



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

**899 NORTH CAPITOL ST. NE – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002**

**October 10, 2017**

**9:00 am - 12:00 pm**

**MEETING AGENDA**



Open Session October 2017: Call to Order

OS-1010-01	<b>SENIOR DEPUTY DIRECTOR'S REPORT</b>	
OS-1010-02	<b>EXECUTIVE DIRECTOR'S REPORT</b>	
OS-1010-03	<b>BOARD ATTORNEY'S REPORT</b>	
OS-1010-04	<b>CHAIRPERSON'S REPORT</b>	
OS-1010-05	<b><u>OPEN SESSION MINUTES</u></b> <b><u>Board Action:</u></b> To consider the Open Session Minutes of the June 12, 2017 meeting.	
OS-1010-06	<b><u>UPDATE ON REGULATIONS</u></b> <b><u>Board Action:</u></b> To consider the subcommittee's recommendations for amending the Municipal Regulations.	

**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 – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002**

**June 12, 2017**

**9:00 am - 12:00 pm**

**OPEN SESSION  
MEETING MINUTES**



ATTENDANCE: June 12, 2017

BOARD MEMBERS:		
	CAROLYN WILLIAMS, CHAIRPERSON	Present
	TIMOTHY MAHONEY, BOARD MEMBER	Present
	BETTY AKPAN, BOARD MEMBER	Absent
STAFF:	ROBIN Y. JENKINS, EXECUTIVE DIRECTOR	Present
	DR. SHARON LEWIS, SENIOR DEPUTY DIRECTOR	Present
	ERIC YEAGER, HEALTH LICENSING SPECIALIST	Present
	REBECCA ODRICK, INVESTIGATOR	Absent
	LEONARD HOWARD, INVESTIGATOR	Present
	PANRAVEE VONGJAROENRAT, ASSISTANT GENERAL COUNSEL	Present
VISITOR		



OPEN SESSION      June 2017

Call to Order and Roll Call

OS-0612-01	<p><b>SENIOR DEPUTY DIRECTOR'S REPORT</b></p> <p><b>Board Action:</b> Dr. Sharon Lewis reported that there was an overnight emergency at one D.C. hospital which required the facility to use emergency generator power. This type of issue is something important for our hospitals to consider as summer heat requires greater power usage, she said. Everyone who works on hospital staffs should look closely at what devices are connected to emergency generators, the Senior Deputy Director noted. She reminded the group that the red power plugs in hospitals are specially designated for respirators and other critical devices during emergencies. She also noted that DOH has supplied walkie-talkies to D.C. hospitals to ensure that staffs can communicate when faced with emergencies.</p> <p>Dr. Lewis also reported that DOH has been working on implementing the "Death With Dignity Act," which was passed by the D.C. Council on December 19, 2016. This law allows District physicians to prescribe lethal medication to terminally ill patients who have less than six months to live. The Department of Health will have training modules to educate patients and practitioners on how this law will be implemented.</p>	
OS-0612-02	<p><b>EXECUTIVE DIRECTOR'S REPORT</b></p> <p><b>Board Action:</b> The Executive Director announced that new Board Member Betty Akpan, RRT, was sworn in on May 25, but that she could not attend this meeting because of a scheduling conflict. The Executive Director said that she is keeping in contact with the Mayor's Office of Talent and Appointments (MOTA) to fill other Board vacancies.</p>	
OS-0612-03	<p><b>BOARD ATTORNEY'S REPORT</b></p> <p><b>Board Action:</b> None.</p>	
OS-0612-04	<p><b>CHAIRPERSON'S REPORT</b></p> <p><b>Board Action:</b> The Board Chair opened the meeting with best wishes to the fathers in attendance celebrating Father's Day on June 18, 2017. The Board Chair said that she also looks forward to</p>	



working with Betty Akpan, RRT, the Board’s newly installed Member who was unable to attend this meeting.

