



# Legislative Background Brief

for the  
Economic Affairs Interim Committee

Updated October 2013

## Board of Respiratory Care Practitioners

Prepared by Pat Murdo, Legislative Research Analyst, with help from the Business Standards Division

**Board = 5 members** (term expiration in parentheses)

<b>Respiratory care practitioners = 3</b> Leonard Bates, Wolf Creek (1/1/2017) Thomas Fallang, Butte (1/1/2015) Tony Jay Miller, Joplin (1/1/2017)	<b>Respiratory care practitioner specializing in pulmonary functions or sleep studies = 1</b> Rusty Davies, Billings (1/1/2017)
	<b>Public member = 1</b> Maria Clemons, Libby (1/1/2017)

<b>Number of Licensees</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY2012</b>
- Total	542	544	594	555

Licensing Fees (since 2007)

Application fee .....	\$50	License fee .....	\$50
Annual renewal fee .....	\$75	Inactive license fee .....	\$50

### Revenues FY2009-FY2012 and Expenditures for FY 2009-2012

	Revenues		Expenditures	
	Licensing	Other	Personal Services	Operating
FY 2009	\$48,466		\$28,942	
FY 2010	\$47,042		\$32,600	
FY 2011	\$7,519		\$34,473	
FY 2012	\$47,070		\$48,187	
FY 2015 biennium*	--		\$94,762	

\*Appropriation Authority In House Bill 2

Expenditures, FY 2012	Direct	Indirect			
		Admin	Div. IT/Bureau	Compliance	Bureau
Personal Services, incl. per diem	\$23,251	\$5,240	\$1,078	\$440	\$1,022

Operating Expenses		
Consulting, Printing, IT, Other	\$3,775	\$1,028
Supplies, incl. Computer	\$894	\$282
Postage, mailing, IT network, voice services	\$803	\$389
Travel/Per Diem for Board Members	\$2,701	
Rent and other expenses*	\$2,411	\$3,525
Legal and hearings	\$1,349	
Total (may be affected by rounding)	\$35,184	\$13,004

\*Includes sq. footage rent of \$1,172, computer/office equipment repair of \$41, dues, education & training, and fee collection expense of \$1,197 for direct expenses and pro-rated meeting rooms and computer/office equipment of \$7, DLI OIT expense of \$1,177, and indirect agency of \$2,341 for indirect expenses.

### Number of Complaints

FY 09 ..... 5  
 FY 10 ..... 2  
 FY 11 ..... 3  
 FY 12 ..... 1

### Disciplinary Action (may be from other years)

Dismissed 2, Investigations 3  
 Dismissed 5, Investigations 3  
 Revoked 1, Dismissed 3, Investigations 3  
 Dismissed 1

### Scope of Practice

*Respiratory care* is defined in 37-28-102, MCA, as "the care provided by a member of the allied health profession responsible for the treatment, management, diagnostic testing, and control of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes but is not limited to: (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures that are necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; (ii) transcription and implementation of the written or verbal orders of a physician regarding the practice of respiratory care; (iii) observation and monitoring of a patient's signs and symptoms, general behavior, and physical response to respiratory care treatment and diagnostic testing, including determination of abnormal characteristics; (iv) implementation of respiratory care protocols pursuant to a prescription by a physician; and (v) initiation of emergency procedures prescribed by board rules". The statute further states that respiratory care includes inhalation and respiratory therapy, must be performed under a physician's order and qualified medical direction, but is not limited to a hospital setting.

### 2013 Legislation Impacting Board or Profession

- Possibly SB 183 and its counterpart, HB 259, regarding recognition of military training by professional and occupational licensing boards.

### Summary of Responses from Survey as made through June 3, 2013:

*# of Responses from Board of Respiratory Care Practitioners licensees* -- 16

Comments summarized separately. *Main compliment:* Ability to monitor on behalf of licensees. *Main complaint:* Licensing fees too high. *Key comment on importance:* public safety from unlicensed practice. *Public response:* All respondents saw public health, welfare, safety benefit.

**Responses to Survey - Board of Respiratory Care Practitioners**

Total responses: 16 (of which 1 out-of-state)

<b>Highest Compliment</b>	<i>Ability to monitor on behalf of licensees</i> - 8 <i>Ability to keep profession from criticism because of bad actors</i> - 1 <i>Other:</i> - 0				<i>Ability to streamline Continuing Ed</i> - 2 <i>None</i> - 5
<b>Biggest Complaint</b>	<i>Licensing fees too high</i> - 6 <i>Licensing renewal timelines too strict</i> - 0 <i>Other:</i> - 0	<i>Lack of Information</i> - 1	<i>Board's response to unlicensed practice</i> - 2 <i>Regulations too strict</i> - 0 <i>None</i> - 6		
<b>Other reasons the board is important:</b> - Would you want a nonlicensed caregiver taking care of you or your family members in any healthcare setting? Would you want a licensed professional running a vent or some person off the street who claims they can do it? -- Unlicensed healthcare individuals should not be permitted to practice period. -- To keep the practice professional and safe from unsafe practitioners and practices. -- I imagine the revenue stream created by these boards would be vital to the state . With that said as a Respiratory Therapist we are already watched over by the National Board of Respiratory Care .					
<i>Public Health</i> - 2	<i>Public Welfare</i> - 2	<i>Public Safety</i> - 4	<i>None of these-</i>	<i>All or combination</i> - 6	
<b>Scope of Practice:</b>	<i>Too Narrow</i> - 5	<i>Too Broad</i> - 0		<i>Just Right</i> - 9	
<b>Problems with own or other professions' scope of practice</b> - None with own profession = 13. Problem with Board of Nursing - 2 -- <b>Comment regarding just right scope:</b> I'm able to administer dobutamine, atropine and metoprolol for cardiac stress tests. I'm able to be nursery nurse in delivery and administer the vaccinations, and Vit K for newborns. I'm able to run a ventilator and set up patients on Bipap and CPAP. I can stay challenged and learn new things all the time. Nursing balked very heavily at our being able to do the cardiac meds. -- <b>Comments regarding too narrow a scope:</b> -- As a respiratory therapist, often what we can do, and what we are allowed to do, are two different things. It would be nicer to have more freedom in practice per regulations than we have now, and could weed out nonprofessionals and companies that hire nonprofessionals to do our job, usually just to increase profits. -- Well, I don't find that our bylaws are simplistic enough to follow. I feel that we are a well-versed, well-educated and definitely equally educated as RN's; however, because they are a larger demographic, they have more pull, etc....even in our area of expertise. -- Our profession comes under fire by other boards for their own purposes not for the safety and ability of a particular profession. The Board of Nursing is great at limiting other professions through legislation for the safety of their own, not for the safety and care of the patients.					
<b>What laws/regulations have caused the most problems?</b> None = Allowing nonregistered techs/therapist to continue to practice without earning the proper credentials. -- Pulmonary Function Testing.					
<b>Consumer complaint filed?</b>	No = 14 Yes = 1 Board was effective = 1 (regarding nonlicensed person providing testing in violation of state law)				
<b>Nonlicensee comments</b>	Saying Board of Respiratory Care Practitioners: Necessary for Public Health - 214, Public Safety - 131, Public Welfare -116. Of 1346 respondents some marked all or a combination.				

as of June 2013: