



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

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

December 11, 2017

9:00 am - 12:00 pm

MEETING AGENDA



Open Session December 2017: Call to Order

OS-1211-01	SENIOR DEPUTY DIRECTOR'S REPORT	
OS-1211-02	EXECUTIVE DIRECTOR'S REPORT	
OS-1211-03	BOARD ATTORNEY'S REPORT	
OS-1211-04	CHAIRPERSON'S REPORT	
OS-1211-05	<u>OPEN SESSION MINUTES</u> Board Action: To consider the Open Session Minutes of the October 10, 2017 meeting.	
OS-1211-06	<u>REVIEW OF REGULATIONS</u> Board Action: To conduct a final review the regulations so that they can be moved forward to publication.	

ADJOURNMENT

Upon conclusion of the open session meeting pursuant to the DC Official Code 2-575(b) and for the purposes set forth therein, the Board will move into the closed executive session portion of the meeting to consult with the Board attorney, discuss disciplinary matters and hear reports concerning violations of the law or regulations.



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

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

October 10, 2017

9:00 am - 12:00 pm

**OPEN SESSION
MEETING MINUTES**



ATTENDANCE: October 10, 2017

BOARD MEMBERS:		
	CAROLYN WILLIAMS, CHAIRPERSON	Present
	TIMOTHY MAHONEY, BOARD MEMBER	Present
	BETTY AKPAN, BOARD MEMBER	Present
STAFF:	ROBIN Y. JENKINS, EXECUTIVE DIRECTOR	Present
	ERIC YEAGER, HEALTH LICENSING SPECIALIST	Present
	EMILIA MORAN, INVESTIGATOR	Present
	PANRAVEE VONGJAROENRAT, ASSISTANT GENERAL COUNSEL	Present
VISITOR		



OPEN SESSION October 2017

Call to Order and Roll Call

OS-1010-01	<p>SENIOR DEPUTY DIRECTOR'S REPORT Board Action: None.</p>	
OS-1010-02	<p>EXECUTIVE DIRECTOR'S REPORT Board Action: The Executive Director welcomed Emilia Moran aboard as the new Board Investigator. The Executive Director said that the Board looks forward to working with Ms. Moran and appreciates the years of service provided by Ms. Rebecca Odrick, the Board's former investigator.</p>	
OS-1010-03	<p>BOARD ATTORNEY'S REPORT Board Action: None.</p>	
OS-1010-04	<p>CHAIRPERSON'S REPORT Board Action: The Board Chair opened the meeting by welcoming Emilia Moran as the new Board Investigator and Betty Akpan, RRT, as the new Board Member. The Board Chair noted that from August 25-27 she and the Executive Director attended the State Licensure Liaison Group Meeting that was sponsored by the National Board for Respiratory Care (NBRC) in Lenexa, Kansas. Representatives from the American Association for Respiratory Care (AARC) and the Committee on Accreditation for Respiratory Care (CoArc) were in attendance, and the meeting featured an array of new technological developments on display and involved important discussions related to respiratory care practice.</p> <p>Continuing, the Board Chair noted that the Maryland/DC Society for Respiratory Care held the Conference by the Sea in Ocean City, Maryland, from September 13 - 15, 2017. Registered attendees could have received up to 16 CEUs, including 3 CEUs of Ethics. Further, the Board Chair said that she attended the American Association for Respiratory Care (AARC) International Congress from October 4-7 in Indianapolis, Indiana. Accompanying her on the trip was Martha Diaz, RRT, an</p>	



	<p>International Fellow visiting the U.S. from Colombia. Ms. Diaz also spent a week in the D.C./Baltimore area learning about the technological advancements and practice techniques employed in the U.S. and considering how some of these elements might be applied in her home country. During the visit, the Board Chair introduced Ms. Diaz to the respiratory care teams at Children's National Medical Center, Providence Hospital, MedStar Georgetown and MedStar Washington Hospital Center, and HSC Pediatric Center, as well as the faculty at the University of the District of Columbia and the staff at SEIU Local 722. Ms. Diaz also visited with the D.C. Board of Respiratory Care and its staff and Department of Health Senior Deputy Director Sharon Lewis. Ms. Diaz learned a great deal about health care and respiratory care in the United States, and this visit will hopefully spur a knowledge and information exchange beneficial to the citizens of Latin America and the U.S., the Board Chair added.</p> <p>Finally, the Board Chair announced that Washington Adventist Hospital on October 19 will host its 14th Annual Respiratory Care Conference at the Holiday Inn in College Park, Maryland, and that October 22 - 28, 2017 is Respiratory Care Week.</p>	
OS-1010-05	<p><u>OPEN SESSION MINUTES</u> Board Action: The Open Session Minutes of the June 12, 2017 meeting were approved.</p>	
OS-1010-06	<p><u>REGULATIONS UPDATE</u> Board Action: The Board approved the HORA and regulatory amendments recommended by the subcommittee and agreed to amend the HORA by removing the physician position from the Board and adding a Board position that can be filled by a Respiratory Therapist or a Polysomnography practitioner.</p> <p>The Open Session closed at 9:45 a.m.</p>	

DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in § 302 (14) of the District of Columbia Health Occupations Revision Act of 1985 (“the Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14) (2012 Repl.), and Mayor’s Order 98-140, dated August 20, 1998, hereby gives notice of the intent to take proposed rulemaking action by adopting the following amendments to chapter 76 of title 17 of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from date of publication of this notice in the *D.C. Register*.

The purpose of this rulemaking is to update the regulation governing the practice of respiratory care, which has not been updated since 1990. The revisions will clarify languages, include clear scope of practice, which addresses the use of communication technology to aid in patient care, and require licensees to maintain national credentials, which are the accepted standards throughout the country.

CHAPTER 76 (RESPIRATORY THERAPY) OF TITLE 17 (BUSINESS, OCCUPATIONS, AND PROFESSIONALS) OF THE DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS is amended as follows:

SECTION 7600, GENERAL PROVISIONS, is amended to read as follows:

7600 GENERAL PROVISIONS

- 7600.1 This chapter applies to persons authorized to practice respiratory therapy in the District including applicants for or holders of a license.
- 7600.2 Chapters 40 (Health Occupations: General Rules) and 41 (Health Occupations: Administrative Procedures) of this title supplement this chapter.

SECTION 7601, TERM OF LICENSE, is amended to read as follows:

7601 TERM OF LICENSE

- 7601.1 A license issued pursuant to this chapter shall be effective for not more than two years and shall expire at 12:00 Midnight on January 31st of each odd-numbered year.
- 7601.2 If the Director changes the renewal system pursuant to § 4006.3 of Chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birth date of the holder of the license, or other date established by the Director.

SECTION 7602, EDUCATIONAL REQUIREMENTS, is amended to read as follows:

7602 EDUCATIONAL REQUIREMENTS

7602.1 Except as provided in § 7605, each applicant for a license to practice respiratory therapy shall submit proof, satisfactory to the Board, that the applicant has successfully completed an educational program in the practice of respiratory care that has been accredited by the Commission on Accreditation for Respiratory Care (CoARC) or its successor organization.

SECTION 7604, NATIONAL EXAMINATION, is amended to read as follows:

7604 NATIONAL EXAMINATION

7604.1 In addition to satisfying the educational requirements set forth in § 7602, an applicant shall receive a passing score on the Therapist Multiple-Choice Examination for Certified Respiratory Therapist (CRT) or the Registry Examination for Registered Respiratory Therapist (RRT) developed and administered by the National Board for Respiratory Care (“NBRC”). The passing score for the purposes of these rules shall be the passing score determined by the NBRC.

7604.2 Each applicant for a license by examination shall submit to the Board a completed application and the applicant’s CRT or RRT examination results, which shall be certified or validated by the NBRC.

7604.3 An applicant for a license by examination who took and pass an NBRC examination required pursuant to § 7604.1 more than five (5) years prior to the date of the application shall be required to take and pass the examination again unless the applicant has continuously maintained valid credential as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) and such credential was obtained after July 1, 2002.

SECTION 7605, LICENSURE BY ENDORSEMENT, is amended to read as follows:

7605 LICENSURE BY ENDORSEMENT

7605.1 The Board may issue a license to practice respiratory therapy by endorsement to an applicant who:

- (a) Is currently licensed by another state and has been continuously practicing respiratory therapy in that state for at least seven (7) years;

- (b) Is in good standing under the laws of another state with standards that the Board determines to be comparable to the requirements of the Act and this chapter; and
- (c) Meets the other applicable requirements of D.C. Official Code § 3-1205.03.

