

Report and Recommendations of the Ohio Examination Requirements Workgroup



REPORT AND RECOMMENDATIONS ON THE OHIO RESPIRATORY CARE BOARD'S PROPOSAL TO AMEND OAC 4761-5-01 AND RELATED RULES

The Ohio Examination Requirements Workgroup

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Report and Recommendations of the Ohio Examination Requirements Workgroup

Contents

Participants and contributors to the report and recommendations:.....	3
Background:	4
Workgroup Charter:	7
Workgroup Summary:	8
Attachments:	8
Data Gathering and Analysis	9
Education preparation	9
Statewide Pass Rate Data on C.R.T. and R.R.T. Examination.....	11
Employer Survey	12
Workgroup Consensus Recommendations	14
Recommendation	15
Minority Report	15
NBRC Addendum to Report and Recommendations of the Ohio Examination Requirements Workgroup – approved on April 18, 2012.....	16

Report and Recommendations of the Ohio Examination Requirements Workgroup

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Report and Recommendations of the Ohio Examination Requirements Workgroup

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Report and Recommendations of the Ohio Examination Requirements Workgroup

Background:

Under Chapter 4761 of the Ohio Revised Code, the Board has an obligation to the citizens of the state of Ohio to assure that professionals entering the practice of respiratory care are fit to practice by demonstrating competency to provide safe and effective respiratory care services. Pursuant to Section 4761.04 of the Ohio Revised Code, an applicant for licensure must meet three primary requirements to obtain a license: (1) be of good moral character, (2) successfully complete an educational program approved by the Board, and (3) pass an examination administered by the Board. The Board, under its authority, may waive the second and third requirement for any applicant who has passed any examination recognized by the Board.

Effective 3/10/1990, the Board, through rule, recognized the entry-level examination offered by the National Board for Respiratory Care, Inc. (NBRC) as meeting the requirements for waiver of divisions (A)(2) and (3) of Section 4761.04 of the Ohio Revised Code. In 1997, the Board's rules were amended to identify the entry-level examination as the Certified Respiratory Therapy Technician (C.R.T.T.) examination, but the Board also added language to recognize the Registered Respiratory Therapist (R.R.T.) examination offered by the NBRC as meeting the examination requirements. Except for updates to adjust for the NBRC's credential change from C.R.T.T. to Certified Respiratory Therapist (C.R.T.), this rule has remained essentially unchanged.

The Commission of Accreditation for Respiratory Care (CoARC), the national accrediting organization for respiratory care programs, designates nearly all respiratory care educational programs throughout the United States as 200 level programs, or Registered Respiratory Therapists programs. By NBRC requirement, no person is eligible to take the C.R.T. or R.R.T. examination unless the applicant has minimally earned an Associate Degree from an accredited respiratory care program. By December 31, 2012, only 200 level programs will remain.

The CoARC, through its 200 level designations, requires respiratory care programs to prepare students for the NBRC's R.R.T. credentialing process. The Board believes the CoARC's standards for accredited respiratory care programs clearly intend that respiratory care programs minimally educate students for practice at the registry level.

In June 2010, the Ohio Respiratory Care Board (hereafter referred to as "the Board") moved to direct the Board's Rules Committee to consider amendments to the examination requirements for licensure under ORC 4761.04 (A) (3). [*See motion 21, June 8, 2010 Meeting Minutes of the Ohio Respiratory Care Board*] This action was the result of the Board's concern over newly enacted educational standards adopted by the (CoARC), which stated that graduate success rates on the written and clinical simulation portions of the R.R.T. examination offered by the NBRC would no longer be used as outcome measures to assess accredited respiratory care educational programs. The CoARC's rationale for this change reasoned that the C.R.T. examination offered by the NBRC was the prevailing national standard for employment, and it was recognized as the examination

Report and Recommendations of the Ohio Examination Requirements Workgroup

required for license issuance by all licensure states. The CoARC also reasoned that graduates could choose to delay or forego the R.R.T. examinations, thus making it an inaccurate measure of program effectiveness.

