

OHIO RESPIRATORY CARE BOARD

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



**ANNUAL REPORT
FY 2010**

TABLE OF CONTENTS

Notification of Compliance to the Governor and General Assembly	
Executive Summary	1
Letter to the Governor and General Assembly	2
Board Members	2
Board Organization	3
Board Functions	
Board Authority and Function	3
Mission Statement.....	4
Vision Statement.....	5
Board Programs	5
FY 2010 Actions of the Board	6
Minutes Summaries	6 - 13
Trends and Opportunities	
Respiratory Care Scope of Practice	13
Respiratory Care Practice and Licensing.....	13
Home Medical Equipment Licensure Growth	14
Center for Medicare & Medicaid Services Changes.....	15
Board Status	
2010 License Activity.....	15
Revenues and Expenditures	16
Investigatory Report and Disciplinary Actions.....	17 -19

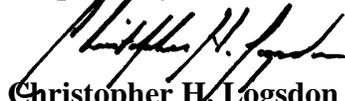
EXECUTIVE SUMMARY

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 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 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,



Christopher H. Logsdon
Executive Director

Letter to the Governor and Ohio General Assembly

Dear Governor Strickland 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 2010. 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 2010, demonstrating the Board's role in disciplining licensees that violate the law. 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.

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,

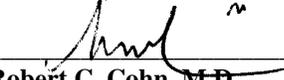


Marc K. Mays, MSA, RRT, RCP
President, Ohio Respiratory Care Board

Board Members



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



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



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



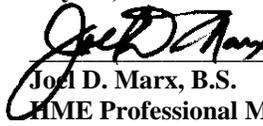
Kenneth Walz, R.R.T., R.C.P., J.D.
Professional Member
Toledo, Ohio



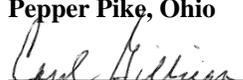
Esther L. Kester, R.R.T., R.C.P., M.B.A.
Professional Member
Ravenna, Ohio