Continuing, the Board Chair distributed a letter from Maryland/DC Society for Respiratory Care expressing concern about practitioners with expired National Board for Respiratory Care (NBRC) certifications who are allowed to practice because their state licenses are active. The letter argues that practitioners lacking current NBRC certifications may pose a danger to public health because they lack adequate competency. “Simply put, the Society wants to ensure that licensure boards do not renew a license to an individual who no longer legally possesses an NBRC credential at the time of renewal,” the letter stated. So, the Maryland/DC Society is asking the Maryland and DC licensing boards to make renewal applicants prove that their NBRC certifications are valid before being allowed to renew their licenses.

Board Member Tim Mahoney, head of the subcommittee working on amending the regulations, said that the concern raised in this letter is similar to a competency issue that is being addressed with regard to Respiratory Therapists who wish to re-enter practice after not practicing for many years. He said that the letter from the Maryland DC Society will be considered by the subcommittee in its work in redrafting the regulations. The Board Chair added that the NBRC will have its state licensure meeting August 25-26 in Overland Park, Kansas, and that the issue of practitioners with expired credentials will likely be on that agenda.

Finally, the Board Chair distributed a copy of the June 2017 *AARC Times* magazine, which features her and other respiratory care luminaries on the cover. The Board Chair said that she was honored to be picked by AARC for this feature, and that she is proud to represent the District of Columbia and citizens nationally in this profession. She also thanked the Department of Health and the Board staff for helping carry out the Board’s important work.



OS-0612-05	<b><u>OPEN SESSION MINUTES</u></b> <b><u>Board Action:</u></b> The Open Session Minutes of the May 8, 2017 meeting were approved with the correction that “amendments” be removed after the word “2010” in the third paragraph.	
OS-0612-06	<b><u>REGULATIONS UPDATE</u></b> <b><u>Board Action:</u></b> Board Member Tim Mahoney updated the group on the subcommittee’s progress.  The Open Session closed at 10:55 a.m.	

**DEFINITION  
OF THE PRACTICE  
FROM "HEALTH OCCUPATIONS REVISION ACT" (HORA)  
Revising April 2017**

(17A) "Practice of respiratory care" means the ~~performance in collaboration with a licensed physician, of actions responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, including, but not limited to:~~

~~(A) Therapeutic and diagnostic use of medical gases, humidity, and aerosols, including the maintenance of associated apparatus;~~

~~(B) Administration of medications to the cardiorespiratory system; provision of ventilatory assistance, ventilatory control, including high frequency ventilation; postural drainage, chest physiotherapy, breathing exercises, and other respiratory rehabilitation procedures;~~

~~(C) Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways and the transcription and implementation of a physician's written or verbal orders pertaining to the practice of respiratory care;~~

~~(D) Testing techniques utilized in respiratory care to assist in diagnosis, monitoring, treatment, and research; and~~

~~(E) Measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing pH and blood gas analysis, hemodynamic and other related physiological monitoring of the cardiopulmonary system, diagnostic evaluation, assessment, care and treatment, management, or rehabilitation of patients who have deficiencies and abnormalities which affect the pulmonary system and associated aspects of the cardiopulmonary or other systems.~~

# **DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS for RESPIRATORY THERAPY**

## CHAPTER 76      RESPIRATORY THERAPY

### Secs.

7600	General Provisions
7601	Term of License
7602	Educational Requirements
7603	Applicants Educated in Foreign Countries
7604	National Examination
7605	Licensure by Endorsement
7606	Renewal, Reactivation, or Reinstatement of a License; Continuing Education Requirements
7607	Approved Continuing Education Programs and Activities
7608	Practice of Respiratory Care by Students or Applicants
7609	Standards of Conduct and Ethics
7699	Definitions

### 7600      GENERAL PROVISIONS

- 7600.1      This chapter ~~shall apply to any persons who applies for or holds a license authorized~~ to practice respiratory therapy in the District of Columbia (“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. The provisions of this chapter shall be supplemented by the provisions of Chapter 35 of this title, entitled “Occupational and Professional License Fee Schedule”, Chapter 40 of this title, entitled “Health Occupations: General Rules”, and Chapter 41 of this title, entitled “Health Occupations: Administrative Procedures”.
- ### 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 ~~m~~Midnight on January 31<sup>st</sup> of each odd-numbered year. ~~The Director of the Department of Health may establish a different term and expiration date, by rule.~~
- 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.

