

Notice of Agency Rule-making Proposal

AGENCY: Department of Professional and Financial Regulation, Office of Licensing and Registration, Board of Respiratory Care Practitioners

CHAPTER NUMBER AND TITLE:

- Chapter 1.....Definitions (amended)
- Chapter 2.....Advisory Rulings (amended)
- Chapter 3.....Licensing Requirements for Respiratory Care Practitioners (amended)
- Chapter 4.....Continuing Education Requirements for Respiratory Care Practitioner License
Renewal (repealed)
- Chapter 5.....Enforcement and Disciplinary Procedures (repealed)
- Chapter 6.....Code of Ethics (amended)
- Chapter 7.....Misconduct (amended)

PROPOSED RULE NUMBER (*leave blank; assigned by Secretary of State*):

CONTACT PERSON FOR THIS FILING: Geraldine L. Betts, Board Administrator, 35 State House Station, Augusta, ME 04333, tel.: (207) 624-8625, email: geraldine.l.betts@maine.gov

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different):

PUBLIC HEARING (if any): December 13, 2010, 1:00 p.m., Department of Professional and Financial Regulation, 76 Northern Avenue, Gardiner, Maine

COMMENT DEADLINE: December 23, 2010

BRIEF *SUMMARY: The proposed rules: (a) eliminate the requirement of continuing education as a prerequisite to license renewal; (b) reflect the change in license term from biennial to annual; (c) define direct supervision of a temporary licensee to mean that the temporary licensee is able to immediately communicate with a supervising respiratory care practitioner; (d) eliminate obsolete or unnecessary material; and (e) make various changes to licensure standards and procedures, the code of ethics, and misconduct provisions. The proposed rules may be downloaded from www.maine.gov/professionallicensing. The statement of impact on small business required by 5 MRSA §8052(5-A) may be obtained from the agency contact person.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): None

STATUTORY AUTHORITY FOR THIS RULE: 5 MRSA §§ 8051 and 9001; 32 MRSA §§9704(2) and 9707-A.

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different):

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: jeffrey.m.frankel@maine.gov

* Check one of the following two boxes.

- The above summary is for use in both the newspaper and website notices.
 - The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.
-

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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Notice of Agency Rule-making Proposal

DETAILED BASIS STATEMENT / SUMMARY: The proposed rules: (a) eliminate the requirement of continuing education as a prerequisite to license renewal (Ch 4); (b) reflect the change in license term from biennial to annual (Ch 3); (c) define direct supervision of a temporary licensee to mean that the temporary licensee is able to immediately communicate with a supervising respiratory care practitioner; (Ch 1); (d) clarify that an applicant may be licensed as a respiratory care practitioner through completion of an accredited education program and examination without need of credentialing by NBRC (Ch 3); (e) expressly prohibit practice until a license has been issued; (f) provide that passing examination scores will generally be recognized for no more than one year after issuance (Ch 3); (g) revise and update the application process (Ch 3); (h) change the term of the temporary license from one year, as currently specified in law, to “the period of time allowed by law,” in light of a legislative proposal to reduce the term of the temporary license from one year to 90 days; provide that the trainee license expires upon graduation, as opposed to 30 days after graduation (Ch 3); (i) correct the degree of supervision required for trainee licensees from “direct supervision” to the statutory standard of “on-site supervision” (Ch 3); (j) update the Code of Ethics (Ch 6); (k) delete examples of misconduct that are already prohibited by law (Ch 7); (l) revise the procedures for issuance of advisory rulings (Ch 2); and (m) eliminate obsolete or unnecessary material (Ch 2 & 5). The proposed rules may be downloaded from www.maine.gov/professionallicensing. The statement of impact on small business required by 5 MRSA §8052(5-A) may be obtained from the agency contact person.

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 1: DEFINITIONS

Summary: This ~~Chapter~~ chapter defines certain professional terms used throughout the ~~Board's~~ board's rules.

