

# OHIO RESPIRATORY CARE BOARD

LICENSING RESPIRATORY CARE PROFESSIONALS

AND

HOME MEDICAL EQUIPMENT FACILITIES



## FY 2012 ANNUAL REPORT



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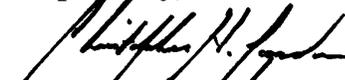
## **EXECUTIVE SUMMARY**

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, MBA, RRT, RCP**  
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 2012. 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 licensure and enforcement activities undertaken during fiscal year 2012, demonstrating the Ohio Respiratory Care Board's important influence on providing safe respiratory care and medical equipment services to Ohioans. 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. 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.

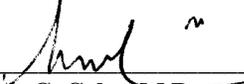
The Ohio Respiratory Care Board would like to thank you and the Ohio General Assembly for supporting a budget that allows the Ohio Respiratory Care Board to meet its legislative objectives and address the many challenges faced by Ohio Respiratory Care Board to protect the health and safety of Ohioans through effective regulation of these practices.

Respectfully submitted,

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

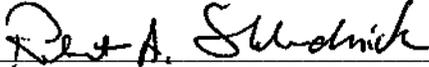
## Board Members

  
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 Bath, Ohio

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

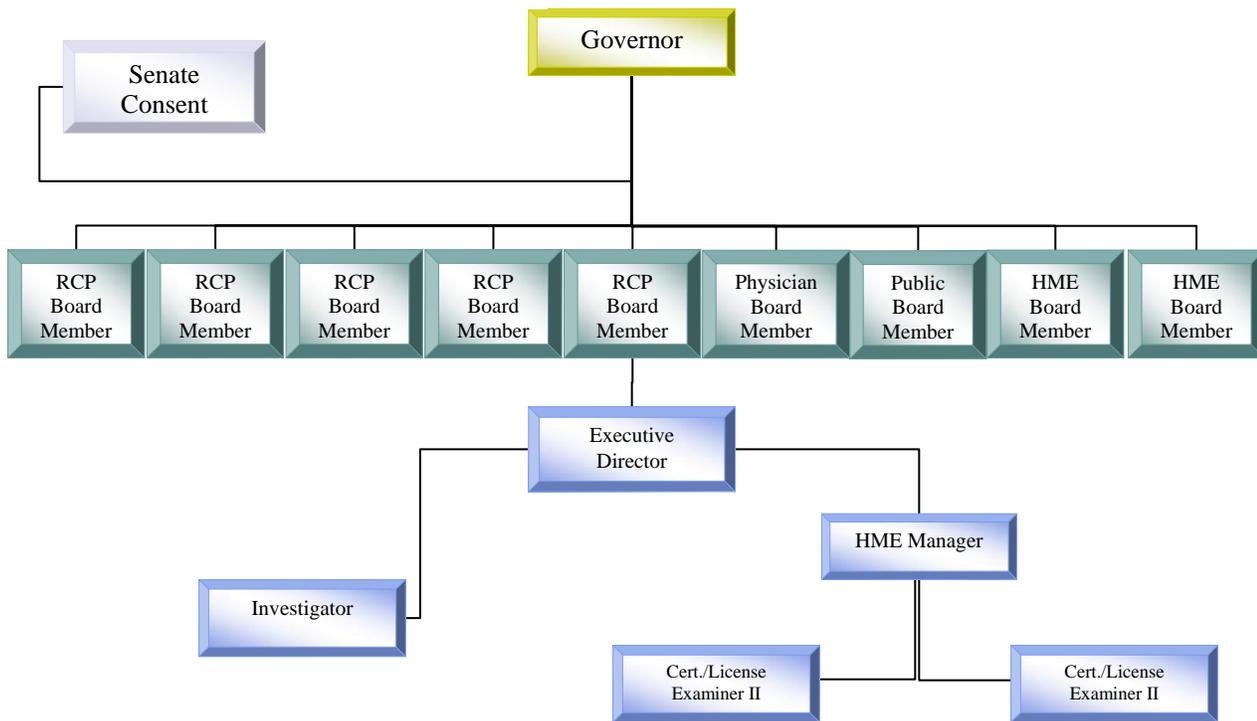
  
Steven A. Pavlak, R.R.T., R.C.P., C.P.F.T., M.S.  
Professional Member  
Youngstown, Ohio

