

North Carolina Respiratory Care Board
October 2, 2003
Meeting Minutes

Members Present:

Joseph Coyle, MD
Nancy M. Hall
Margaret A. Mitchell, RRT, RCP
Bruce K. Rubin, MEngr, MD
William Croft, RRT, RCP

Others Present:

Floyd Boyer, RRT, RCP –Executive Director
Judith Tillman – Board Counsel
Jane Carter – Administrative Secretary

Absent:

Mary Lou Fleming
Neil MacIntyre
Ralph Webb, RRT, RCP

Call to Order:

Dr. Coyle called the meeting to order at 10:05 AM at the Holiday Inn Sunspree Motel in Wrightsville Beach, NC. Visitors were welcomed to the meeting. Dr. Coyle recognized Mr. Boyer for achieving the Lifetime Membership Award from the North Carolina Society for Respiratory Care.

Conflict of Interest Notice:

Dr. Coyle read the North Carolina Board of Ethics' Conflict of Interest Reminder. If there are any conflicts of interest on any votes, Board members should refrain and inform the Chair at that time.

Dr. Coyle reminded the audience that the Board meetings are recorded and are a matter of public record. Comments and questions raised by the audience are recorded and may be part of the minutes.

Approval of Minutes:

Dr. Coyle read the minutes from the July 3, 2003 Board meeting. Dr. Rubin made a motion to approve the minutes as written. It was seconded and passed unanimously.

Treasurer's Report:

Dr Coyle read the Treasurer's report into the minutes. The current balance in the checking account is \$23,229.39 and the current balance in the money market account is \$155,456.54.

Executive Director's Report:

Since the last Board meeting, Mr. Boyer has completed the following:

- Presented NCRCB Update to 25 participants at the Northwest AHEC sponsored Respiratory Care Conference on August 28, 2003.

- Attended a Board of Pharmacy DME Committee meeting on August 27, 2003, concerning a company operating an Oxygen Bar and concerns with oxygen conserving devices.
- Visited 5 facilities in response to complaints concerning persons that may be practicing without a license and 4 facilities for complaints alleging a violation of Board rules.
- Attended the NBRC Annual State Licensure Liaison meeting held on September 19-20, 2003, in Kansas City, Missouri. There were approximately 6000 graduates of 418 CoARC approved programs last year. The NBRC tested approximately 19,000 candidates last year. The NBRC completed its 5 year job analysis and based on the analysis will implement a revised CRT exam in July 2004, RRT exam in January 2005, and NPS exam in July 2004. The NBRC indicated that there will not be an increase in fees at this time and the NBRC will give boards an 18 month notice of any fee increase. Beginning the first quarter of 2004, practitioners will be able to go online and request verification of their credentials which should expedite the application process.

Dr. Coyle read a letter from a person from a Home Health company in Danville, VA. He sits on the Respiratory Care Advisory Board for Virginia and wanted to congratulate our Board on its solid programs. They are trying to follow the actions of the NC Board as they progress with their requirements.

Ethics Committee Report:

Dr. Rubin and Mr. Croft met on July 3, 2003, to review the Code of Ethics of RCP's. The committee recommends no changes in the code at this time.

Practice Committee Report:

Dr. Rubin reported that Mr. Phillips of Catawba Valley Medical Center requested a declaratory ruling to approve RCP's to administer conscious sedation. Dr. Rubin recommended a change on page 3 of the ruling giving the list of medications to add (7) Succinylcholine, for rapid sequence induction only. The committee presented the amended ruling to the Board for discussion and approval. Dr., Coyle reported that the Medical Board has reviewed this ruling. Following a discussion by the Board and the public, the amended declaratory ruling passed unanimously. Mr. Boyer will post this ruling on the website and also send it out to educators and hospitals.

Dr. Rubin read a written request from an RCP asking if starting IV's is covered under the scope of care. The Board agreed that starting IV's is within the scope of practice of RCP's.

Dr. Rubin read a written request from an RCP asking if the Board has any concerns with RCP's performing breath alcohol tests (BAT). The Board agreed that BAT is within the scope of practice of RCP's.

There was a request from Ms Grimes of New Hanover Health Network to exempt Exercise Physiologists from RCP licensure requirements. The committee recommended that any Exercise Physiologist who holds an ACSM credential and performs only the enumerated functions listed in the ruling, without representing themselves as a Respiratory Care Practitioner, be exempt from RCP licensure. Following a discussion by the Board, the declaratory ruling was passed unanimously.

There was a request from Howell Center for approval of Med Tech course for RCP's. After taking the Med Tech course and passing the credentialing exam, RCP's would be allowed to administer medications that are not respiratory care related. There was a discussion by the Board. Administering these medications does not fall under the Respiratory Care Act. They could do this as a person credentialed under Med Tech. Dr. Coyle recommended that the ruling be tabled until the next meeting.

There was a request from Med Center Air, which is a transport service of Carolinas Healthcare, for a ruling related to a number of advanced procedures performed by RCP's as part of the transport team. They want to know if these procedures are within the scope of practice of RCP's. The committee recommended tabling this request pending additional information. There was a discussion by the Board and the public. The flight team members present noted that the individuals must go through a very structured training and oral exams before becoming a part of the team. All members of the team are, at a minimum, EMT Basic. Dr. Coyle tabled this request until additional information on specific training for each procedure is gathered.

