

OHIO RESPIRATORY CARE BOARD

LICENSING RESPIRATORY CARE PROFESSIONALS

AND

HOME MEDICAL EQUIPMENT FACILITIES



FY 2013 ANNUAL REPORT



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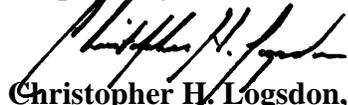
EXECUTIVE SUMMARY

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 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 2013. 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 2013, 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 A. Slabodnick, R.R.T., R.C.P., M.Ed.
Professional Member
Ashland, Ohio



Maninder Singh Kalra, M.D., Ph.D.
Physician Member
Mason, Ohio



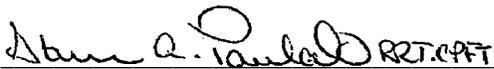
Carol A. Gilligan, A.T.P.
HME Professional Member
Bath, Ohio



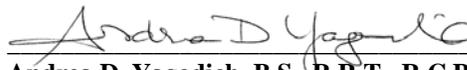
Joel D. Marx, B.S.
HME Professional Member
Pepper Pike, Ohio



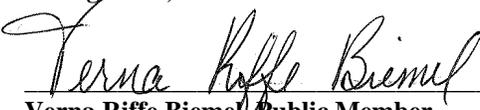
Kenneth Walz, J.D., R.R.T., R.C.P.
Professional Member
Toledo, Ohio



