OHIO RESPIRATORY CARE BOARD

LICENSED RESPIRATORY CARE PROFESSIONALS
AND
HOME MEDICAL EQUIPMENT FACILITIES

ANNUAL REPORT
FY 2011
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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 Kasich 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 2011. This report reflects the efforts made by the Ohio Respiratory Care Board to ensure that all respiratory care professionals and home medical equipment facilities licensed or registered 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 2011, 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

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

Sandra Stabile Harwood, J.D.
Board Secretary
Public Member
Niles, Ohio

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

Scott M. Pettinchi, Med, R.R.T., R.C.P.
Professional Member
Cincinnati, Ohio

Kenneth Walz, J.D., R.R.T., R.C.P.
Professional Member
Toledo, 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 7:30 a.m. to 4:30 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](http://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 2011, 7,678 persons in Ohio held an active license to practice respiratory care. Since its inception, the Ohio Respiratory Care Board has issued more than 12,490 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2011, 220 limited permits remained active, primarily representing working students that are enrolled in recognized respiratory care educational programs, including twenty-one 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 is the only state that 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 2011, the Board inspected 74 home medical equipment facilities. FY 2011 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 2011 Actions of the Board

Official actions of the Board are journalized in the minutes of each meeting. In FY 2011, the Board met every other month for one day, except in June 2011, which was a two-day meeting. 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 13, 2010

The August Board meeting was held in Cleveland, Ohio.

- The Board approved:
  - Three Notices of Opportunity for Hearing 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.
  - Closing fifteen investigations based upon nonjurisdiction or unfounded reasons.
  - The Board moved to rescind one Notice of Opportunity for Hearing issued in April 2010. The motion failed and issuance of the notice was upheld by the Board.

- The Board discussed amending rule 4761-5-01 of the Ohio Administrative Code. The proposed amended would require graduate therapists to take and pass the written and clinical simulation portions of the Register Respiratory Therapist examination offered by the National Board for Respiratory Care, Inc. The Board stated their intent to consider the change following the recent amendment to accreditation standards for respiratory care education programs, which dropped the Registered Respiratory Therapist examination as an outcome measure for Register Respiratory Therapists programs. The Board heard testimony on the proposal from 17 persons representing the respiratory care education programs throughout the State of Ohio. The testimony...
provided supported the proposed action. The Board directed the Executive Director to prepare a draft rule.

- The Board approved having the Executive Director send a person to the Federal Health Integrity Protection DataBank conference in Chicago, IL.

- The Board recommended developing a training program for home medical equipment accreditation organizations.

- The Board ratified the issuance of 65 limited permits, 167 respiratory care professional licenses, 7 home medical equipment facility licenses, and 50 home medical equipment facility certificates of registration.

- The Board moved to send a response letter to the Commission on Accreditation for Respiratory Care regarding their recent adoption of new accreditation outcome measures for respiratory care educational programs. The Board stated their deep concern regarding the change.

- October 13, 2010

- The Board was informed that the staff is working on the development of a new inspection standards rating form for field inspectors. Staff informed the Board that the new tool would improve consistency and better define the outcome of inspections for the licensed businesses.

  Staff also informed the Board that they are working on a teleconference training program for home medical equipment accreditation organizations.

- The Board moved to amend and adopt the amended report and recommendation in the matter of hearing held in August 2010. The Order of the Board was approved in the matter of Dominic J. Tiberio.

- The Board’s Rules Committee presented a draft amended rule 4761-5-01 of the Ohio Administrative Code. No action was taken.

- The Board’s Home Medical Equipment (HME) Committee gave a verbal report that recommended the following:
  - Ratification of home medical equipment facility licenses and certificates of registration approved by the Board’s Executive Director.
  - Finding that an insulin pump is an infusion pump, as defined under rule 4761:1-3-2 of the Administrative Code.

