



Practice Clarification

OREGON HEALTH LICENSING AGENCY

Polysomnography

August 27, 2013

On August 27, 2013, the Oregon Health Licensing Agency (Agency) received the following question regarding licensed respiratory therapists from Trevor Douglas. Based on previous legal advice and board approval received for similar questions, the agency responded to the inquiry prior to specific board approval.

Question 1:

Can a RT independently practice?

Answer 1:

No, not according to ORS 688.805(5).

Question 2:

Can a RT operate an independent practice?

Answer 2:

Likely not. Given the scope of practice defined in ORS 688 it would appear difficult for a respiratory care practitioner to operate an independent practice. ORS 688.805(5) requires respiratory care to be under a qualified medical director for respiratory care defined under ORS 688.800(4) which must be physician under ORS chapter 677 who has special interest and knowledge in the diagnosis and treatment of respiratory problems.

The law also states under ORS 688.805(5) that the practice of respiratory care is required to be performed in accordance with the prescription or verbal order of a physician and shall be performed under a qualified medical director for respiratory care.

Question 3:

Can they bill payors?

Answer 3:

Maybe. ORS 688 does not preclude a respiratory care practitioner from billing payors for services performed.

Under ORS 688.800(5) “Respiratory care” means the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. “Respiratory care” includes, but is not limited to:

- (a) Direct and indirect respiratory care services, including but not limited to the administration of pharmacological, diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician;
- (b) Transcription and implementation of the written or verbal orders of a physician pertaining to the practice of respiratory care;
- (c) Observing and monitoring signs and symptoms, reactions, general behaviors, general physical responses to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, general behaviors or general physical responses exhibit abnormal characteristics;
- (d) Implementation based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state; and
- (e) The initiation of emergency procedures under the rules of the board or as otherwise permitted under ORS 688.800 to 688.840.

Paragraphs (a) and (d) explicitly require that a physician (paragraph (a)) or a “person authorized to practice medicine” (paragraph (d)) prescribe treatment. Paragraph (b) entails the simple transcription of physicians’ orders pertaining to respiratory care.

Important Note: The Agency 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.