



**Government of the District of Columbia
Department of Health
Board of Respiratory Care**

**899 NORTH CAPITOL ST. NE – 2ND FLR.
WASHINGTON, DC 20002**

October 3, 2016

9:00 am - 12:00 pm

**OPEN SESSION
MEETING MINUTES**



ATTENDANCE: October 2016

BOARD MEMBERS:		
	CAROLYN WILLIAMS, CHAIRPERSON	Present
	TIMOTHY MAHONEY, BOARD MEMBER	Present
STAFF:	ROBIN Y. JENKINS, EXECUTIVE DIRECTOR	Present
	ERIC YEAGER, HEALTH LICENSING SPECIALIST	Present
	REBECCA ODRICK, INVESTIGATOR	Present
	PANRAVEE VONGJAROENRAT, ASSISTANT GENERAL COUNSEL	Present
VISITOR	CHRISTOPHER IDEDEVBO	Present



OPEN SESSION October 2016

OS-1003-01	SENIOR DEPUTY DIRECTOR'S REPORT Board Action: There was no report.	
OS-1003-02	EXECUTIVE DIRECTOR'S REPORT Board Action: The Executive Director distributed DOH building key fobs to the Board Members because they had completed the required ethics training. They will also be provided official government email addresses and Metro SmarTrip cards to conduct business on behalf of the Board.	
OS-1003-03	BOARD ATTORNEY'S REPORT Board Action: There was no report.	
OS-1003-04	CHAIRPERSON'S REPORT Board Action: The Board Chair took a moment to give belated birthday wishes to Board Attorney Panravee Vongjaroenrat. The Board Chair also noted that she and Board Member Timothy Mahoney attended the National Board for Respiratory Care's State Licensure Liaison Group Meeting on August 25 th – 27 th in Olathe, Kansas. She noted that the meeting featured presentations from Executive Board Members of the American Association for Respiratory Care (AARC), Commission of Accreditation for Respiratory Care (CoARC) and National Board for Respiratory Care (NBRC). Though these are separate organizations, they all work together to benefit the profession, she said. This was a very useful meeting, said the Board Chair, who distributed meeting handouts to Board staff. The Board Chair then said that the NBRC meeting was helpful in providing information on how other state boards handle re-entry to practice for licensure applicants who have CRT or RRT certifications but have not worked in five (5) or more years. She tasked Board Member Timothy Mahoney with the assignment of researching this issue at the NBRC meeting, and he reported that other states offer three (3) different pathways to licensure: 1) completing the National Board for Respiratory Care (NBRC) self-assessment exam; 2) completing the American Association for Respiratory Care (AARC) exam prep course; or 3) completing a	



	<p>course in adult acute care in the practice of respiratory therapy at an institution accredited by the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA).</p> <p>The Board Chair then asked why the D.C. Board of Respiratory Care is currently not enrolled in the NBRC's database for reporting licensee discipline. She distributed information to Board staff about the procedure for submitting disciplinary orders to this database. However, after reviewing this documentation, the Board Attorney said that, for privacy and legal concerns, the Board should not report submit disciplinary actions to this database.</p> <p>Finally, the Board Chair noted that the New York Downtown Association of Respiratory Therapists, Inc. will hold its Annual Fall Symposium on Friday, October 28, 2016.</p>	
OS-1003-05	<p><u>OPEN SESSION MINUTES</u></p> <p><u>Board Action:</u> The Open Session minutes of the August 8, 2016 meeting were approved.</p>	
OS-1003-06	<p><u>LGBTQ EDUCATION REQUIREMENT</u></p> <p><u>Board Action:</u> The Board voted to table this matter until the next meeting, and it further agreed to overhaul all of the D.C. Municipal Regulations for Respiratory Care by the spring of 2017.</p> <p>In its discussion, the Board agreed that three (3) ethics CEUs will be required for the January 2017 renewal. For the 2019 renewal, the Board agreed that a licensee will need two (2) CEUs in ethics and two (2) CEUs in training related to lesbian, gay, bisexual, transgender and queer (LGBTQ) patients.</p> <p>Continuing its review of the regulations, the Board agreed with the Board Attorney's advice to remove Section 7607 in its entirety. This section states that renewal applicants are only required to submit proof of CEUs when audited by the Board. The Board also accepted the Board Attorney's suggestion to amend Section</p>	



	<p>7606.8. While this section currently states that the Board “shall” conduct a CE audit after each renewal, the Board agreed to amend this language to state that such audits “may” be conducted.</p> <p>The Board Attorney also advised that the Board remove Section 7606.9’s language requiring that an applicant who falsely certifies completion of CEUs “shall be subject to disciplinary action.” In her view, this language is unnecessary since the Health Occupations Revision Act (HORA) already provides sanctions for such false representations. After the Board Members opposed this change, the Board Attorney asked that the record clearly reflect that the Board rejected her advice on this point. The Board Members held firm on this issue, but agreed to address it again when conducting the general overhaul of all the regulations.</p>	
OS-1003-07	<p><u>DISCUSSION OF RE-ENTRY TO PRACTICE</u></p> <p><u>Board Action:</u> The Board decided to give applicants who have valid CRT or RRT credentials but have not practiced anywhere in five (5) years or more <u>the option of choosing one (1) of the following three (3) pathways to licensure:</u></p> <ol style="list-style-type: none"> 1. Completing the National Board for Respiratory Care (NBRC) self- assessment exam; 2. Completing the American Association for Respiratory Care (AARC) exam prep course; or 3. Completing a course in adult acute care in the practice of respiratory therapy at an institution accredited by the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA). <p>After an applicant has finished one of the above steps, he or she must then submit the exam/course results to the Board for a decision on whether licensure will be granted.</p> <p>Open Session closed at 11:00 a.m.</p>	