Anita L. Adams, R.C.P., M.B.A.
Professional Member
Dayton, Ohio

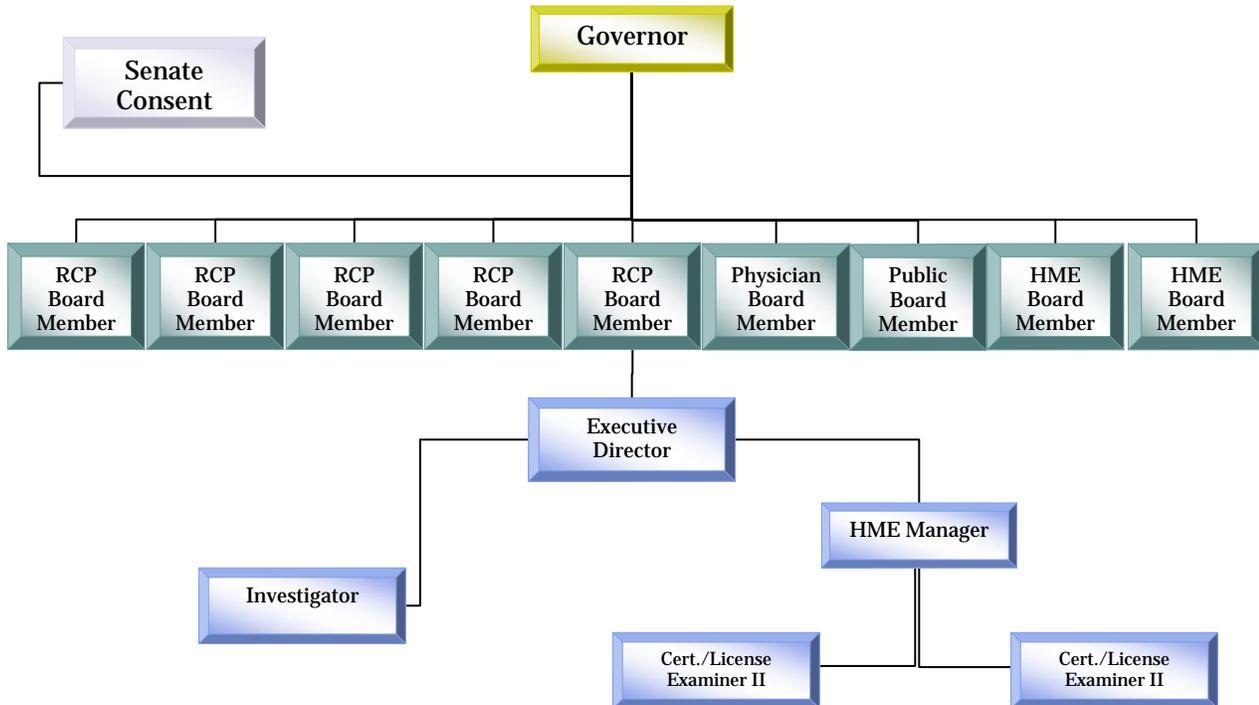


Joel D. Marx, B.S.
HME Professional Member
Pepper Pike, Ohio



Carol Gilligan
HME Professional Member
Bath, Ohio

Board Organization



Board Authority and Functions

The Board's primary purpose by law is to protect the public by regulating the practice of respiratory care and home medical equipment facilities in Ohio. The Board membership includes persons with expertise in the provision of respiratory care and home medical equipment services. In this regard, the Board acts as a unique licensing-agent for both the respiratory care profession and home medical equipment facilities in Ohio.

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. 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. The office is staffed by one Executive Director, two License/Certification Examiner II positions, one Investigator, and one Home Medical Equipment Licensing Manager. 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 8:00 a.m. to 5:00 p.m., Monday through Friday.

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. The Board also approves respiratory care educational programs and, when necessary, conducts on site reviews.

Home medical equipment facilities registered by the Board are required to follow standards of practice set down by the organization that accredits the facility. Licensed home medical equipment 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. 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.

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

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.

Board Programs

- Respiratory Care Practice

At the end of FY 2010, 7,100 persons in Ohio held an active license to practice respiratory care. Since its inception, the Ohio Respiratory Care Board has issued more than 12,050 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2010, 281 limited permits remained active, representing working students that are enrolled at twenty-one different respiratory care programs throughout the state of Ohio.

The 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 provides care in hospitals, long-term care facilities, sleep study laboratories, home care organizations, and physician offices. Today, all lower forty-eight states, Hawaii, the District of Columbia, and Puerto Rico require some form of licensure for respiratory therapists. Alaska does not require licensing in this practice.

- 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, deliver, install, or maintain HME equipment. The law focuses on home medical equipment providers that sell or lease life-sustaining or technologically sophisticated equipment. By rule, the Board can identify other equipment that meets the definition of HME. A full list of equipment falling under the definition home medical equipment is defined in rule and regularly posted to the Board's home medical equipment website.

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.

Currently, the Board licenses 121 home medical equipment facilities and registers 606 home medical equipment facilities, giving Ohio an active total of 727 licensed or registered home medical equipment facilities providing services to Ohio citizens. In FY 2010, the Board inspected 74 home medical equipment facilities. FY 2010 represents the end of a four-year inspection cycle. The Board, by the end of the next fiscal year, anticipates completing all 210 facility inspections; thereby, setting the stage to begin the next round of inspection in FY 2011.

FY 2010 Actions of the Board

Official actions of the Board are journalized in the minutes of each meeting. In FY 2010, the Board met every other month for one day. The Board would normally require two days to complete business, but in FY 2010 the Board reduced its schedule to one day to reduce the cost of business. A normal business day consists of committee meetings and routine business: approvals of licenses, hearing notices, consent agreements, expenditures, and discussion on topical issues before the membership. In addition, the Board may conduct administrative 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.

- August 26, 2009

- **The Board's Home Medical Equipment (HME) and Education Committee met prior to regular business. The HME Committee reported that it reviewed a new technology called Eye Response Technology to determine if the equipment was recognized as HME under Board rules. The Committee determined that the technology was a communication device and not HME as defined under ORC 4752.01. The HME Committee also recommended the approval of DEMTrain as a provider of HME continuing education. The committee then addressed new rules being proposed by the Ohio Department of Job and Family Services concerning the bundling of reimbursement for HME services. The Board moved to draft a letter to ODJFS.**

The Board's Education Committee reported that they had reviewed the 2008 Ohio Education report and accepted the Director's recommendation to send the report to Ohio respiratory care programs for review prior to publication. The Education Committee also reported on proposed draft standards for program accreditation submitted to the Committee on Accreditation for Respiratory Care (CoARC). The Board discussed its role in determining the approval of respiratory care programs, identifying itself as a community of interest with respect to the standards.