### 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 ~~therapy at an institution accredited by the American Medical Association-Committee on Allied Health Education and Accreditation (CAHEA), upon the~~

~~recommendation of the Joint Review Committee for Respiratory Therapy Education (JRCRTE) care that has been accredited by the Commission on Accreditation for Respiratory Care (CoARC), or their-its~~ successor organizations.

~~7602.2 For purposes of this section, proof satisfactory to the Board of successful completion of an educational program shall be an official transcript, notarized diploma, or certificate of completion from an institution accredited by the CAHEA and JRCRTE.~~

### 7603 APPLICANTS EDUCATED IN FOREIGN COUNTRIES

7603.1 An applicant who was educated in a foreign country shall satisfy the educational requirements in § 7602.

### 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) ~~National Board Examination ("NBE")~~ developed and administered by the National Board for Respiratory Care ("NBRC"). The passing score for the ~~NBE~~ for 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 ~~NBE-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.~~

### 7605 LICENSURE BY ENDORSEMENT

7605.1 The Board ~~shall~~ 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) ~~Pays the applicable fee~~ Meets the other applicable requirements of D.C.

Official Code § 3-1205.03.**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 ~~shall~~does not apply to applicants for an initial District of Columbia license, nor to applicants for the first renewal of a license ~~granted by examination 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 ~~submit proof of having successfully completed eight (8) approved CEUs for each year that the applicant was in inactive status, up to a maximum of forty (40) CEUs 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 ~~after January 31, 2003, that the applicant's license was not renewed, up to a maximum of forty (40) CEUs. If an applicant whose license has expired does not apply for reinstatement of a license pursuant to this section within five (5) years of the date that the applicant's license expires, the applicant shall meet the requirements for obtaining an initial license 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 Have—completed sixteen (16) CEUs in approved continuing education programs during the two (2) year period preceding the date the license expires. Beginning with the renewal period ending January 31, 2009, a minimum of three (3) hours of the total continuing education credits shall have been in ethics; 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.

~~Attest to completion of the required continuing education credits on the renewal application form; and~~

- ~~(c) Be subject to a random audit for compliance with the continuing education requirement.~~

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).

7606.7 Except as provided in § 7606.7, an applicant under this section shall prove—

Comment [PV1]: TO BE DISCUSSED. ROBIN.

~~completion of required continuing education credits by submitting with the application the following information with respect to each program:~~

- ~~(a) — The name and address of the sponsor of the program;~~
- ~~(b) — The name of the program, its location, a description of the subject matter covered, and the names of the instructors;~~
- ~~(c) — The dates on which the applicant attended the program;~~
- ~~(d) — The hours of credit claimed; and~~

- ~~(e) — Verification by the sponsor of completion, by signature or stamp. A CEU shall be valid only if it is part of a program or activity approved by the Board in accordance with § 7607.~~

~~7606.87 Applicants for renewal of a license shall only be required to prove completion of the required continuing education credits by submitting proof pursuant to § 7606.6 if requested to do so as part of the random audit, or if otherwise requested to do so by the Board. 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.~~

~~7606.89 The Board shall conduct a random audit of continuing education credits at the completion of each renewal period. A licensee who fails to satisfactorily prove continuing education or continued credential compliance during an audit shall be subject to another audit during the subsequent licensure term.~~

~~7606.9 An applicant who falsely certifies completion of continuing education credits shall be subject to disciplinary action.~~

~~7606.10 An applicant for renewal of a license who fails to renew the license by the date the license expires may renew the license for up to sixty (60) days after the date of expiration by completing the application, submitting the required supporting documents, and paying the required late fee. Upon renewal, the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and its renewal.~~

~~7606.11 If an applicant for renewal of a license fails to renew the license and pay the late fee within the sixty (60) days after the expiration of the license, the expired license shall be deemed to have lapsed on the date of expiration and the applicant shall thereafter be required to apply for reinstatement of an expired license and meet all requirements and fees for reinstatement.~~

~~7606.12 If an applicant's license lapses, the applicant shall be subject to disciplinary action, including denial of a license, if the applicant practices respiratory therapy after the date the license lapses.~~

~~7606.13 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the license after expiration, if the applicant's failure to renew was for good cause. As used in this section "good cause" includes the following:~~