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

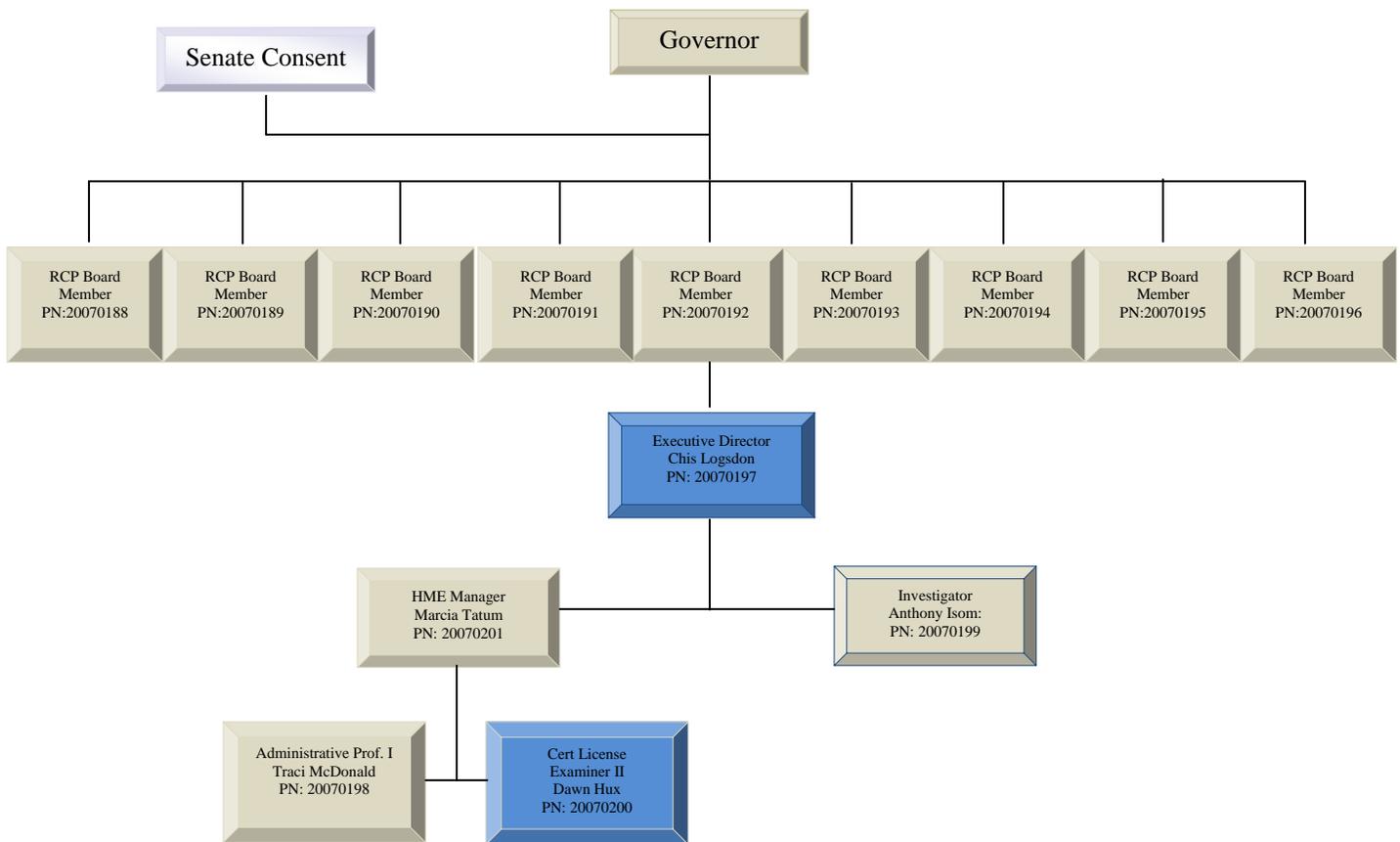


Andrea D. Yagodich, B.S., R.R.T., R.C.P.
Professional Member
Pickerington, Ohio



Verna Riffe Biemel, Public Member
Public Member
Walton Hills, Ohio

BOARD ORGANIZATION



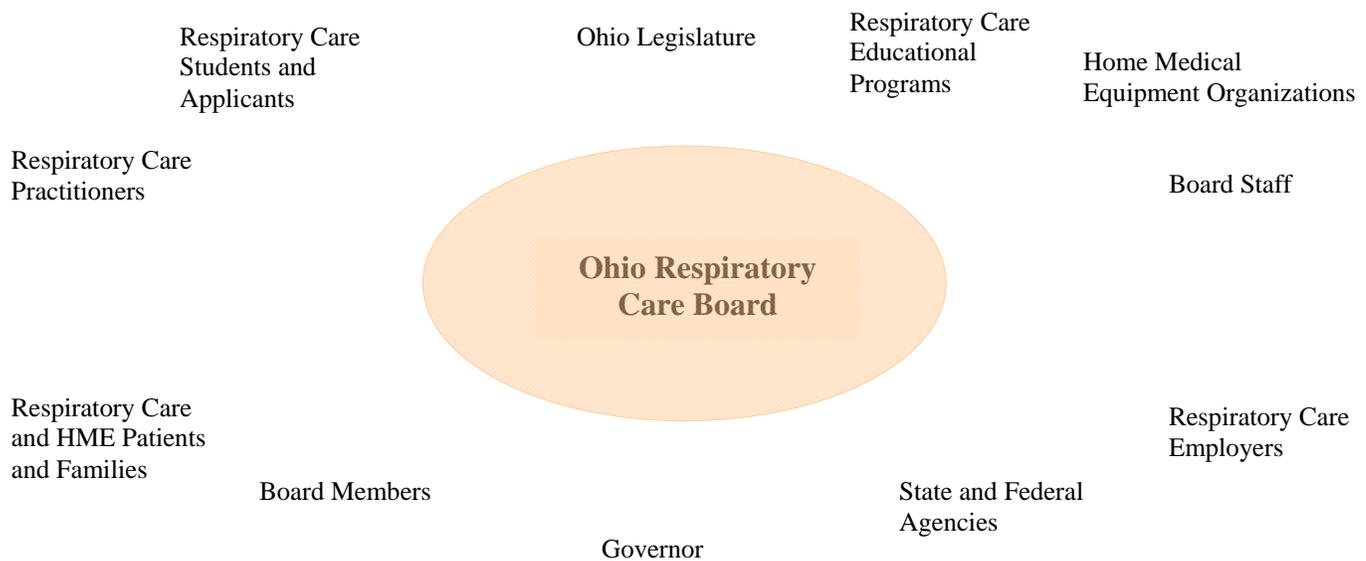
MISSION STATEMENT

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.

STAKEHOLDERS



BOARD AUTHORITY AND FUNCTIONS

- Function

The Ohio Respiratory Care Board has dual functions: the licensing and regulation of respiratory care professionals under Chapter 4761 of the Ohio Revised Code and licensing and registration of Home Medical Equipment facilities offering to sell, deliver, rent, install, demonstrate, replace or maintain specified home medical equipment in Ohio under Chapter 4752 of the Ohio Revised Code.

