



WHO: Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board

WHEN: May 1, 2015 at 10:00 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/OHLA/RTPT/Pages/meetings.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Items for Board Action

Approval of Agenda



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board



May 1, 2015 at 10:00 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. Call to Order

2. Items for Board Action

- ◆ Approval of Agenda
- ◆ Approval of Minutes

Working Lunch

3. Reports

- ◆ Director Report
- ◆ Licensing and Fiscal Statistical Reports
- ◆ Policy Report
 - 2015 Legislative Update
 - Arterial Line Placement/Venous Cannulation Discussion
 - 2015 NBRC Examination Changes
 - Oregon Health Authority Update
 - Health Evidence Review Commission
 - Health Policy and Research
- ◆ Regulatory Report

4. Public/Interest Parties Feedback

5. Non-Public Session – Pursuant to ORS 192.690(1) for the purpose of deliberations on contested cases

6. Other Board Business

Agenda is subject to change.
For the most up to date information visit www.oregon.gov/OHLA

Approval of Minutes

October 17, 2014



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board



October 17, 2014
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Joel Glass, chair
Mark Olsen, vice-chair
Tony Garberg
Dr. Mike Lefor
Nick Gaffney
Kevin Parks
Joe Dwan

STAFF PRESENT

Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Samie Patnode, policy analyst
Amanda Perkins, board specialist

MEMBERS ABSENT

None

GUESTS PRESENT

Dan White
Erica Kennett
Mary Francis
James Blevins

Call to Order

Joel Glass called the meeting of the Respiratory Therapist and Polysomnographic Technologist Licensing Board to order at 9:07 a.m. Roll was called.

Approval of Agenda:

Mark Olsen made a motion with a second by Tony Garberg to approve the agenda. Motion passed unanimously.

Approval of Minutes:

Tony Garberg made a motion with a second by Mark Olsen to approve the minutes for August 1, 2014. Motion passed unanimously.

Approval of chair and vice chair:

Board members discussed the role of chairperson and vice chairperson and asked for nominations for 2015.

MOTION:

Mark Olsen made a motion with a second by Nick Gaffney to elect Joel Glass as chair person and Mark Olsen as vice chairperson. Motion passed unanimously.

2015 Meeting Dates:

Board members considered proposed meeting dates for 2015 as follows:

March 13, 2015 at 10 a.m.

May 1, 2015 at 10 a.m.

October 16, 2015 at 10 a.m.

MOTION:

Nick Gaffney made a motion with a second by Tony Garberg to approve 2015 meeting dates. Motion passed unanimously.

Executive Session:

- The Respiratory Therapist and Polysomnographic Technologist Licensing Board entered executive session pursuant to ORS 192-660(2)(f) at 9:12 a.m. on October 17, 2014, for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.

- Executive session concluded and the board reconvened regular session at 9:27 a.m. It was noted that no decisions were made and no votes were taken in executive session.

Introductions:

Certain board members introduce themselves for new board member.

Adopt Permanent Administrative Rule:

Samie Patnode, policy analyst, updated the Board on the following:

Adopt permanent administrative rules, during the 2011 Legislative Session Senate Bill 723 passed creating mandatory licensure for polysomnographic technologists in Oregon. The bill included a one-year timeframe (grandfathering) from January 1, 2012 to January 1, 2013 which allowed individuals with *18 months of on the job training*, and passage of a board approved examination to qualify for licensure. After January 1, 2013 individuals were required to obtain *formal education* and on the job training under an approved supervisor. This forced many individuals with years of experience in polysomnography, who did not meet the one-year grandfathering timeframe, to obtain certain education requirements and work under supervision for 18 months. The Respiratory Therapist and Polysomnographic Technologist Board (Board) requested a legislative change be made to accept education, training or a combination of education and training for initial polysomnography licensure in Oregon.

During the 2013 Legislative Session Senate Bill 107 was passed to add training as a requirement for licensure in lieu of education if deemed appropriate by the Board. The amendment added

flexibility for individuals to become licensed within the newly regulated profession of polysomnography.

Following the 2013 Legislative Session the Board entered into rulemaking to amend the requirements to qualify for a *polysomnographic technologist temporary direct supervision license* but elected to maintain the current application requirements for permanent licensure despite consideration of public comment received asking the Board to expand application requirements for applications from states where there is no licensing for polysomnography.

On June 6, 2014 the Health Licensing Office (HLO) received a Petition to Amend an Administrative Rule from Legacy Health. According to ORS 183.390 HLO and Board were required, within 90 days of the receipt of a *Petition for Rulemaking*, to either deny the petition request or initiate the rulemaking process.

In order to meet the 90 day requirement the Board met on August 1, 2014 to determine whether or not to deny the petition or initiate rulemaking. As part of the process HLO and the Board invited public comment including information on any of the following factors:

- Whether options exist for achieving the rule's substantive goals in a way that reduces the
- negative impact on businesses;
- The continued need for the rule;
- The nature of complaints or comments received concerning the rule;
- The complexity of the rule;
- The extent to which the rule overlaps, duplicates or conflicts with other state rules of federal
- regulations and, to the extent feasible, with local government regulations; and
- The degree to which technology, economic conditions or other factors have changed in the subject area affected by the rule, and the statutory citation or legal basis for the rule.

Nine comments were received and considered. The Board determined that initiating the rulemaking process was the most appropriate course of action.

On September 1, 2014, proposed administrative rules were filed with Secretary of States Office and published in the September 2014 edition of the Oregon Bulletin. From September 1 through September 29, 2014 written comments were compiled and a hearing held on September 29. In total five written comments were received and no verbal testimony was provided at the hearing.

Board members, discussed Board of Registered Polysomnographic Technologists (BRPT)- Registered Polysomnographic Technologists requirements and examination, and the possibility of the matching Oregon's requirements with the BRPT requirements. Discussion also focused on other pathways to licensure and compared other professionals licensing requirements to that of polysomnography licensing requirements in Oregon.

MOTION:

Nick Gaffney made a motion with a second by Kevin Parks to keep the application requirement that the BRPT examination be taken within two years of submitting an application for licensure as a polysomnographic technician. The motion passed with six ayesvotes and one opposed vote from Joel Glass. Motion passed.

Directors Report:

Sylvie Donaldson, fiscal services and licensing manager, reported on the following:

- Update on transition to Oregon Health Authority (OHA) and all the changes that come with being under a large umbrella agency.

Licensing and Fiscal Statistical Reports:

Sylvie Donaldson, fiscal services and licensing manager, presented an overview of statistics related to the Board. Statistics included licensing and examination, active license trends and license volumes.

The statement of cash flow for the period 07/01/2013- 6/31/2014 was reviewed with an actual ending cash balance of \$233,492.83. The ending cash balance for the period of 07/01/2013 – 06/30/2015 is projected to be \$220,423.18

Donaldson, explained to board members the process for individuals who request a hearing based on denial of an applications.