~~(a) Serious and protracted illness of the applicant; and~~

~~(b) The death or serious and protracted illness of a member of the applicant's immediate family.~~

#### **7607 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES**

~~7607.1 Beginning with the renewal period of 2007, the Board shall only~~ grant CEUs for continuing education programs ~~and or~~ activities ~~administered or approved by organizations listed in § 7607.8 of this chapter in accordance with this section.~~

~~7607.2 For the renewal period of 2007 only, the Board may accept CEUs for education programs and activities that were not administered or approved by an organization listed in § 7607.8 of this chapter if:~~

~~(a) The Board determines that the CEUs were sufficiently related to the practice of respiratory therapy;~~

~~(b) The program or activity was approved by a recognized approving body; and~~

~~(c) The CEUs were obtained prior to the enactment of these regulations.~~

~~7607.3 The Board may approve a seminar, workshop, or an educational program given at a conference for approved CEU credit, if the seminar, workshop, or program is administered or approved by one of the organizations listed in § 7607.8 of this chapter.~~

~~7607.24~~ The Board may approve-grant CEU credit ~~for an applicant who serves as to~~ an instructor or speaker at a seminar, workshop, or program that is approved by one of the organizations listed in § 7607.84 of this chapter for both preparation and presentation time, subject to the following restrictions:

~~(a) The maximum number of approved CEUs that may be granted for preparation time is twice the number of hours spent preparing for the presentation.~~The maximum CEU credit granted for preparation time is

equal to the presentation time;

- (b) The maximum ~~number of approved~~ CEU credit s that may be granted pursuant to this subsection is fifty percent (50%) of ~~an applicant~~ requestor's CEU requirement;
- (c) If ~~an applicant~~ requestor has previously received ~~a~~ 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.~~35~~ The Board may ~~approve the following independent home studies and distance learning continuing education activities; grant CEU credit for authoring and publishing~~

- ~~(a) — Publication of an article in a professional, peer-reviewed journal, publication of a book or a chapter in a book, or publication of 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; and~~
- ~~(b) — Internet courses, video courses, telecourses, videoconferences, and teleconferences offered by accredited colleges or universities, or pre-approved by the AARC or MD/DC Society.~~

~~7607.6 — The Board may grant continuing education credit under § 7607.5.(a) only if the applicant proves to the satisfaction of the Board that the work has been published or accepted for publication during the period for which credit is claimed.~~

~~7607.7 — No more than eight (8) CEUs may be accepted in any renewal period, or for reinstatement or reactivation of a license, for approved independent home studies and distance learning continuing education activities.~~

7607.~~48~~ To qualify for ~~approval by the Board~~ 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 ~~on the~~

~~Accreditation of Health Care Organizations (JCAHCO);~~

- (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;~~;~~
  - ~~(12) The National Society for Cardiopulmonary Technologists~~

~~7607.95~~ The Board shall not grant CEU credit for basic life support courses or training, or for CPR courses or training.

~~7607.10 — The applicant shall verify that a seminar, workshop, or program is approved by the Board pursuant to this section, prior to attending the seminar, workshop or program.~~

**7608 PRACTICE OF RESPIRATORY CARE BY STUDENTS OR APPLICANTS**

7608.1 This section shall apply to:

- (a) A student enrolled in an approved school or college as a candidate for a degree or a certificate in respiratory therapy; ~~and~~
- (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 ~~or applicant~~ may practice respiratory therapy only in accordance with ~~the Act and this section~~ 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

~~A student shall practice respiratory therapy 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.~~

7608.4

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.

~~in a hospital, nursing home, or health facility operated by the District or federal government or any private health care facility.~~

~~7608.5 The student or applicant shall practice respiratory therapy only under the direct supervision of a licensed respiratory care practitioner who collaborates with a licensed physician.~~

~~7608.6 When practicing respiratory therapy, a student or applicant shall wear an identifying name tag or badge that indicates student or applicant status.~~

~~7608.7 A licensed respiratory care practitioner who supervises a student or applicant shall be fully responsible for the student's or applicant's practice of respiratory therapy under the licensed practitioner's or physician's supervision and shall be subject to disciplinary action for any act or omission by the supervised student or applicant that constitutes a violation of the Act or this chapter.~~

~~7608.8 A student shall not receive payment or compensation of any nature, directly or indirectly, for the practice of respiratory therapy. An applicant may be paid a salary based on hours worked.~~

~~7608.9 A student or applicant shall be subject to each of the applicable provisions of the Act and this chapter. The Board may deny an application for a license by, or take other disciplinary action against, a student or applicant who is found to have violated the Act or this chapter, in accordance with Chapter 41 of this title.~~

7608.540 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.