The Ohio Respiratory Care Board’s guiding principle in the regulation of respiratory care is to improve the quality of respiratory care delivered to the public by respiratory care professionals. The Board concentrates on effective, thorough and expedient licensure of Respiratory Therapists, investigating consumer and health organization complaints, and adjudicating matters that allege practitioner misconduct. Respiratory therapists, under the prescription of a licensed physician or qualified certified nurse practitioner or clinical nurse specialist, may provide many therapeutic, high risk and life-saving procedures to patients suffering from a variety of diseases and ailments affecting the lungs and heart. Persons suffering from emphysema, lung cancer, asthma, cystic fibrosis, and many other lung/heart ailments receive assessment, care, education and rehabilitation by respiratory therapists. The profession can be found providing care in hospitals, long-term care facilities, home care organizations, and physician offices. Today, forty-nine states and the District of Columbia and Puerto Rico require some form of licensure for respiratory therapists.

The Ohio Respiratory Care Board’s guiding principle for home medical equipment licensure is to validate the quality and safety of facilities that provide home medical equipment services to Ohio consumers. The home medical equipment act requires facilities to hold a license or certificate of registration to engage in the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment. Home medical equipment

facilities that hold licenses are inspected by the Board to assure compliance with the quality and safety standards of the State of Ohio. Home medical equipment facilities that hold a certificate of registration are accredited by one of eight organizations recognized by the Ohio Respiratory Care Board as having accreditation standards that meet or exceed the standards used for licensed facilities.

The law defines home medical equipment as “equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

- (1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;
- (2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;
- (3) An item specified by the Ohio respiratory care board in rules adopted under division (B) of section 4752.17 of the Revised Code.

The Ohio Respiratory Care Board may identify specific equipment by rule or add additional equipment through order of the Board. Currently rule 4761:1-3-02 of the Ohio Administrative Code lists the equipment meeting the definitions of HME under Ohio law. The Board has added some additional equipment to the list and regularly posts these updates to its website.

The Ohio Respiratory Care Board is responsible for validating the qualifications of facility applicants, investigating consumer complaints against licensed facilities and inspecting licensed facilities for compliance with established standards.

- Board Membership

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.

- Funding

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.

- Staffing

Although the Board must provide the same services as larger agencies, it does so with a small staff. One full time Executive Director, 1 full time Home Medical Equipment Licensing Manager, 1 full time Investigator, 1.0 FTE License/Certification Examiner II position, and 1 full time office professional I position. 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.

- Duties

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 2013, 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.

FY 2013 PROGRAM HIGHLIGHTS AND STATISTICS

Board Meetings

In order to conduct business, the Board must meet on a regular basis in an open, public meeting.

The Ohio Respiratory Care Board met on the following dates in fiscal year 2013:

- **August 15 & 16, 2012**
- **October 10, 2012**
- **December 12, 2012**
- **February 13 & 14, 2013**
- **April 17, 2013**
- **June 19, 2013**

In an effort to reduce costs, the Board strives to consolidate its agenda and hold single day meetings; however, if business dictates, the Board will schedule a two-day meeting to meet the business needs of the agency. In fiscal year 2013, the Board was obligated to conduct 2 two-day meetings to address business backlogs. Meeting dates are posted on the Board's website and meeting notices and agendas are posted no less than 10 days prior to a scheduled meeting. Following Board approval at each meeting, the minutes are posted to the agency's website for public review. Like most meetings, the Board's business agenda follows a regular process that includes approval of prior meeting minutes, officer and staff reports, committee meeting reports, new business, and old business. As required, the Board must also address administrative matters under Chapter 119 of the Revised Code, including administrative disciplinary hearings and rules hearings.

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.

The Ohio Respiratory Care Board continues to seek operational efficiencies in its licensure activity. In 2013, the Board approved a policy change that will allow licensees to attest to continuing education requirements, rather than detailing all continuing education activity. This change will reduce the time it takes to renew online and reduce the work hours needed to review the online application.

Respiratory Care Licensing

At the end of FY 2013, 8,057 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 nearly 13,452 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2013, 153 limited permits

remained active, primarily representing working students that are enrolled in recognized respiratory care educational programs.