- **The Board approved:**
 - **Ten Opportunity for Hearing Notices based upon alleged violations of the laws and rules governing the practice of respiratory care and one Opportunity for Hearing Notice based upon alleged violations of the laws and rules governing the practice of home medical equipment licensure.**
 - **Four informal content agreements.**
 - **Withdrawal of one previously issued Opportunity for Hearing Notice.**

- Closing four cases as having met probationary requirements.
- The Board ratified the issuance of nine Home Medical Equipment facility licenses and 26 Home Medical Equipment facility Certificates of Registration.
- The Board held a public hearing on proposed rules.
- The Board reviewed OAC 4761-4-01 as it related to the application of a U.S. Army trained therapist. The applicant presented proof of earning a Bachelor's Degree, earning a Certified Respiratory Therapist credential awarded by the National Board for Respiratory Care, Inc. and completing an accredited respiratory care program. After discussion, the Board moved to recognize the education of the applicant as meeting the equivalence standard provided for in OAC 4761-4-01.
- The Board moved to approve one contact hour of continuing education for a course being instructed by the Board's Executive Director.
- The Board approved the FY 2009 annual report.
- The Board approved and personally issued a resolution acknowledging the service and accomplishments of Eugene Andrews, a long-standing member of Board, recently retired.
- The Board reviewed the personal service contracts it establishes for HME inspection services. The Board determined that the contracts were unique, which constitutes a single source service.
- The Board moved to final file proposed administrative rules following the end of jurisdiction by the Joint Committee on Agency Rule Review.

- October 21, 2009

- Following a proposal of the Board's Executive Director, the Board moved to approve funding of a detailed records inventory for records in storage, which would improve records management and retrieval.
- The Board held two hearings pursuant to Chapter 119. of the Ohio Revised Code: Following the hearings, the Board entered executive session to deliberate on the evidence.
 - Following a hearing held pursuant to Chapter 119. of the Ohio Revised Code, the Board moved to issue an order revoking the license of Alicia M. Howe after finding the allegations contained in the Opportunity for Hearing Notice to be true.
 - Following a hearing held pursuant to Chapter 119. of the Ohio Revised Code, the Board moved to issue an order fining the licensee, Yvonne D. Foster, two hundred dollars after finding the allegations contained in the Opportunity for Hearing Notice to be true.

- The Board's Education Committee reported that they had hosted 8 - 9 representatives of Ohio's respiratory care educational programs prior to the regular business meeting. The committee chair, Ms. Kester reported that the Ohio Education Report was the topic of discussion. The Chair reported that the attendees had the opportunity to comment on the report and the most common issue was the accuracy of the report due to time that has passed since the programs filed original data. The Chair stated that the Committee asked programs to submit current data, but stated that future reports will advise filers of specific dates for filing and publication.
- The Board's HME Committee reported that it reviewed the inspection compliance progress for an HME facility operated by Omnicare, taking into consideration the organization's appeal letter. No action was taken.
- The Board's Scope of Practice Committee reported that they had reviewed six scope of practice issues and recommended the approval of Board responses drafted and reviewed by the Committee. The inquiries addressed were:
 - Assisting physicians and nurses in the insertion of Peripherally Inserted Central Catheter lines.
 - Mask fitting in the home/office by Registered Polysomnographic Technologists and the definition of "under the general supervision of a physician."
 - Intubation by ACLS trained therapists without a physician present.
 - Insertion of arterial lines by licensed respiratory care professionals.
 - Administering Ralenza for the treatment of influenza.
 - Administering influenza vaccine by nasal mist route.
- The Board approved the Scope of Practice Committee's recommended responses to six scope of practice inquiries.
- The Board moved to approve:
 - Three Opportunity for Hearing Notices based on alleged violations of the laws and rules governing the practice of respiratory care in Ohio.
 - Four consent agreements in lieu of an administrative hearing before the Board.
- The Board ratified the issuance of six HME facility licenses, 17 HME Certificates of Registration, 69 respiratory care professional licenses and 40 limited permits.
- The Board moved to approve the reduction of the 2010 home medical equipment inspection fee from \$350.00 to \$300.00. The Board noted that inspector reimbursement rates were also reduced by an equivalent amount.
- The Board approved the 2010 respiratory care profession license renewal application, 2010 limited permit I & II renewal applications, 2010 HME Certificate of Registration renewal application, and the 2010 HME License renewal application.