## 7609 STANDARDS OF CONDUCT AND ETHICS

7609.1 A ~~licensed respiratory care practitioner~~respiratory therapist shall:

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

- (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 ~~vested in the licensed respiratory care practitioner by a physician under the law;~~
- (d) Continually strive to enhance the knowledge and skill set required to render quality respiratory care to each patient;
- ~~(e) Participate in activities to promote community and national efforts to meet the health needs of the public;~~
- ~~(f) Be familiar with state and federal laws that govern health occupations;~~
- (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;
- ~~(l) Wear an identifying tag or badge that includes the practitioner's full name and the words "licensed respiratory care practitioner" when practicing respiratory therapy; 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

~~If the Board investigates a respiratory care practitioner in connection with a respiratory care procedure for which no AARC guideline has been adopted, the Board may contract with the District of Columbia Society for Respiratory Care (also known as the Maryland/District of Columbia Society for Respiratory Care)~~

~~or any licensed respiratory care practitioner for a determination of whether the respiratory care procedure was conducted consistent with acceptable standards of care.~~ 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.

#### **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.

#### **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).

## **7699 DEFINITIONS**

7699.1 As used in this chapter, the following terms shall have the meanings ascribed:

**Act** means the District of Columbia Health Occupations Revision Act of 1985, effective march 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*)

~~**Applicant** means a person who applies for a license to practice respiratory therapy pursuant to this chapter.~~

**Board** means the Board of Respiratory Care, established by § 214 of the Act, (D.C. Official Code § 3-1202.14).

**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”).

**LGBTQ continuing education** – continuing education focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5) (2016 Repl.)).

**RRT** – credential as a Registered Respiratory Therapist or achieving a passing score on the Registry Examination for Registered Respiratory Therapist, developed and administered by the National Board for Respiratory Care (“NBRC”).

7699.2 The definitions of § 4099 of Chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

~~Chapter 35 of Title 17 DCMR is amended by adding the following new section to establish license fees for the practice of respiratory therapy:~~

**Yeager, Eric (DOH)**

---

**From:** Tim Mahoney <tynyenoham71@gmail.com>  
**Sent:** Saturday, September 30, 2017 12:37 PM  
**To:** Harrison, Elgloria A.  
**Cc:** Vongjaroenrat, Panravee (DOH); Yeager, Eric (DOH); Fawzia Majid; ELGLORIA HARRISON  
**Subject:** Re: Final Draft for Subcommittee's Review

Dear Colleagues,

Thank you Elgloria and Pan for your additional input. My response to the two areas of comment, as to #7610.1 and Pan's observation. The term 'Nurse Practitioner' is a shortened term for the formal classification of an: Advanced Practice

Registered Nurse (APRN). In order to qualify an individual needs to graduate from a qualified Nurse Practitioner institution and then to pass a national examination, which gives you the accreditation as an Advanced Practice Registered Nurse. This is the same qualification requirements for DC licensure.

All this to say, why not add in parenthesis the term "Advanced Practice Registered Nurse" following our present nurse practitioner wording. The term "Nurse Practitioner" may become too loose a term in the future as nurses take on more responsibilities and registered nurses may begin to think of themselves as NP's due to their experience level. What do others think?

As to Elgloria's qualification around #7611, I think that the present wording is sufficient. The 'grandfathered' in Therapist (license issued before 2002) are aware that their accreditation has no restrictions to it in regards Continuing Education requirements. So they know that it is in a continuous state of being theirs. The newer Therapists are notified by the NBRC of their Educational requirements of what they need to keep their credentialing in a 'continuous' active status. Other comments?