Policy Report:

Samie Patnode, policy analyst, reported on Health Licensing Office Permanent Rules – Military the rule adopted which provides specific information regarding the temporary authorization to practice including definition of military spouse or domestic partner and timeframe in which the authorization will be active. A hearing was held on August 20, 2014 for the rule.

Regulatory Report:

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2011-2013 Biennium

Between July 1, 2011 and June 30, 2013, 8 complaints were received. Of the 8 complaints 0 remain open. A summary of allegations received by type of complaint was provided as stated below.

Anonymous	Clients	Other
1	0	7

2013-2015 Biennium

Between July 1, 2013 and August 30, 2014, 5 complaints were received. Of the 5 complaints 3 remain open. A summary of allegations received by type of complainant was provided as stated below.

Anonymous	Clients	Other
1	0	4

Board member, had a question concerning how and when an inspection is conducted. Bothwell, clarified that they inspections are conducted upon complaints.

Public Comment:

None

Executive Session:

- The Respiratory Therapist and Polysomnographic Technologist Licensing Board entered executive session pursuant to ORS 192-660(2)(f) at 11:13 a.m. on October 17, 2014, for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.

- Executive session concluded and the Board reconvened regular session at 12:24 p.m.

Members of the board outlined the following recommendations:

In regards to investigation file 14-7544

- A notice of \$520 civil penalty to be issued, and a 1 year suspension.

MOTION:

Nick Gaffney made a motion, with a second by Mark Olsen. Motion passed unanimously

The meeting adjourned at approximately 12:27 p.m.

Minutes prepared by: Maria Gutierrez, Board Specialist

Director Report

Licensing and Fiscal Statistical Reports

Respiratory Therapist and Polysomnographic Technologist Licensing Board

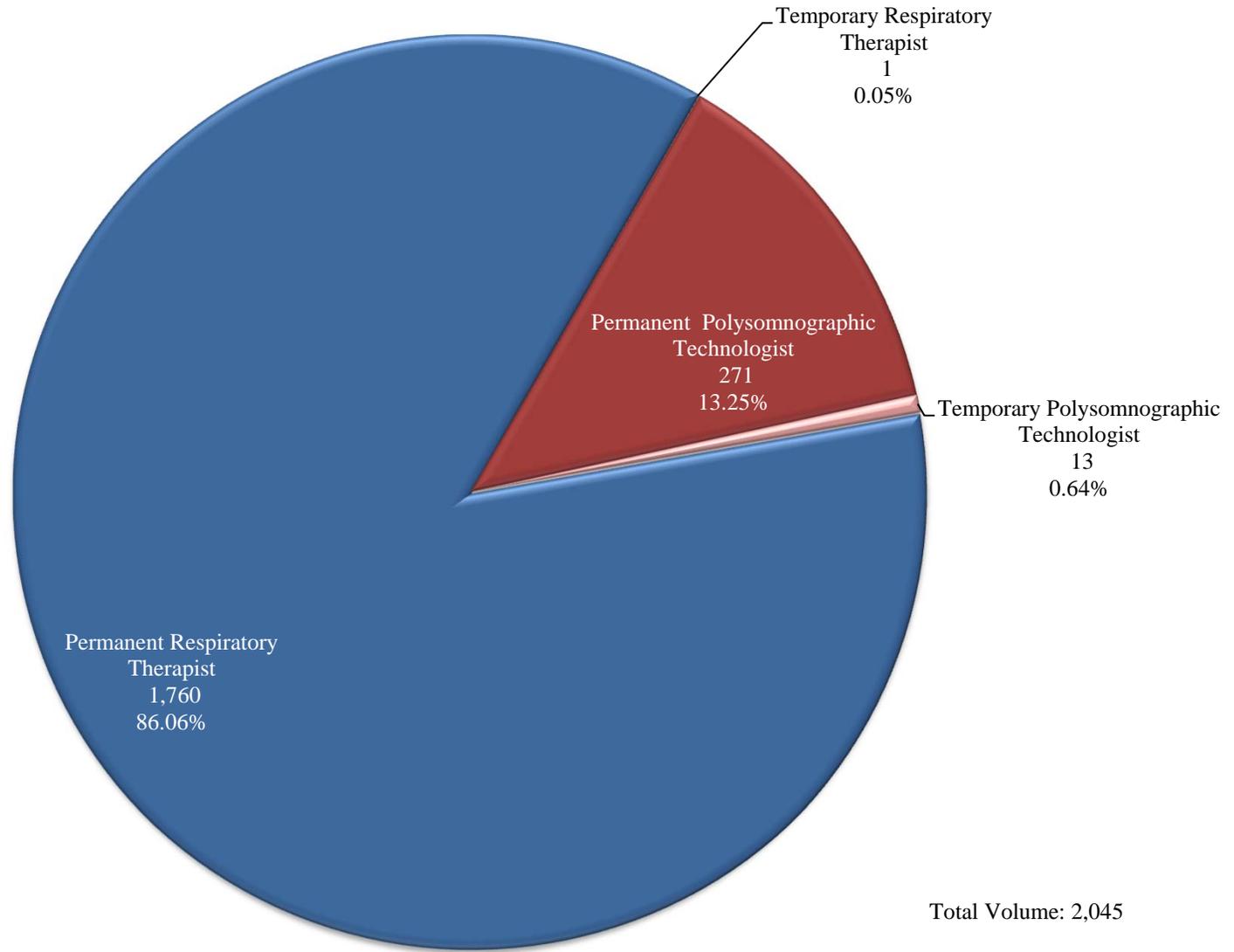
Licensing Division Statistics as of April 17, 2015

2013 - 2015 Biennium

Quarter	Respiratory Therapist Licenses Issued	Polysomnographic Technologist Licenses Issued	Temporary Licenses Issued	Renewals Processed	% Renewed Online
1st	47	11	1	486	72.63%
2nd	40	2	1	540	79.81%
3rd	41	7	-	341	70.38%
4th	29	6	-	400	79.25%
5th	77	7	-	542	76.94%
6th	49	5	-	549	81.24%
7th	45	5	1	342	75.44%
8th	8	-	-	34	64.71%
Total:	336	43	3	3,234	76.81%