It is the Board's belief that the CoARC's new outcome standards do not match their minimum competency expectations for 200 level program graduates, which is to be R.R.T. prepared. On August 13, 2010, the Board held a regular business meeting in Cleveland, Ohio. The Board agenda at this meeting included discussion on a Board proposal to amend OAC 4761-5-01 to require the passage of the written and clinical portions of the R.R.T. examination to obtain a license to practice respiratory care in the state of Ohio. The Board directed its Executive Director to begin a process of drafting amended rules to recognize the written and clinical simulation portions of the R.R.T. examination as meeting the requirements for licensure in the state of Ohio.

On December 1, 2010, the Board moved to adopt a workgroup charter establishing the Ohio Examination Requirements Workgroup. The workgroup's purpose was to evaluate the Board's proposal to amend OAC 4761-5-01 and related rules to require the candidates for licensure in the state of Ohio to pass the written and clinical simulation portions of the R.R.T. examination as a condition for licensure issuance in the state of Ohio.

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Report and Recommendations of the Ohio Examination Requirements Workgroup

Workgroup Charter:

The adopted charter states that the Work Group is to:

- (1) Conduct a preliminary review of the Board's authority under ORC 4761:
 - a. Review Chapter 4761. of the Ohio Revised Code and identify for the purposes of issuing a respiratory care professional license the legislative authority to recognize an examination.
 - b. Review Chapter 4761. of the Ohio Revised Code and identify for the purposes of waiving paragraph (A)(2) and (3) of ORC Section 4761.04 the specific components of an examination recognized by the Board for issuing a respiratory care professional license. An AG opinion on the Board's authority may be necessary.
- (2) If the outcome of the preliminary review supports the concept of latitude in the Board's authority to regulate the examinations recognized for licensure, the Work Group will proceed to conduct general study of the matter and develop recommendations for the Board based on its assessment. This shall include:
 - a. Gathering relative data on:
 - i. Educational preparation. Identifying the curriculum components of a respiratory care program recognized by the Commission on Accreditation for Respiratory Care (CoARC) and expected outcome measures (eg. CoARC standard 3.01).
 - ii. Statewide pass rate data on the certification and registered respiratory therapist examinations offered by the (NBRC).
 - iii. Employer surveys. Data gathered on current needs and trends on minimum competency expectations of the workforce.
- (3) Determine for the purposes of waiving paragraph (A) (2) and (3) of ORC Section 4761.04 what examination would meet the components of an examination recognized by the Board.
- (4) As required, identify and draft for consideration of the board any amendments or rescissions to Chapter 4761. of the Ohio Administration Code, including rule reviews required under Section 119.032 of the Ohio Revised Code.

Report and Recommendations of the Ohio Examination Requirements Workgroup

Workgroup Summary:

The Examination Requirements Workgroup consisted of stakeholders representing the practice of respiratory care, Ohio hospitals, the NBRC, and licensed respiratory care professionals. The Workgroup participants were selected through invitation via the Ohio Society for Respiratory Care and the Ohio Hospital Association. In addition, invitations to join the workgroup were mailed to the NBRC, the American Association for Respiratory Care (AARC) and the CoARC. The AARC and the CoARC chose not to attend, but did offer technical assistance, if needed. The Workgroup met three times: April 8, 2011, May 13, 2011, and September 2, 2011. Meeting summaries were written for all three meetings.

Attachments:

April 8, 2011 meeting summary (**See Attachment A**)
May 13, 2011 meeting summary (**See Attachment B**)
September 2, 2011 meeting summary (**See Attachment C**)

Preliminary review of Section 4761.04 of the Ohio Revised Code

The Ohio Respiratory Care Practice Act was enacted on March 14, 1990. [see sub.S.B. 300, 118th General Assembly. Two sections of the act address the qualifications for licensure: (1) Section 4761.04 of the Ohio Revised Code, and (2) Section 7 of the temporary law. Section 7 states that any person who within one year of the effective date of the act submits proof of successfully completing any examination recognized by the Board shall be in compliance with divisions (A)(2) and (3) of Section 4761.04 of the act.