  The HME Committee reported on the following:
  - That an inquiry filed by one of the agency’s field inspectors was reviewed and the Committee finds that facility contract labor should be held to the standards of the licensed agency in all regards.
  - That the Committee finds that a facility that rents space to conduct HME sales at an alternate site must have a license issued by the Board.
That the Committee find that a Call Center does not, in itself, require a license or certificate of registration issued by the Board.
That the Committee finds that MED Group’s continuing education meets the requirements of the Board and should be recognized as an authorized provider of HME continuing education.

The Board moved to approve:
- Twenty-two Notices of Opportunity for Hearing based on alleged violations of the laws and rules governing the practice of respiratory care and two Notices of Opportunity for Hearing based on alleged violations of the home medical equipment laws and rules in the state of Ohio.
- Eleven consent agreements in lieu of an administrative hearing before the Board.
- Closing sixteen investigations for reasons that the complaints were non-jurisdictional or unfounded.

The Board ratified the issuance of 48 respiratory care professional licenses, 59 limited permits, 4 HME facility licenses, 26 HME Certificates of Registration.

The Board moved to approve revised office policies on operations and investigations.

The Board moved to approve amended application forms for respiratory care and HME licensure issuance.

The Board moved to approve MED Group as a provider of HME continuing education under OAC 4761:1-13-01.

The Board moved to adopt the advice of counsel on the continued recognition of eligible students enrolled in Miami-Jacobs Career College’s Respiratory Care program.

The Board moved to approve the 2010 annual report.

- December 1, 2010

The Board held two hearings pursuant to Chapter 119. of the Ohio Revised Code:
- The Board moved to issue an order to issue a license without restriction in the matter of Thomas M. Peyton after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- The Board moved to issue an order to reprimand and fine the licensee in the matter of Anthony R. Escamilla after finding the allegations contained in the Notice for Opportunity for Hearing were true.

The Board’s President, Marc Mays, reported that he was drafting the Executive Director’s annual performance review and that it would be ready for the next regularly scheduled meeting. Mr. Mays also reminded members of the provisions of ORC 3.17 requiring regular attendance at meeting.

The Executive Director provided a written report, wherein he recommended the amendment of the Board’s website license verification status to provide better
definition of license status and prior disciplinary actions for licensees. The Board supported the recommended changes.

The Board’s Rules Committee reported that the Committee met prior to regular business to discuss the Board’s proposal to increase the minimum examination requirement for licensure from the national Certified Respiratory Therapist examination to the Registered Respiratory Therapist examination. The Committee reported that the Board’s proposal had received comments from a number of stakeholders. In response, the Committee recommended the establishment of a stakeholder’s workgroup to review the Board’s proposal. The recommendation was adopted and a workgroup charter established.

The Board's HME Committee reported that the Committee had met prior to regular business. The Committee reviewed licenses and certificates of registration issued by Board staff, the current inspection schedule for licensed facilities and the Committee’s progress on developing a new inspection standards rating system.

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 oral hygiene care under certain conditions. The Scope of Practice Committee concluded that oral hygiene care within the context of the inquiry filed was within the scope of respiratory care practice.
- Performing swallowing screens for high-risk patients. The Scope of Practice Committee concluded that swallowing screens for high-risk patients, if performed with procedure relating the care of cardiopulmonary impairment was within the scope of respiratory care practice.
- The administration of nitric oxide for vasodilation during cardiac catheterization. The Scope of Practice Committee concluded that the administration of nitric oxide for vasodilation during cardiac catheterization, if performed with procedure relating the care of cardiopulmonary impairment was within the scope of respiratory care practice.

The Board approved:

- Two Notices for Opportunity for Hearing based on violations of the laws and rules governing the practice of respiratory care in Ohio and one Notice for Opportunity for Hearing based on violations of the laws and rules governing the practice of Home Medical Equipment Services.
- The withdraw of two Notices for Opportunity for Hearing previously approved by the Board.
- Six consent agreements in lieu of administrative hearings before the Board for persons issued licenses to practice respiratory care and three consent agreements in lieu of administrative hearings before the Board for facilities issued licenses to practice home medical equipment services.
- The closure of twelve probation cases for completion of terms and conditions established by the Order of the Board.
The Board ratified the issuance of 4 HME facility licenses, 18 HME Certificates of Registration, 34 respiratory care professional licenses, and 21 limited permits.