Active License Volume *as of April 17, 2015*

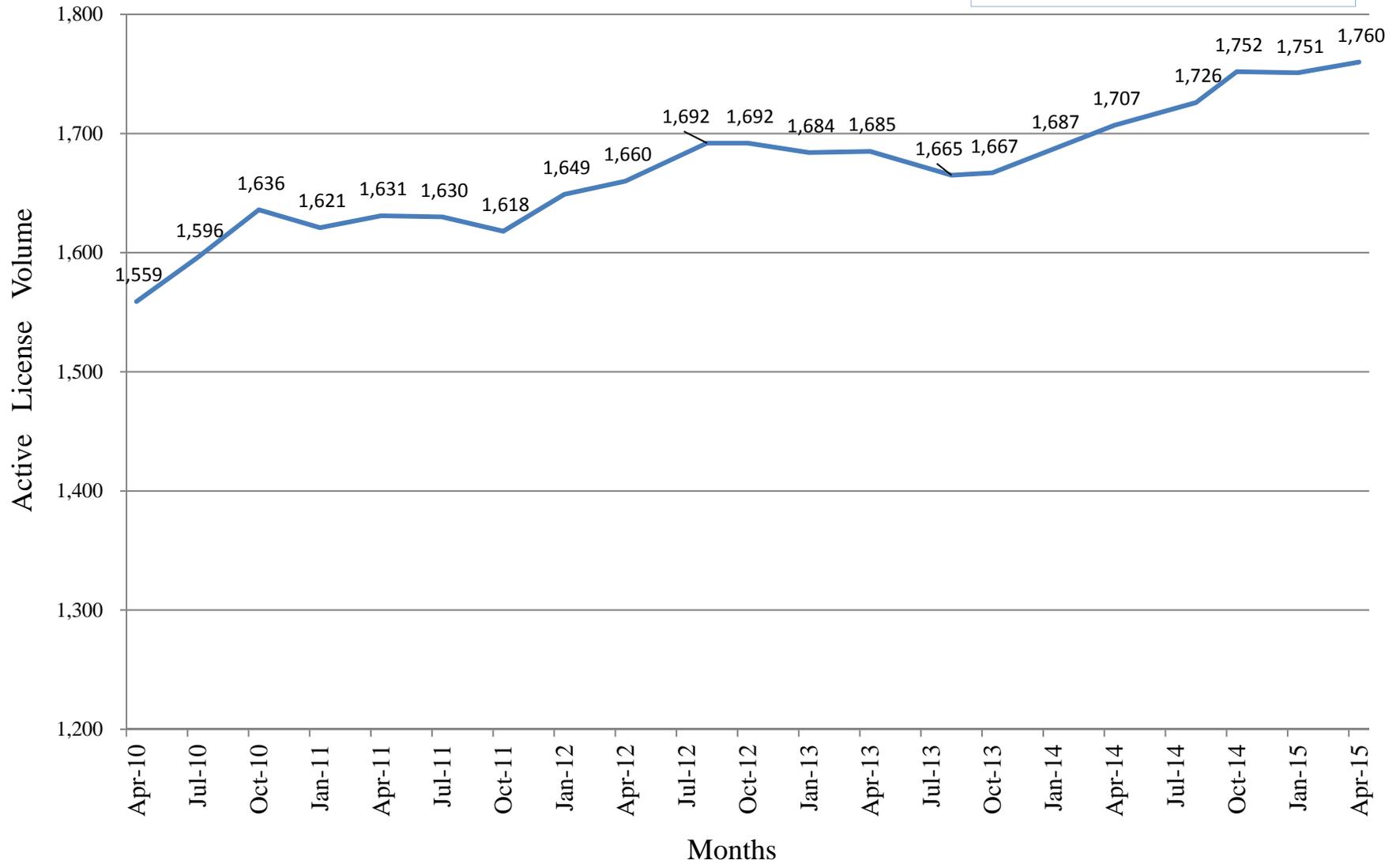
2013-2015 Biennium



Active Permanent Respiratory Therapists

April 2010 - April 2015

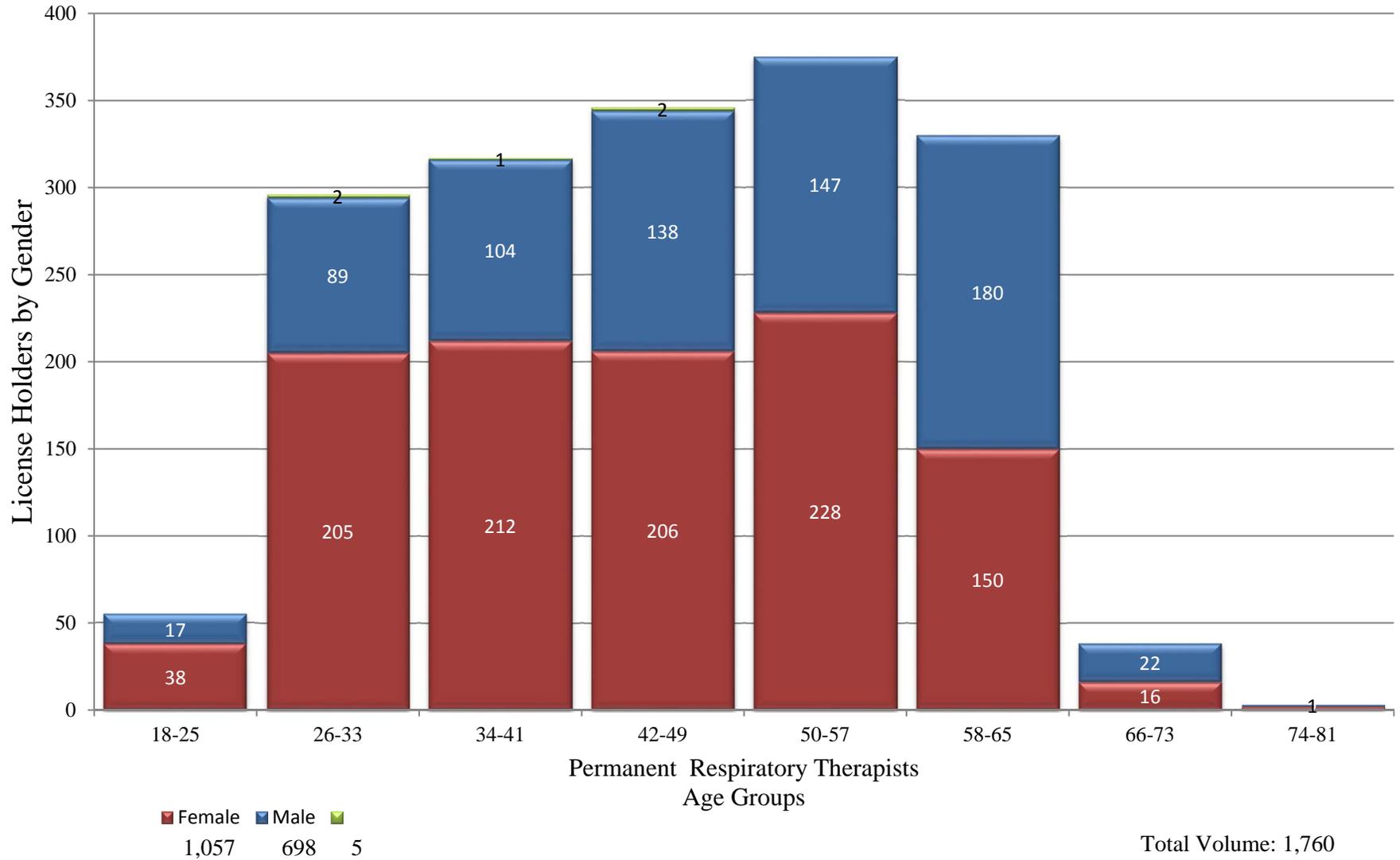
+3.10% change in growth over 1 year
+12.89% change in growth over 5 years



