Job and Family Services on Medicaid reimbursement coding meeting the definition of HME under Chapter 4752 ORC.**
- **The Board held two adjudication hearings. Following the hearings and after deliberation, the Board moved to permanently revoke the license of Margaret Burnaska and to permanently revoke the license of Ramona Frye.**

Trends and Opportunities

- Respiratory Care Recruitment and Retention

The demand for qualified respiratory therapists continues to be strong and use of temporary staffing agencies and sign-on bonuses continue to be common methods of employing respiratory therapists. Continuing demand was clearly evidenced this year through the opening of three new respiratory care educational programs: Miami-Jacobs Career College, Dayton, Ohio; Rio Grande University, Rio Grande, Ohio; and Southern State University, Hillsboro, Ohio. Recent education data indicates a stronger interest in respiratory care education than in the past few years. Regional program Directors are reporting encouraging enrollment data. The Board initiated an on-going education review process in FY 2005. Updated education reports are posted on the Board's website each year.

- Respiratory Care Scope of Practice

The Board has expressed interest in seeking broadened language in the Respiratory Care professional scope of practice. Recent trends in medication research and development

indicate more medications will be produced and delivered through inhalation techniques that are a mainstay of respiratory care practice. Medications, such as insulin, are now available in inhaled form. Researchers have long known that absorption of compounds through the pulmonary system is perfect for treatment requiring fast and efficient onset of medication. Although insulin is not a medication for the treatment of cardiopulmonary impairment, the technique of delivery is best suited for respiratory care providers who are uniquely trained in this area.

The Board will be seeking legislative interest in new language to include authority to provide respiratory care medication delivery pursuant to physician prescribed protocols. Respiratory care driven protocols are used nationwide to improve patient outcomes, efficiency, and reduce costs. Current Ohio law does not permit respiratory care professionals to deliver medications in this manner without patient-specific orders, including medication, dose and frequency of use. Nationally recognized protocols allow therapists to alter medication delivery frequency, change dose, or medications as required within the parameter of the protocol ordered by the prescribing physician based upon the therapist's assessment of the patient.

- Home Medical Equipment Facility Inspections

The Board will be initiating a facility inspection program for licensed HME facilities beginning FY 2007. Most HME facilities that provide services defined under Chapter 4752 of the Revised Code hold a certificate of registration, not a license. Holders of Certificates of Registration must meet recognized standards and are surveyed periodically for compliance by approved accrediting organizations. All others, 147 in total, are licensed facilities. Chapter 4752 requires the Board to inspect these facilities. By rule, the Board has developed an inspection program that will validate compliance with established standards of the HME industry. The Board will initially contract with qualified accreditation surveyors to perform the inspection. Inspections are required every four years and the Board believes inspections will be completed by the end of FY 2008.

- Home Medical Equipment Accreditation Required by Federal Government

The Federal Government's Center for Medicaid and Medicare Services (CMS) has proposed new standards for HME reimbursement. One standard will require that an HME service be accredited by a recognized accrediting organizations that meet the quality standards identified by CMS. CMS will implement this program in the nation's ten largest metropolitan areas. Ohio is not among these areas. The Board does not know how or when this policy will be implemented in Ohio. What is certain is that it will have a significant impact on HME licensure. Licensed HME facilities will likely be required to achieve accreditation through a deemed organization or be denied participation in Medicaid and Medicare.

If the program does require full accreditation, it is likely most HME facilities will eventually shift their practice authority to a certificate of registration. The current statutory authority under Chapter 4752 of the Revised Code does not allow the Board to investigate consumer complaints involving HME facilities holding a certificate of registration. Complaint issues are handled by the facility's accrediting organization based

upon the standards adopted by that organization, not the State of Ohio. The impact of this change could effectively eliminate an oversight role for the Board.

Objectives for Next Year

1. Continue to review new methods to inform the public and licensees in a cost-effective manner.
2. Identify cost saving measures. The Board is studying on-line license renewal. Electronic checking options will be reviewed, reducing costs significantly. Consider changes in inspection methodology.
3. Continue to be a resource for the Ohio General Assembly on issues relating to the practice of respiratory care.
4. Complete the licensure and registration of home medical equipment facilities according to the timelines established by the legislature and implement an effective inspection program for licensees.
5. Monitor state and federal legislation that has affect on the practice of respiratory care or home medical equipment facilities.
6. Continually maintain compliance with the laws and rules that regulate the operations of the board and policies that guide our practices.
7. Establish policies and procedures for the inspection of licensed home medical equipment facilities in Ohio.

Board Status

- 2006 Licensing Activity

Current number of all licensees

	2003	2004	2005	2006
RCP License Holders	6423	6128	6639	6478
RC Limited Permit Holder	<u>368</u>	<u>364</u>	<u>371</u>	<u>394</u>
Total	6791	6492	7010	6872
HME Licensed Facilities	0	0	0	142
HME Certificate of Registrations	<u>0</u>	<u>0</u>	<u>0</u>	<u>294</u>
Total	0	0	0	436

	2003	2004	2005	2006
Initial RCP Licenses Issued	303	296	367	394
RC Limited Permits Issued	188	250	300	271
Initial HME Licenses Issued	0	0	0	170
Initial HME Registrations Issued	0	0	0	308
HME Provisional Licenses Issued	0	0	0	23

