# GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

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## HOUSE BILL 285 PROPOSED COMMITTEE SUBSTITUTE H285-PCS90021-RF-5

Short Title: Amend Respiratory Care Practice Act. (Public) Sponsors: Referred to: March 13, 2013 A BILL TO BE ENTITLED AN ACT TO AMEND THE RESPIRATORY CARE PRACTICE ACT. The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 90-648 reads as rewritten: "§ 90-648. Definitions. The following definitions apply in this Article: Board. – The North Carolina Respiratory Care Board. (1) Diagnostic testing. - Cardiopulmonary procedures and tests performed on (2) the written order of a physician licensed under Article 1 of this Chapter that provide information to the physician to formulate a diagnosis of the patient's condition. The tests and procedures may include pulmonary function testing, electrocardiograph testing, cardiac stress testing, and sleep related testing. Direct supervision. - The authority and responsibility to direct the (3) performance of activities as established by policies and procedures for safe and appropriate completion of services. Individual. – A human being. (4) License. - A certificate issued by the Board recognizing the person named (5) therein as having met the requirements to practice respiratory care as defined in this Article. Licensee. – A person who has been issued a license under this Article. (6) Medical director. – An appointed physician who is licensed under Article 1 (7) of this Chapter and a member of the entity's medical staff, and who is granted the authority and responsibility for assuring and establishing policies and procedures and that the provision of such is provided to the quality, safety, and appropriateness standards as recognized within the defined scope of practice for the entity. Person. - An individual, corporation, partnership, association, unit of (8) government, or other legal entity. Physician. – A doctor of medicine licensed by the State of North Carolina in (9) accordance with Article 1 of this Chapter. Practice of respiratory care. – As defined by the written order of a physician (10)licensed under Article 1 of this Chapter, the observing and monitoring of signs and symptoms, general behavior, and general physical response to respiratory care treatment and diagnostic testing, including the determination of whether such signs, symptoms, reactions, behavior, or general response



1 exhibit abnormal characteristics, and the performance of diagnostic testing 2 and therapeutic application or assessment of: 3 Medical gases, humidity, and aerosols including the maintenance of 4 associated apparatus, except for the purpose of anesthesia. 5 Pharmacologic agents related to respiratory care procedures. b. 6 including those agents necessary to perform hemodynamic 7 monitoring. 8 Mechanical or physiological ventilatory support. c. 9 Cardiopulmonary resuscitation and maintenance of natural airways, d. 10 the insertion and maintenance of artificial airways under the direct 11 supervision of a recognized medical director in a health care environment which identifies these services within the scope of 12 13 practice by the facility's governing board. 14 Hyperbaric oxygen therapy. e. 15 f. New and innovative respiratory care and related support activities in appropriately identified environments and under the training and 16 17 practice guidelines established by the American Association of 18 Respiratory Care. 19 The therapeutic effectiveness of an apparatus used in respiratory care g. treatment for an individual patient. 20 21 The term also means the interpretation and implementation of a 22 physician's written or verbal order pertaining to the acts described in this 23 subdivision.subdivision and any act by which an individual holds himself or 24 herself out to the public or represents in any manner that the individual is 25 authorized to practice respiratory care in this State. 26 (11)Respiratory care. – As defined by the written order of a physician licensed under Article 1 of Chapter 90, the treatment, management, diagnostic 27 28 testing, and care of patients with deficiencies and abnormalities associated 29 with the cardiopulmonary system. 30 (12)Respiratory care practitioner. – A person who has been licensed by the 31 Board to engage in the practice of respiratory care. 32 Support activities. – Procedures Tasks that do not require formal academic (13)33 training, including the delivery, setup, and maintenance of apparatus. The 34 term also includes giving instructions on the use, fitting, and application of 35 apparatus, but does not include therapeutic evaluation and assessment.an 36 apparatus and as defined in rules adopted by the Board. The term does not 37 include evaluation or assessment of the therapeutic effectiveness of any 38 respiratory treatment or apparatus for an individual patient." 39 **SECTION 2.** G.S. 90-648 reads as rewritten: 40 "§ 90-648. Definitions. 41 The following definitions apply in this Article: 42 43 (12)Respiratory care practitioner. – A person who has been licensed by the 44 Board to engage in the practice of respiratory care An individual licensed by 45 the Board as a respiratory care practitioner. (12a) Respiratory therapist. — An individual licensed by the Board as a

respiratory care practitioner." **SECTION 3.** G.S. 90-652 reads as rewritten:

#### "§ 90-652. Powers and duties of the Board.

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The Board shall have the power and duty to:

respiratory therapist who practices under the direct supervision of a licensed

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- Determine the qualifications and fitness of applicants for licensure, renewal (1) of licensure, and reciprocal licensure. The Board shall, in its discretion, investigate the background of an applicant to determine the applicant's qualifications with due regard given to the applicant's competency, honesty, truthfulness, and integrity. The Department of Justice may provide a criminal record check to the Board for a person who has applied for a license through the Board. The Board shall provide to the Department of Justice, along with the request, the fingerprints of the applicant, applicant and any additional information required by the Department of Justice, and a form signed by the applicant consenting to the check of the criminal record and to the use of the fingerprints and other identifying information required by the State or national repositories. Justice. The applicant's fingerprints shall be forwarded to the State Bureau of Investigation for a search of the State's criminal history record file, and the State Bureau of Investigation shall forward a set of the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The Board shall keep all information pursuant to this subdivision privileged, in accordance with applicable State law and federal guidelines, and the information shall be confidential and shall not be a public record under Chapter 132 of the General Statutes. The Board shall collect any fees required by the Department of Justice and shall remit the fees to the Department of Justice for expenses associated with conducting the criminal history record check.
- Establish and adopt rules necessary to conduct its business, carry out its (2) duties, and administer this Article.
- Adopt and publish a code of ethics. (3)
- Deny, issue, suspend, revoke, and renew licenses in accordance with this (4) Article.
- (5) Conduct investigations, subpoena individuals and records, and do all other things necessary and proper to discipline persons licensed under this Article and or investigate the activities of persons not licensed under this Article who the Board has reasonable cause to believe are engaged in the practice of respiratory care and do all other things necessary and proper to enforce this Article.
- Designate one or more of its employees to issue and serve subpoenas and (5a)other papers on behalf of the Board. Service under this subdivision is permitted in accordance with any other methods of service allowed by law.
- Employ professional, clerical, investigative, or special personnel necessary (6) to carry out the provisions of this Article and purchase or rent office space, equipment, and supplies.
- Adopt a seal by which it shall authenticate its proceedings, official records, (7) and licenses.
- Conduct administrative hearings in accordance with Article 3A of Chapter (8) 150B of the General Statutes.
- (9) Establish certain reasonable fees as authorized by this Article for applications for examination, licensure, provisional licensure, renewal of licensure, and other services provided by the Board.
- Submit an annual report to the North Carolina Medical Board, the North (10)Carolina Hospital Association, the North Carolina Society of Respiratory Care, the Governor, and the General Assembly of all the Board's official actions during the preceding year, together with any recommendations and findings regarding improvements of the practice of respiratory care.