Active Permanent Respiratory Therapists

Statistics grouped by Gender and Age Group as of April 17, 2015

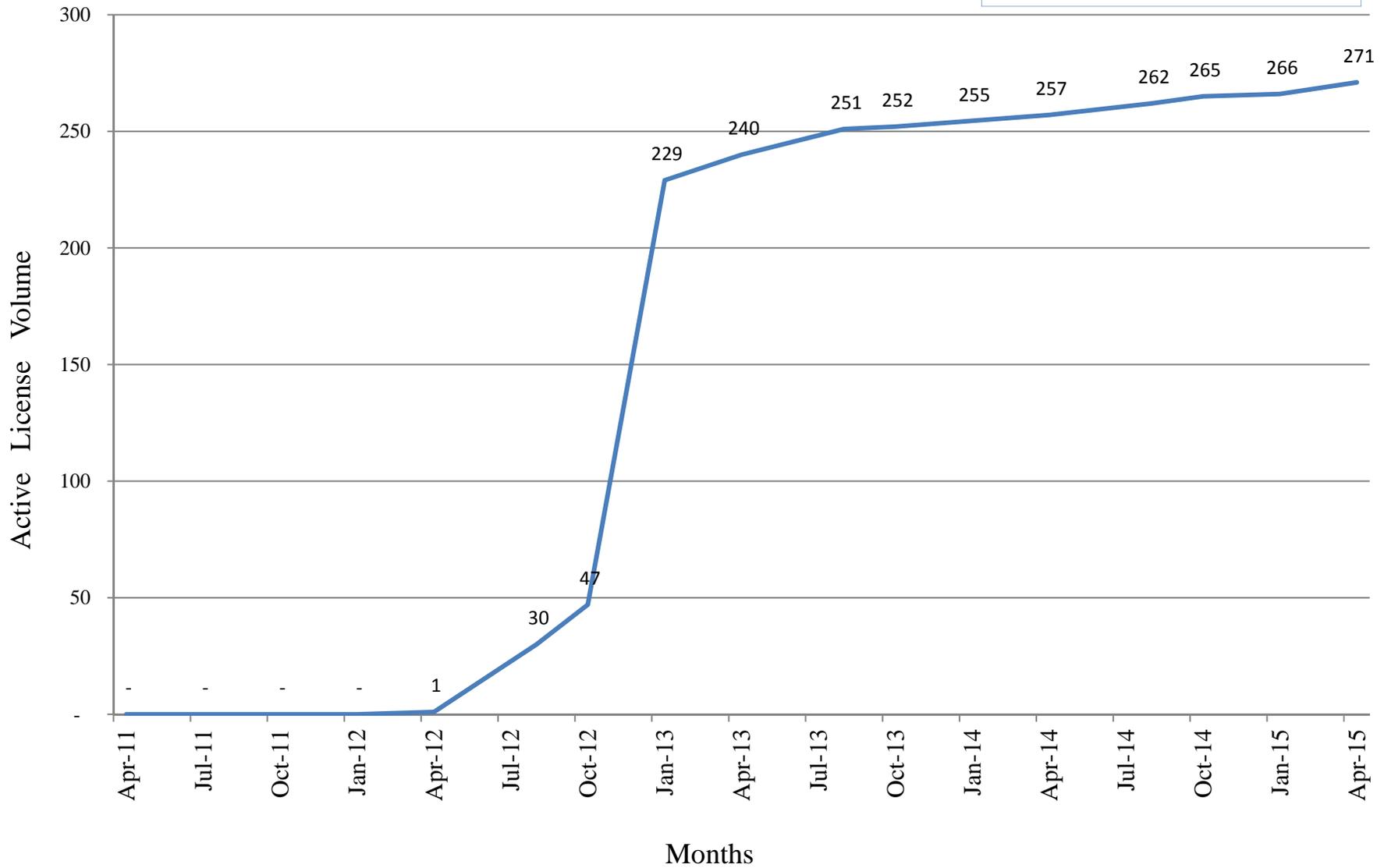
2013 - 2015 Biennium



Active Permanent Polysomnographic Technologists

April 2011 - April 2015

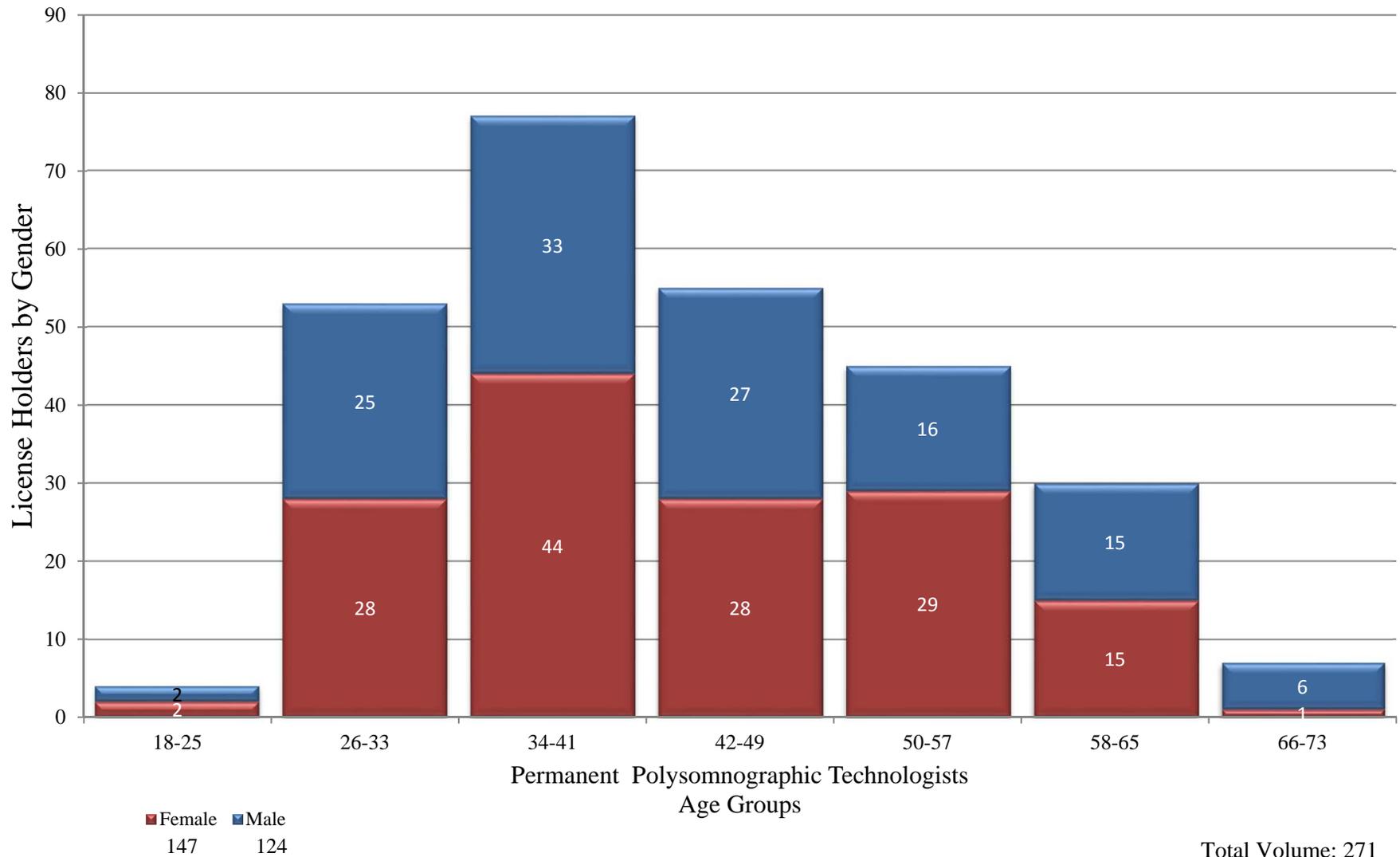
+5.45% change in growth over 1 year



Active Permanent Polysomnographic Technologists

Statistics grouped by Gender and Age Group as of April 17, 2015

2013 - 2015 Biennium



**HEALTH LICENSING OFFICE
Fund 7540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/13 - 04/17/15**

CURRENT

13-15' Beginning Cash Balance	\$ 235,219.62
Revenues	\$ 210,064.29
Expenditures	\$ 232,564.36
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (232,564.36)
Subtotal: Resources Available	\$ 212,719.55
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	\$ 212,719.55

Indirect Charges are calculated using the following rates:

*Based on Licensee Volume as of May 20, 2013

Shared Assessment %	2.70%
Examination %	2.80%
Small Board Qualification %	32.45%
Inspection %	0.00%

**HEALTH LICENSING OFFICE
Fund 7540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/13- 06/30/15**

PROJECTED

13-15' Beginning Cash Balance	\$ 235,219.62
Revenues	\$ 237,674.31
Expenditures	\$ 270,500.68
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (270,500.68)
Subtotal: Resources Available	\$ 202,393.25
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	\$ 202,393.25

Indirect Charges are calculated using the following rates:

*Based on Licensee Volume as of May 20, 2013

Shared Assessment %	2.70%
Examination %	2.80%
Small Board Qualification %	32.45%
Inspection %	0.00%

Policy Report

2015 Legislation

HB 2305

Polysomnography

A-Engrossed
House Bill 2305

Ordered by the House April 2
Including House Amendments dated April 2

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care for Legacy Health)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Permits individuals who complete polysomnographic program that combines education and training program to apply for polysomnographic technologist license.

A BILL FOR AN ACT

1
2 Relating to polysomnographic technologists; amending ORS 688.819.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 688.819 is amended to read:

5 688.819. (1) An applicant for a polysomnographic technologist license shall:

6 (a) Submit to the Health Licensing Office written evidence that the applicant:

7 (A) Is at least 18 years of age;

8 (B) Has completed an approved four-year high school course of study or the equivalent as de-
9 termined by the appropriate educational agency; and

10 (C) Has completed a polysomnography **program that is approved by the Respiratory Thera-**
11 **pist and Polysomnographic Technologist Licensing Board and that is:**

12 (i) **An education program;**

13 (ii) **A [or] training program[,]; or**

14 (iii) **A [a polysomnography] program that combines education and training, including a pro-**
15 **gram that combines education and training to qualify the applicant for a credential specified**
16 **in subsection (4) of this section[, approved by the Respiratory Therapist and Polysomnographic**
17 **Technologist Licensing Board]; and**

18 (b) Pass an examination approved by the board.

19 (2) An applicant meets the requirements of subsection (1)(a)(C) of this section if the applicant
