GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015

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HOUSE BILL 267 Committee Substitute Favorable 3/25/15 Third Edition Engrossed 8/4/15

Short Title:	Amend Respiratory Care Practice ActAB	(Public)
Sponsors:		
Referred to:		
	March 18, 2015	
	A BILL TO BE ENTITLED	
AN ACT AM	ENDING THE RESPIRATORY CARE PRACTICE ACT.	
	Assembly of North Carolina enacts:	
	CCTION 1. G.S. 90-648 reads as rewritten:	
"§ 90-648. De	efinitions.	
-	ving definitions apply in this Article:	
(1)		
(2)	- · · · · · · · · · · · · · · · · · · ·	f this Chapter that sis of the patient's y function testing,
(3)	performance of activities as established by policies and prand appropriate completion of services.	· ·
(5)	License. – A certificate issued by the Board recognizing therein as having met the requirements to practice respirato in this Article.	ry care as defined
(6)	<u>-</u>	
(7)	Medical director. – An appointed physician who is license of this Chapter and a member of the entity's medical s granted the authority and responsibility for assuring and est and procedures and that the provision of such is provide safety, and appropriateness standards as recognized within of practice for the entity.	staff, and who is tablishing policies ed to the quality,
(8)	Person. – An individual, corporation, partnership, ass government, or other legal entity.	ociation, unit of
(9)	<u> </u>	North Carolina in
(10	<u> </u>	and monitoring of visical response to the determination



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exhibit abnormal characteristics, and the performance of diagnostic testing and therapeutic application or assessment of:

- Medical gases, humidity, and aerosols including the maintenance use of associated apparatus, respiratory care equipment, except for the purpose of anesthesia.
- b. Pharmacologic agents related to respiratory care procedures, including those agents necessary to perform hemodynamic monitoring.
- c. Mechanical or physiological ventilatory support.
- d. Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways under the direct supervision of a recognized medical director in a health care environment which identifies these services within the scope of practice by the facility's governing board.
- e. Hyperbaric oxygen therapy.
- f. New and innovative respiratory care and related support activities in appropriately identified environments and under the training and practice guidelines established by the American Association of Respiratory Care.
- g. The therapeutic effectiveness of medical equipment used in respiratory care treatment for an individual patient.

The term <u>"practice of respiratory care"</u> also means the interpretation and implementation of a physician's written or verbal order pertaining to the acts described in this subdivision.

- (11) Respiratory care. As defined by the written order of a physician licensed under Article 1 of Chapter 90, the treatment, management, diagnostic testing, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.
- (12) Respiratory care practitioner. <u>A person An individual</u> who has been licensed by the Board to engage in the practice of respiratory care.as a respiratory care practitioner.
- (13) Support activities. Procedures—Tasks that do not require formal academic training, including the delivery, setup, and routine maintenance and repair of apparatus. The term also includes giving instructions on the use, fitting, and application of apparatus, but does not include therapeutic evaluation and assessment-respiratory care equipment as defined in rules adopted by the Board. The term "support activities" does not include the evaluation or assessment of the therapeutic effectiveness of any respiratory care treatment or respiratory care equipment for an individual patient."

SECTION 2. G.S. 90-652 reads as rewritten:

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

The Board shall have the power and duty to:

(1) Determine the qualifications and fitness of applicants for licensure, renewal 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 Public Safety 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 Public Safety, along with the request, the fingerprints of the applicant, applicant and any additional information required by the Department of Public Safety, and

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(5)

(5) Conduct investigations, subpoena individuals and records, and do all other things necessary and proper to discipline persons licensed under this Article and to enforce this Article. Article, including the designation of one or more of its employees to issue and serve subpoenas and other papers on behalf of the Board. Service under this subdivision is permitted in accordance with any methods of service allowed by law.

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. Public Safety. 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 Public Safety and shall remit the fees to the Department of

Public Safety for expenses associated with conducting the criminal history

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SECTION 3. G.S. 90-653 reads as rewritten:

"§ 90-653. Licensure requirements; examination.

record check.

- (a) Each applicant for licensure under this Article shall meet the following requirements: do all of the following:
 - (1) Submit a completed application as required by the Board. Board, including a form signed by the applicant consenting to the check of the applicant's criminal record and to the use of the applicant's fingerprints and other identifying information required by the State and national repositories.
 - (2) Submit any fees required by the Board.
 - (3) Submit to the Board written evidence, verified by oath, that the applicant has successfully completed the minimal requirements of a an associate's degree respiratory care education program as approved by the Commission for Accreditation of Allied Health Educational Programs, or the Canadian Council on Accreditation for Respiratory Therapy Education. for Respiratory Care (CoARC) or its successor by arranging for the applicant's respiratory care education program to submit a verified transcript directly to the Board.
 - (4) Submit to the Board written evidence, verified by oath, that the applicant has successfully completed the minimal requirements for Basic Cardiac Life Support as recognized by the American Heart Association, the American Red Cross, or the American Safety and Health Institute.
 - (5) Pass the entry-level examination given by the National Board for Respiratory Care, Inc.Submit to the Board written evidence, verified by oath, that the applicant has earned the advanced level credential or its successor awarded by the National Board for Respiratory Care, Inc.
- (b) At least three times each year, the Board shall cause the examination required in subdivision (5) of subsection (a) of this section to be given to applicants at a time and place to be announced by the Board. Any applicant who fails to pass the first examination may take additional examinations in accordance with rules adopted pursuant to this Article.

(b1) When issuing a license, the Board shall state the terms and conditions of use of the license to the licensee."

SECTION 4. G.S. 90-656 reads as rewritten:

"§ 90-656. Provisional license.