Finally, to Elgloria our next Board Meeting is Tuesday, October 10th at 0900 to start the Open Session. This portion is open to all. I would contact our Chairperson, Carolyn Williams to see where she wants to place the sub-committees report. I would think that it would go into the Executive Session, in which case you would have to be given an invitation to join. I think that Carolyn could work that out at this point. Let me know if there is anything further to respond to. Blessings.

Tim

On Thu, Sep 28, 2017 at 7:26 PM, Harrison, Elgloria A. <[eharrison@udc.edu](mailto:eharrison@udc.edu)> wrote:

Hello Colleagues,

I am submitting my comments regarding the draft. Thank you Panravee for drafting this document. I appreciate your efforts.

These are my comments as I reviewed the document.

When is the board meeting? It is possible I might be able to make it.

Thanks,

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

I believe we want to keep nurse practitioner as many in DC are able to provide orders both written and verbal orders, thus a respiratory therapist would be practicing in collaborative agreement.

## 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).

Maintenance of a valid national certification does not affect people like me who was credentialed prior to 2002. This effects those whose credentials have an expiration date.

Do we need to note this in this section?

---

**From:** Vongjaroenrat, Panravee (DOH) [mailto:[panravee.vongjaroenrat@dc.gov](mailto:panravee.vongjaroenrat@dc.gov)]

**Sent:** Monday, September 11, 2017 5:29 PM

**To:** Yeager, Eric (DOH); Tim Mahoney; Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Vongjaroenrat, Panravee (DOH)

**Subject:** Final Draft for Subcommittee's Review

Dear subcommittee members,

I'd like you all to have a quick look at the final draft. Specifically, from the 7/27/17 meeting you discussed the practice by students and applicants (section 7608) and standards of conduct and ethics (section 7609).

If this draft is acceptable to you, it will be the draft that will be presented to the Board for review and approval at the next meeting in October.

Best,

Panravee

*Panravee Vongjaroenrat*

*Assistant General Counsel*

*Department of Health*

*899 N. Capitol Street, NE, Second Floor*

*Washington, DC 20002*

*202-478-5746 (direct)*

*Fax: 202-442-4797*

*E-mail: Panravee.Vongjaroenrat@dc.gov*

*Website: www.doh.dc.gov*

*Confidentiality Notice: This message is being sent by or on behalf of a lawyer. It is intended exclusively for each individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged, confidential, or otherwise legally exempt from disclosure. If you are not a named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately and delete all copies of the message.*

---

**From:** Yeager, Eric (DOH)

**Sent:** Wednesday, July 26, 2017 2:20 PM

**To:** Tim Mahoney; Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Vongjaroenrat, Panravee (DOH); Jenkins, Robin (DOH)

**Subject:** Subcommittee Meeting Tomorrow in Room 213  
**Importance:** High

Dear Team Members:

Tomorrow's meeting is in **Room 213**, which is located right next to the reception desk. Parking stickers will be at the garage for Tim, Elgloria and Fawzia. I will see you all in **Room 213**.

Thanks,

Eric

**From:** Tim Mahoney [<mailto:tynyeham71@gmail.com>]  
**Sent:** Wednesday, July 26, 2017 12:02 PM  
**To:** Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Yeager, Eric (DOH); Vongjaroenrat, Panravee (DOH); Jenkins, Robin (DOH)  
**Subject:** RE: info on designation of 'Controlled Substances'

Dear Sub-Committee,

If it helps in our discussion on what medications should RT be allowed to administer, I am sending along a page that describes the classification of all five categories of Controlled Substances. See you tomorrow, ready to roll at 9.

Tim

*Just like our city, Sustainable DC is evolving! Help us update the plan by telling us what you care about most in this easy 3-minute [survey](http://www.sustainabledc.org/in-dc/sdc2-0/). Learn more and get involved by visiting <http://www.sustainabledc.org/in-dc/sdc2-0/>.*

The new school year is here and every day is a new opportunity for our students to learn and grow. We all have a role to play in ensuring students get to school, ready to learn, and understand that #EveryDayCounts. Go to [attendance.dc.gov](http://attendance.dc.gov) to learn more.