  
Robert A. Slabodnick, R.R.T., R.C.P., M.Ed.  
Professional Member  
Public Member  
Ashland, Ohio

  
Carol A. Gilligan, A.T.P.  
HME Professional Member

  
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, geographically representative 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 is not a rotary fund and the Board is funded through the standard biennial budget process. Hence, the Ohio General

**Assembly establishes the Board's biennial budget. 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. One full time Executive Director, 1.8 FTE License/Certification Examiner II positions, 1 full time Investigator, and 1 full time Home Medical Equipment Licensing Manager staff the office. The office is located at the Vern Riffe Center for Government and the Arts, 77 South High Street, 16<sup>th</sup> 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.**

**Official actions of the Board are journalized in the minutes of each meeting. In FY 2012, the Board held six regular meetings. 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 Board disseminates information concerning its activities, 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**

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.

## **FY 2012 PROGRAM HIGHLIGHTS AND STATISTICS**

### **Respiratory Care Education**

The Ohio Respiratory Care Board recognizes respiratory care programs approved by the Committee on Accreditation for Respiratory Care (CoARC)

Twenty-one respiratory care education programs reside in the state of Ohio. The CoARC accredits all twenty-one programs as 200 level Registered Respiratory Therapists (RRT) programs. Respiratory care education programs have been increasing nationwide and Ohio has observed an increase of three programs over the past five years. The following are active programs:

1. **Kettering College of Medical Arts, Address: Kettering, OH**
2. **Cuyahoga Community College, Address: Parma, OH**
3. **Sinclair Community College, Address: Dayton, OH**
4. **The Ohio State University, Address: Columbus, OH**
5. **University of Toledo, Address: Toledo, OH**
6. **Columbus State Comm. College, Address: Columbus, OH**
7. **The University of Akron, Address: Akron, OH**
8. **Lakeland Community College, Address: Kirtland, OH**
9. **Youngstown State University, Address: Youngstown, OH**
10. **Cincinnati State Technical Comm. College / Univ. of Cincinnati-Clermont, Address: Cincinnati, OH**
11. **Shawnee State University, Address: Portsmouth, OH**
12. **James A Rhodes State College, Address: Lima, OH**
13. **Eastern Gateway Community College, Address: Steubenville, OH**
14. **North Central State College, Address: Mansfield, OH**
15. **Bowling Green State University - Firelands College, Address: Huron, OH**
16. **Stark State College, Address: Canton, OH**
17. **Washington State Community College, Address: Marietta, OH**
18. **Collins Career Center, Address: Chesapeake, OH**
19. **University of Rio Grande/Rio Grande Comm. College/Buckeye Hills Career Center, Address: Rio Grande, OH**
20. **Southern State Comm. College - Fayette Campus, Address: Washington Court House, OH**
21. **Kent State University – Ashtabula, Address: Ashtabula, OH**

One program, **Miami Jacobs Career College, Address: Dayton, OH**, voluntarily relinquished their CoARC program accreditation in FY 2011, ending classes in April 2012.

## **Home Medical Equipment (HME) Services**

The Ohio Respiratory Care Board issues licenses to non-accredited HME facilities and certificates of registration to accredited HME facilities

**HME facilities holding a certificate of registration must be accredited by one of eight recognized organizations. These organizations have published quality standards that must be met to achieve and retain accreditation. By rule, the Ohio Respiratory Care Board requires each organization, except for the Joint Commission, to file an application and submit documentation providing proof that the organization meets ten standards required by rule. The organizations recognized by the Ohio Respiratory Care Board are:**

- **Accreditation Commission of Health Care, Inc. (ACHC)**
- **Board for Orthotist/Prosthetist Certification (BOC)**
- **Community Health Accreditation Program (CHAP)**
- **Committee on Accreditation of Rehabilitation Facilities (CARF)**
- **The Compliance Team (TCT)**
- **Healthcare Quality Association on Accreditation (HQAA)**
- **The Joint Commission**
- **American Board for Certification in Orthotics, Prosthetics, & Pedorthics, Inc. (ABC)**

