



NCRCB UPDATE

Joseph Coyle, MD
Board Chair

MANDATE

The General Assembly finds that the practice of respiratory care in the State of North Carolina affects the public health, safety, and welfare and that the mandatory licensure of persons who engage in respiratory care is necessary to ensure a minimum standard of competency. It is the purpose and intent of this Article to protect the public from the unqualified practice of respiratory care and from unprofessional conduct by persons licensed pursuant to this Article. (2000-162, s. 1.)

NCRCB Responsibilities

The primary responsibilities of the Board are

- to conduct examinations of candidates for licensure to practice respiratory care
- to verify credentials of applicants,
- to license and to conduct hearings and investigations upon receipt of complaints,
- to revoke or to refuse to renew any licenses after proper notice and hearing.

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CURRENT BOARD MEMBERS

Joe Coyle, MD Chairman
Dan Grady, RCP Vice-Chairman
Sherry Samuels Secretary
Tim Safley, RCP Treasurer

CURRENT BOARD MEMBERS

Ed Bratzke, MD

Ron Perkin, MD

Kim Clark, RCP

Kim Roseman

Rick Sells, RCP

Open- MD

Respiratory Care Practitioner Licenses issued

As of June 15, 2011: there have been 6699 license applications

4437 Active

51 Inactive

2 Temporary

64 Provisional

There are currently 4 Respiratory Care Assistant Registrations

There are 48 pending applicants

Licensed Status Changes

- 1828 expired licenses
- 39 practitioners deceased
- 49 withdrawn application
- 6 voluntarily surrendered licenses
- 29 revoked licenses
- 14 denied applications
- 132 failed to complete

Investigations Conducted

As of April 14, 2011

Total Investigations Started -	551
Total Actions -	381
Expunged -	35
Dismissed (Before Interview) -	170
Dismissed (After Interview) -	41

Violations / Reasons Action Taken

Action by Another Board	9
Allowed Unlicensed Person to Practice	17
Altered License	2
Competency	3
Drug Related Violation	46
Failed to Comply	36
Failed to Create and Maintain Records	6
Failed to Disclose	35
Falsified CE's	9
Falsified Records	26
HIPAA Violation	7

Violations / Reasons Action Taken

Patient Abandonment	16
Patient Abuse	8
Patient Neglect	11
Petition to Reinstate	2
Practice With a Lapsed License	57
Practice Without a License	38
Practiced Without Physician Orders	10
Prior Conviction(s)	21
Recent Conviction(s)	11
Returned Check	3
Unprofessional Conduct	5
Other	3

Action Taken

Reprimand	134
Letter of Concern	63
Probation	44
Dismissed	41
Revocation	30
Suspension	16
Approve Application	13
Other	11
Pending	8
Withdraw Application	8
Denied	7
Voluntarily Surrendered	6

- ### Investigation Procedure
- An Investigation begin when a complaint is lodged with the board and it is determined, that if the complaint were true, that there maybe a violation of the Practice Act or Board Rules.
 - An investigator collects all of the necessary information
 - Reports the findings to the Informal Settlement Committee
 - The Informal Settlement Committee interviews the RCP
 - They form a recommendation and submit it to the board

Board Procedure

- In closed session, the Board reviews and makes a decision based on the committees recommendation.
- The RCP is informed
 - The RCP can agree or disagree with a decision
 - If agreed a Consent Order is prepared
 - If disagreed a hearing in front of the board is scheduled. (open meeting format)

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Federal Legislative/ Regulatory Issues

Bills Introduced 2011

- **HR 1077/S 343 Medicare Respiratory Therapy Initiative.** Would permit BA/BS RRTs to provide RT services in physicians offices under general physician supervision

Services that may be performed include:
Asthma education, smoking cessation, aerosol device selection, treatments, patient education & assessment

STATE RESPIRATORY CARE ISSUES

North Carolina- The Polysomnography Practice Act

includes the following:

Must be a RPSGT and register with the Medical Board before 1/1/2012 to practice polysomnography.

Exempts license individuals such as RCP's that provide sleep testing as part of their scope of practice.

Exempts polysomnography students under direct supervision of a RPSGT.

Requires the Medical Board to identify the standards of physician supervision within 6 months if the effective date of the bill.

The physician shall be **immediately available**, either in person or by telephone or electronic means, at the time polysomnography services are rendered.

The physician shall **establish a written scope of practice** not to exceed that permitted by the North Carolina Polysomnography Practice Act. Protocols shall be in place for each RPSGT under the physician's supervision. Protocols shall be written, updated and reviewed at least annually. Scope of practice documents and protocols shall be available at each testing site and shall be immediately available for inspection by an agent of the Board.

The physician shall **require the RPSGT to update the RPSGT's current and complete address and contact information, including home and all practice locations, with the supervising physician within thirty days of any changes.**

The physician shall **ensure that the RPSGT makes the supervising physician's contact information available to all patients seen by the RPSGT** and informs patients that they are encouraged to call the supervising physician with any concerns regarding the RPSGT's performance.