1		(11)	Publish and make available upon request the licensure standards prescribed
2			under this Article and all rules adopted pursuant to this Article.
3		(12)	Request and receive the assistance of State educational institutions or other
4		(10)	State agencies.
5		(13)	Establish and approve continuing education requirements for persons
6		GE GE	seeking licensure under this Article."
7	"e oo <i>&lt;=</i> 3		TION 4. G.S. 90-653 reads as rewritten:
8	-		sure requirements; examination.
9	(a)		applicant for licensure under this Article shall meet the following
10 11	requireme		
12		(1)	Submit a completed application as required by the Board, including a form signed by the applicant consenting to the check of the applicant's
13 14			criminal record and to the use of the applicant's fingerprints and other
15		(2)	identifying information required by the State and national repositories.  Submit any fees required by the Board.
	(h)	(2)	· · · · · · · · · · · · · · · · · · ·
16	(b)		dition to the requirements set out in subsection (a) of this section, applicants
17	tor a respi		therapist (RT) license shall also:
18		<del>(3)</del>	Submit to the Board written evidence, verified by oath,
19		<u>(1)</u>	Demonstrate that the applicant has successfully completed the minimal
20			requirements of a an associate degree respiratory care education program as
21			<u>currently</u> approved by the Commission for Accreditation of Allied Health
22			Educational Programs, or the Canadian Council on Accreditation for
23			Respiratory Therapy Education on Accreditation for Respiratory Care
24			(CoARC) or its successor by arranging for the applicant's respiratory care
25 26		(2)	education program to submit a verified transcript directly to the Board.
20 27		<u>(2)</u>	Submit to the Board written evidence, verified by oath, that the applicant has
28			successfully completed the minimal requirements for Basic Cardiac Life Support, as recognized by the American Heart Association, the American
29			Red Cross, or the American Safety and Health Institute.
30		(2)	Submit to the Board written evidence, verified by oath, that the applicant has
31		<u>(3)</u>	successfully passed the Certified Respiratory Therapist examination or its
32			successor given by the National Board for Respiratory Care, Inc.
33		<del>(4)</del>	Submit to the Board written evidence, verified by oath, that the applicant has
34		<del>(4)</del>	successfully completed the minimal requirements for Basic Cardiac Life
35			Support as recognized by the American Heart Association, the American
36			Red Cross, or the American Safety and Health Institute.
37	(a)	In ada	· · · · · · · · · · · · · · · · · · ·
38	(c)		dition to the requirements set out in subsection (a) of this section, applicants care practitioner (RCP) license shall also:
39	ioi a iespi	(1)	Demonstrate that the applicant has successfully completed the minimal
40		(1)	requirements of a baccalaureate degree respiratory care education program
41			approved by the Board or has completed an equivalent program approved by
42			the Board by arranging for the applicant's program to submit a verified
43			transcript directly to the Board.
44		<u>(2)</u>	Submit to the Board written evidence, verified by oath, that the applicant has
45		<u>(4)</u>	successfully completed the minimal requirements for Advanced Cardiac Life
46			Support, Pediatric Advanced Life Support, or Neonatal Resuscitation
47			Program as recognized by the American Heart Association, the American
48			Red Cross, the American Safety and Health Institute, or the American
49			Academy of Pediatrics.
17			rioudding of reduction.

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1	<u>(3</u>	<u>S)</u> S1	bmit to the Board written evidence, verified by oath, that the applican	ıt has		
2		<u>su</u>	ccessfully passed the Registered Respiratory Therapist examination	or its		
3		<u>su</u>	ccessor given by the National Board for Respiratory Care, Inc.			
4	(5	<del>5)</del> Pa	ss the entry-level examination given by the National Board	<del>for</del>		
5		R	spiratory Care, Inc.			
6		_	nting a license, the Board shall state the terms and conditions of use of	of the		
7	license by the					
8	* *		hree times each year, the Board shall cause the examination require			
9	,	. ,	bsection (a) of this section to be given to applicants at a time and pla			
10		•	Board. Any applicant who fails to pass the first examination may	<del>take</del>		
11			ons in accordance with rules adopted pursuant to this Article."			
12			N 5. G.S. 90-654 and G.S. 90-656 are repealed.			
13			<b>N 6.</b> G.S. 90-659 reads as rewritten:			
14			on, revocation, and refusal to renew a license.			
15	` '		d shall take the necessary actions to deny or refuse to renew a lice			
16	-		license, or to-impose probationary conditions conditions, including pla	_		
17		-	practice of respiratory care, reprimand, assessing monetary redres			
18			completion of treatment programs or educational programs, on a lice	ensee		
19	1.1		ensee or applicant:			
20	(1		as engaged in any of the following conduct:			
21		a.	Employed fraud, deceit, or misrepresentation in in (i) obtaining	_		
22			attempting to obtain a license license or (ii) the renewa			
23			reinstatement of a license or (iii) obtaining money or any	thing		
24		1	of value.			
25		b.	Committed an act of malpractice, gross negligence, or incompet	tence		
26			in the practice of respiratory care.			
27		C.	Practiced respiratory care without a license.	1		
28		d.	Engaged in health care practices that are determined to be hazar	caous		
29	(2	, , ,,	to public health, safety, or welfare.	<b>:</b>		
30	(2	*	as convicted of or entered a plea of guilty or nolo contendere to any o	rime		
31	(2		volving moral turpitude.	41		
32	(3		as adjudicated insane or incompetent, until proof of recovery from			
33			ndition can be established. Has developed a physical or mental disal	-		
34 35			at renders the licensee or applicant unfit to practice respiratory care			
36			asonable skill and competence and in a manner not harmful to the pure adjudication of montal incompetency in a court of competent jurisdi			
37			a adjudication of mental incompetency in a court of competent jurisdi- a determination of mental incompetency by other lawful means sha			
38			nclusive proof of unfitness to practice respiratory care until the licens			
39		·	plicant is subsequently lawfully declared mentally competent.	ee or		
40	(4		egaged Has engaged in any act or practice that violates any of	f tha		
41	(4		ovisions of this Article or any rule adopted pursuant to this Article			
42		_	led, abetted, or assisted any person in such a violation.	ie, oi		
43	(5		as failed to respond within a reasonable period of time and in a reason	nahla		
44	<u>(5</u>		anner, as determined by the Board, to inquiries from the Board concer			
45			y matter affecting a license to practice respiratory care.	ming		
46	<u>(6</u>		as developed an impairment caused by the licensee's or applicant's u	ise of		
47	<u>(C</u>		cohol, drugs, or controlled substances, which interferes with the abili			
. /		aı	onon, or or controlled bubblehood, without illustrated with the duffi	, 01		