The Board moved to recognize a new respiratory care program at Kent State University, Ashtabula Campus under OAC 4761-4-01.

The Board moved to approve a new online continuing education module developed by Board staff as meeting the respiratory care law and rules review requirement of OAC 4761-9-02.

- February 9, 2011

The Board President, Marc Mays, instructed Board Members on the annual financial disclosure filing requirements and the deadline for filing. Mr. Mays also reported that a longtime friend of the profession and clinical educator for Washington State Community College, Robert Fischer, had passed away.

The Board held four hearings pursuant to Chapter 119. of the Ohio Revised Code:

- The Board moved to issue an order to place a license on probation with conditions in the matter of Rebecca M. D’Amico after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- The Board moved to issue an order to fine the licensee in the matter of Alicia R. McElhaney after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- The Board moved to issue an order to fine the licensee in the matter of Terry A. Kovacs after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- The Board moved to issue an order to indefinitely suspend the licensee in the matter of Stacey J. Stevens after finding the allegations contained in the Notice for Opportunity for Hearing were true.

The Board approved:

- Six Notices for Opportunity for Hearing based on violations of the laws and rules governing the practice of respiratory care in Ohio and one Notice for Opportunity for Hearing based on violations of the laws and rules governing the practice of Home Medical Equipment Services.
- Six consent agreements in lieu of an administrative hearing before the Board.
- One surrender agreement in the matter of Gregory P. Myles.

The Board ratified the issuance of 44 respiratory care professional licenses, 46 limited permits, 6 home medical equipment facility licenses, and 23 home medical equipment facility certificates of registration.

The Board approved the 2011 Limited Permit renewal application form.

The Board approved the 2011 Winter Newsletter for publication on the Board’s website.
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 changing of pressure settings on home CPAP units by unlicensed personnel working in a home care setting. The Scope of Practice Committee concluded that changing of pressure settings on home CPAP units constitutes the practice of respiratory care and should only be performed by a properly licensed therapist or other healthcare professional working within their scope of practice.

- Performing double check procedures for high-risk medicine. The Scope of Practice Committee concluded that performing double check procedures for high-risk medicine is within the scope of respiratory care practice, if performed with procedure relating to the care of persons with cardiopulmonary impairment.

- The administration of PICC lines. The Scope of Practice Committee concluded that the insertion of PICC lines by a respiratory care professional was within the scope of respiratory care practice, if performed with procedure relating to the care of persons with cardiopulmonary impairment.

- April 6, 2011

The Board held three hearings pursuant to Chapter 119. of the Ohio Revised Code:

- The Board moved to table deliberation in the matter of Jeffrey L. Merringer.
- The Board moved to issue an order to approve the issuance of a license on probation in the matter of Eric Shane Latimer after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- The Board moved to issue an order to indefinitely suspend the license in the matter of Angela M. Rider after finding the allegations contained in the Notice for Opportunity for Hearing were true.

The Board approved:

- Four consent agreements in lieu of administrative hearings before the Board for persons issued licenses to practice respiratory care and one consent agreement in lieu of administrative hearings before the Board for facilities issued licenses to practice home medical equipment services.
- Four Notices of Opportunity for Hearing based on violations of the laws and rules governing the practice of respiratory care in Ohio and one Notice of Opportunity for Hearing based on violations of the laws and rules governing the practice of Home Medical Equipment services.
- Withdrawing two Notices of Opportunity for Hearing previously approved by the Board.
- Closing 5 cases having met the probationary terms and conditions.
- Closing 8 investigative cases as being non-jurisdictional or unfounded.