20 provides the office with documentation of military training or experience that the board determines
21 is substantially equivalent to the education or training required by subsection (1)(a)(C) of this sec-
22 tion.

23 (3)(a) **For purposes of this subsection, "education" includes a self-study education pro-**
24 **gram approved by the Board of Registered Polysomnographic Technologists.**

25 (b) **An applicant meets the requirements of subsection (1)(a)(C) of this section if the ap-**
26 **plicant is actively credentialed as a registered polysomnographic technologist by the Board**
27 **of Registered Polysomnographic Technologists and has:**

28 (A) **Passed the registered polysomnographic technologist examination provided by the**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **Board of Registered Polysomnographic Technologists after completing a combined education**
2 **and training program required and approved by the Board of Registered Polysomnographic**
3 **Technologists; or**

4 **(B) Passed the registered polysomnographic technologist examination provided by the**
5 **Board of Registered Polysomnographic Technologists before the Board of Registered Poly-**
6 **somnographic Technologists required an individual to complete a combined education and**
7 **training program in order to take the examination, and has since met the education and**
8 **training requirements established by the Board of Registered Polysomnographic**
9 **Technologists.**

10 [(3)] (4) The office may issue a polysomnographic technologist license by endorsement or
11 reciprocity to:

12 (a) An applicant who is currently licensed to practice polysomnography under the laws of an-
13 other state, territory or country if the qualifications of the applicant are considered by the office
14 to be equivalent to those required in this state; or

15 (b) An applicant holding an active credential approved by the **Respiratory Therapist and**
16 **Polysomnographic Technologist Licensing Board.**

17

HB 2305-A4
(LC 2354)
4/17/15 (SCT/ps)

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2305**

1 On page 1 of the printed A-engrossed bill, line 24, after “Technologists”
2 insert “as of March 1, 2013”.

3 On page 2, line 3, after “Technologists” insert “as of March 1, 2013”.

4 In line 9, after “Technologists” insert “as of March 1, 2013”.

5

**Arterial Line Placement
Venous Cannulation
Discussion**



Issue Response

OREGON HEALTH LICENSING AGENCY

Respiratory Therapy

February 8, 2011

On October 14, 2010, the Oregon Health Licensing Agency (OHLA) received questions regarding arterial and venous cannulation and the possibility for future legislation from Mike Belair, of The Children's Hospital at Legacy Emmanuel and Lisa Spurlock of Asante Health System.

Upon consideration and request by the Respiratory Therapist Licensing Board, OHLA consulted with its General Counsel at the Department of Justice and responded to the following questions:

Issue #1

May ORS 688.800 be interpreted to include, within the respiratory therapy scope of practice, arterial and venous cannulation or intravenous placement, if such cannulation is done with the approval of a medical director, specific training, and a specific process for maintaining and displaying competency?