Rules Committee Report:

Mr. Boyer gave the report for Dr. McIntyre. The rule changes in the draft presented for approval include the following:

- 21 NCAC 61 .0201 #3 - to add the Canadian Council on Accreditation for Respiratory Therapy Education.
- 21 NCAC 61 .0201 #4 – to add the American Red Cross and the American Safety and Health Institute.
- 21 NCAC 61 .0201 #5 – to clarify “certification” to mean the CRT exam.
- 21 NCAC 61 .0204 – to add \$10.00 fee for official verification of license status.
- 21 NCAC 61 .0205 is a new section for background investigations.
- 21 NCAC 61 .0301 (a) – removing language that expired October 1, 2002.
- 21 NCAC 61 .0301 (c) – adding language to require Provisional license holder’s name badge display RCP-P and students name badge display RCP Student and the name of the respiratory care school that they are attending.

Following a discussion by the Board, Dr. Rubin made a motion to spell out “Provisional” on the name plate rather than having “P” following RCP. The motion was seconded and passed unanimously.

- 21 NCAC 61 .0309 is a new section for civil penalties. In the first sentence “required by” is to be changed to “set out in”. There are 4 levels of penalties.

Following a discussion by the Board, Dr. Rubin made a motion to change (c) # 14 by removing “or a violation” of a lawful order of the Board and adding at the end of the sentence “or violating a lawful order of the Board”. The motion was seconded and was passed unanimously.

- 21 NCAC 61 .0310 is a new section for civil penalty procedures. (C) Contested Case - to add to the end of first sentence “within 60 days of receipt of the notice”. The next to last sentence will read - “The Board shall conduct a contested case hearing pursuant to G.S. 150B, Article 3A”.
- 21 NCAC 61 .0401 (d) – add sentence “All CE course work must be directly related to the practice of respiratory care or to expanding the scope of practice for respiratory care practitioners”. (d) Change sentence to read “CE courses approved by the American Association for Respiratory Care and/or the Accreditation Council for Continuing Medical Education (ACCME) are approved for Respiratory Care Practitioners to receive continuing education credit and are not required to make application to the Board or pay a fee.

- The certification programs and the hours approved for continuing education are listed.
- The list of fees that the Board will charge for approval of CE programs are listed.

The committee recommended the changes. The rule changes were passed unanimously.

Mr. Boyer presented the process for the rules to be approved before they become effective.

Investigation and Informal Settlement Committee:

Ms Mitchell reported that 7 individuals were interviewed on September 22, 2003, and that any disciplinary actions are pending and are awaiting the executive session.

Ms Mitchell reported that Mr. Mann has resigned from the committee and the Board. He has been appointed to the Parole Board. Dr. Coyle recommended that the Board recognize Mr. Mann's contributions with a plaque for him. Dr. Coyle appointed Ms. Hall to take Mr. Mann's place on the committee.

Unfinished Business:

Mr. Boyer reported that Mr. Mann's seat is appointed by the Governor. The person must be a citizen of North Carolina who has no involvement with health care. The term will expire on October 31, 2005. Ms Hall's second term will expire on October 31, 2005. Mr. Croft's term will expire October 31, 2003. He has received Co-Speaker letters regarding his re-appointment. The terms for Dr. McIntyre, Mr. Webb, and Ms Fleming will expire October 31, 2003. They will continue to serve until they are re-appointed or replaced. Dr. Rubin's term expires on October 31, 2003 and he has received a re-appointment letter. Dr. Coyle's term will expire October 31, 2004. There is one vacancy to be appointed by The Old North State Medical Society. Ms Mitchell has been re-appointed by the Hospital Association. Her second term expires October 31, 2006.

Mr. Shenton has prepared the confidentiality forms so that they are HIPPA compliant. Dr. Rubin made a motion to accept the forms. It was seconded and passed unanimously.

New Business:

There was a request from Terry Smith of Mission Hospitals to allow temporary certificates to be printed from the Board website while waiting for license cards to be received in the mail. Mr. Boyer presented concerns expressed by some managers. Dr. Coyle tabled the request. Mr. Boyer to obtain information on the cost and how other Boards handle security.

The Board received a letter from the AARC with an attached guideline document on scope of practice.

When the declaratory ruling on Respiratory Care Assistants was approved, the Board put a time limit of 2 years on it to ensure that it would be reviewed. Dr. Coyle asked Mr. Webb to have the committee review the ruling and make recommendations to the Board.

Other New Business:

There has been a response from the Nursing Board regarding the declaratory ruling on Nursing Assistant II's. Dr. Coyle charged Mr. Boyer with talking with their director to determine what our differences are specifically. The Practice committee will then meet with representatives from the Nursing Board to see if the differences can be resolved.

Mr. Croft reported that the North Carolina Association of Respiratory Care Educators has drafted a letter to be sent to the UNC Board. The Association would like to receive endorsement from NCRCB and NCSRC and have all 3 names on the letter to show that there is a consensus supporting the need for a baccalaureate degree. Mr. Croft summarized the letter for the Board. The NC Association of RC Educators will begin meetings on this issue and would like a representative from the Board to meet with them. Dr. Coyle suggested that the Board establish an Education Committee to deal with all education issues. The committee will consist of Mr. Croft (chair), Mr. Webb, and Mr. Boyer.

Executive Session:

At 11:35 Mr. Croft made a motion to go into executive session. It was seconded and passed unanimously.

Dr. Rubin made a motion to return to the General Session. It was seconded and passed unanimously.

Adjournment:

Having no further business the meeting was adjourned at 12.25 PM.