- 2013 Licensing Activity

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Initial RCP Licenses Issued	410	425	444	540
RC Limited Permits Issued	308	287	272	259
Current Active				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
RCP License Holders	7,100	7,678	7,357	8,057
RC Limited Permit Holders	<u>281</u>	<u>257</u>	<u>248</u>	<u>151</u>
Total	7,381	7,935	7,605	8,208
License Renewal *	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
RCP License Holders	6,926	189	6,694	929 (*)
RC Limited Permit I Holders	155	160	188	94

(*) 2013 was not a renewal year for RCP license holders. Total is as of June 30, 2013 and includes only renewals issued during FY 2013.

- Respiratory Care Education

Twenty-one respiratory care education programs reside in the state of Ohio. The Commission on Accreditation for Respiratory Care programs (CoARC) accredits approximately 434 respiratory care educational programs nationwide. As of December 31, 2013, all respiratory care program were required to be accredited as 200-level Registered Respiratory Therapist (RRT) programs, requiring a minimum of an Associate Degree. Ohio has twenty-one 200 level Registered Respiratory Therapists (RRT) programs. 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

Home Medical Equipment Licensing

At the end of FY 2013, 116 home medical equipment facilities held active licenses and 822 home medical equipment facilities held active certificates of registration, giving Ohio an active total of 938 licensed or registered home medical equipment service providers for Ohio citizens.

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)

In FY 2012, HME licensing trends indicated the number of licensed facilities would continue to decline each year as home medical equipment companies become accredited and then transition to a certificate of registration; however, in FY 2013 the trend reversed and the number of HME licenses issue increased. This change was primarily attributed to persons and companies learning that transcutaneous electronic stimulation devices were defined as HME equipment under rule 4761:1-3-02.

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 of HME personnel. In FY 2013, the Ohio Respiratory Care Board completed 28 inspections of licensed HME facilities.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Initial HME Licenses Issued	39	32	30	47
Initial HME Registrations Issued	184	117	184	114
Current Active				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
HME Licensed Facilities	121	125	76	116
HME Certificates of Registration	606	740	769	822
Total	727	865	845	938
License Renewal *	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
HME Facility Licenses	102	8	59	33
HME Certificates of Registration	523	15	625	17

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 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. Robert Slabodnick, M.Ed., R.R.T., R.C.P. serves as the Ohio Respiratory Care Board's supervising member for respiratory care based

complaints and Joel Marx, HME member serves as the Ohio Respiratory Care Board's supervising member for home medical equipment based complaints.

All disciplinary actions are reported to the federal National Practitioner's Data Bank (NPDB).

Seventy (70) investigations involving the respiratory care profession and fifteen (15) investigations involving home medical equipment practice were opened during FY 2013.

2013 Disciplinary Actions

2013 Respiratory Care Complaints

Criminal Issues	29
Fraud/Misrepresentation	2
Drug/Alcohol Impairment	3
CE/Licensure Issue	31
Patient Care Issue	3
Poor Standard of Care	1
<u>Statutory Rules Violation</u>	<u>1</u>
Total Investigations	70

2013 Home Medical Equipment Complaints

Patient Care Issue	5
Unlicensed/registered	3
<u>Inspection standards violation</u>	<u>7</u>
Total Investigations	15

Adjudication Hearings Held:

RESPIRATORY CARE:

Case Number and Name	Complaint	Disposition
2012ORCB20/Tizazu Arega	Felony conviction	License Revoked
2012ORCB35/Summer Peplow	Impairment in practice	License Revoked
2012ORCB65/Judy Kackley	Impairment in practice	Suspension
2007ORCB51/Bonnie Bilko	Non-compliance/consent agreement	License Revoked Pending Appeal
2012ORCB20/Kristina M. Blake	Conviction	Issued license w probation
2012ORCB35/Robert Farren	Impairment in practice	Indefinite suspension
2012ORCB65/Natalie Dixon	Non-compliance consent Agreement	Refused to renew, suspension, probation
2007ORCB51/Brittany Beckman	Conviction	License refused
2012ORCB62/Deborah Makowski	Professional conduct	Probation/2CEUs
2013ORCB07/Tracy E. Pittinger	Conviction	Limited Permit issued
2013ORCB40/Jodi L. Evans	Reinstatement of license	Indefinite suspension
2013ORCB09/Jeanette McCandlish	Impairment in practice	Suspension

HOME MEDICAL EQUIPMENT:

Case Number and Name	Complaint	Disposition
Orbital Enterprises 20131HMEL06	Failed to comply w/inspection rules	License Revoked
Durable Medical 20131HMEL07	Failed to comply w/inspection rules	License Revoked