1. COARC. "COARC" means the ~~Committee~~ Commission on Accreditation for Respiratory Care.
2. ~~CRCE. "CRCE" means continuing respiratory care education.~~ [deleted]
3. ~~CRCE cycle. "CRCE cycle" means the time period during which licensees must earn the required number of CRCE credit hours in order to renew licensure.~~ [deleted]
4. ~~CRCE packet. "CRCE packet" means the packet which consist of forms used by licensees to maintain CRCE records and to report same to the Board.~~ [deleted]
5. ~~Credit contact hour. "Credit contact hour" means a minimum of fifty (50) minutes.~~ [deleted]
6. Direct supervision. "Direct supervision" means that a licensed Respiratory Care Practitioner is in the presence of the trainee at all times when care is provided a temporary licensee is able to immediately communicate with a respiratory care practitioner who has supervisory authority over the temporary licensee whenever the temporary licensee engages in the practice of respiratory care .
7. Initial and follow-up instruction and patient evaluation in a non-hospital setting. "Initial and follow-up instruction and patient evaluation in a non-hospital setting" includes any explanation, and/or teaching regarding the use of equipment prescribed for a therapeutic purpose as it relates to an individual's clinical condition. It does not include delivery of any equipment prescribed for the patient, set up of the equipment, or explanation of the mechanical workings of the equipment.
8. ~~N:B:R:C.~~ "N:B:R:C:" means the National Board of Respiratory Care.
9. ~~Professionals. "Professionals" means those persons required to be licensed as Respiratory Care Practitioners under Title 32, Chapter 97.~~ [deleted]

10. ~~Sponsoring agency. "Sponsoring agency" means any hospital, clinic or other health care facility, or any association, society or professional group that sponsors continuing respiratory care education programs.~~[deleted]
11. ~~Supervision. "Supervision" means that a licensed Respiratory Care Practitioner is on-site and accessible.~~[deleted]

STATUTORY AUTHORITY: 32 MRSA §§9704 (2) and 9707-A

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 2: GENERAL PROVISIONS ADVISORY RULINGS

Summary: This ~~Chapter contains provisions describing the conduct of meetings and hearings, advisory rulings by the Board, and record keeping~~ chapter sets forth procedures for the issuance of advisory rulings by the board.

1. Meetings:~~[deleted]~~

~~Meetings shall be scheduled to allow sufficient time for advertising notice of the meetings. Any member unable to attend a scheduled meeting must contact the Board Chairperson or the Board's office as soon as possible. Any member of the public may attend Board meetings but may not participate in Board proceedings, unless appearing on the agenda.~~

2. Agendas:~~[deleted]~~

~~The department designee in conjunction with the Board Chairperson shall prepare Board meeting agendas. The agenda shall include all business items requested by members of the Board. Business not included on the agenda may be considered following an affirmative vote of a majority of the Board members present. A meeting notice shall be sent to all members of the Board at least ten (10) days prior to the meeting date. Upon request, meeting notices shall be sent to others who have asked to receive notice of Board meetings.~~

3. Records:~~[deleted]~~

~~The Department shall maintain a record of all business conducted by the Board and shall preserve, subject to the provisions of 5 MRSA Chapter 6, all books, documents and papers entrusted to its care. Records shall be open to public inspection as set forth in the Freedom of Access law, 1 MRSA §401 *et seq.* Delays in making records available for inspection may be caused by action taken to preserve the security of records, to obtain legal advice, or to prevent the disruption of regular business activities. For these reasons it is recommended that written requests be submitted at least three (3) business days in advance of the anticipated inspection. Access to written communication with the Department of the Attorney General, criminal history records, materials relating to license examinations, pending complaints, and other records may be restricted subject to the Freedom of Access law.~~

4. Advisory Rulings.

A. Authority and Scope. The ~~Board~~board, ~~at-in~~ its discretion, may issue an advisory ~~rulings~~ruling concerning the applicability of any statute or rule that it administers to an existing factual situation. Each request for an advisory ruling shall will be reviewed to determine whether an advisory ruling is appropriate. The ~~Board~~board may decline to issue an advisory ruling when the question is hypothetical, there is insufficient experience upon which to base a ruling, or for any other reason the ~~Board~~board deems proper. ~~An advisory ruling is not legally binding upon the Board.~~

B. Submission.

Requests for advisory rulings ~~shall~~must be in writing and ~~shall~~must set forth in detail all facts pertinent to the question. The ~~Board~~board may require additional information as necessary to complete a factual background for its ruling.

C. Acknowledgment.

~~All requests~~A request for an advisory ~~rulings~~ruling shall will be acknowledged by the ~~Board~~board within fifteen (15) days of ~~its~~ receipt. Within sixty (60) days of acknowledgment, the ~~Board~~board shall will state whether it will issue a ruling will be given. Alternatively, the ~~Board~~board may request additional information which is in order necessary to determine whether an advisory ruling is appropriate.