competence, and in a manner not harmful to the public.

the licensee or applicant to practice respiratory care with reasonable skill,

- (7) <u>Has practiced respiratory care outside the boundaries of demonstrated competence or the limitations of education, training, or supervised experience.</u>
  - (8) Has had a license for the practice of respiratory care in any other jurisdiction suspended or revoked or been disciplined by any licensing or certification board in any other jurisdiction for conduct that would subject the licensee or applicant to disciplinary action under this Article.
  - (9) <u>Is a hazard to the public health by reason of having a serious communicable disease.</u>
  - (b) Except as provided in subsection (c) of this section, denial, Denial, refusal to renew, suspension, or revocation of a license, or imposition of probationary conditions upon a licensee may be ordered by the Board after a hearing held in accordance with Article 3A of Chapter 150B of the General Statutes and rules adopted pursuant to this Article. An application may be made to the Board for reinstatement of a revoked license if the revocation has been in effect for at least one year.
  - (c) The Board may deny an initial application for a license as a respiratory care practitioner without a hearing if the individual fails to submit a complete application which demonstrates that the applicant has met the education and testing requirements of G.S. 90-653.
  - (d) If after notice is duly issued, a licensee or applicant fails to appear for a scheduled hearing and no continuance has been granted, the Board may hear the evidence of witnesses that have appeared, and the Board may proceed to consider the matter and dispose of the matter on the basis of the evidence before the Board. For good cause, the Board may reopen any case for further hearing.
  - (e) The Board and its members and staff shall not be held liable in any civil or criminal proceeding for exercising, in good faith, the powers and duties authorized by law.
  - (f) A person, partnership, firm, corporation, association, authority, or other entity acting in good faith without fraud or malice shall be immune from civil liability for (i) reporting, investigating, assessing, monitoring, or providing an expert medical opinion to the Board regarding the acts or omissions of a licensee or applicant that violate the provisions of subsection (a) of this section or any other provision of law relating to the fitness of a licensee or applicant to practice respiratory care or (ii) initiating or conducting proceedings against a licensee or applicant if a complaint is filed or action is taken in good faith without fraud or malice. A person shall not be held liable in any civil proceeding for testifying before the Board in good faith and without fraud or malice in any proceeding involving a violation of subsection (a) of this section or any other law relating to the fitness of an applicant or licensee to practice respiratory care, or for making a recommendation to the Board in the nature of peer review, in good faith and without fraud and malice.
  - (g) A licensee may, with the consent of the Board, voluntarily relinquish a license at any time. The Board may delay or refuse the granting of its consent as it may deem necessary in order to investigate any pending complaint, allegation, or issue regarding violation of any provisions of this Article by the licensee. Notwithstanding any provision to the contrary, the Board retains full jurisdiction to investigate alleged violations of this Article by any person whose license is relinquished under this subsection and, upon proof of any violation of this Article by any such person, the Board may take disciplinary action as authorized by this section."

### **SECTION 7.** G.S. 90-659(c) reads as rewritten:

"(c) The Board may deny an initial application for a license as a <u>respiratory therapist or</u> a respiratory care practitioner without a hearing if the individual fails to submit a complete application which demonstrates that the applicant has met the education and testing requirements of G.S. 90-653. G.S. 90-653(b) or (c) respectively."