---

[PV1] Do we need to specify the level of licensure of a nurse?

**Yeager, Eric (DOH)**

---

**From:** Harrison, Elgloria A. <eharrison@udc.edu>  
**Sent:** Thursday, September 28, 2017 7:27 PM  
**To:** Vongjaroenrat, Panravee (DOH); Yeager, Eric (DOH); Tim Mahoney; Fawzia Majid; ELGLORIA HARRISON  
**Subject:** RE: Final Draft for Subcommittee's Review

Hello Colleagues,

I am submitting my comments regarding the draft. Thank you Panravee for drafting this document. I appreciate your efforts.

These are my comments as I reviewed the document.  
When is the board meeting? It is possible I might be able to make it.  
Thanks,  
Elgloria

**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. I believe we want to keep nurse practitioner as many in DC are able to provide orders both written and verbal orders, thus a respiratory therapist would be practicing in collaborative agreement.

**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).

Maintenance of a valid national certification does not affect people like me who was credentialed prior to 2002. This effects those whose credentials have an expiration date.  
Do we need to note this in this section?

---

**From:** Vongjaroenrat, Panravee (DOH) [<mailto:panravee.vongjaroenrat@dc.gov>]  
**Sent:** Monday, September 11, 2017 5:29 PM  
**To:** Yeager, Eric (DOH); Tim Mahoney; Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Vongjaroenrat, Panravee (DOH)  
**Subject:** Final Draft for Subcommittee's Review

Dear subcommittee members,

I'd like you all to have a quick look at the final draft. Specifically, from the 7/27/17 meeting you discussed the practice by students and applicants (section 7608) and standards of conduct and ethics (section 7609).

If this draft is acceptable to you, it will be the draft that will be presented to the Board for review and approval at the next meeting in October.

Best,  
Panravee

*Panravee Vongjaroenrat*  
*Assistant General Counsel*  
*Department of Health*  
*899 N. Capitol Street, NE, Second Floor*  
*Washington, DC 20002*  
*202-478-5746 (direct)*  
*Fax: 202-442-4797*  
*E-mail: [Panravee.Vongjaroenrat@dc.gov](mailto:Panravee.Vongjaroenrat@dc.gov)*  
*Website: [www.doh.dc.gov](http://www.doh.dc.gov)*

*Confidentiality Notice: This message is being sent by or on behalf of a lawyer. It is intended exclusively for each individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged, confidential, or otherwise legally exempt from disclosure. If you are not a named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately and delete all copies of the message.*

---

**From:** Yeager, Eric (DOH)  
**Sent:** Wednesday, July 26, 2017 2:20 PM  
**To:** Tim Mahoney; Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Vongjaroenrat, Panravee (DOH); Jenkins, Robin (DOH)  
**Subject:** Subcommittee Meeting Tomorrow in Room 213  
**Importance:** High

Dear Team Members:

Tomorrow's meeting is in **Room 213**, which is located right next to the reception desk. Parking stickers will be at the garage for Tim, Elgloria and Fawzia. I will see you all in **Room 213**.

Thanks,  
Eric

**From:** Tim Mahoney [<mailto:tynyenoham71@gmail.com>]  
**Sent:** Wednesday, July 26, 2017 12:02 PM  
**To:** Fawzia Majid; Harrison, Elgloria A.; ELGLORIA HARRISON; Yeager, Eric (DOH); Vongjaroenrat, Panravee (DOH); Jenkins, Robin (DOH)  
**Subject:** RE: info on designation of 'Controlled Substances'

Dear Sub-Committee,

If it helps in our discussion on what medications should RT be allowed to administer, I am sending along a page that describes the classification of all five categories of Controlled Substances. See you tomorrow, ready to roll at 9.

Tim

*Just like our city, Sustainable DC is evolving! Help us update the plan by telling us what you care about most in this easy 3-minute [survey](#). Learn more and get involved by visiting <http://www.sustainabledc.org/in-dc/sdc2-0/>.*

The new school year is here and every day is a new opportunity for our students to learn and grow. We all have a role to play in ensuring students get to school, ready to learn, and understand that #EveryDayCounts. Go to [attendance.dc.gov](http://attendance.dc.gov) to learn more.