All other applicants are subject to the provisions of divisions (A)(2) and (3) of Section 4761.04 of the Ohio Revised Code. Among the qualifications to obtain a license, Section 4761.04 (A)(3) of the Ohio Revised Code requires a person to pass an examination administered by the Board that tests the applicant's knowledge of "basic and clinical sciences relating to respiratory care theory and practice, professional skills and judgment in the utilization of respiratory care techniques, and such other subjects as the Board considers useful in determining fitness to practice." Section 4761.04 (B) of the Ohio Revised Code authorizes the Board to waive the requirements of division (A) or parts thereof with respect to any applicant who:

- (1) Presents proof of current licensure in another state whose standards for licensure are at least equal to those in this state on the date of application.
- (2) Presents proof of having successfully completed any examination recognized by the Board as meeting the requirements of division (A)(3) of this section.

Report and Recommendations of the Ohio Examination Requirements Workgroup

Conclusion: Based upon a preliminary review of the Board’s authority, the Workgroup found that the Board has the authority to identify any examination it deems meets the requirements of division (A)(3) of Section 4761.04 of the Ohio Revised Code.

Follow-up discussion: the Board reviewed its authority under Section 4761.04 of the Ohio Revised Code with its legal counsel and found no restrictions on its authority to recognize any examination for licensure purposes.

Data Gathering and Analysis

The Workgroup was asked to gather data on:

1. Education preparation: curriculum requirements for respiratory care programs recognized by the CoARC and expected outcome measures.
2. Statewide pass rate data on the C.R.T. and R.R.T. examinations offered by the NBRC.
3. Employer survey: collect and analyze current minimum competency needs and trends of the Ohio workforce.

Education preparation

The Workgroup did not review and render an analysis of the 2010 CoARC accreditation standards for the profession of respiratory care. The standards are presented to the Board in total with brief comment on the following standards. **(See Attachment D)**

Comments on Program Goals, Outcomes, and Assessment:

Standard 3.01 requires programs to have the following goal defining minimum expectations: “To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (R.R.T.s).” (Emphasis added)

Standard 3.03 requires program goals to be: “compatible with nationally accepted standards of roles and functions of registered therapists and registered sleep disorders specialists for programs offering the polysomnography option.” (Emphasis added)

Comments on Curriculum:

Report and Recommendations of the Ohio Examination Requirements Workgroup

Standard 4.01 states that a “program must prepare students to meet the recognized competencies for registered respiratory therapists identified in these standards.” (Emphasis added)

Discussion: Standard 3.13 lists the outcome measures for accredited respiratory care programs. They include the following:

1. Graduate performance on the national credentialing examination for entry into practice.
2. Programmatic retention/attrition.
3. Graduate satisfaction with the program.
4. Employer satisfaction with the program.
5. Job placement.

On March 13, 2010, the CoARC issued a position statement on the use of the C.R.T. examination as its measure of Exam-based outcome. **(See Attachment E)** In it, the CoARC states that one of the key components of the CoARC’s mission is to ensure that respiratory care programs successfully prepare student for entry into the profession. Prior to adoption of the 2010-accreditation standards for respiratory care programs, the CoARC monitored graduate performance on both the C.R.T. and R.R.T. examinations. The CoARC states its reasons for dropping the R.R.T. examination is three fold: (1) The NBRC’s development of the C.R.T. examination is based on a survey that reflects the tasks performed by registry-prepared graduates entering the profession, (2) No state requires the R.R.T. credential to enter practice, and (3) Registry-prepared graduates can choose to delay or forego the R.R.T. examinations after passing the C.R.T. examination.

