



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.