- December 16, 2009

- **The Board moved to ratify the existing records retention schedules with modifications to RCB-03, RCB-05, RCB-09, RCB-10, RCB-14, RCB-15, RCB-17, and RCB-0031 as noted and to file a new records retention schedule for journal entries.**
- **The Board reviewed recommended office policy amendments and then moved to approve amended office policies:**

1.2, 1.4, 2.3, 2.5, 2.6, 2.8, 2.9, 2.91b, 2.92, 3.2, 3.3, 4.1, 4.3, 5.2, 8.2, 8.4, and 9.3
- **The Board held three hearings pursuant to Chapter 119. of the Ohio Revised Code:**
 - **The Board moved to issue an order to dismiss the matter of Jared David Bryan after finding the allegations contained in the Opportunity for Hearing Notice were not true.**
 - **The Board moved to issue an order to suspend the license of Angela N. Smith for a period of two years after finding the allegations contained in the Opportunity for Hearing Notice were true.**
 - **The Board moved to issue an order to fine the licensee, Accurate Medical Supply, Inc., \$500.00 after finding the allegations contained in the Opportunity for Hearing Notice were true.**
- **The Board's Education Committee reported that the Committee met prior to regular business to discuss the 2009 Ohio Education Report. The Committee recommended that the report be updated to include all new data through the 2009 CoARC report submission. The Committee directed the Board's Executive Director to merge the two years into a single report.**
- **The Board's HME Committee reported that the Committee reviewed an inquiry regarding the need to license a facility that only functions as a warehouse. The Committee concluded that the warehouse would not require a license, but if the warehouse applied for a license, it would need to meet all of the standards required of a licensed facility.**
- **The Board's Scope of Practice Committee reported on their review of three scope of practice issues and recommended the approval of Board responses drafted and reviewed by the Committee. The inquiries addressed were:**
 - **The administration of vaccines for a volunteer event. The Scope of Practice Committee concluded that influenza vaccine administration was within the scope of respiratory care practice.**
 - **The administration of Lexiscan for cardiac stress testing. The Scope of Practice Committee concluded that Lexiscan administration during cardiac stress testing was within the scope of respiratory care practice.**
 - **The administration of oxygen or CPAP by unlicensed persons working in a nursing home. The Scope of Practice Committee concluded that the Board has published a prior position statement on the matter, which should be referenced in the response.**

- **The Board approved:**
 - **Three Opportunity for Hearing Notices based on violations of the laws and rules governing the practice of respiratory care in Ohio and one Opportunity for Hearing Notice based on violations of the laws and rules governing the practice of Home Medical Equipment Services.**
 - **Five consent agreements in lieu of administrative hearings before the Board.**
- **The Board ratified the issuance of eight HME facility licenses, 33 HME Certificates of Registration, 54 respiratory care professional licenses, and 44 limited permits. In addition, the Board considered an application for reinstatement and, after considering the qualifications of the applicant, the Board moved to refuse to recognize the continuing education filed by the applicant due to its content.**
- **The Board moved to approve a revised disciplinary guidance document.**
- **The Board moved to approve a personal service contract with F. Herbert Douce for education consulting services on the annual Ohio Education Report.**
- **The Board moved to approve the Winter 2009 newsletter, which would be posted on the Board's website.**
- **The Board reviewed and approved revised initial application forms for the HME license and certificate of registration.**

- February 10, 2010

- **The Board moved to approve the performance review of the agency Executive Director, Christopher H. Logsdon.**
- **F. Herbert Douce, Education Consultant for the Board presented the Board's draft 2009 Ohio Education Report and the 2009 Demand and Future Needs Survey for Respiratory Care Professionals in Ohio. The Board moved to approve the 2009 Ohio Education Report and the 2009 Demand and Future Needs Survey.**
- **The Board's Scope of Practice Committee reported on their review of four scope of practice issues and recommended the approval of Board responses drafted and reviewed by the Committee. The inquiries addressed were:**
 - **Insertion of arterial lines by licensed respiratory care professionals.**
 - **Conducting postpartum assessments of mothers and infants.**
 - **Limited Permit Holders providing nocturnal CPAP/BiPAP**
 - **Clarifying duties within the scope of practice under ORC 4761.01.**
- **The Board moved to approve a resolution delegating the following duties to the duly employed Executive Director of the Board:**
 - **Employ office staff and contract for services as necessary to carry out the Boards responsibilities under Chapter 4761 and 4752 of the Revised Code. The**