D. Rulings.

All advisory rulings ~~shall~~will be in issued in writing and ~~shall~~will include a statement of the facts or assumptions, or both, upon which the ruling is based. The statement ~~shall~~will be sufficiently detailed to allow one to understand the basis of the opinion without reference to other documents. Advisory rulings ~~shall~~will be signed by the ~~Chairperson~~chair of the ~~Board~~board and ~~shall~~will be numbered serially in an appropriate manner.

E. Disposition.

Each completed advisory ruling will be mailed to the requesting party and a copy will be kept by the ~~Board~~board in a file or binder established for this purpose. All ~~completed~~ advisory rulings are public documents ~~and shall be available for public inspection during regular business hours~~. In addition, the ~~Board~~board may otherwise publish or circulate any advisory ruling as it deems appropriate.

~~45. Adjudicatory Hearings.~~[deleted]

~~Adjudicatory hearings shall be conducted in accordance with the requirements of the Maine Administrative Procedure Act, 5 MRSA §9051, et seq.~~

STATUTORY AUTHORITY: 5 MRSA §§8051 and 9001

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
 343 BOARD OF RESPIRATORY CARE PRACTITIONERS
 Chapter 3: LICENSE REQUIREMENTS FOR RESPIRATORY CARE PRACTITIONERS

Summary: This ~~Chapter~~chapter defines and describes eligibility requirements for Respiratory Therapists, Respiratory Care Technicians, temporary licensees and trainees. This chapter also sets forth license renewal procedures for Respiratory Therapists and Respiratory Care Technicians

1. Requirements for Licensure as a Respiratory ~~Therapists and~~Therapist or Respiratory Care ~~Technicians~~Technician.
 - A. An individual may not practice as a Respiratory Care Practitioner until a license has been issued by the ~~Board~~board, except as ~~provided under Title~~permitted by 32 MRSA ~~Section §~~9706-A.
 - B. An applicant for licensure shall file a complete application on a form prescribed by the ~~Board~~board with the appropriate fee and such additional information as the board may require.
 - C. The completed application packet shall include the following applicant shall include the items listed below with the application. The application will not be acted upon until all items have been received:
 1. ~~Two (2) reference letters: One reference letter shall attest to the applicant's ethical professional practice; the second letter shall be from a Respiratory Care Practitioner or a health care practitioner who is familiar with the applicant's practice as a Respiratory Care Practitioner; [deleted]~~
 2. ~~An official confirmation that verifies adequate credentials from the NBRC. The applicant is responsible for authorizing the NBRC to provide such confirmation and for paying whatever fees may be required by the NBRC~~For persons applying for licensure as a respiratory therapist:
 - (a) Proof of current credentialing by NBRC as a registered respiratory therapist;

OR

(b) An official academic transcript demonstrating completion of an educational program for respiratory therapists which is accredited by COARC or its predecessor accrediting body;

3. For persons applying for licensure as a respiratory care technician:

a. Proof of current credentialing by NBRC as a certified respiratory therapy technician;

OR

b. An official academic transcript demonstrating completion of an educational program for respiratory therapists or respiratory care technicians which is accredited by COARC or its predecessor accrediting body;

34. ~~An official~~Official verification of licensure in each state in which the applicant ~~has at any time~~ held a ~~Respiratory Care Practitioner~~ license ~~to practice respiratory care at any level~~; and

45. ~~A-The non-refundable~~ application fee and license fee ~~specified in Chapter 10, Section 5(36) of the rules of the Office of Licensing and Registration, entitled "Establishment of License Fees."~~

D. Examination

1. To be eligible for licensure as a ~~Respiratory Therapists~~ Therapist, an applicant who qualifies for licensure under Section 1(C)(2)(b) of this chapter (graduation from accredited program) ~~shall~~ must pass the NBRC advanced practitioner examination, ~~or its equivalent as determined by the Board.~~

2. To be eligible for licensure as a ~~Respiratory Care Technicians~~ Technician, an applicant who qualifies for licensure under Section 1(C)(3)(b) of this chapter (graduation from accredited program) ~~shall~~ must pass the NBRC entry-level examination, ~~or its equivalent as determined by the Board.~~

3. An individual who holds a valid NBRC credential as a CRT or RRT shall be required to retake the entry-level CRT examination administered by the NBRC, or meet at least one of the following requirements:

a. Has been employed as a Respiratory Care Practitioner for at least six (6) months within the immediate three (3) years of the date the Board received the application; or

- ~~b. Holds a current and valid respiratory care license, registration, or its equivalent in another state at the time of application.[deleted]~~
- 4. Examination scores will be recognized for licensure purposes for no more than one year after the date of issuance plus any additional time attributable to the applicant's active duty military service as described in 37-B MRSA §390-A.