- (a) The Board may grant a provisional license for a period not exceeding 12 months to any applicant who has successfully done all of the following:
 - (1) Successfully completed the education requirements under G.S. 90-653(a)(3) and has made application to take the examination required under G.S. 90-653(a)(5). the minimal requirements of an associate's degree program in respiratory care currently approved by the Commission on Accreditation for Respiratory Care (CoARC) or its successor by arranging for the applicant's respiratory care education program to submit a verified transcript directly to the Board.
 - Submitted to the Board written evidence, verified by oath, that the applicant has successfully completed the minimal requirements for Basic Cardiac Life Support as recognized by the American Heart Association, the American Red Cross, or the American Safety and Health Institute.
 - (3) Submitted to the Board written evidence, verified by oath, that the applicant has earned the entry-level credential or its successor awarded by the National Board for Respiratory Care, Inc.
- (b) Each provisional license issued under this section shall be effective for a period of up to one year, and may be renewed annually subject to compliance with rules adopted by the Board, but shall not be in effect for a total period exceeding five years from the initial effective date of the provisional license. A provisional license allows the individual to practice respiratory care under the direct supervision of a respiratory care practitioner and in accordance with rules adopted pursuant to this Article. A license granted under this section shall contain an endorsement indicating that the license is provisional and stating the terms and conditions of its use by the licensee and shall state the date the license was granted and the date it expires."

SECTION 5. G.S. 90-659 reads as rewritten:

"§ 90-659. Suspension, revocation, and refusal to renew a license.

- (a) The Board shall take the necessary actions to deny or refuse to renew a license, renew, suspend or revoke a license, or license; to impose probationary conditions on a licensee or applicant if the license, including placing limitations on the practice of respiratory care; to reprimand a licensee or applicant; to assess a monetary penalty, costs, or both on a licensee or applicant; and to require a licensee or applicant to demonstrate satisfactory completion of treatment or educational programs, if any of the following are true of the licensee or applicant:
 - (1) Has engaged in any of the following conduct:
 - a. Employed fraud, deceit, <u>bribery</u>, or misrepresentation in <u>(i)</u> obtaining or attempting to obtain a <u>license or license</u> or <u>(ii)</u> obtaining or <u>attempting to obtain</u> the renewal of a <u>license.license.</u>
 - b. Committed an act of malpractice, gross negligence, or incompetence in the practice of respiratory care.
 - c. Practiced respiratory care without a license.
 - d. Engaged in health care practices that are determined to be hazardous to public health, safety, or welfare.
 - (2) Was convicted of or entered a plea of guilty or nolo contendere to any crime involving moral turpitude.
 - (3) Was adjudicated insane or incompetent, until proof of recovery from the condition can be established. Has developed a physical or mental impairment that renders the licensee or applicant unfit to practice respiratory care with

- reasonable skill and competence and in a manner not harmful to the public. An adjudication of mental incompetency in a court of competent jurisdiction or a determination of mental incompetency by other lawful means shall be conclusive proof of unfitness to practice respiratory care until the licensee or applicant is subsequently adjudicated mentally competent.
- (4) <u>Engaged Has engaged</u> in any act or practice that violates any of the provisions of this Article or any rule adopted pursuant to this Article, or aided, abetted, or assisted any person in such a violation.
- (5) Has failed to respond within a reasonable period of time and in a reasonable manner, as determined by the Board, to inquiries from the Board concerning any matter affecting a license to practice respiratory care.
- (6) Has developed an impairment caused by the licensee's or applicant's use of alcohol, drugs, or controlled substances, which interferes with the ability of the licensee or applicant to practice respiratory care with reasonable skill, competence, and in a manner not harmful to the public.
- (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) Denial, Except as provided in subsection (c) of this section, 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 entry-level credential 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 acting in good faith without fraud or malice shall be immune from civil liability for the following:
 - (1) 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.
 - (2) <u>Initiating or conducting proceedings or an action against a licensee or applicant.</u>

- (3) Testifying before the Board in good faith 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.
- (4) Making a recommendation to the Board in the nature of peer review.
- (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 6. G.S. 90-661 reads as rewritten:

"§ 90-661. Requirement of license.

- (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.
 - (2) Use the title "respiratory care practitioner".
 - Use the letters "RCP", "RTT", "RT", "RCP" or any facsimile or combination in any words, letters, abbreviations, or insignia insignia that indicate or imply the person is a licensed respiratory care practitioner.
 - (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.
 - (5) Employ or solicit for employment unlicensed persons to practice respiratory care.
 - (6) Advertise, hold out to the public, or represent in any manner that the individual is authorized to practice respiratory care in this State.
- (b) It shall be unlawful for any person to employ or solicit for employment unlicensed persons to practice respiratory care."

SECTION 7. Article 38 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"§ 90-663.1. Immunity from civil liability.

Any person, partnership, firm, corporation, association, authority, or other entity acting in good faith without fraud or malice, including the Board, its staff, and its counsel 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 person on the ground that the person is violating this Article, (ii) initiating or conducting proceedings against a person on the ground that the person is violating this Article. 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 commenced on the ground that the person is violating this Article."

SECTION 8. 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 onboard an ambulance as part of an ambulance transport team transporting a patient into or out of this State."

SECTION 9. Notwithstanding any other provision of law to the contrary, any person licensed by the North Carolina Respiratory Care Board on October 1, 2016, who has passed the entry-level examination administered by the National Board for Respiratory Care, Inc., shall be deemed to have complied with the requirements of subdivision G.S. 90-653(a)(5), as amended by this act.

SECTION 10. G.S. 90-654 and G.S. 90-660(b)(6) are repealed.

SECTION 11. Section 5 of this act becomes effective October 1, 2015. Sections 3 and 4 of this act become effective October 1, 2016. The remainder of the act is effective when it becomes law.