Executive Director may hire, discipline, or terminate board staff in accordance with the Ohio civil service employees association, AFSCME local 11, contract with the state of Ohio. The Executive Director may hire, discipline, or terminate unclassified, exempt staff.

- Accept employee resignations on the Board's behalf. An acceptance of resignation should be made in writing, including through written documentation, which may be, for example, electronic mail, instant messaging, text messaging, or other electronic means.
 - Sign, on behalf of the Board, Position Description Authorizations and Personnel Actions authorizing any of the above actions.
 - Serve as the authorized representative of the Ohio Respiratory Care Board for filing business forms required to carry out the daily responsibilities of the agency, including filing rules on the Board's behalf.
- The Board moved to approve a memorandum of understanding with the Ohio Department of Job and Family Services on reporting Board adjudication actions.
 - The Board approved:
 - Two consent agreements in lieu of an administrative hearing before the Board.
 - 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 29 respiratory care professional licenses, 44 limited permits, 2 home medical equipment facility licenses, and 19 home medical equipment facility certificates of registration.
 - The Board discussed ORC 4761.09 (A)(8) concerning impairment in the practice of respiratory care. The Board focused discussion on the current language in the Revised Code that limits the Board to only investigating cases where licensee is unable to practice at an acceptable level of competency due to alcohol or drug use.
 - The Board moved to adopt the recommendations of the Board's Executive Director concerning the public license verification system. Adopted changes included: flagging administrative actions, defining license statuses, and dating the verification page.

- April 14, 2010

- The Board held two hearings pursuant to Chapter 119. of the Ohio Revised Code:
 - The Board moved to issue an order to suspend the license in the matter of David M. LeDoux for a period of two years after finding the allegations contained in the Opportunity for Hearing Notice were true.
 - The Board moved to issue an order to fine Raye Lynn Jones-Moss \$300.00 after finding the allegations contained in the Opportunity for Hearing Notice were true.
- The Board's Rules Committee reported that the Committee completed a review of rules under OAC 4761 and OAC 4761:1 that were eligible for five-year review under ORC 119.032. The Committee presented proposed amendments to the eligible rules. In

addition, the Rules Committee presented ten new rules in compliance with ORC 1347.15 regarding the access of Personal Confidential Information.

- The Board's Scope of Practice Committee reported on their review of two scope of practice issues and recommended the approval of Board responses drafted and reviewed by the Committee. The inquiries addressed were:
 - Insertion of arterial lines by licensed respiratory care professionals.
 - Use of unlicensed personnel to transition patients on oxygen during transport.
- The Board's Education Committee reported on their progress to revise the "Verification of Education" form used to validate the clinical progress of students holding limited permits to practice respiratory care.
- The Board moved to publish the 2009 Ohio Education Report on the Board's website.
- The Board approved:
 - Two consent agreements 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 and one Opportunity for Hearing Notice based on violations of the laws and rules governing the practice of Home Medical Equipment services.
 - Closing four cases having met the probationary requirements.
- The Board adopted the Report and Recommendation of the appointed Hearing Officer in the matter of Jill Ellen Tewart. The Board approved the final order in the matter of Jill Ellen Tewart issuing a license, then placing the license on probation for a period of two-years subject to conditions.
- The Board ratified the issuance of 5 HME facility licenses, 12 HME Certificates of Registration, 51 respiratory care professional licenses, and 61 limited permits.
- The Board moved to recognize the American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. pursuant to rule OAC 4761:1-4-01.
- The Board held officer elections. Marc Mays was re-elected to serve as Board President and Joel Marx was re-elected to serve as Board Secretary.