2. Requirements for a Temporary License

- ~~A. An application for a temporary license may be filed upon graduating from an accredited COARC educational program. The following constitutes a completed application packet[deleted]~~
- B. An individual may not practice as a temporary licensee until a license has been issued by the board.
- C. An applicant for a temporary license shall file a complete application on a form prescribed by the board and such additional information as the board may require.
- D. The applicant shall include the items listed below with the application. The application will not be acted upon until all items have been received.
 - ~~1. Completed application and fee;[deleted]~~
 - ~~2. Professional reference letter from a Respiratory Care Practitioner who has direct knowledge of the applicant's practice as a respiratory therapy student clinician and/or a student trainee;[deleted]~~
 - ~~3. Board prescribed~~A supervisor's affidavit, on a form prescribed by the board, verifying the trainee's employment and the supervisor responsible for supervising the trainee at from each proposed place of employment;
and
 - 4. An official transcript or diploma verifying graduation from an educational program for respiratory therapists or respiratory therapy technicians; or on a temporary basis, the Board may accept a letter from the Director of the educational program on official school stationery. An applicant shall submit the official school transcript or diploma within sixty (60) days from the date the Board receives the temporary educational verification. An official academic transcript demonstrating completion of an educational program for respiratory therapists or respiratory care technicians which is accredited by COARC or its predecessor accrediting body. If a transcript is not available at time of application, the applicant may submit a diploma, or a letter of completion from an authorized

official on official school stationery, provided that the applicant submits the transcript within the 60 days following submission of the diploma or letter; and

5. The application fee and license fee specified in Chapter 10, Section 5(36) of the rules of the Office of Licensing and Registration, entitled “Establishment of License Fees.”

~~BE.~~ The term of the temporary license shall be for one year, beginning the date of issuance. The temporary license shall be issued for the period of time allowed by law. The temporary license may be extended ~~up to one year~~ for the additional period allowed by law, in the discretion of the board, upon written request from the licensee. Extensions may be granted only for extraordinary medical or personal hardship that substantially interferes with the licensee’s ability to meet the requirements for permanent licensure, or for additional time attributable to the applicant’s active duty military service as described in 37-B MRSA §390-A. The ~~Board~~ board may request documentation to validate the request.

~~CF.~~ The ~~A~~ temporary licensee ~~shall be allowed to~~ may perform only those tasks ~~for~~ which the licensee has been trained and authorized to perform.

~~DG.~~ The supervisor of the temporary licensee shall maintain an orientation checklist on file at the place of employment. The orientation checklist shall make specific reference to:

1. Administration of medical gases, aerosols and humidification;
2. Each pharmacological agent related to each respiratory care procedures;
3. Mechanical or physiological ventilatory support;
4. Bronchopulmonary hygiene;
5. Cardiopulmonary resuscitation;
- ~~56.~~ Maintenance of natural airways;
- ~~67.~~ Insertion and maintenance of artificial airways;
- ~~7.~~ ~~(Not in use.)~~
8. Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including measurement of ventilatory volumes, pressures and flows, collection of specimens of blood and collection of specimens from the respiratory tract;

9. Arterial punctures, analysis of blood gases and respiratory secretions and pulmonary function testing; and
10. Hemodynamic and physiologic measurement and monitoring of cardiac function as it relates to cardiopulmonary pathophysiology.

~~EH. Until the temporary licensee is authorized to perform the tasks and procedures on the orientation checklist, the temporary licensee shall perform them only in the presence of a licensed Respiratory Care Practitioner. A temporary licensee under supervision is authorized to perform the tasks and procedures on the orientation checklist. A temporary licensee may practice only under the direct supervision of a respiratory care practitioner.~~

~~FI. A temporary licensee may apply for licensure as a Respiratory Care Practitioner license by filing a complete application on a form prescribed by the board and such additional information as the board may require, submitting the following to the Board:~~

~~J. The applicant shall include the items listed below with the application. The application will not be acted upon until all items have been received.~~

- ~~1. Completed application and feeProof of current credentialing by NBRC as a registered therapist or certified respiratory therapy technician, or proof of passing the applicable examination described in Section 1(D) of this chapter within the time period described in Section 1(D)(4); and~~
- ~~2. One professional reference letter; andThe application fee and license fee specified in Chapter 10, Section 5(36) of the rules of the Office of Licensing and Registration, entitled “Establishment of License Fees.”~~
- ~~3. Official NBRC credential.~~