SECTION 7606, RENEWAL, REACTIVATION, OR REINSTATEMENT OF A LICENSE; CONTINUING EDUCATION REQUIREMENTS, is amended to read as follows:

7606 RENEWAL, REACTIVATION, OR REINSTATEMENT OF A LICENSE; CONTINUING EDUCATION REQUIREMENTS

7606.1 Except as provided in § 7606.2, all applicants for the renewal, reactivation, or reinstatement of a license to practice respiratory therapy in the District shall demonstrate successful completion of approved continuing education units (“CEUs”) in accordance with this section.

7606.2 This section does not apply to applicants for an initial District of Columbia license, nor to applicants for the first renewal of a license after the initial grant.

7606.3 To qualify for reactivation of a license to practice respiratory therapy, a person in inactive status, as defined in § 511 of the Act (D.C. Official Code § 3-1205.11), shall meet the following applicable requirement:

- (a) An applicant who maintains a valid and active license in another U.S. state or jurisdiction or maintains valid and active credential as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT), issued after July 1, 2002, shall submit verification of good standing and evidence of current practice;
- (b) An applicant who does not possess a valid and active license in another U.S. state or jurisdiction or does not possess valid and active CRT or RRT credential, issued after July 1, 2002, and seeks reactivation no more than five (5) years after his or her license was placed in inactive status shall have completed eight (8) CEUs for each year that the applicant’s license has been inactive, with two (2) of all required CEUs being in ethics; or
- (c) An applicant who does not possess a valid and active license in another U.S. state or jurisdiction or does not possess valid and active CRT or RRT credential, issued after July 1, 2002, and seeks reactivation more than five (5) years after his or her license was placed in inactive status shall meet the following requirements:

- (i) Completing, no more than two (2) years prior to the date of the application, forty (40) CEUs, which shall include:
 - (A) Thirty-one (31) CEUs obtained from the Exam Prep Program offered by the American Association for Respiratory Care (AARC) or comparable program approved by the Board that include learning and testing components;
 - (B) Two (2) hours of ethics; and
 - (C) At least nine (9) of the total forty (40) CEUs being completed in a live, interactive setting; and
- (ii) Establishing to the Board's satisfaction that he or she possesses current competency in the practice of respiratory care.

7606.4 To qualify for reinstatement of a license, an applicant shall submit proof of having successfully completed eight (8) approved CEUs for each year that the license remains expired and two (2) of the required CEUs shall be in ethics.

7606.5 To qualify for the renewal of a license, an applicant shall have completed sixteen (16) CEUs of approved continuing education programs or activities during the two (2)-year period preceding the date the license expires, which shall also meet the following requirements:

- (a) An applicant seeking to renew his or her license on or before January 31, 2019, shall have completed at least three (3) hours of ethics; or and
- (b) An applicant seeking to renew his or her license after January 31, 2019 shall have completed two (2) hours of ethics and two (2) hours of LGBTQ continuing education.

7606.6 Renewal applicants seeking renewal of the license on or by January 31, 2019 shall possess valid and active credential as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT).

Comment [PV1]: TO BE DISCUSSED. ROBIN.

7606.7 A CEU shall be valid only if it is part of a program or activity approved by the Board in accordance with § 7607.

7606.8 The Board may conduct a random audit of active licensees to determine compliance with the continuing education and continued credential requirements. A licensee who is selected for audit shall submit satisfactory proof of continuing education compliance and possession of

valid and active CRT or RRT credential within thirty (30) days of receiving the notice of his or her selection.

SECTION 7607, APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES, is amended to read as follows:

7607 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

7607.1 The Board may grant CEUs for continuing education programs or activities in accordance with this section.

7607.2 The Board may grant CEU credit to an instructor or speaker at a seminar, workshop, or program that is approved by one of the organizations listed in § 7607.4 of this chapter for both preparation and presentation time, subject to the following restrictions:

- (a) The maximum CEU credit granted for preparation time is equal to the presentation time;
- (b) The maximum CEU credit that may be granted pursuant to this subsection is fifty percent (50%) of a requestor's CEU requirement;
- (c) If a requestor has previously received CEU credit in connection with a particular presentation, the Board shall not grant CEU credit for a subsequent presentation unless it involves either a different subject or substantial additional research concerning the same subject; and
- (d) The presentation shall have been presented during the period for which credit is claimed.

7607.3 The Board may grant CEU credit for authoring and publishing an article in a professional, peer-reviewed journal, a book or a chapter in a book, or a book review in a professional, peer-reviewed journal or bulletin provided that the article, book or chapter was published during the period for which credit is claimed..