- June 9, 2010

- The Board held a public rules hearing on proposed amended and new rules.
- The Board moved to send the Executive Director to the 2015 and Beyond Conference sponsored by the American Association for Respiratory Care.
- The Board's Rules Committee met prior to regular business and reported that they had completed a review of the information obtained during the public rules hearing and were recommending amendments to two new rules on accessing Personal Confidential Information.

- **The Board's HME Committee met prior to regular business and reported that the Committee was closely watching the revenue generated through the licensing and inspection of HME facilities since the Registration program does not support the full HME program. The Committee also reported that it reviewed "Low Air Loss Mattresses" and determined that the equipment is medically sophisticated and would require a license or certificate of registration to service.**
- **The Board approved:**
 - **Four consent agreements in lieu of an administrative hearing before the Board.**
 - **Closed three cases based on completion of probationary requirements.**
 - **Closed six complaints as not jurisdictional or unfounded.**
- **The Board adopted the Report and Recommendation of the appointed Hearing Officer in the matter of Latasha N. Harris. The Board approved the final order in the matter of Latasha N. Harris issuing a license, subject to paying a fine of \$300.00.**
- **The Board ratified the issuance of 7 HME facility licenses, 33 HME Certificates of Registration, 29 respiratory care professional licenses and, 45 limited permits.**
- **The Board moved to final file proposed rules with the Joint Committee on Agency Rules Review.**

Trends and Opportunities

- Respiratory Care Scope of Practice

The Ohio Respiratory Care Board continues to believe the scope of respiratory care practice should be amended to address the practice of respiratory care protocol-based therapies and procedures. Nationally, many respiratory care laws permit therapists to work under standard protocol orders issued by physicians. Extensive surveys and studies demonstrate the efficacy of respiratory care protocols, proving patient care outcomes can be improved and costs can be reduced. Many state laws actually note "protocols" within the statutory scope of practice. In Ohio, protocol care involving medication administrations are governed by the Ohio State Board of Pharmacy. This, in effect, restricts physicians from ordering respiratory care procedures (involving medication administration) by nationally recognized protocols. The Board contends that patient care could be optimized and less expensive if respiratory care protocols are utilized according to the practice guidelines developed by the American Association for Respiratory Care (AARC). The Board believes this issue should be addressed through legislation.

- Respiratory Care Practice and Licensing

The American Association for Respiratory Care (AARC) recently completed the 2015 and Beyond project, resulting in numerous practice improvement recommendations that will be filed with the AARC Board of Directors this year. These recommendations include:

- 1. That the AARC recommend to the National Board for Respiratory Care, Inc. (NBRC), on**

July 1, 2011, that the national Certified Respiratory Therapist examination and the advanced Registered Respiratory Therapist examination be combined and that the CRT examination be retired after 2014.

- 2. That the AARC recommend to the NBRC on July 1, 2011, that the written registry examination and the certified respiratory therapist examination content be combined as an outcome measure for accredited respiratory care programs after 2014.**
- 3. That the AARC recommend to the chartered affiliates on July 1, 2011, that they recommend to their state regulatory board:**
 - a. That the RRT credential be required to obtain a license to practice as a respiratory care therapist for all new applicants after 2012.**
 - b. That a provisional or limited license, effective for three years from the date of graduation from a CoARC accredited respiratory therapist program be granted to all new applicants after 2012 who have passed the NBRC written registry examination, but not the clinical simulation examination.**

In FY 2010, the Board was informed by the national accreditation organization for respiratory care educational programs, the Committee on Accreditation for Respiratory Care (CoARC), that respiratory care program outcome standards would no longer monitor the pass rate for the advanced level RRT examination. To date, Boards nationwide have not required the RRT examination for licensure. Instead, state Boards recognize the NBRC's CRT examination for the purpose of licensing. CoARC essentially argues that since states do not require the RRT examination for licensing, programs cannot be held accountable for students that choose not to take the examination.

The Board believes that CoARC's change in accreditation standards removes an important determinant of the quality of respiratory care educational programs. All respiratory care programs recognized by the Board are 200 level programs (referred to as "advanced level programs"). This designation implies that the approved curriculum of the program will educate and prepare students to take and pass the advance-level credential examination, the RRT examination. In the absence of this standard, the Board believes program quality may decrease.

The Board is currently reviewing its rules to consider amending the regulations in Ohio to require the RRT credential to meet the minimum qualifications for licensing.