~~G. A temporary licensee who has obtained an NBRC credential shall apply for permanent license status within thirty (30) days of receiving notification from the NBRC that the applicant has passed the Entry Level/CRT exam.~~

3. Respiratory Care Practitioner Trainee ~~Registration~~License

A. A person employed by a health care facility during the clinical portion of a COARC-accredited respiratory care educational program, ~~which is COARC accredited, shall may apply to the board for a respiratory care practitioner trainee~~Respiratory Care Practitioner Trainee registration with the BoardLicense. The applicant may not be employed in any capacity that involves the delivery of any respiratory care procedure until the license has been issued.

1. ~~A Respiratory Care Practitioner Trainee may not be employed in any capacity that involves the delivery of any respiratory care procedure until the trainee has been duly registered by the Board as a Respiratory Care Practitioner Trainee.~~
2. ~~The clinical~~“Clinical portion of ~~an approved~~ a COARC-accredited respiratory care educational al program” is:
 1. ~~Second~~ The second year of an associate degree program;
 2. ~~Second~~ The second year of a baccalaureate degree program in respiratory care; or
 3. ~~Completion of an entry-level correspondence program in respiratory care approved by the Board~~ board.
- B. ~~The applicant must submit a complete application packet, which consists of the following:~~ An applicant for a respiratory care practitioner trainee license shall file a complete application on a form prescribed by the board and such additional information as the board may require.
- C. The applicant shall include the items listed below with the application. The application will not be acted upon until all items have been received:
 1. ~~Completed application and fee;~~ [deleted]
 2. ~~Supervisor’s Affidavit; and~~ A supervisor’s affidavit on a form prescribed by the board from each proposed place of employment;
 3. ~~Verification of enrollment in a~~ the clinical portion of a COARC-approved respiratory therapy program-; and
 4. The license fee specified in Chapter 10, Section 5(36) of the rules of the Office of Licensing and Registration, entitled “Establishment of License Fees.”
- ~~CD.~~ The ~~registration~~ trainee license shall expire thirty (30) days after the trainee’s expected date of ~~expires upon~~ graduation. An individual may not apply for or hold a Respiratory Care Practitioner Trainee ~~registration~~ License if the ~~trainee licensee~~ is eligible to apply for either a temporary or a permanent license from the ~~Board~~ board as a Respiratory Care Practitioner.
- ~~DE.~~ A trainee may perform the following functions, but only while employed in non-critical care settings and ~~under the direct supervision of only while~~ a licensed Respiratory Care Practitioner ~~respiratory care practitioner with supervisory responsibility for the trainee is on-site:~~

1. Vital signs;
2. Breath sounds;
3. Nebulizer treatments;
4. Basic life support including:
 - a. Cardiopulmonary Resuscitation (CPR);
 - b. Manual ventilation and manual compression; and
 - c. Oral pharyngeal airway;
5. Oximetry;
6. Incentive spirometry;
7. Metered Dose Inhaler (MDI) instruction;
8. Intermittent Positive Pressure Breathing (IPPB);
9. Peak flow monitoring;
10. Oral suctioning;
11. Oxygen rounds;
12. Oxygen therapy including:
 - a. Nasal cannula;
 - b. Single masks; and
 - c. Vent masks with aerosol; and
13. Charting/documentation with accompanying licensed practitioner signature.

4. License Renewal

All licenses other than the temporary license and trainee license expire annually on April 30. Licenses may be renewed upon:

- A. Completion of a renewal form supplied by the board; and
 - B. Payment of the license fee specified in Chapter 10, Section 5(36) of the rules of the Office of Licensing and Registration, entitled “Establishment of License Fees.”
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STATUTORY AUTHORITY: 32 MRSA §§ 9704(2) and 9707-A

EFFECTIVE DATE:

~~02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION~~~~343 BOARD OF RESPIRATORY CARE PRACTITIONERS~~~~Chapter 4: CONTINUING EDUCATION REQUIREMENTS FOR RESPIRATORY CARE PRACTITIONER LICENSE RENEWAL~~

~~Summary: Continuous advancements and improvements in the medical field, specifically in respiratory care technology and therapies support the need for practitioners to keep abreast with new techniques to ensure maximum benefits to the patients receiving their care. This Chapter sets forth the requirements for continuing respiratory care education (CRCE), including the number of credit hours required, the procedures for filing proof of compliance with the requirements for licensure.~~