Although not germane to the Board’s decision to seek a rule change that does what the CoARC states no State currently mandates (i.e. require the R.R.T. credential to enter practice in Ohio), the Board should carefully evaluate the CoARC’s new standards. It is within the Board’s authority to adopt rules prescribing the “standards for the approval of educational programs required to qualify for licensure ...” **[See Section 4761.03 (A)(3) of the Ohio Revised Code]** Since 1990, the Board has recognized, by rule, the CoARC and its predecessor organization as the standard bearer for respiratory care educational programs approved by the Board. This rule recognizes the standards and, therefore program accreditation process employed by the CoARC, in lieu of creating its own standards and processes. The Board, through its rules, relies upon the CoARC to hold accredited respiratory care programs accountable to their adopted standards. It is arguable that reviewing graduate performance on the C.R.T. examination for entry into practice is not consistent with the stated goals and curriculum requirement standards adopted by the CoARC , which may bring into question the reliability of the accreditation process.

Report and Recommendations of the Ohio Examination Requirements Workgroup

Statewide Pass Rate Data on C.R.T. and R.R.T. Examination

The Workgroup asked the NBRC for pass rate data for the C.R.T. and R.R.T. examinations. Data for the state of Ohio were not readily available without significant programming by NBRC. In addition, requesting these data may have been cost prohibitive since the NBRC could not provide a specific fee for recovering this specific data set. Instead, the NBRC graciously provided the Workgroup with a 5-year analysis of national pass rates for the C.R.T., written R.R.T. and clinical simulation R.R.T. examinations. **(See Attachment F)** Psychometricians working for the NBRC express a high confidence level that the data for Ohio would be similar to the national data.

The data provided are aggregated over the five-year period. The data show:

C.R.T. examination

1. Of first time attempts on the C.R.T. examination, 78.2% pass.
2. Of those attempting to repeat the C.R.T. examination, 26.8% pass.

Comment: Data show repeat takers are less likely to pass the examination.

R.R.T. examination (Written and Clinical Simulation Portions)

1. Of first time attempts on the R.R.T. written portion, 68.9% pass.
2. Of those attempting to repeat the R.R.T. written portion, 36.1% pass.
3. Of first time attempts on the R.R.T. clinical simulation portion, 58.5% pass.
4. Of those attempting to repeat the R.R.T. clinical simulation portion, 49.7% pass.

Mr. George, representing the NBRC, presented information on the history of the NBRC credentialing system. With reference to the national pass rate and passing score, Mr. George informed the Workgroup that the C.R.T. examination is the entry-level credentialing examination for the practice of respiratory care. Mr. George explained the development of the examination and how the raw passing score is determined, which he stated is established in accordance with the principle of “minimum competency” or at a score that is just slightly better than incompetent. Mr. George presented information demonstrating that the pass point for the C.R.T. examination has decreased over time, as compared to its base form examination from the year 2000. Mr. George stated that the NBRC has concluded that the decrease in the pass point over time demonstrates that the C.R.T. examination has become more difficult.

Mr. Douce presented a study confirming Mr. George’s report that the minimum pass score for the C.R.T. examination has decreased over time. Mr. Douce’s study demonstrated that the actual minimum pass score has decreased since 1988 from 74% correct to 61% correct responses.

Report and Recommendations of the Ohio Examination Requirements Workgroup

Comment: It important to stress that examinations offered by the NBRC are progressive. Only persons passing the C.R.T. are eligible to take the R.R.T. written examination and clinical simulation portions. Therefore, reviewing pass rate percentages on the R.R.T. written and clinical simulation portions of the examination must take into account the total number of persons eligible to progress to the next level and who choose to move on to the next level.

Employer Survey

The Workgroup was asked to evaluate the minimum competency expectations of those that hire respiratory therapists and how those expectations match the examination required for initial licensure (See Examination Requirements Workgroup meeting summary April 8, 2011) and to gather data on the current needs and trends for minimum competency expectations of the respiratory therapy workforce. To accomplish this, the Workgroup reviewed a prior survey conducted by the Board in 2010, titled “The 2009 Demand and Future Needs for Respiratory Therapists in Ohio Hospitals” and developed a new survey to analyze the minimum competency expectations of Ohio employers. It is the Workgroup’s intent that the results of these surveys serve as information for the Board to consider when deciding to amend or not amend its rules and not as a conclusion on the matter in and of themselves.