- Home Medical Equipment Licensure Growth

In 2005, when the home medical equipment-licensing act was enacted, the Board presumed that licensing and certification levels would eventually plateau. The Board considered home medical equipment facility growth in static terms. Now five years later, the Board has a better understanding of the dynamic nature in the home medical equipment industry. Facilities are regularly being opened, closed, purchased, transferred, and moved. In addition, facilities usually start out as licensed facilities and then eventually transition to a certificate of registration as the facility matures and seeks independent accreditation. Adding to this dynamic, the Center for Medicare/Medicaid Services recently implemented two programs:

1. All HME participating in Medicare must be accredited by one of ten deemed organizations. Ohio recognizes eight of these organizations.

2. **Competitive Bidding.** Currently, Ohio hosts two of the nine metropolitan areas established by CMS to introduce competitive bidding. (Cleveland and Cincinnati). HME companies have submitted bids for established service areas. A limited number of bidders in each service area are offered contracts. Non-contract providers in the areas are permitted to provide certain services to existing patients, but may not serve new patients for these product lines. The program is scheduled to be expanded to 91 additional areas within the next two years and nationwide by 2016.

This dynamic environment has led to an explosion of issues in the home medical equipment world. Competitive bidding likely has the greatest effect as companies compete to offer services at the lowest possible costs. This may have detrimental effect on patients who receive services from providers that cannot continue to offer the same level of services as before. The outcome of this program may lead some to conclude that they will not participate in the Medicare program and others to conclude that they can no longer provide sufficient service levels and earn a profit, resulting in business closures. The long term effects on HME licensure and registration in Ohio is unclear and only time will determine the impact.

Accrediting Organizations – all accrediting organizations recognized by the Board have entered into cooperative agreements to share information relative to the accreditation status of our registrants or complaints filed by the public. Recognition of eight different accrediting organizations opens the door to variability in standards and enforcement of standards. Although these agreements are strong, the Board must do more to regularly enforce the provisions of the agreements and encourage accrediting organizations to monitor and enforce their own provisions with DME organizations.

Board Status

- 2010 Licensing Activity

Current Active

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
RCP License Holders	7,035	6,742	7,384	7,100
RC Limited Permit Holders	<u>383</u>	<u>357</u>	<u>254</u>	<u>281</u>
Total	7,418	7,099	7,638	7,381
HME Licensed Facilities	221	145	209	121
HME Certificates of Registration	<u>378</u>	<u>394</u>	<u>527</u>	<u>606</u>
Total	599	539	736	727

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Initial RCP Licenses Issued	416	364	504	410
RC Limited Permits Issued	323	349	322	308
Initial HME Licenses Issued	104	63	51	39
Initial HME Registrations Issued	88	81	129	184
License Renewal *	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
RCP License Holders	157	6,574	226	6,926
RC Limited Permit I Holders	131	224	229	155
HME Facility Licenses	20	145	54	102
HME Certificates of Registration	7	394	71	523

* Total is as of June 30, 2010 and includes only renewals received during FY 2010.

2010 data counts only license and permit holders renewing or reinstating their license or permit during FY 2010. This total does not reflect those licenses and permits that are current and active at the time of the report.

Revenues and Expenditures

FY 2010 Fee Description as of June 30, 2010	Amount Collected
Respiratory Care Professional Renewal Fees	\$697,900.00 (*)
Respiratory Care Limited Permit I Renewal Fees	\$1,480.00
Respiratory Care Limited Permit II Renewal Fees	\$3,050.00
Respiratory Care Professional License Fees	\$30,880.00
Respiratory Care Initial Limited Permit Fees	\$6,280.00
Respiratory Care Late License Renewal Fees	\$2,400.00
Respiratory Care Limited Permit I Late Renewal Fees	\$40.00
Respiratory Care Limited Permit II Late Renewal Fees	\$125.00
Respiratory Care Fines	\$5969.32
Respiratory Care Miscellaneous Fees	\$1,137.74
Home Medical Equipment Initial Registration Fees	\$30,900.00

Home Medical Equipment Facility Initial License Fees	\$11,600.00
Home Medical Equipment Inspection Fees	\$11,300.00
Home Medical Equipment Registration Renewal Fees	\$160,250.00
Home Medical Equipment Facility License Renewal Fees	\$43,000.00
Home Medical Equipment Fines	\$5,600.00
Home Medical Equipment Miscellaneous Fees	\$100.00
Home Medical Equipment Late Fee - Registration	\$100.00
Total	\$1,012,112.06

* Revenue from FY 2008 received, but not deposited is not reflected in the renewal totals for FY 2010.