Answer #1

Under the law, all respiratory care, including arterial and venous cannulation or intravenous placement, requires the prescription of a licensed physician and oversight of a medical director. Under the law, all respiratory care, including arterial and venous cannulation or intravenous placement, requires the same education and training. If an individual has obtained the education and training required for respiratory therapy licensure, that individual may perform any procedure that qualifies as respiratory care. Regarding a licensee's display of competency to practice, the Board requires under rule that each licensee meet continuing education requirements; if those requirements are met it is presumed that the licensee has maintained competency.

Regarding whether cannulation or intravenous placement is within the scope of practice of a respiratory therapist, it appears that if cannulation is being conducted to administer pharmacological agents related to respiratory care procedures it is within that scope of practice.

It also appears that if cannulation is being done by a respiratory therapist for diagnostic or testing techniques related to pulmonary abnormalities, it is within the scope of practice of a respiratory therapist. Note: cannulation done for diagnostic or testing techniques related to cardiac abnormalities is not within the scope of practice of a respiratory therapist (e.g., stress tests).

Issue #2

Possibility of amending text under ORS 688 to include language similar to the state of Washington, regarding insertion of devices to draw, analyze, infuse or monitor pressure in arterial, capillary or venous blood as prescribed or including language under the definitions allowing respiratory therapist to provide intravenous placement in the adult and pediatric population.

Answer #2

The agency in consultation with the board may decide to draft a legislative concept with similar language to state of Washington or amend definitions; however neither the agency nor the board has the authority to enact law. Only a vote of the legislature and signature of the governor can change or add a law.

Important Note: OHLA does not provide personal legal advice to licensees or members of the public. The responses below are specific to only those questions asked. Even slight changes in the scope or content of the question may change the applicability of these responses in a different situation. Please consult your own attorney for legal advice regarding Oregon laws and administrative rules.



HEALTH LICENSING OFFICE

John A. Kitzhaber, M.D., Governor

Oregon
Health
Authority

700 Summer St NE, Suite 320

Salem, OR 97301-1287

Phone: (503)378-8667

Fax: (503)585-9114

<http://www.oregon.gov/OHLA/Pages/index.aspx>

December 16, 2014

Sasheen Pack
Tuality Health
826 NE Birchaire Lane
Hillsboro, OR 97124

Dear Sasheen Pack:

The Health Licensing Office (HLO) appreciates your interest in the Respiratory Therapist and Polysomnographic Technologist Licensing Board (Board) scope of practice.

The questions you have presented to HLO are as follows:

1. Arterial Line placement done by respiratory therapist- Are there restrictions on placing arterial lines in the ICU? The meeting minutes discuss pulmonary and cardiac abnormalities, and according to the minutes, some indications (ex- arterial lines for stress tests) were felt as out of scope of RT practice. What about critically ill patients in the ICU that can have both complications? ICU patients frequently have respiratory failure .Please comment if there was a decision of this differentiation.
2. In reference to venous cannulation, does this include CVC insertion (i.e., right/left Internal jugular/femoral vein)? This practice has been instituted in other hospitals outside of Oregon in placing PICC, IJ, Subclavian, temporary hemodialysis catheter lines (examples of such are Banner Health Arizona, Washington, Colorado, Wisconsin, Texas, Alabama, North Carolina). I am attaching a peer reviewed journal article (Ramirez et al) discussing a " successful RT driven multi-disciplinary vascular access team" placing PICC, CVC, HD Catheters. The authors have concluded that it was a safe and cost effective intervention with very good outcomes. Additionally, I have communicated directly with Chuck Ramirez and updated me that Banner Health program is doing great and has expanded throughout their organization. Additionally, it is my understanding that respiratory therapist are placing umbilical venous central lines and arterial lines at OHSU and Legacy Randall's in Portland.

HLO received your questions on November 24, 2014 related to respiratory therapy and polysomnography. A preliminary review of the question was completed by staff and legal counsel, as a result, the questions will be reviewed at the March 13, 2015 board meeting. Please note that even if the Board provides an interpretation of how its laws apply to a general scope of practice question, HLO and the Board cannot provide you with any legal advice on how you should proceed in your individual situation. If you do not have an attorney, the Oregon State Bar has information on how to hire a lawyer in Oregon at www.osbar.org.

For questions please contact Samie Patnode at samie.patnode@state.or.us or at (503) 373-1917.



Tuality HealthCare

Respiratory Therapy
335 SE 8th Ave
Hillsboro, OR 97123
(503) 681-1026

November 19, 2014

Sasheen R.Pack

Tuality Community Hospital

826 NE Birchaire Lane, Hillsboro, OR 97124

Phone: 503-710-5039, Work: 503-681-1026, Fax: 503-681-1027

Email: sasheen.pack@tuality.org

To: Therapy Respiratory Therapist and Polysomnographic Technologist Licensing Board
Health Licensing Office (HLO)
700 Summer St. NE ,Suite 320
Salem,OR-97301-1287

Dear Board Official,

I am writing the board seeking clarification regarding ORS 688.800. I would like your opinion on a question raised during our critical care committee meeting – “Whether it is within the scope of practice for a licensed respiratory therapist to perform arterial and venous cannulation for inserting arterial and central venous catheters”?

I am the Respiratory Therapy Manager for Tuality Community Hospital. Our department, with the support of our Pulmonary & Critical Care Medical Directors (Dr. Peter Hahn, M.D. and Dr. Srinivas Mummadi, M.D), would like to expand the role of respiratory therapist to include placement of arterial lines in all ICU patients when indicated as well as venous catheter with use of USG (i.e., Central Line insertion Internal Jugular/Femoral Vein) at Tuality Hospital.

After studying the OHLA minutes (February of 2011), it is realized that this question was brought to the board and the board spelt its policy in the form of ORS 688.800. I have been requested by the Critical Care Committee to initiate contact with the board and seek further clarification. Therefore my questions are:

1. Arterial Line placement done by respiratory therapist- Are there restrictions on placing arterial lines in the ICU? The meeting minutes discuss pulmonary and cardiac abnormalities, and according to the minutes, some indications (ex-arterial lines for stress tests) were felt as out of scope of RTpractice. What about critically ill patients in the ICU that can have both complications? . ICU patients frequently have respiratory failure .Please comment if there was a decision of this differentiation.
2. In reference to venous cannulation, does this include CVC insertion (i.e., right/left Internal jugular/femoral vein)? This practice has been instituted in other hospitals

outside of Oregon in placing PICC, IJ, Subclavian, temporary hemodialysis catheter lines (examples of such are Banner Health Arizona, Washington, Colorado, Wisconsin, Texas, Alabama, North Carolina). I am attaching a peer reviewed journal article (Ramirez et al) discussing a " successful RT driven multi-disciplinary vascular access team" placing PICC, CVC, HD Catheters. The authors have concluded that it was a safe and cost effective intervention with very good outcomes. Additionally, I have communicated directly with Chuck Ramirez and updated me that Banner Health program is doing great and has expanded throughout their organization. Additionally, it is my understanding that respiratory therapist are placing umbilical venous central lines and arterial lines at OHSU and Legacy Randall's in Portland.