The Board held officer elections. Marc Mays was re-elected to serve as Board President, Sandra Stabile Harwood elected to serve as Board Secretary, and Kenneth Walz was elected to serve as the Board’s Hearing Officer.
On June 21, 2011, the Board held three hearings pursuant to Chapter 119. of the Ohio Revised Code:

- Following deliberation on June 21, 2011, the Board moved on June 22, 2011 to issue an order to indefinitely suspend the license in the matter of Christine A. Mossor after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- Following deliberation on June 21, 2011, the Board moved on June 22, 2011 to issue an order to indefinitely suspend the license in the matter of Steven D. Thompson after finding the allegations contained in the Notice for Opportunity for Hearing were true.
- Following deliberation on June 21, 2011, the Board moved on June 22, 2011 to issue an order to issue the license and issue a fine in the matter of Charles S. Meadows after finding the allegations contained in the Notice for Opportunity for Hearing were true.

The Board moved to approve the terms and conditions of the 2011 draft independent inspector contract for home medical equipment inspection contracting services.

The Board's HME Committee met prior to regular business and reported that the Committee completed its work on developing a new inspection standards rating system for the Board's contract inspector staff. The Board moved to approve the new inspection standards rating form. The Board also moved, following the HME Committee's report, to find that “electronically controlled colonic irrigation devices with variable pressure settings” for home use are technologically sophisticated medical equipment and facilities providing these services should be regulated under ORC 4752.

The Board’s Scope of Practice Committee reported on their review of one scope of practice issue and recommended the approval of Board responses drafted and reviewed by the Committee. The Scope of Practice Committee concluded that a respiratory care professional could act as a second person and/or engage in the administration of blood products during a massive transfusion event, if the procedure was performed in the care of persons with cardiopulmonary impairment.

The Board approved:

- Four Notices of Opportunity for Hearing based on violations of the laws and rules governing the practice of respiratory care in Ohio and four Notice of Opportunity for Hearing based on violations of the laws and rules governing the practice of Home Medical Equipment services.
- Withdrawing one Notice of Opportunity for Hearing previously approved by the Board.
- Five consent agreements in lieu of administrative hearings before the Board for persons issued licenses to practice respiratory care and two consent agreements in lieu of administrative hearings before the Board for facilities issued licenses to practice home medical equipment services.
- Closing one case having met the probationary terms and conditions.
Terminating probation requirements with no further action in the matter of Eric S. Latimer.

The Board heard testimony from Dr. Jeffrey R. Welko, Director of Hyperbaric Medicine, Summa Health Systems, Akron, Ohio. The Board took under advisement Dr. Welko’s testimony on the administration of oxygen in the hyperbaric environment and deferred study of the issue to the Board’s Scope of Practice Committee.

Following deliberation on June 21, 2011, the Board moved on June 22, 2011 to issue an order to suspend the license in the matter of Jeffrey L. Merringer after finding the allegations contained in the Notice for Opportunity for Hearing were true.

The Board ratified the issuance of 13 HME facility licenses, 52 HME Certificates of Registration, 128 respiratory care professional licenses and, 112 limited permits.

The Board approved the expenditure of funds to purchase two desktop scanner, one laptop computer and the cost of an annual subscription to Gongwer News service.

The Board approved two amended and one new office policy.

The Board approved the travel request submitted by the Board’s Executive Director to attend the annual CLEAR conference in Pittsburgh, PA. The Board also approved the travel request submitted by the Board’s President to attend the annual licensure liaison group meeting hosted by the National Board for Respiratory Care, Inc. in Kansas City, MO.

Recommendations for Improvement

- Respiratory Care

In FY 2011, the Board was informed by the national accreditation organization for respiratory care educational programs, the Committee on Accreditation for Respiratory Care (CoARC), of amendments to the respiratory care program outcome standards. These amendments included the removal of pass rates on the Registered Respiratory Therapist (RRT) examination administered by the National Board for Respiratory Care, Inc. (NBRC) as an outcome measure for accredited programs. CoARC essentially stated 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. Boards nationwide have not required the RRT examination for licensure. Instead, state Boards recognize the NBRC’s Certified Respiratory Therapist examination for the purpose of licensing.