Surveys and analyses:

The 2009 Demand and Future Needs for Respiratory Therapists in Ohio Hospitals (**See Attachment G**).

Summary of Survey Conclusions:

The Board’s 2009 survey acknowledges limitations in the survey pool, which might have an impact on the conclusions. The survey found that the percentage of staff who had earned the R.R.T. credential averaged 69.9% statewide, although there was broad variability from hospital to hospital ranging from 10% to 100% R.R.T. staff. Of responding department managers, 41% foresaw an increase in minimum hiring standards within three years and of these, 85% foresaw a need for R.R.T. staff. The survey concluded that 40% of Ohio hospitals require the R.R.T. credential, which is consistent with the AARC countrywide estimates. In summary, the survey concluded that as many as 73% of Ohio hospitals see a future need for the R.R.T. credential.

The Need for and Impact of Requiring R.R.T. for a License as a Respiratory Care Professional in Ohio (**See Attachment H**).

Survey Conclusion:

Report and Recommendations of the Ohio Examination Requirements Workgroup

The Ohio State University, Respiratory Therapy program faculty (Sarah L. Varekojis, PhD, R.R.T., RCP and F. Herbert Douce, MS, R.R.T.-NPS, RPFT, RCP, FAARC) conducted this survey on behalf of the Workgroup. The survey was conducted through Survey Monkey by sending requests for participation to 963 Nursing Homes, 619 Home Medical Equipment Companies, and 183 Directors/Managers of Respiratory Therapy/Cardiopulmonary Department of Ohio hospitals (*). The survey had 379 participants with 220 of these participants from facilities or organizations that employ one or more respiratory care staff. These 220 respondents included 107 facilities in metropolitan Ohio counties and 113 facilities in nonmetropolitan counties.

() Not hospital CEOs or Administrators, which may have yielded different data.*

To gather data on minimum competency expectations of those that hire respiratory care professionals, the Workgroup used the American Association for Respiratory Care's (AARC) White Paper on R.R.T. credential. **(See Attachment I)** In this paper, the AARC concluded that therapists "involved in the performance of assessment-based care; problem solving and critical thinking; protocol application; diagnostic critical thinking; respiratory care plan development, implementation and analysis; disease management; mechanical ventilator support; critical care; and critical care monitoring should possess the Registered Respiratory Therapist credential." The Workgroup used these competencies and identified advanced competencies associated with each area. Respondents were asked to identify which advanced competencies their staff performed and what level of credentialing was required to perform the competencies.

The survey found that greater than 50% of all respondents reported that therapists with only a C.R.T. credential performed all ten advanced competencies. The report concludes that this finding is not in agreement with the AARC's White Paper and indicates that some C.R.T. staff may be over utilized in advanced roles.

Of the 220 facilities that employ one or more respiratory care staff, the survey found that 24% (50 responders) hire only R.R.T. credentialed staff; 76% (162 responders) of employers hire C.R.T.s and limited permit holders; and 8 of the surveys recorded no response to this query. Of the 76% that employ C.R.T.s and limited permit holders, 22% (of the total) require C.R.T.s to earn their R.R.T. credential within a specified period. Based upon this finding, 46% of 220 responders require R.R.T. credentialing at the time of hire or within a specific period after hiring. Of the 162 employers that employ C.R.T.s and limited permit holders for their clinical respiratory care staff, 114 do not require newly hired staff to become R.R.T. credentialed; however, 68 (59%) of these 114 responders foresee their minimum hiring standards increasing to require R.R.T. credentialing within the next three years.

The survey found that 76% of the respondents (24% that require R.R.T., 22% that require R.R.T. within a specified period, and 31 % that foresee a need for R.R.T. credentialing with three-years) indicated that therapists are expected or will be expected to practice at an advanced level.

Report and Recommendations of the Ohio Examination Requirements Workgroup

One hundred eleven respondents provided written comments. Seventy-two (65%) were judged by Dr. Varekojis and Mr. Douce to be positive or supportive of the Board's proposal to require R.R.T. for future licensing. Twenty-three (21%) were judged by Dr. Varekojis and Mr. Douce to be negative or non-supportive of the Board's proposal. Sixteen (14%) were judged to be neutral.