**HME facilities holding a license are not accredited by any of the eight accrediting organizations recognized by the Ohio Respiratory Care Board. The Board, through contracted inspectors, routinely inspects these HME facilities. Inspection standards are designed to mirror accreditation standards for the HME industry on safety and quality. The Ohio Respiratory Care Board rates companies on cleanliness, organization and adequacy of the physical plant, care and maintenance of equipment, organization and maintenance of patient records, and training and qualifications HME personnel. In FY 2012, the Ohio Respiratory Care Board completed 27 inspections of licensed HME facilities.**

**Beginning in 2010, the Center for Medicare& Medicaid Services (CMS) announced competitive bidding in nine (9) metropolitan areas. To participate in the CMS competitive bid, HME providers were required to be accredited and licensed in the area under bid. Ohio's population size placed it at the forefront of the bidding program. This program changed the Ohio Respiratory Care 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.**

## **Licensure and Certification**

The Ohio Respiratory Care Board issues respiratory care professional licenses and student-based limited permits under ORC 4761.04 and 4761.05. HME licenses and certificates of registration are issued under ORC 4752.

At the end of FY 2012, 7,357 persons in Ohio held an active license to practice respiratory care. Active respiratory care licenses held continues to trend higher each biennium, ranking the state of Ohio the fourth largest state in the U.S., behind California, Texas and Florida. Since its inception, the Ohio Respiratory Care Board has issued more than 13,000 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2012, 248 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.

At the end of FY 2012, 77 home medical equipment facilities held active licenses and 767 home medical equipment facilities held active certificates of registration, giving Ohio an active total of 844 licensed or registered home medical equipment facilities providing services to Ohio citizens.

The Ohio Respiratory Care Board continues to seek operational efficiencies in its licensure activity. In FY 2012, the Ohio Respiratory Care Board achieved a 96% participation rate in online renewal applications for respiratory care professionals. The Ohio Respiratory Care Board also implemented online renewal for HME service providers in FY 2012, achieving a 50% participation rate with the online process. Online renewals reduce application-processing time, reduce FTE requirements and improve overall records management. In addition, the Board no longer prints and mails wallet identification cards for respiratory care license renewal. Instead, applicants are directed to the online license verification system. Most employers use the online verification system as primary source verification. This single change has saved time and money, eliminated altered and forged wallet ID cards, and improved real-time license status verification.

### **- 2012 Licensing Activity**

#### **Current Active**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
<b>RCP License Holders</b>	7,384	7,100	7,678	7,357
<b>RC Limited Permit Holders</b>	<u>254</u>	<u>281</u>	<u>257</u>	<u>248</u>
<b>Total</b>	<b>7,638</b>	<b>7,381</b>	<b>7,935</b>	<b>7,605</b>
<b>HME Licensed Facilities</b>	209	121	125	76
<b>HME Certificates of Registration</b>	<u>527</u>	<u>606</u>	<u>740</u>	<u>769</u>
<b>Total</b>	<b>736</b>	<b>727</b>	<b>865</b>	<b>845</b>

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
<b>Initial RCP Licenses Issued</b>	504	410	425	444
<b>RC Limited Permits Issued</b>	22	308	287	272
<b>Initial HME Licenses Issued</b>	51	39	32	30
<b>Initial HME Registrations Issued</b>	129	184	117	184
<b>License Renewal *</b>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
<b>RCP License Holders</b>	226	6,926	189	6,694
<b>RC Limited Permit I Holders</b>	229	155	160	188
<b>HME Facility Licenses</b>	54	102	8	59
<b>HME Certificates of Registration</b>	71	523	15	625

*\* Total is as of June 30, 2012 and includes only renewals issued during FY 2012.*

### **Hearings and Disciplinary Actions**

The Ohio Respiratory Care Board is authorized under ORC 4761.09 and 4752.09 to impose disciplinary action against a licensed respiratory care professional, limited permit holder, or a home medical equipment facility holding a license or certificate of registration. Hearings are held in accordance with Section 119. of the Revised Code. Alternative settlement agreements (Consent Agreements) are regularly offered in lieu of hearing. Once approved by the Ohio Respiratory Care Board, Consent Agreements are entered upon the Board's journal as an Order of the Board.