Respiratory therapists are included in one of the many pathways for a successful certification in vascular access insertion.

Reference – “<http://www.vacert.org>”

I am also including correspondence from our medical directors that outline what they see as the future for respiratory therapy and how we could advance our practice and utility through these advanced skills.

Thank you for taking the time to respond to my questions,
Sasheen R. Pack, BSRC, RRT, AE-C

I have pasted meeting minutes from 2/8/11

– May ORS 688.800 be to include, within the respiratory therapy scope of practice, arterial and venous cannulation or intravenous placement, if such cannulation is done with the approval of a medical director, specific training, and specific process for maintaining competency?

Answer to #1 Under the law, all respiratory care, including arterial and venous cannulation or intravenous placement, requires the prescription of a licensed physician and oversight of the medical director. Under the law, all respiratory care, including arterial and venous cannulation or intravenous placement, requires the same education and training. If an individual has obtained the education and training required for respiratory therapy licensure, that individual may perform any procedure that qualifies as respiratory care. Regarding a licensee's display of competency to practice, the Board requires under rule that each licensee meet continuing education requirements; if those requirements are met it is presumed that the licensee has maintained competency. Regarding whether cannulation or intravenous placement is within the scope of practice of a respiratory therapist, it appears that if cannulation is being conducted to administer pharmacological agents related to respiratory care procedures it is within that scope of practice. It also appears that if cannulation is being done by a respiratory therapist for diagnostic or testing techniques related to pulmonary abnormalities, it is within the scope of practice of a respiratory therapist.

Note: Cannulation done for diagnostic or testing techniques related to cardiac abnormalities is not within the scope of practice of a respiratory therapist (e.g., stress tests).

Discussion: Kromer stated that it is difficult to place a clear distinction between cardio and pulmonary because they are very similar. Nurre stated there is a clear distinction between cardio and pulmonary in the instance where an individual is being treated specifically for a cardiac condition a respiratory therapist would not perform services. Patnode stated the board could address procedures within administrative rule that could allow respiratory therapists to provide services during emergent situations that may encompass both cardio and pulmonary conditions. Patnode presented an additional issue response that stated the following: Issue #2 Possibility of amending text under ORS 688 to include language similar to the state of Washington, regarding insertion of devices to draw, analyze, infuse or monitor pressure in arterial, capillary or venous blood as prescribed or including language under the definitions allowing respiratory therapist to provide intravenous placement in the adult and pediatric population.

Response The agency in consultation with the board may decide to draft a legislative concept with similar language to state of Washington or amend definitions; however neither the agency nor the board has the authority to enact law. Only a vote of the legislature and signature of the governor can change or add a law. Art Line Placement for Drawing Blood & Blood Pressure Monitoring Issue Response Patnode presented an issue response which stated the following: On August 25, 2010, the OHLA received questions regarding arterial line insertion for blood draws and blood pressure monitoring from Bill Morgan of Providence Hospital, Medford, Oregon. Upon consideration and request by the Respiratory Therapist Licensing Board, OHLA consulted with its General Counsel at the Department of Justice and responded to the following questions: Issue #3 May ORS 688.800 be interpreted to include, within the respiratory therapy scope of practice, arterial line insertion for blood draws and blood pressure monitoring?

Response It appears that if arterial line insertion for blood draws and blood pressure monitoring are being done by a respiratory therapist for diagnostic or testing techniques related to pulmonary abnormalities, it is within the scope of practice of a respiratory therapist. Note: Arterial line insertion done for diagnostic or testing techniques related to cardiac abnormalities is not within the scope of practice of a respiratory therapist (e.g., stress tests).

Discussion: Nurre stated an individual could make the argument that any situation may relate to pulmonary abnormalities. Nurre stated depending on who is interpreting the issue response, it

could potentially limit whether a respiratory therapist could place an arterial line insertion if the primary condition is not related to a pulmonary abnormality. Barclay posed the question whether a respiratory therapist would ever need to place an arterial line insertion for an individual that is not experiencing both pulmonary issues as well as cardiac issues. Members of the board agreed that the circumstance would be extremely rare. Patnode is going to ask the AAG if it is possible to combine the issue responses regarding “Arterial & Venous Cannulation & Intravenous Line Insertion” and “Art line Placement for Drawing Blood & Blood Pressure Monitoring.” Kromer suggested seeking advice from an expert such as a pulmonologist regarding how to differentiate between cardiac and pulmonary abnormalities. Barclay suggested reviewing the definition of a respiratory therapist. Olsen noted pursuant to ORS 688.800 respiratory care services means cardio-pulmonary care services. Patnode stated it is necessary to evaluate the definitions of “respiratory care” and “respiratory care services.” Patnode clarified it is possible to review the current statute in order to make legislative changes in 2013, and stated the Legislation and Rules Committee will need to meet in order to research other state’s licensing requirements, research what the NBRC requires as an overarching entity, meet with other professions, and discuss emergency procedures.



Tuality Pulmonary and Sleep Medicine
Specialists in Lung Disease, Interventional Pulmonology, Critical Care, and Sleep Medicine

Peter Y. Hahn, MD, FCCP, FAASM
Srinivas Mummadi, MD
Stephanie Bedolla, NP

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Hillsboro, OR 97123
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To,

Respiratory Therapist & Polysomnographic Technologist Licensing Board, Oregon.

Subject- Requesting clarification on a cooperative MD-Respiratory Therapy central vein/ arterial line insertion program.

Dear Board Official,

We would like to initiate a vascular access team comprising a cooperative MD-RT model for our critical care program. To this effect, we plan to train our respiratory therapists in inserting arterial lines (radial, brachial & dorsalis pedis) as well as ultrasound directed central line insertion (Internal Jugular Vein). The need for such a program is perceived in the Intensive Care Unit patients who are critically ill. ICU patients typically have multiple organ failure including respiratory failure. Having an arterial & central venous catheter facilitates monitoring of the respiratory failure (Arterial blood gases, mixed venous monitoring etc).

We have read with interest the published experience of Respiratory therapists in other states (Evaluation of Respiratory Care Practitioner Central Venous Catheter Insertion Program, Journal of Vascular Access, Volume 15, No 4, Pages 207-211, Ramirez et al). Such a cooperative program has been found to be safe and cost effective.

We have also read your esteemed opinion on this (ORS 688.800) and would like your advice on the scope of RT involvement in a program to insert arterial and venous catheters in adult critically ill patients with respiratory failure (Pediatric RT's have been inserting Umbilical arterial and venous lines in the State of Oregon).

It is a program visualized to be run under the supervision of a medical director. It is planned to have several phases (education, simulation, preceptorship and competency measurement) in such a program.