The **physician shall have current knowledge of the proper operation and calibration of equipment used by the supervised RPSGT.**

It is further recommended that the supervising physician attend continuing medical education in the area of sleep medicine.

North Carolina- The Polysomnography Practice Act

The NCRCB has rescinded all previous Sleep Related Declaratory Rulings and has issued a new Ruling that states that:

- A RCP may continue to provide sleep related testing.
- A RPSGT / RCP must be licensed by the NCRCB and registered with the Medical Board if they want to hold themselves out being a respiratory care practitioner and a registered polysomnographic technologist.

The North Carolina Medical Board has started work on an electronic registration system for polysomnographic technologists ("sleep techs"). The Board expects to begin accepting registration information and fees on October 1, 2011

OTHER STATE ACTIONS

Virginia- enacted a law that would provide a “transport” exemption; that is, a health care professional (the law covers more professions than just the RTs) coming into Virginia would not need to have a Virginia license if coming into the state is for the purpose of transporting a patient to a Virginia health care facility. This became an issue last year for RTs transporting patients to and from other states, in particular NC. State agencies opined that because there was no transport exemption crossing state lines required RTs to obtain a license from the state they were “visiting”. Last fall the NCRCB issued a ruling (no legislation required) that would permit a “transport” exemption. VA has now “returned the favor”.

Florida & Illinois- bills that would increase payments to nursing homes for patients who are “technologically and respiratory dependent”

Indiana- a bill that clarifies the licensure requirement that licensed health care professionals undergo a criminal background check including fingerprinting.

Hawaii- a bill that would recognize RTs among the providers of palliative care

Michigan- a bill that would define a “in home service agency” with a list of covered services, including RT.

Mississippi a bill that would set up a pilot program to manage patients with COPD

Montana- a bill that would enhance state licensing authority to verify out of state licenses, includes RT.

New Jersey- a bill that would clarify health care professionals protection from liability when providing volunteer and/or emergency care, includes RTs.

New York a bill that would set up asthma management programs in public schools. Another NY bill would require insurance companies to offer smoking cessation programs.

North Dakota a bill that would permit at its discretion the state licensing agency to require background checks.

Oregon- a bill that revises the licensure renewal requirements for health care professionals, includes RTs. Oregon also has a bill to license DME providers and includes an option to have a respiratory therapist as a member of the licensing board.

NCRCB RULES CHANGES

21 NCAC 61 .0302 LICENSE RENEWAL

(d) The licensee shall maintain current respiratory care credentials as issued by the National Board for Respiratory Care and shall provide proof of the credentials to the Board upon renewal and upon request.

Effective June 1, 2011

The Board will discuss a possible grace period at its 7/14/11 meeting.

FUTURE NORTH CAROLINA RCP PRACTICE ACT CHANGES?

- Delete Provisional and Temporary License
- Require BSRT and RRT by 2017?
- Use the Provisional license for AS degree / CRT holders for up to 36-48 months under direct supervision of the BSRT / RRT after 2017?
- AS with CRT= Assistant?
- BSRT with RRT = RCP?
- Redefine Support Activities
- Add RC Research, RC Management and RC Education to the definition of RC Practice
- Allow emergency transport into/out of NC by a RCP licensed in another state.

IN THE NEWS

Recent Board Actions

- Approved a Position Statement on “Provision of Respiratory Care Services outside the Hospital or Skilled Nursing Facility”.
- Approved a revision of the RCP Application Forms.
- Approved a revision of the Board's Disciplinary Manual.
- Received the resignation of Bill Kiger, RCP.

IN THE NEWS

- Approved an Interpretative Letter concerning nurses performing Intubations.
- Approved a request concerning contracting RCP's for DMEPOS companies.
- Approved a Position Statement on RCP's performing Interstate Transport of patients between Virginia and North Carolina.
- Approved an Interpretative Letter concerning Medical Assistants performing screening spirometry under certain conditions.
- Approved an Interpretative Letter concerning RCP's performing allergy testing under certain conditions.

IN THE NEWS

- Approved an Interpretative Letter concerning RCP's performing morphine nebulizer treatments under certain conditions.
- Denied the request concerning RCP's removing chest tubes.
- Discussed a request concerning whether RCP's may take orders from Nurse Practitioners and Physician Assistants. The RCPA does not prohibit PA's and FNP's from writing respiratory care orders. The RCP should question an order that he/she finds inappropriate and refer the matter to his/her Medical Director.

IN THE NEWS

- The Education Committee discussed methods to move towards the requirement of a BSRT degree and the RRT credential by 2020. The committee will continue to discuss the matter and formulate recommendations.
- Denied a request approve continuing education credit (CE) for ACLS Instructor certification.
- Approved continuing education credit (12 CE) for completion of the Essentials for Healthy Home Practitioner Course and certification as a Healthy Home Practitioner.

IN THE NEWS

You may review Board actions at
<http://www.ncrcb.org/news.html>

REMINDERS

- The NCRCB and the NBRC reminds you to keep your address and practice site information up to date. You may update the information at www.ncrcb.org and www.nbrc.org



THANK YOU