**The Ohio Respiratory Care Board employs one investigator who, under the supervision of the Executive Director, investigates complaints for both the respiratory care and home medical equipment service sections of the Ohio Respiratory Care Board. The investigator is responsible for statewide coverage. The Ohio Respiratory Care Board also contracts with five home medical equipment facility inspectors. Inspections are performed on licensed home medical equipment companies every four years. The number of licensed facilities continues to decline each year as home medical equipment companies become accredited and then transition to a certificate of registration. The use of contract inspectors allows the Ohio Respiratory Care Board to be flexible with scheduling and efficiently complete mandatory facility inspections at a reduced cost to the agency.**

**The Executive Director reviews and assigns complaints to the investigator based upon the Ohio Respiratory Care Board's jurisdictional authority found in Sections 4761.09 and 4752.09 of the**

**Revised Code.** When an investigation is complete, the Ohio Respiratory Care Board's Probable Review Committee then reviews the case. Dr. Robert Cohn serves as the Ohio Respiratory Care Board's supervising member for respiratory care based complaints and Joel Marx serves as the Ohio Respiratory Care Board's supervising member for home medical equipment based complaints.

All disciplinary actions are reported to the federal Healthcare Integrity and Protection Data Bank (HIPDB).

Seventy-two (72) investigations involving the respiratory care profession and eighteen (18) investigations involving home medical equipment practice were opened during FY 2012.

Sixteen (16) cases are under probation and are actively monitored for compliance with conditions to maintain continued practice in the respiratory care profession. Three probation cases were closed during FY 2012, returning licensing statuses to unencumbered active status.

## 2012 Disciplinary Actions

### Board Orders issued:

#### Respiratory Care Profession

Name and Case Number	Complaint	Disposition
Sandra Von Seggern 2011ORCB092	Failure to comply with rules	Indefinite Suspension
Nakia J. Hudson 2012ORCB030	Criminal convictions	Probation

#### Home Medical Equipment Services

Name and Case Number	Complaint	Disposition
Virtue Medical Supply Company, LLC 2011HME35	Violating Order of Board	Indefinite Suspension
Essex IV, LLC 2011HME36	Failure to comply with rules	Revocation

### Consent agreements approved:

#### Respiratory Care Profession

Name and Case Number	Issue	Disposition
Meritta S. Eby 2011ORCB70	Violated standard of practice	Reprimand
Jean L. Lyman 2011ORCB33	Violated standard of practice	Reprimand
Joshua Knipp 2011ORCB93	Failure to comply with rules	Reprimand/Fine
Thomas Knowles 2011ORCB95	Practice without a license	Susp/Prob/Fine
Christina G. Shafer 2012ORCB17	Practiced with expired license	Fine/Prof. CEUs
Tracy J. Frankhouser 2012ORCB07	Violated standard of conduct	Reprimand/Fine
Victor R. Watts 2012ORCB32	Improper licensure	Reprimand/Fine
Steven D. Sagun 2012ORCB31	Criminal convictions	Probation/testing
Matthew J. Ourednick 2012ORCB52	Practiced without a license	Reprimand/Fine

## Home Medical Equipment Services

Name and Case Number	Issue	Disposition
We Care Medical, LLC 20111HME25	Practiced without a license	Reprimand/Fine
Third Day Healing 20111HME31	Practiced without a license	Reprimand
Technical Gas Products 2012ORCB15	Practiced without a license	Reprimand/Fine
Specialty Med Group 20111HME26	Practiced without a license	Reprimand/Fine

### **Respiratory Care/HME Practice Issues**

The Ohio Respiratory Care Board regularly receives and addresses respiratory care and home medical equipment practice issues. The Ohio Respiratory Care Board provides individual direction on issues or if an issue is universally relevant, the Ohio Respiratory Care Board will publish a practice statement to clarify appropriate practice.

**The Board reviewed nine scopes of practice inquiries for the practice of respiratory care and home medical equipment services, resulting in one new published position statement and eight independent scopes of practice clarification letters. The position statement developed addressed vaccine administration authority for respiratory care professionals. Other practice clarification responses by the Ohio Respiratory Care Board included answers to the following:**

- 1. The role of respiratory care professionals in massive transfusion incidents.**
- 2. The role of respiratory care professionals in the administration of oral care using nystatin for ventilator acquired pneumonia.**
- 3. Clarification of ORC 4761.10 (B) (3) for setting up CPAP/BiPAP and abiding with a physician order as general supervision of a physician.**
- 4. The role of respiratory care professionals in the administration of IV medications for chemical stress testing**
- 5. Clarification on giving and receiving verbal orders for care.**
- 6. Clarification on the use of unlicensed personnel to alter CPAP/BiPAP pressures in the home.**
- 7. The role of respiratory care professionals in the administration of topical antibiotic at tracheostomy sites.**
- 8. The role of respiratory care professionals in the administration of Vitamin K to prevent hemorrhagic disease.**

## **Board Administration**

Administration responsibilities covered by the Board include fiscal, personnel, legal, information technology and communications.