7607.4 To qualify for CEU credit, a continuing respiratory care education seminar, workshop, or program shall be administered, sponsored, or approved by:

- (a) The American Association of Respiratory Care (AARC);
- (b) The Maryland/District of Columbia Society for Respiratory Care;

- (c) A health care facility accredited by the Joint Commission;
- (d) A college or university approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education; or
- (e) Any of the following organizations provided that the training is related to respiratory care services:
 - (1) American Medical Association under Physician Category I;
 - (2) American Thoracic Society;
 - (3) American Association of Cardiovascular and Pulmonary Rehabilitation;
 - (4) American Heart Association;
 - (5) American Nurses Association;
 - (6) American College of Chest Physicians;
 - (7) American Society of Anesthesiologists;
 - (8) American Academy of Sleep Medicine;
 - (9) The Accreditation Council for Continuing Medical Education (ACCME);
 - (10) The American College of Cardiology; or
 - (11) The American Lung Association.

7607.5 The Board shall not grant CEU credit for basic life support courses or training, or for CPR courses or training.

SECTION 7608, PRACTICE OF RESPIRATORY CARE BY STUDENTS OR APPLICANTS, is amended to read as follows:

7608 PRACTICE OF RESPIRATORY CARE BY STUDENTS OR APPLICANTS

7608.1 This section applies to:

- (a) A student enrolled in an approved school or college as a candidate for a degree or a certificate in respiratory therapy; or

- (b) An applicant whose first application for a license to practice respiratory therapy in the District has been submitted to the Board and a decision on the application is pending.

7608.2 A student may practice respiratory therapy only in accordance with the following provisions:

- (a) A student may practice only in a hospital, nursing home, health facility, or health education center operated by the District or federal government or at a health care facility that the student's school or college determines to be appropriate for this purpose;
- (b) A student shall be supervised at all times by a respiratory therapist licensed in the District who shall be present on site and available to supervise and oversee the student at all times;
- (c) The supervisor shall be fully responsible for the supervised student's practice and may be subject to disciplinary action for any act or omission by the student that constitutes a violation of the Act or this chapter;
- (d) A student may not receive payment or compensation of any nature either directly or indirectly for his or her practice of respiratory therapy; and
- (e) A student shall be subject to each of the applicable provisions of the Act and this chapter.

7608.3 An applicant may practice respiratory therapy only in accordance with the following provisions:

- (a) An applicant may practice only under general supervision of a respiratory therapist licensed in the District who shall be fully responsible for the supervised applicant's practice and may be subject to disciplinary action for any act or omission by the applicant that constitutes a violation of the Act or this chapter;
- (b) An applicant may not begin practicing respiratory therapy unless he or she has received express, written authorization from the Board, which may not be issued until the Board has satisfactorily reviewed the result of the applicant's criminal background check as provided by the Federal Bureau of Investigation, provided, however, that such temporary authorization to practice shall not limit the Board's authority to take any appropriate action based on the applicant's full criminal background check;

- (c) An applicant's authorization to practice under this section shall not exceed ninety (90) days;
- (d) An applicant may be paid a salary or compensation for the hours worked;
- (e) An applicant shall be subject to each of the applicable provisions of the Act and this chapter.

Comment [PV2]: Do you think we may need to extend this some time?

7608.4 If the Board finds that a student or applicant has violated the Act or this chapter, the Board may, in addition to any other disciplinary action permitted by the Act including denial of application, revoke, suspend, or restrict the privilege of the student or applicant to practice respiratory therapy.

SECTION 7609, STANDARDS OF CONDUCT AND ETHICS, is amended to read as follows:

7609 STANDARDS OF CONDUCT AND ETHICS

7609.1 A respiratory therapist shall:

- (a) Practice medically acceptable methods of treatment;
- (b) Present his or her skills, training, scope of practice, certification, professional affiliations, or other qualifications in a manner that is not false or misleading;
- (c) Practice only within the scope of his or her competence, qualifications, and any authority under the law;
- (d) Continually strive to enhance the knowledge and skill set required to render quality respiratory care to each patient;
- (g) Promptly report to the Board any information relative to the incompetent, unsafe, illegal, or unethical practice of respiratory therapy or any violation of the Act or this chapter;
- (h) Uphold the dignity and honor of the profession and abide by its ethical principles;
- (i) Cooperate with other health care professionals;
- (j) Provide all services in a manner that respects the dignity of the patient, regardless of the patient's social or economic status, personal attributes, or health problems;

- (k) Refuse any offer of any gift from a patient or friend or relative of a patient for respiratory care provided to the patient; and
- (m) Abide by the National Clinical Practice Guidelines published by the American Association of Respiratory Care (AARC) and any subsequent guidelines published by the AARC.