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 by CoARC as "Registered Respiratory Therapist 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. In addition, the Board believes that the discerning public cannot determine a clear outcome expectation for the dollars expended to
It is the Board’s opinion that the current bi-level credentialing process employed by the NBRC does not reflect the needs of the State of Ohio or the educational programs accredited by the CoARC. The Board believes the NBRC should initiate a reform of the current credentialing process, which seeks to combine the CRT and RRT examinations into a single examination. In the meantime, the Board has begun a process of reviewing the examination recognized for the purpose of issuing respiratory care professional licenses in the state of Ohio. A workgroup composed of stakeholders began meeting during FY 2011 to review the Board’s proposal to amend its rules. A report and recommendation on the proposal is expected to be submitted to the Board in the Fall of FY 2012.

- Home Medical Equipment

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. The most significant element change, however, is the Center for Medicare/Medicaid Services (CMS). CMS implemented two new 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. Round one of the CMS competitive bidding program began in 2010. Currently, Ohio hosts two of the nine metropolitan areas established by CMS to introduce competitive bidding - Cleveland and Cincinnati. Round two is schedule to begin sometime in 2011. This will include the following Ohio cities: Akron, Columbus, Dayton, Toledo, and parts of Ohio in the Huntington, West Virginia region.

These changes are reflected in the Board’s licensure trends. More HME facilities now seek accreditation to meet the CMS participation standards. This has led to a significant upward trend in the issuance of Certificate of Registrations and a downward trend in licensed facilities. This trending will eventually require the Board to review the HME program goals and objectives, which may result programmatic recommendations to the Ohio General Assembly.

**Board Status**

- **2011 Licensing Activity**

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<th>Current Active</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>RCP License Holders</td>
<td>6,742</td>
<td>7,384</td>
<td>7,100</td>
<td>7,678</td>
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<td>RC Limited Permit Holders</td>
<td>357</td>
<td>254</td>
<td>281</td>
<td>257</td>
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<tr>
<td>Total</td>
<td>7,099</td>
<td>7,638</td>
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HME Licensed Facilities                       145  209  121  125
HME Certificates of Registration              394  527  606  740
Total                                         539  736  727  865

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<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
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<td>Initial RCP Licenses Issued</td>
<td>364</td>
<td>504</td>
<td>410</td>
<td>425</td>
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<tr>
<td>RC Limited Permits Issued</td>
<td>349</td>
<td>322</td>
<td>308</td>
<td>287</td>
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<tr>
<td>Initial HME Licenses Issued</td>
<td>63</td>
<td>51</td>
<td>39</td>
<td>32</td>
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<tr>
<td>Initial HME Registrations Issued</td>
<td>81</td>
<td>129</td>
<td>184</td>
<td>117</td>
</tr>
</tbody>
</table>

License Renewal *                              | 2008 | 2009 | 2010 | 2011 |
| RCP License Holders                          | 6,574| 226  | 6,926| 189  |
| RC Limited Permit I Holders                  | 224  | 229  | 155  | 160  |
| HME Facility Licenses                        | 145  | 54   | 102  | 8    |
| HME Certificates of Registration             | 394  | 71   | 523  | 15   |

* Total is as of June 30, 2011 and includes only renewals issued during FY 2011.

2011 data counts only license and permit holders renewed or reinstated during FY 2011. This total does not reflect those licenses and permits that are current and active at the time this report is published.