Thanking you,

Sincerely,

Srinivas R Mummadi, MD & Peter Y Hahn, MD

Director Respiratory Therapy, Critical Care Unit,

Pulmonary and Critical Care Medicine

Tuality Healthcare

Hillsboro, OR-97123

Srinivas.Mummadi@tuality.org; Peter.Hahn@Tuality.org , P- 503-681-4139 , F- 503-681-4066

2015 NBRC Examination Changes

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**Respiratory Therapist Licenses
Issued by Reciprocity from
January 1, 2013 to April 14, 2015**

~

**252 RT's licensed by credential
126 licensed by reciprocity**

ReciprocityEntity	Count	% of reciprocity	% of total issued
CA	34	27.0%	8.7%
WA	16	12.7%	4.1%
AZ	13	10.3%	3.3%
ID	10	7.9%	2.6%
MO	7	5.6%	1.8%
TX	5	4.0%	1.3%

Oregon Health Authority

Health Evidence Review Commission

~

Coverage Guidance Sleep Apnea

Health Policy & Research

~

Student Clinical Training Review

April 16, 2015

April 23, 2015

Regulatory Report

Health Licensing Office



700 Summer St. NE, Suite 320
Salem, OR 97301-1287
Phone: (503) 378-8667
Fax: (503) 370-9004
Web: www.oregon.gov/oha/hlo
E-mail: hlo.info@state.or.us

Respiratory Therapist and Polysomnographic Technologist Licensing Board

May 1, 2015

2011 - 2013 Biennium

Between July 1, 2011 and June 30, 2013, 8 complaints were received by the Office. Total open 0. Total closed 8.

ANONYMOUS	CLIENT	OTHER
1	0	7

2013 - 2015 Biennium

Between July 1, 2013 and March 31, 2015, 13 complaints were received by the Office. Total open 8. Total closed 5.

ANONYMOUS	CLIENT	OTHER
1	1	11

Other: Mandatory Reporter
Internal
Public

Interested Parties Feedback

890 Oak Street SE, Bldg. A
Salem, Oregon 97309-5014

March 9, 2015

Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
700 Summer St. NE, Suite 320
Salem, OR 97301-1287

Dear Members of the Board:

I am writing this letter to urge you to make the Registered Respiratory Therapist (RRT) credential the minimum accepted credential for obtaining a respiratory license in the state of Oregon. As defined by **ORS 688.815 (1.C.b)**; *Pass an examination approved by the board.* While removing CRT from **ORS 688.815 (3.b)**; *which refers to the National Board for Respiratory Care's (NBRC) conferred credentials.*

Due to the ever changing paradigm in healthcare, all respiratory therapists students who graduate from a current Commission on Accreditation for Respiratory Care (CoARC) respiratory therapy program must be have completed their education based on the NBRC's RRT matrix.

The profession of respiratory care is evolving to provide a higher and better educated therapist. As such, the RRT credential is paramount to reaching this goal.

Sincerely,

Bill Cohagen RRT, MHA, FAARC

Bill Cohagen RRT, MHA, FAARC
Manager of Respiratory Care Services
Salem Hospital

MAR 16 2015

March 9, 2015

Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
700 Summer St. NE, Suite 320
Salem, OR 97301-1287

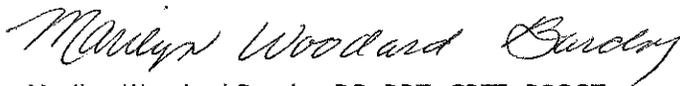
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The profession of respiratory care is evolving to provide a higher and better educated therapist. As such, the RRT credential is paramount to reaching this goal.

Sincerely,



Marilyn Woodard Barclay BS, RRT, CPFT, RPSGT

Oregon Revised Statutes

688.815 License to practice respiratory care; examination; license by endorsement or reciprocity. (1) An applicant for a license to practice respiratory care shall:

(a) Submit to the Health Licensing Office written evidence that the applicant:

(A) Is at least 18 years of age;

(B) Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency; and

(C) Has completed a respiratory care education program approved by the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education or their successors or equivalent organizations, as approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board; and

(b) Pass an examination approved by the board.

(2) An applicant meets the requirements of subsection (1)(a)(C) of this section if the applicant provides the office with documentation of military training or experience that the board determines is substantially equivalent to the education required by subsection (1)(a)(C) of this section.

(3) The office may issue a license to practice respiratory care by endorsement or reciprocity to:

(a) An applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are considered by the office to be equivalent to those required in this state; or

(b) An applicant holding an active credential conferred by the National Board for Respiratory Care as a Certified Respiratory Therapist (CRT) or as a Registered Respiratory Therapist (RRT), or both. [1997 c.792 §6; 2001 c.40 §1; 2003 c.547 §32; 2005 c.21 §9; 2005 c.648 §43; 2009 c.701 §27; 2011 c.715 §4; 2012 c.43 §20; 2013 c.314 §31; 2013 c.568 §69]

Oregon Administrative Rule

331-710-0010

Application Requirements for a Respiratory Therapist License

An individual applying for licensure to practice respiratory care must:

(1) Meet the requirements of OAR 331 division 30.

(2) Submit a completed application form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.

(3) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or military/government identification;

- (5) Submit proof of having a high school diploma or equivalent; and
- (6) Submit current certification in cardiopulmonary resuscitation from an Agency approved provider; and
- (7) Submit documentation of qualification for licensure through one of the following pathways:

(a)(A) License Pathway One — National Credentialing: An applicant for licensure through national credentialing must submit:

(B) An official documentation demonstrating that the applicant has successfully passed the Board approved examination listed under OAR 331-712-0000, within two years before the date of application. The documentation of a passing score must be mailed by the organization to the Agency. Copies of examination results or other documentation provided by the applicant are not acceptable.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

(b) License Pathway Two — Reciprocity. An applicant for licensure through reciprocity must submit:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a respiratory therapist, including an affidavit of licensure demonstrating proof of a current respiratory therapist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon respiratory therapist licensure;

(B) Official documentation demonstrating that the applicant has successfully passed the Board approved examination listed under OAR 331-712-0000. The documentation of a passing score must be mailed by the organization to the Agency. Copies of examination results or other documentation provided by the applicant are not acceptable.

NOTE: The applicant is responsible for payment of any service fee the originating jurisdiction may assess for producing the Affidavit of Licensure.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05; HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-712-0000

Respiratory Care Approved Examination

The Board has selected the CRT or RRT examination administered by the NBRC as its minimal qualifying examination for licensure. Individual applicants are responsible for payment of all NBRC application, examination, national certification or other fees directly to NBRC.

NOTE: An applicant is responsible for direct payment to the NBRC of all application, examination, national certification or other fees associated with the NBRC.

Stat. Auth.: ORS 676.607, 676.615, 688.830, OL 2011, Ch. 715

Stats. Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830,
688.834, 688.836, OL 2011, Ch. 715

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Non- Public Session

**Pursuant to ORS 192.690(1) for the
purpose of deliberation contested cases**

Other Board Business