License Renewal

RCP License Holders	255*	5881	241	6359
RC Limited Permit Holders	217	303	257	275
HME Facility Licenses	0	0	0	270
HME Certificates of Registration	0	0	0	110

** 2006 data counts only license and permit holders renewing or reinstating their license or permit during FY 2006. This total does not reflect those licenses and permits that are current and active at the time of the report..*

Revenues and Expenditures

Statement of Revenues	2003	2004	2005	2006
License Application Fees	\$27,410	\$29,385	\$34,005	\$142,390
Renewal Fees	\$25,900	\$598,185	\$29,565	\$807,450
Late Penalties	\$8,735	\$26,155	\$10,415	\$37,640
Fines	\$2,450	\$1,800	\$5,400	\$3,250
Miscellaneous Fees	\$1,456	\$1,410	\$1,541	\$1,141
Bad Debt	\$304	\$100	\$181	\$47
Adjustments	<u>\$26</u>	<u>\$746</u>	<u>\$132</u>	<u>\$1</u>
Total	\$66,281	\$657,781	\$81,239	\$991,919

FY 2006 Fees include initial HME license and certificate of registration fees and HME license and certificate of registration renewal fees implemented during FY 2006.

Statement of Expenses		2003	2004	2005	2006
872-100 ALI	Staff Payroll	\$237,147	\$232,879	\$256,115*	\$303,226
872-200 ALI	Maintenance	\$51,795	\$56,727	\$77,791*	\$80,517

872-300 ALI	Equipment	\$4,331	\$4,274	\$8748	\$0
	Refunds	<u>\$315</u>	<u>\$380</u>	<u>\$129</u>	<u>\$501</u>
Total		\$293,588	\$294,260	\$342,783*	\$384,244

* Totals reflect an increase relating to implementation of home medical equipment licensing program, including the hiring of a staff member to coordinate licensing and registration for the program.

Investigatory Report and Disciplinary Actions

Case Analysis

● Carry over from FY 2005	31
● Cases taken in for FY 2006	48
● Cases completed for FY 2006	53
● Carry over for FY 2007	26

Case Breakdown for 2006

● Felony Crimes and or Convictions	6
● Misdemeanor Convictions Involving Moral Turpitude	9
● Practicing While Impaired and or Drug Abuse	6
● Theft of Drugs	2
● Unlicensed Practice	7
● Professional Incompetence / Physically Unfit	1
● Ethics Violation	4
● Falsified Medical Records	1
● Practicing Beyond Scope	4
● Gross Negligence	1
● Poor Standard of Care	2
● Falsified Application	1
● Fraudulent Billing	1
● Failure to Comply w/ Board Order	1
● Failure to Meet Licensing Requirements	1
● Patient Abuse	1

Adjudication Hearings Held

<u>Case Number and Name</u>	<u>Complaint</u>	<u>Disposition</u>
2005ORCB041 Reginald Johnson	Falsified Medical Records	Dismissed
2005ORCB047 Rick Matthews	Assault	Suspended
2005ORCB078	Felony Crimes	Revoked

Jeffery Stock

2005ORCB087 Drug Abuse Suspended
Shana Slaughter

2005ORCB081 Poor Standard of Care Revoked
Margaret Burnaska

2005ORCB092 Incompetent Practice Probation
Ryan Brenneman

2006ORCB004 Poor Standard of Care Revoked
Ramona Frye

2006ORCB007 Felony Convictions Refused Licensure
Susan Harrison -Daws

2006ORCB017 Felony Convictions Issued Licensure
Paul Tanner

In addition to the hearings held in 2006, the Board also entered into Fifteen (15) consent agreements in lieu of hearings before the Board. Two (2) persons also permanently surrendered their license.

Consent Agreements:

<u>Name</u>	<u>Complaint</u>	<u>Disposition</u>
Janet Riley	Practiced Beyond Scope	Reprimand and Fine
Sara Adkins	Continuation of Discipline	Probation
David Cassel	Licensing Requirements	Reprimand and Fine
Melinda Rodriguez	Licensing Requirements	Reprimand and Fine
Lori Wheeler	Licensing Requirements	Reprimand and Fine
Tara Fisher	Licensing Requirements	Reprimand and Fine
Meghan Whalen	Falsified Patient Records	Probation and Fine
Beth Dvorak	Unlicensed Practice	Reprimand and Fine
Sheryl Spaulding	Unlicensed Practice	Reprimand and Fine
Melissa Darling	Unlicensed Practice	Reprimand and Fine
Jason Kirchoff	Unlicensed Practice	Reprimand and Fine

Charlene Keyser	Impaired Practice	Probation
John Daly	Impaired Practice	Suspension / Probation
Joni Baumberger	Licensing Requirements	Returned to Limited Permit Status
Kim Casebier	Failure to Comply w/ Board Order	Suspended

Surrenders:

<u>Name</u>	<u>Complaint</u>	<u>Disposition</u>
Cheryl Moots	Drug Abuse	Permanent Surrender of License
Alicia Corvin	Other	Permanent Surrender of License

Consent agreements will be considered by the Board for any alleged violation of the respiratory care laws or rules. A consent agreement avoids the necessity of holding a hearing while preserving an individuals right to legal counsel. Both the alleged act(s) and resultant action(s) are agreed to by the licensee and the Board. Consent Agreements are considered Orders of the Board under the Revised Code. A complete listing of individuals who have entered into consent agreements with the Board is available on the Board's website.