Revenues and Expenditures

<table>
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<tr>
<th>FY 2011 Fee Description as of June 30, 2011</th>
<th>Amount Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Care Professional Renewal Fees</td>
<td>$313,905.00 (*)</td>
</tr>
<tr>
<td>Respiratory Care Limited Permit I Renewal Fees</td>
<td>$1,360.00</td>
</tr>
<tr>
<td>Respiratory Care Limited Permit II Renewal Fees</td>
<td>$1,900.00</td>
</tr>
<tr>
<td>Respiratory Care Professional License Fees</td>
<td>$30,465.00</td>
</tr>
<tr>
<td>Respiratory Care Initial Limited Permit Fees</td>
<td>$5,810.00</td>
</tr>
<tr>
<td>Respiratory Care Late License Renewal Fees</td>
<td>$7,050.00</td>
</tr>
<tr>
<td>Respiratory Care Limited Permit I Late Renewal Fees</td>
<td>$20.00</td>
</tr>
</tbody>
</table>
Respiratory Care Limited Permit II Late Renewal Fees $0.00
Respiratory Care Fines $4,800
Respiratory Care Miscellaneous Fees $3,269.31
Home Medical Equipment Initial Registration Fees $24,190.00
Home Medical Equipment Facility Initial License Fees $12,900.00
Home Medical Equipment Inspection Fees $15,650.00
Home Medical Equipment Registration Renewal Fees $7,650.00
Home Medical Equipment Facility License Renewal Fees $6,400.00
Home Medical Equipment Fines $4,600.00
Home Medical Equipment Miscellaneous Fees $110.00
Home Medical Equipment Late Fee - License $700.00
Home Medical Equipment Late Fee - Registration $1,200.00
Reimbursements $142.20

Total $442,121.51

* Revenue received in FY 2010, but not transferred to 4k90 account is reflected in the renewal totals for FY 2011.

Statement of Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Service (Object Cat. 1; Categories 500 &amp; 510)</td>
<td>$346,775.83</td>
<td>$405,734.92</td>
</tr>
<tr>
<td>Supplies &amp; Maintenance (Object Cat. 2; Category 520)</td>
<td>$83,788.45</td>
<td>$89,057.36</td>
</tr>
<tr>
<td>Equipment (Object Cat. 3; Category 530)</td>
<td>$1,707.00</td>
<td>$2,576.90</td>
</tr>
<tr>
<td>Subsidies &amp; Shared Rev. (Object Cat. 5; Category 550)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Transfers &amp; Non-Expense (Object Cat.9; Category 595)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>EDI Default Account</td>
<td>$302.90</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$432,574.18</td>
<td>$497,369.18</td>
</tr>
</tbody>
</table>

Expenses are listed as of July 1, 2011 and do not include encumbered expenses paid after the end of the fiscal year.

Investigatory Report and Disciplinary Actions

The Ohio Respiratory Care Board employs one investigator that is responsible for investigating complaints and alleged violations of both the respiratory care profession and home medical equipment provider. In addition to these responsibilities, the Board’s Investigator conducts all monitoring duties for persons ordered to complete specific requirements based on violation committed. During FY 2011, the Board investigated 100 complaints involving respiratory care professionals and 36 complaints involving home medical equipment service providers.
## Adjudication Hearings Held

### Respiratory Care

<table>
<thead>
<tr>
<th>Case Number and Name</th>
<th>Complaint</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008ORCB005/Rebecca D’Amico</td>
<td>Violating Order of the Board</td>
<td>Probation</td>
</tr>
<tr>
<td>2009ORCB051/Angela M. Rider</td>
<td>Violating Order of the Board</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>2010ORCB021/Dominic Tiberio</td>
<td>Negligence</td>
<td>Fined/Ethics education required</td>
</tr>
<tr>
<td>2011ORCB007/Terry Kovacs</td>
<td>Violating Provisions of law/rule</td>
<td>Fined</td>
</tr>
<tr>
<td>2011ORCB008/Alicia McElhaney</td>
<td>Violating Provisions of law/rule</td>
<td>Fined</td>
</tr>
<tr>
<td>2011ORCB023/Antonio R. Escamilla</td>
<td>Violating Provisions of law/rule</td>
<td>Fined/Reprimanded</td>
</tr>
<tr>
<td>2011ORCB034/Stacey Stevens</td>
<td>Violating Provisions of law/rule</td>
<td>Indefinitely Suspended</td>
</tr>
<tr>
<td>2011ORCB055/Shane Latimer</td>
<td>Intervention in lieu of conviction</td>
<td>License Issued on Probation</td>
</tr>
<tr>
<td>2011ORCB066/Stephen D. Thompson</td>
<td>Violating Provisions of law/rule</td>
<td>Fined/ Indefinitely Suspended</td>
</tr>
<tr>
<td>2011ORCB065/Christine Mossor</td>
<td>Violating Provisions of law/rule</td>
<td>Fined/Indefinitely Suspended</td>
</tr>
<tr>
<td>2011ORCB060/Charles Meadows</td>
<td>False or misleading representation</td>
<td>License Reinstated/Fine</td>
</tr>
</tbody>
</table>