7609.2 A respiratory therapist may utilize communication technology in standard patient care assessment and monitoring provided that the patient has provided written and informed consent specific to this manner of service and that the therapist has determined the following:

- (a) This manner of service does not affect the quality of the service;
- (b) The technology being used is fully secured and has been determined to safeguard the patient's confidentiality and privacy;
- (c) The patient is sufficiently knowledgeable or familiar with the technology such that there would not be any difficulty or barrier to its effective utilization;
- (d) This manner of service promotes continuity of care; and
- (e) The patient is physically in the District at the time of the service.

SECTION 7610, SCOPE OF PRACTICE, is added to read as follows:

7610 SCOPE OF PRACTICE

7610.1 A respiratory therapist may practice only in a collaborative agreement with a licensed physician, a nurse practitioner, or a licensed physician assistant under supervision of a licensed physician.

Comment [PV3]: Do we need to specify the level of licensure of a nurse?

7610.2 The practice of respiratory care includes the following:

- (a) Direct and indirect respiratory care services that are safe, aseptic, preventive, and restorative to the patient;
- (b) The practice of the principles, techniques, and theories derived from cardiopulmonary medicine;
- (c) Evaluation and treatment of individuals whose cardiopulmonary functions have been threatened or impaired by developmental defects, the aging process, physical injury, disease, or actual or anticipated dysfunction of the cardiopulmonary system;

- (d) Observation and monitoring of physical signs and symptoms, general behavior, and general physical response to respiratory care procedures, and determination of whether initiation, modification, or discontinuation of the treatment regimen is warranted;
- (e) The transcription and implementation of a written or oral order, or both, pertaining to the practice of respiratory care;
- (f) Evaluation techniques including cardiopulmonary functional assessments, gas exchange, the need and effectiveness of therapeutic modalities and procedures, and assessment and evaluation of the need for extended care and home care procedures, therapy, and equipment;
- (g) Professional application of techniques, equipment, and procedures involved in the administration of respiratory care such as:
 - (1) Therapeutic and diagnostic gases (excluding general anesthesia);
 - (2) Prescribed medications for inhalation or direct tracheal instillation;
 - (3) Nonsurgical intubation, maintenance, and extubation of artificial airways;
 - (4) Advanced cardiopulmonary measures;
 - (5) Chest needle decompression;
 - (6) Cardiopulmonary rehabilitation;
 - (7) Mechanical ventilation or physiological life support systems;
 - (8) Collection of body fluids and blood samples for evaluation and analysis, including collection by intraosseous access;
 - (9) Insertion of diagnostic arterial access lines, including large bore intravenous access; or
 - (10) Collection and analysis of exhaled respiratory gases;
- (h) The clinical supervision of licensed respiratory care practitioners, respiratory care departments, or the provision of any respiratory care services;

- (i) The respiratory care clinical instruction or oversight of respiratory care students, while performing respiratory care procedures as part of their clinical curriculum; or
- (j) The teaching or instructing of others in the discipline of respiratory care and therapy.

SECTION 7611, MAINTENANCE OF VALID NATIONAL CERTIFICATION, is added to read as follows:

7611 MAINTENANCE OF VALID NATIONAL CERTIFICATION

7611.1 A licensed respiratory care practitioner shall maintain a continuously valid national certification by the National Board of Respiratory Care (NBRC).

SECTION 7699, DEFINITIONS, is amended as follows:

Section 7699.1 is amended as follows:

The definition of “Applicant” is struck and the following definitions of “Continuing education unit” and “CRT” are added after the definition of “Board”:

Continuing education unit (CEU) – at least fifty (50) minutes of education, learning, or presentation time.

CRT – credential as a Certified Respiratory Therapist or achieving a passing score on the Therapist Multiple-Choice Examination for Certified Respiratory Therapist, developed and administered by the National Board for Respiratory Care (“NBRC”).

All persons desiring to comment on the subject of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of the publication of this notice in the *D.C. Register*. Comments should be sent to the Department of Health, Office of the General Counsel, 899 North Capitol Street, N.E., 5th Floor, Washington, D.C. 20002, or by email to Angli.Black@dc.gov. Copies of the proposed rules may be obtained from the Department at the same address during the hours of 9:00 AM to 5:00 PM, Monday through Friday, excluding holidays.