### **Board Governance**

The Ohio Respiratory Care Board met six times during FY 2012. All meetings were held at 77 South High Street, Columbus, Ohio. Marc K. Mays, M.S., R.R.T., R.C.P. was elected as Board President, Robert Cohn, M.D. was appointed as Vice-President, Carol A. Gilligan, A.T.P. was elected as Board Secretary, Kenneth Walz, J.D., R.R.T., R.C.P. was elected as Hearing Officer. The Ohio Respiratory Care Board re-appointed Christopher H. Logsdon, M.B.A., R.R.T., R.C.P. as Executive Director.

### **Rules and Legislation**

#### **Rule promulgation:**

The Ohio Respiratory Care Board promulgated one rule amendment during FY 2012 to clarify the authority of the Board to collect copies of records from licensed home medical equipment facilities during the course of inspection.

#### **Rule drafting:**

The Ohio Respiratory Care Board's Rules began drafting amendments to three rules in FY 2012: OAC 4761-5-01, OAC 4761-5-04, and OAC 4761-8-01 to change the minimum examination requirement for licensure as a respiratory care professional. In 2010, the CoARC amended national standards of accreditation for respiratory care educational programs. One of the approved amendments, removed pass rates on the Registered Respiratory Therapist (RRT) examination administered by the National Board for Respiratory Care, Inc. (NBRC) as a program outcome measure. 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. Instead, the CoARC chose to review the NBRC's Certified Respiratory Therapist (CRT) examination pass rates as an outcome measure for accreditation. The CRT examination is the minimum entry-level credential required to practice respiratory care in most states.

All respiratory care programs recognized by the CoARC will be 200 level programs (referred to by CoARC as "Registered Respiratory Therapist level programs") by December 31, 2012. All of Ohio's twenty-one respiratory care educational programs are designated as RRT programs. The CoARC states that national standards were changed to ensure that all programs prepare students at a competency level consistent with national credentialing as an RRT. The Board believes that preparing students for RRT level competency, but only holding programs accountable for CRT level outcomes introduces unnecessary complexity into the competency expectation of graduates. In addition, the Board believes that a discerning public

should have clear outcome expectation for the dollars expended to earn this education.

In 2012, the Ohio Respiratory Care Board completed its review of the minimum examination requirements for respiratory care licensing in Ohio. This effort was augmented through the hard work of stakeholders that met to develop survey, evaluate data and report recommendations to the Board. Based on the workgroups report and recommendations, the Board is proposing to amend its existing rules to require successful completion of the RRT examination as the minimum licensing standard in Ohio. This move will place Ohio at the forefront of this issue and the first state in the U.S. to move to this requirement. The Board will propose a 2015 implementation date for this requirement. Of note, the NBRC initiated a reform of the current credentialing process, which will combine the CRT and RRT written examinations into a single examination with a bi-level pass point. The Board applauds the NBRC on this change and believes its impact will create a well-timed environment in which to implement the new examination requirement.

### Fiscal

#### FY 2012 Final Disbursements and Budget Balances as of 6/30/2012.

EXPENSES	FY 2012
Payroll and Purchase Service (Account ID 500 & 510)	\$406,111
Supplies & Maintenance (Account ID 520)	\$88,074
Equipment (Account ID 530)	\$4,378
Subsidies & Shared Rev. (Account ID 550)	\$0
Transfers & Non-Expense (Account ID 595)	\$0
<b>Total</b>	<b>\$498,563</b>

Funds encumbered from FY 2012 to FY 2013: \$45,636

#### Fund 4K90

REVENUE	FY 2012
Business Licenses & Fees (Var. Accounts)	\$970,746
Intragov. Service/ISTV (Account ID 470800)	\$
Sales & Service (Account ID 430047)	\$
Fines & Penalties (Var. Accounts)	\$10,700
Recoveries (Var. Accounts)	\$
Refunds & Other Reimb. (Var. Accounts)	\$163
Licenses & Fees/ISTV (Account ID 470200)	\$
Wall Certificates and Transfers	\$
<b>Total</b>	<b>\$981,609</b>

## Information Technology and Communications

The Ohio Respiratory Care Board completed a three-year review project of quality checking imaged data of original application files for all active respiratory care professionals and limited permit holders. Completion of this project has allowed the agency to eliminate original records under an approved records retention schedule, freeing space and removing the need to seek larger office space.