- ~~1. Hours. A minimum of fifteen (15) credit/contact hours shall be completed for each licensing biennium (every two years). A first time licensees who received an initial license during the first half of the biennium shall be required to earn one half (1/2) of the required credit/contact hours.~~
- ~~2. Responsibility. It is the sole responsibility of each licensee to meet the requirements of this Chapter, and to maintain detailed documentation in support of the programs attended for a period of at least three (3) years.~~
- ~~3. Reporting Schedule. A licensee shall submit on a form prescribed by the Board, a summary of the continuing education programs attended with the application for licensure renewal. At a time to be determined by the Board, a percentage of the licensee population will be randomly audited to, review supporting program attendance documentation and to verify that licensees have met the requirements of this Chapter. The Board will notify those licensees selected for audit in writing. The audited licensee shall present to the Board, within thirty (30) days of the licensee's receipt of the notice of audit, all documentation to verify attendance at the programs reported on the continuing education summary report. Failure to present the required documentation may be cause for discipline.~~
- ~~4. Exemptions. Persons who hold a temporary license or trainee registration are not required to comply with the continuing education requirements.~~

- ~~5. Dual licensure. A licensed Respiratory Care Practitioner who also holds a valid license in another health care profession requiring continuing education may utilize the same continued education hours to renew his/her respiratory care license if the programs meet all the requirements of this Chapter.~~
- ~~6. Credit awarded. The Board will not give credit for activities of less than one-half (1/2) hour. One (1) credit hour will be awarded for a fifty (50) minute to one hour activity.~~
- ~~7. Credit hours earned during extension period. The Board will only approve CRCE earned during an extension period in case of hardship, such as a disabling illness or other personal emergency, which substantially interferes with a licensee's ability to meet the requirements of this Chapter. The Board may approve the credit hours accumulated during the extension period upon written request from the licensee, which is submitted to the Board by the deadline date. Requests shall clearly detail reasons why the licensee was unable to earn the minimum number of credit hours required prior to the deadline.~~
- ~~8. CRCE cycle. The CRCE cycle is the term of the license renewal cycle.~~
- ~~9. Continuing education programs: Programs offered by the following providers are approved by the Board. Other CRCE programs from accredited sponsorships must be approved by the Board before the course is offered. Approved providers are:
 - ~~A. Institutions approved by the Joint Review Committee for Respiratory Therapy Education and courses approved by the American Association for Respiratory Care;~~
 - ~~B. The Maine Society for Respiratory Care;~~
 - ~~C. The American and Maine Thoracic Societies;~~
 - ~~D. The American College of Cardiology;~~
 - ~~E. The American College of Chest Physicians;~~
 - ~~F. The American and Maine Societies of Anesthesiologists;~~
 - ~~G. The American Nurses Association, and the National Society for Cardiopulmonary Technologists;~~
 - ~~H. The American Medical Association;~~
 - ~~I. The Southern Maine Technical College; and~~~~

~~J. The Kennebec Valley Technical College.~~

~~10. The following are specific courses and credit hours approved by the Board:~~

- ~~A. Certified Respiratory Therapist (CRT) exam—no credit;~~
- ~~B. Registered Respiratory Therapist (RRT) exam—15 hours;~~
- ~~C. Certified Pulmonary Function Technologist (CPFT) exam—7.5 hours;~~
- ~~D. Registered Pulmonary Function Technologist exam—15 hours;~~
- ~~E. Prenatal exam—15 hours;~~
- ~~F. Neonatal Advanced Life Support (NALS)—15 hours for the first time and 7.5 hours for recertification;~~
- ~~G. Pediatric Advanced Life Support (PALS)—15 hours for the first time and 7.5 hours for recertification;~~
- ~~H. Advanced Cardiac Life Support (ACLS)—15 hours for the first time and 7.5 hours for recertification;~~
- ~~I. Advanced Cardiac Life Support (ACLS)—Instructor—15 hours for the first time and 7.5 hours for recertification;~~
- ~~J. Emergency Medical Technician (EMT)—15 hours for the first time and 7.5 hours for recertification;~~
- ~~K. NBRC self assessment—15 hours (once every 5 years);~~
- ~~L. Cardiopulmonary Resuscitation CPR—Basic—8 hours;~~
- ~~M. Cardiopulmonary Resuscitation CPR—Recertification 4 hours;~~
- ~~N. Cardiopulmonary Resuscitation CPR—Instructor—8 hours; and~~
- ~~O. College courses germane to the practice of respiratory care or part of a germane degree program—15 hours for each 3 credit course.~~