### CONSENT AGREEMENTS APPROVED:

### Respiratory Care

<table>
<thead>
<tr>
<th>Case Number and Name</th>
<th>Issue</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010ORCB32/Daniel K. Sell</td>
<td>Falsifying/misconduct</td>
<td>Suspension with conditions</td>
</tr>
<tr>
<td>2010ORCB41/Shana Slaughter</td>
<td>Reinstatement of Suspended License</td>
<td>Rexamination/Probation with conditions</td>
</tr>
<tr>
<td>2010ORCB42/John E. Lease</td>
<td>Failed to report convictions</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2010ORCB43/Earlie R. Reeves</td>
<td>Criminal convictions</td>
<td>Issue License on Probation with conditions</td>
</tr>
<tr>
<td>2011ORCB02/James D. Coe</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB03/Kevin D. Hiner</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB04/Melissa R. Devoe</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB05/Kenneth J. Turner</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB06/Roland T. Hall</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB09/S. S. Vonseggern</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB10/Jody L. Black</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB11/Andrew P. Ginnis</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
<tr>
<td>2011ORCB12/Andrea J. Snell</td>
<td>CEU non-compliance</td>
<td>Reprimand/Fine</td>
</tr>
</tbody>
</table>
2011ORCB14/Timothy D. Eidel  CEU non-compliance  Reprimand/Fine
2011ORCB15/Denise L. Simms  CEU non-compliance  Reprimand/Fine
2011ORCB20/John F. Blust  CEU non-compliance  Reprimand/Fine
2011ORCB21/Georgeana Sergakis  Practiced without a license  Reprimand
2011ORCB22/Roger E. Gosselin  CEU non-compliance  Reprimand/Fine
2011ORCB24/William C. Fox  CEU non-compliance  Reprimand
2011ORCB28/Rachel E. Beakes  CEU non-compliance  Reprimand
2011ORCB29/Rebecca L. Miller  CEU non-compliance  Reprimand
2011ORCB30/Chad Crowthers  CEU non-compliance  Reprimand/Fine
2011ORCB40/Jill E. Tewart  CEU non-compliance  Fine
2011ORCB43/Samantha A. Gollon  CEU non-compliance  Reprimand/Fine
2011ORCB44/Fidaa A. LaHoud  Negligent practice  Reprimand
2011ORCB61/Leah M. Shumney  False or misleading representation  Reprimand
2011ORCB69/Nancy L. Helldobler  Practiced without a license  Reprimand/Fine
2011ORCB73/Lisa Shively  CEU non-compliance  Reprimand/Fine
2011ORCB74/Marci A. Stone  CEU non-compliance  Reprimand/Fine
2011ORCB75/Josephine Talieh  CEU non-compliance  Reprimand/Fine
2011ORCB76/Denise Mortimer  CEU non-compliance  Reprimand/Fine
2011ORCB86/Natalie Dixon  Impaired Practice  Probation

**Home Medical Equipment Licensure**

<table>
<thead>
<tr>
<th>Case Number and Name</th>
<th>Issue</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009HME003/Homeside HealthCare</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2009HME010/Diller Medical Equipment</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2009HME013/Linn HomeCare Inc.</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2011HME013/Omnicare Pharmacy of Wadsworth</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2009HME014/Omnicare Pharmacy of Eastlake</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2009HME006/Affordable Mobility Inc.</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
<tr>
<td>2009HME020/Pain Evaluation and Management Center of Ohio</td>
<td>Practiced without a license</td>
<td>Fine/Reprimand</td>
</tr>
</tbody>
</table>

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.