Statement of Expenses

Expenses	FY 2009	FY 2010
Personal Service (Object Cat. 1; Categories 500 & 510)	\$373,222.01	\$346,775.83
Supplies & Maintenance (Object Cat. 2; Category 520)	\$72,282.33	\$83,788.45
Equipment (Object Cat. 3; Category 530)	\$7,500.00	\$1,707.00
Subsidies & Shared Rev. (Object Cat. 5; Category 550)	\$0.00	\$0.00
Transfers & Non-Expense (Object Cat.9; Category 595)	\$1,550.00	\$0.00
EDI Default Account		\$302.90
Total	\$454,554.34	\$432,574.18

Expenses are listed as of July 1, 2010 and do not include encumbered expenses paid after the end of the fiscal year.

Investigatory Report and Disciplinary Actions

Adjudication Hearings Held

Respiratory Care

Case Number and Name	Complaint	Disposition
2009ORCB027/Alicia A. Howe	Violating Provisions of law/rule	Permanent Revocation
2009ORCB049/Yvonne D. Foster	False and misleading application	Fined
2008ORCB034/Jared D. Bryan	Unfounded-moral turpitude	Dismissed
2009ORCB066/Angela N. Smith	Violating Provisions of law/rule	Suspension
2010ORCB010/David LeDoux	Violating Provisions of law/rule	Suspension
2010ORCB019/Raye L. Moss	False and misleading application	Fined

2010ORCB001/Latasha N. Harris	False and misleading application	Fined
2010ORCB018/Jill Ellen Tewart	Violating Provisions of law/rule	Fined

Home Medical Equipment Licensure

Case Number and Name	Complaint	Disposition
2010HME002/Accurate Medical Supply INC.	Violating provisions of law/rule	Fined

CONSENT AGREEMENTS APPROVED:

Respiratory Care

Case Number and Name	Issue	Disposition
2009ORCB10/Elizabeth A. Williams	Unlicensed Practice	Fine
2007ORCB51/Bonnie L. Bilko	Violating Board Rules	Suspension
2009ORCB51/Angela M. Rider	Violating Board Rules	Probation
2009ORCB67/Evelyn K. Gorton	Unlicensed Practice	Fine
2010ORCB02/Daar M. Warsame	Concealed Material Facts	Fine/reprimand
2010ORCB08/Patricia S. Thompson	Concealed Material Facts	Fine/reprimand
2010ORCB12/Mark E. Moody	Unprofessional Conduct	Fine/reprimand
2010ORCB13/Mary C. Rodriguez	Unlicensed Practice	Fine/reprimand
2010ORCB06/Scott McChristy	Falsifying Records	Fine/suspension
2010ORCB014/Dawn Clark	Unlicensed Practice	Fine/reprimand
2010ORCB028/Beth A. Barr	Violating Board Rules	Random Testing
2007ORCB072/James P. Stegmaier	Violating Board Rules	Suspension
2010ORCB031/Alycia A. Minick	Unlicensed Practice	Fine
2010ORCB034/Dawn J. Allen	Felony Conviction	Fine/suspension

Home Medical Equipment Licensure

Case Number and Name	Issue	Disposition
2009HME003/Homeside HealthCare	Unlicensed Practice	Fine/Reprimand
2009HME010/Diller Medical Equipment	Unlicensed Practice	Fine/Reprimand
2009HME013/Linn HomeCare Inc.	Unlicensed Practice	Fine/Reprimand
2010HME013/Omnicare Pharmacy of Wadsworth	Unlicensed Practice	Fine/Reprimand
2009HME014/Omnicare Pharmacy of Eastlake	Unlicensed Practice	Fine/Reprimand
2009HME006/Affordable Mobility Inc.	Unlicensed Practice	Fine/Reprimand
2009HME020/Pain Evaluation and Management Center of Ohio	Unlicensed Practice	Fine/Reprimand

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 individual's 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.