~~11. Program Approvals. With the exception of programs offered by approved providers listed in section 10 above, all requests for continuing education program approvals shall be~~

~~submitted to the Board at least sixty (60) days in advance of the program date. The Board will consider approval requests no later than thirty (30) days after the date of the program for post-program approvals.~~

~~— A sponsoring agency or licensee may obtain the appropriate program approval request form from the Board to request approval of continuing education programs not identified in this Chapter. The Board will consider requests for approval at the next scheduled meeting.~~

~~STATUTORY AUTHORITY: 32 MRSA §§ 9704(2) and 9712~~

~~EFFECTIVE DATE:~~

~~— March 6, 1988 — as "Continuing Education"~~

~~AMENDED:~~

~~— February 19, 1990 — as "Continuing Respiratory Care Education Requirements for
Renewal of Licensure"~~

~~— April 6, 1993~~

~~EFFECTIVE DATE (ELECTRONIC CONVERSION):~~

~~— December 14, 1996~~

~~REPEALED AND REPLACED:~~

~~— July 25, 2001 — as "Continuing Education Requirements for Respiratory Care
Practitioner License Renewal"~~

~~02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION~~

~~343 BOARD OF RESPIRATORY CARE PRACTITIONERS~~

~~Chapter 5: ENFORCEMENT AND DISCIPLINARY PROCEDURES~~

~~Summary: This Chapter outlines the enforcement and disciplinary procedures used by the Board of Respiratory Care Practitioners.~~

~~1. Disciplinary Procedures~~

~~The Board will follow the procedure for initiating and processing complaints set forth in the Standard Complaint Procedure of the Office of Licensing & Registration, Department of Professional & Financial Regulation.~~

~~A. Written Complaints. All complaints shall be in writing, sworn to by the person making it, and filed with the Office of Licensing & Registration.~~

~~B. Other Investigations. An investigation may be conducted based upon information other than a written complaint, if such information provides prima facie evidence of a violation of 32 MRSA §9713 *et seq.* or if the information raises a substantial question regarding the qualifications of any applicant or licensee.~~

~~C. Member Request for Investigation. A member of the Board may file a complaint or request an investigation, but such complaint or request shall serve to disqualify the member from participating in the subsequent disposition of the matter. That member shall be prohibited from discussing the issue with other members, until final agency action has been taken.~~

~~D. Prohibited Communications. A member of the Board shall not discuss any specific case under investigation, or any case which may reasonably be expected to be the subject of investigation, until after final agency action has been taken, except in accordance with the complaint procedures set forth by the Department of Professional & Financial Regulation's Office of Licensing and Registration.~~

~~This rule shall not be construed to limit the members at Board meetings from discussion among themselves or with the attorney assigned to the Board. These rules shall be construed not to limit communications regarding closed matters, investigations in general, inquiries regarding the status of a specific case or other matters not relating to issues of fact or law in a specific case.~~

~~STATUTORY AUTHORITY: 32 MRSA §§ 9704(2) and 9713~~

~~EFFECTIVE DATE:~~

~~———— March 6, 1988~~

~~AMENDED:~~

~~———— February 19, 1990~~

~~EFFECTIVE DATE (ELECTRONIC CONVERSION):~~

~~———— December 14, 1996~~

~~REPEALED AND REPLACED:~~

~~———— July 25, 2001~~

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 6: CODE OF ETHICS

Summary: ~~These rules specify the manner with which Respiratory Care Practitioners shall practice respiratory care~~ This chapter establishes a code of ethics for the practice of respiratory care. Violation of this chapter may subject a licensee to disciplinary action under 10 MRSA §8003(5-A)(A)(2) and (5).