The Workgroup asked about the impact of requiring RRT for their respiratory therapy staff for the 96 respondents that do require it and about the potential impact of requiring RRT for their respiratory therapy staff for the 112 respondents that currently do not require it. Of the 96 (44%) respondents who currently require the R.R.T. credential, the impact on the department or organization was reported as overwhelmingly positive. This group reported improvements in patient care and patient safety, specifically "improved patient care decisions", "improved patient assessments and evaluations", and "improved patient care efficiency". Only "increased staffing costs" was reported as a negative from 35 respondents in this group. The other 61 respondents were either neutral or disagreed that costs increased.

In comparison, the 112 respondents that do not require the RRT credential, at least half reported that the potential future impact of requiring the RRT credential for initial licensure would be negative or not positive. Metropolitan facilities and organizations and Durable Medical Equipment companies reported a greater negative impact, foreseeing "increase future staffing costs" and no positive impacts such as "reduced liability," "improved staff morale," "improved patient care efficiency," "reduced length of stay," or "increased assurance care is medically necessary."

Workgroup Consensus Recommendations

At the conclusion of the final meeting, participants were asked about their position on the Board's proposal to require successful completion of the written and clinical simulation portions of the R.R.T. examinations to qualify for an Ohio respiratory care professional license.

The following results were recorded:

Christopher H. Logsdon, Executive Director – Neutral
Elizabeth Cooper, OSRC President – Supportive
F. Herbert Douce, The Ohio State University – Supportive
Craig Black, The University of Toledo – Supportive
Amy Cline, Miami Valley Hospital – Supportive
Susan M. Ciarlariello, Dayton Children's Hospital – Supportive
Jessica Loudin, Summa Health Systems – Supportive
Sarah Varekojis, The Ohio State University – Supportive
Sean McGlone, The Ohio Hospital Association – Neutral

Report and Recommendations of the Ohio Examination Requirements Workgroup

Cynthia Campbell, UC Health – Supportive
Kerry George, National Board for Respiratory Care – Opposed
Robert T. Wilder, TriHealth Hospital – Supportive
Marc Mays, President, Ohio Respiratory Care Board – Supportive
Kevin Griggs, Springfield Regional Medical Center – Supportive
Doug Orens, The Cleveland Clinic Foundation – Supportive
Jerry Edens, Cincinnati Children’s Hospital – Supportive
Scott Pettinichi, Member, Ohio Respiratory Care Board – Supportive (*)
Joanne P. Trees, Grant Medical Center – Supportive

(*) Mr. Pettinichi was not an appointed member at the start of the Workgroup

In addition, the Executive Director received two additional notices of support from members of the Workgroup unable to attend the final meeting and one additional notice of nonsupport from an interested individual not a member of the Workgroup:

Gray Englehart, Fisher-Titus Medical Center – Supportive by telephone call
Nicole Wagner, Mercy St. Vincent Medical Center – Supportive by email (**See Attachment - J**)

Public Comments:

Timothy Meyers, UH Hospitals – Opposed by email prior to the Workgroup meetings (**See Attachment K**)

Recommendation

Based upon the data collected and the consensus opinion of the Workgroup, it is recommended that the Board proceed, under its authority found in Section 4761.04 (B), with amending rule 4761-5-01 of the Ohio Administrative Code to make the R.R.T. credential the requirement for licensure of individuals newly entering the practice of respiratory care in Ohio.

Minority Report

NBRC response to report and recommendations (**See Attachment L**).

Report and Recommendations of the Ohio Examination Requirements Workgroup

NBRC Addendum to Report and Recommendations of the Ohio Examination Requirements Workgroup

On April 18, 2012, the Ohio Respiratory Care Board met in public session to consider an addendum to the Report and Recommendation for the Ohio Examination Requirements Workgroup filed by the NBRC. The addendum was approved and is attached hereto as Addendum 1.0.