Consent Agreements approved:

RESPIRATORY CARE:

Case Number and Name	Issue	Disposition
2012ORCB29/Deborah Rosenberger	Impairment in practice	Suspension/probation
2012ORCB30/Nakia Hudson	Conviction	License issued w probation
2013ORCB10/Susan K. Howard	Unlicensed practice	Fine /reprimand
2013ORCB11/Sue A. Gray	CE compliance	Fine /reprimand
2013ORCB12/John F. Selbee	CE compliance	Fine /reprimand
2013ORCB13/Laura Flanagan	CE compliance	Fine /reprimand
2013ORCB15 Gary Bennett	CE compliance	Fine /reprimand
2013ORCB16/James W. Miller	CE compliance	Reprimand
2013ORCB18/Julie Dillingham	CE compliance	Fine /reprimand
2013ORCB19/Chris M. Lewis	CE compliance	Fine
2013ORCB22/Lisa K. Hadding	CE compliance	Reprimand
2013ORCB24/Cheri L. Pope	CE compliance	Reprimand
2013ORCB25/Cynthia Adamaszek	CE compliance	Reprimand
2013ORCB26/Sandra D. Daily	CE compliance	Reprimand
2013ORCB28/Rodonna M. Jackson	CE compliance	Reprimand
2013ORCB32/Tonya D. Dulaney	CE compliance	Fine/reprimand
2013ORCB45/Jessica M. Fayne	Professional conduct	Fine/reprimand
2013ORCB47/Martin Cunningham	False charting	Probation
2013ORCB48/James M. Hayward	Licensure Issue	Probation
2013ORCB53/Tereasa A. Petit	Felony conviction	Surrendered

HOME MEDICAL EQUIPMENT:

Case Number and Name	Issue	Disposition
20121HMEL17/Columbus Clinical	Failed to comply w/standards	License Surrender
N/A W.M. Therapy	Failed to comply w/standards	License Surrender

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 and/or promulgate rules.

The Board reviewed thirteen 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 the administration of nitrous oxide to induce sedation.**
- 2. Clarification of scope of practice – assessing care and writing verbal orders prior to obtaining prescriber approval.**

3. Clarification of scope of practice – assessing patient status prior to administering oxygen conservation devices.
4. Clarification of scope of practice – changing tracheostomy tubes.
5. Clarification of statutory language for the practice of medical assistance in medical practices and family health centers.
6. Clarification of scope of practice – taking verbal orders for nicotine replacement therapy.
7. Clarification of scope of practice – assessing and treating pressure ulcers related to respiratory care equipment.
8. Authorization to use anesthesia machine without anesthesia agents as a mechanical ventilator in MRI unit.
9. Clarification of scope of practice – performing arterial blood gases, BiPAP/CPAP, adjust ventilator settings without prescriber order.
10. Clarification of scope of practice – administering chlorhexidine rinse when performed as an adjunct to respiratory care procedures.
11. Role of respiratory care professional in the administration of other health procedures (i.e. starting I.V., setting casts, ear irrigation, triage, etc.)
12. Clarification of scope of practice – using bronchoscope to conduct airway examinations.
13. Role of respiratory care professional in mobility, weight bearing, and range of motion activities.

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 2013. 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 Slabodnick, M.Ed., R.R.T., R.C.P. was appointed as Vice-President, Steven A. Pavlak, M.S., R.R.T., R.C.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 a number of rule amendments during FY 2013. The Board completed drafting, filing and adopting rules related to the waiver of licensure requirements under ORC 4761.04 (B). In addition, the Board complete its review of rules scheduled for five-year review under ORC 119.032.