The Ohio Respiratory Care Board published its Spring Newsletter in FY 2012 in advance of the biennial license renewal cycle. A link to the newsletter was emailed to all of the Board's active email addresses on the Ohio elicense system. This information and three follow-up emails to licensed respiratory care professionals and home medical equipment facilities provided useful information on format changes, continuing education requirements and filing deadlines.

The Ohio Respiratory Care Board's website is a single website with two web addresses: [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov) and [www.hme.ohio.gov](http://www.hme.ohio.gov). This allows users to easily identify with the website and find information needed. The website is regularly updated. It contains application instructions, FAQs, forms, position statements, newsletters, meeting minutes, news items, and important links.

The Ohio Respiratory Care Board provides user a customer service survey. Information gathered from the survey has resulted in improvements to the website.

## RECOMMENDATIONS FOR IMPROVEMENT

### I. Respiratory Care regulation:

*Recommendation #1: Add "Respiratory Care Driven Protocols" to the scope of respiratory care practice under Section 4761.01 of the Revised Code.*

The current law regulating the practice of respiratory care does not include "protocol" based care within the scope of practice, as it is defined under Section 4761.01 of the Revised Code. The practice of respiratory care has long supported the use of "respiratory care protocols" that allow a respiratory care professional to follow a pre-determined set of physician orders. Protocols provide instructions or interventions, in which the licensed respiratory therapist is permitted to initiate, discontinue, amend, transition, or restart procedures based upon a patient's medical condition as evaluated by the respiratory care profession. Protocols improve efficiency, patient outcomes and allocation of health resources. Protocol-based respiratory therapy is specifically addressed in the definition of the respiratory care scope of practice in 28 states.

*Recommendations #2: Add clarifying language to Section 4761.09 (A) (8) of the Revised Code.*

The current law regulating the practice of respiratory care permits the Board to sanction a licensee if the person uses a dangerous drug or alcohol to the extent its use

impairs an individual's ability to practice at an acceptable level of competency. This standard seemingly states that evidentiary documentation or testimony must exist, in addition to the use of a dangerous drug or alcohol, which demonstrates an individual's inability to practice at an acceptable level of competency. The Ohio Respiratory Care Board believes this language leads to variable interpretation over time and should be clarified by the legislature.

*Recommendation #3: Adopt proposed rule amendment identifying the Registered Respiratory Therapist (RRT) examination offered by the National Board for Respiratory Care, Inc. (NBRC) as the minimum examination requirement for Ohio licensure.*

CoARC, the national accrediting organization for respiratory care educational programs states that national standards were changed in 2010 to ensure that all programs prepare students at a competency level consistent with national credentialing as an RRT. The Ohio Respiratory Care Board agrees with the CoARC's position on competency expectations for graduate respiratory therapists and the Ohio Respiratory Care Board believes minimum examination requirements for Ohio licensure should affirm this expectation by requiring the RRT examination.

## **II. Home Medical Equipment regulation:**

*Recommendation #1: Amend Section 4752.15 of the Revised Code to permit the Ohio Respiratory Care Board with authority to independently, investigate certificate of registration holders, rather than relying upon a private accreditation process.*

Section 4752.15 of the Revised Code allows the Ohio Respiratory Care Board to revoke or suspend a certificate of registration holder whose accreditation is no longer valid. The Ohio Respiratory Care Board, under law, must forward complaints to the home medical equipment provider's accrediting organization and await the outcome of the accrediting organization's process. The Ohio Respiratory Care Board is concerned that this process is a potentially conflict of interest since the home medical equipment provider pays the accrediting organization for accrediting services. The Ohio Respiratory Care Board is not implying that any specific instance of conflict of interest exists, but that the appearance of a conflict of interest is sufficient to warrant a change in the law. It is the Ohio Respiratory Care Board's belief that companies regulated by the state should be investigated by the authorized state agency.