**SECTION 8.** G.S. 90-660(b)(6) is repealed.

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**SECTION 9.** G.S. 90-661 reads as rewritten:

#### "§ 90-661. Requirement of license.

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- (a) It shall be unlawful for any person who is not currently licensed under this Article to:
  - (1) Engage in the practice of respiratory care.
  - Use <u>in connection with his or her name the title "respiratory care practitioner" or "respiratory therapist" or the letters "RCP" or "RT" or any other words, letters, abbreviations, or insignia that indicate or imply that the person is a licensed respiratory care practitioner or a respiratory therapist. the title "respiratory care practitioner".</u>
  - (3) Use the letters "RCP", "RTT", "RT", or any facsimile or combination in any words, letters, abbreviations, or insignia.
  - (4) Imply orally or in writing or indicate in any way that the person is a respiratory care practitioner or is otherwise licensed under this Article.
  - (b) It shall be unlawful for any person to
    - (5) Employ employ or solicit for employment unlicensed persons to practice respiratory care."

**SECTION 10.** G.S. 90-664 reads as rewritten:

# "§ 90-664. Persons and practices not affected.

The requirements of this Article shall not apply to:

- (1) Any person registered, certified, credentialed, or licensed to engage in another profession or occupation or any person working under the supervision of a person registered, certified, credentialed, or licensed to engage in another profession or occupation in this State who is performing work incidental to or within the practice of that profession or occupation and does not represent himself or herself as a respiratory care practitioner.
- (2) A student or trainee working under the direct supervision of a respiratory care practitioner while fulfilling an experience requirement or pursuing a course of study to meet requirements for licensure in accordance with rules adopted pursuant to this Article.
- (3) A respiratory care practitioner serving in the Armed Forces or the Public Health Service of the United States or employed by the Veterans Administration when performing duties associated with that service or employment or other federal agency, to the extent permitted under federal law, so long as the individual limits services to those directly related to work with the employing federal agency.
- (4) A person who performs only support activities as defined in G.S. 90-648(13).
- (5) A person licensed as a respiratory care practitioner in another jurisdiction while providing respiratory care in a declared emergency in this State, providing respiratory care as a member of an organ harvesting team, or providing respiratory care on board an ambulance as part of an ambulance transport team transporting a patient into or out of this State."

**SECTION 11.** G.S. 90-664 reads as rewritten:

#### "§ 90-664. Persons and practices not affected.

The requirements of this Article shall not apply to:

(1) Any person registered, certified, credentialed, or licensed to engage in another profession or occupation or any person working under the supervision of a person registered, certified, credentialed, or licensed to engage in another profession or occupation in this State who is performing

- work incidental to or within the practice of that profession or occupation and does not represent himself or herself as a respiratory care practitioner.

  A student or trainee working under the direct supervision of a respiratory
  - (2) A student or trainee working under the direct supervision of a respiratory care practitioner while fulfilling an experience requirement or pursuing a course of study to meet requirements for licensure in accordance with rules adopted pursuant to this Article.
  - (3) A respiratory care practitioner <u>or respiratory therapist</u> serving in the Armed Forces or the Public Health Service of the United States or employed by the Veterans Administration or other federal agency, to the extent permitted under federal law, so long as the individual limits services to those directly related to work with the employing federal agency.
  - (4) A person who performs only support activities as defined in G.S. 90-648(13).
  - (5) A person licensed as a respiratory care practitioner <u>or respiratory therapist</u> in another jurisdiction while providing respiratory care in a declared emergency in this State, providing respiratory care as a member of an organ harvesting team, or providing respiratory care on board an ambulance as part of an ambulance transport team transporting a patient into or out of this State."

**SECTION 12.** Any person licensed by the Board who has passed the Certified Respiratory Therapist examination given by the National Board for Respiratory Care, Inc., on the effective date of this act shall be deemed to have complied with the requirements of G.S. 90-653(b), as enacted in Section 4 of this act. Any person licensed as a respiratory care practitioner by the Board who has passed the Registered Respiratory Therapist examination given by the National Board for Respiratory Care, Inc., on the effective date of this act shall be deemed to have complied with the requirements of G.S. 90-653(c), as enacted in Section 4 of this act.

**SECTION 13.** Sections 2, 4, 7, and 11 of this act become effective January 1, 2015. G.S. 90-659(a), as amended in Section 6 of this act, becomes effective October 1, 2013. G.S. 90-659(b), (c), (d), and (g), as amended in Section 6 of this act, become effective October 1, 2013, and apply to applications filed, actions commenced, or action by the Board on or after that date. G.S. 90-659 (e) and (f), as amended in Section 6 of this act, are effective when they become law and apply to causes of action arising on or after that date. The remainder of this act is effective when it becomes law.

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