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. These rules were

completed, filed and adopted in FY 2013 culminating a two-year process involving dozens of stakeholders and multiple interest groups. The hard work of stakeholders that met in FY 2012 to develop survey, evaluate data and report recommendations to the Board was invaluable to the Board. The new rule went into effect in April 2013. This rule will recognize the Registered Respiratory Therapist (RRT) examination offered by the National Board for Respiratory Care, Inc. (NBRC) as the minimum competency examination in Ohio, beginning January 1, 2015. The rule will continue to recognize persons licensed in Ohio and any other state prior to January 1, 2015, based upon passing either the Certified Respiratory Therapist (CRT) examination or the RRT examination. After January 2015, new graduates would need to pass the RRT examination to meet Ohio licensure requirements. This move places Ohio at the forefront of recognizing the RRT examination for licensure and the first state in the U.S. to move to 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 also completed five-year review filing for rules that regulate the practice of respiratory care and home medical equipment. The following rules were filed:

Home Medical Equipment Services ORC 4752 rules filed:

- 4761:1-5-02:** Application form requirements.
- 4761:1-6-02:** Application form requirements to apply for a certificate of registration.
- 4761:1-9-02:** Standards for maintaining a facility.
- 4761:1-15-03:** Transfer of authorization to new facility or new ownership.

Home Medical Equipment Services ORC 4752 rules proposed as “no change” rules:

- 4761:1-6-01:** Qualifications to obtain a certificate of registration.
- 4761:1-9-03:** Standard for maintaining equipment.
- 4761:1-9-04:** Client records.
- 4761:1-15-04:** Requirement to provide board contact information to clients.

The Board also completed a review of the following rules, which are ready for filing, but awaiting recommendations from the office of Common Sense Initiative:

- 4761-1-01:** Public hearings on adoption, amendment, or rescission of rules: methods of public notice
- 4761-1-02:** Notice of board meetings
- 4761-2-03:** Board records
- 4761-2-05:** Personal information systems
- 4761-3-01:** Definition of terms
- 4761-4-01:** Approval of educational programs
- 4761-4-02:** Monitoring of Ohio respiratory care educational programs by the education committee of the Ohio respiratory care board
- 4761-5-04:** License application procedure
- 4761-5-07:** Criminal background check
- 4761-7-01:** Original license or permit and identification card
- 4761-8-01:** Renewal of license or permits
- 4761-9-01:** Definition of respiratory care continuing education
- 4761-9-05:** Approved sources of RCCE

4761-10-01:	Ethical and professional conduct
4761-11-06:	Continuance of hearing
4761-11-15:	Exchange of documents and witness lists
4761:1-1-02:	Notice of board meetings
4761:1-2-03:	Board records
4761:1-2-05:	Personal information systems
4761:1-5-01:	Qualifications for licensure
4761:1-9-01:	Standards of practice for license holders
4761:1-9-05:	Personnel
4761:1-12-07:	Exchange of documents and witness lists
4761:1-13-01:	Continuing education standards

Fiscal

FY 2013 Final Disbursements and Budget Balances as of 6/30/2013.

EXPENSES	FY 2013
Payroll and Purchase Service (Account ID 500 & 510)	\$413,549
Supplies & Maintenance (Account ID 520)	\$87,131
Equipment (Account ID 530)	\$1,498
Subsidies & Shared Rev. (Account ID 550)	\$0
Transfers & Non-Expense (Account ID 595)	\$0
Total	\$502,177

Funds encumbered from FY 2013 to FY 2014: \$28,466

FY 2013 Revenue Collected as of 6/30/2013.

REVENUE	FY 2013
Name of Fee or Revenue Source	Total Fees Collected FY 2013
Respiratory Care Prof. Initial Fee	\$40,800
Limited Permit 1 Initial Fee	\$5,160
Respiratory Care Prof. License Renewal	\$92,900
Limited Permit 1 Renewal	\$710
Limited Permit 2 Renewal	\$1,150
Respiratory Care Prof. Late Renewal	\$5,150
Limited Permit 1 Late Renewal	\$15
Miscellaneous Fees	\$430
RCB Fines	\$1,700
HME License- Initial	\$23,500
HME Certificate of Registration – Initial	\$16,500
HME License Renewal	\$6,700
HME Certificate of Registration Renewal	\$9,600
HME Facility License Inspection Fee	\$9,000
HME Miscellaneous	\$320

HME Certificate of Registration – Renewal Late Fee	\$1,000
HME License – Renewal Late Fee	\$600
Bad Debt	(\$150)
Totals	\$214,835.00

Information Technology and Communications

The Ohio Respiratory Care Board published its winter Newsletter in FY 2013. A link to the newsletter was emailed to all of the Board’s active email addresses on the Ohio elicense system. The newsletter summarized the new rules, provided an update on the prior year’s renewal cycle and listed board membership changes.

The Ohio Respiratory Care Board’s website is a single website with two web addresses: www.respiratorycare.ohio.gov and 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.

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.