The following Code of Ethics adopted by the Board is based on the Code of Ethics of the American Association of Respiratory Care (~~1994~~Rev. July 2009). Licensed Respiratory Care Practitioners engaged in the performance of respiratory care shall comply with the following standards of practice-:

1. Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the ~~profession and its professionals~~practice of respiratory care and respiratory care practitioners.
2. Actively maintain and continually improve their professional competence, and represent it accurately.
3. Perform only those procedures or functions ~~that are medically accepted methods of treatment that are within the scope of acceptable and responsible practice, and that the licensee is competent to practice~~in which they are individually competent and which are within their scope of accepted and responsible practice.
4. Respect and protect the legal and personal rights of patients ~~they treat~~, including the right to privacy, informed consent and refusal of treatment.
5. Hold in strict confidence all privileged information concerning the patient and observe the confidentiality of health care information law contained in 22 MRSA §1711(C).
6. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
7. Promote disease prevention and wellness.
8. Refuse to participate in illegal or unethical acts.
9. ~~Refuse to conceal~~Expose the illegal, unethical or incompetent acts of others and report such behavior to the Board.

10. Follow sound scientific procedures and ethical principles in research.
11. ~~Comply with state or federal laws that govern and relate to their practice.~~[deleted]
12. Avoid any form of conduct that creates a conflict of interest, and follow the principles of ethical business behavior.
13. ~~Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.~~Encourage and promote appropriate stewardship of resources.
14. Not accept gratuities for preferential consideration of the patient.
15. Uphold the dignity and honor of the profession and abide by its ethical principles.
16. ~~Cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public.~~Promote health care delivery through improvement of the access, efficacy and cost of patient care.

STATUTORY AUTHORITY: 32 MRSA §9704(2)

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 7: ~~STANDARDS OF PROFESSIONAL CONDUCT~~MISCONDUCT

Summary: ~~The purpose of this Chapter is to provide examples of inappropriate behaviors that would constitute “unprofessional conduct,” which is grounds for discipline pursuant to 32 MRSA §9713(2)(B). The examples provided are intended to be illustrative and not intended to be exhaustive. This chapter establishes standards of professional care for licensees. Violation of this chapter may subject a licensee to disciplinary action under 10 MRSA §8003(5-A)(A)(2) and (5).~~

Respiratory care practice that fails to conform to ~~legally~~ accepted standards ~~of care of in~~ the respiratory care profession ~~shall constitute unprofessional conduct~~constitutes misconduct. Examples of ~~unprofessional conduct~~misconduct shall include, but are not limited to, the following:

1. ~~Performing acts beyond the authorized scope of the level of respiratory care for which the individual is licensed or for which competence has not been maintained~~[deleted];
2. Performing new respiratory care techniques or procedures without proper education and training;
3. ~~Assigning unqualified persons to perform functions of licensed Respiratory Care Practitioners or delegating respiratory care or respiratory care responsibilities to others contrary to 32 MRSA, Chapter 97 and rules adopted by the Board~~[deleted];
4. Failing to supervise persons to whom respiratory care functions have been delegated;
5. Failing to take appropriate action or to follow policies and procedures in the practice situation designated to safeguard the patient;
6. Abandoning, neglecting, or otherwise physically or emotionally abusing a patient requiring respiratory care;
7. Intentionally or negligently causing physical or emotional injury to a patient;
8. Failing to safeguard the patient’s dignity and right to privacy in providing services;
9. Violating the confidentiality of information or knowledge concerning the patient;
10. Inaccurate recording, falsifying or altering a patient or health care provider record;

11. Exercising undue influence on a patient, which includes the promotion or sale of services, goods, appliances or drugs, in such a manner as to exploit the patient for financial gain of the Respiratory Care Practitioner or of a third party;
12. ~~Aiding, abetting or assisting an individual to violate or circumvent any law or duly promulgated rule intended to guide the conduct of a Respiratory Care Practitioner or other health care provider, including aiding and abetting a person not duly licensed as a Respiratory Care Practitioner in representing himself as a licensed Respiratory Care Practitioner~~~~[deleted]~~;
13. Practicing respiratory care when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impediment;
14. Practicing respiratory care when physical or mental ability to practice is impaired by alcohol or drugs including, but not limited to, prescription and non prescription drugs and alcohol;
15. Diverting drugs, supplies, or property of patients or health care providers;
16. Possessing, obtaining, furnishing or administering prescription drugs to any person, including oneself, except as directed by a person authorized by law to prescribe drugs;
17. Allowing another person to use one's Respiratory Care Practitioner license or authorization for practice for any person;
18. Impersonating another licensed Respiratory Care Practitioner; or
19. Impersonating any applicant, misrepresenting a licensee, or acting as proxy for the applicant, in any respiratory care licensure examination.

[NOTE: Additional grounds for disciplinary action appear in 10 MRSA §8003(5-A)(A).]

STATUTORY AUTHORITY: 32 MRSA §9704(2)

EFFECTIVE DATE: