



General Assembly

February Session, 2018

Raised Bill No. 403

LCO No. 1964



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING RESPIRATORY CARE PRACTITIONERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-162n of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2018*):

3 As used in subsection (c) of section 19a-14, this section, and sections
4 20-162o to 20-162q, inclusive, as amended by this act:

5 [(a)] (1) "Commissioner" means the Commissioner of Public Health;

6 [(b)] (2) "Respiratory care" means health care under the direction of
7 a physician licensed pursuant to chapter 370 or an advanced practice
8 registered nurse licensed pursuant to chapter 378 and in accordance
9 with written protocols developed by such physician or advanced
10 practice registered nurse, employed in the therapy, management,
11 rehabilitation, diagnostic evaluation and care of patients with
12 deficiencies and abnormalities that affect the cardiopulmonary system
13 and associated aspects of other system functions and that includes the
14 following: [(1)] (A) The therapeutic and diagnostic use of medical

15 gases, administering apparatus, humidification and aerosols,
16 administration of drugs and medications used to treat the
17 cardiorespiratory systems, ventilatory assistance and ventilatory
18 control, postural drainage, chest physiotherapy and breathing
19 exercises, respiratory rehabilitation, cardiopulmonary resuscitation
20 and maintenance of natural airways as well as the insertion and
21 maintenance of artificial airways, [(2)] (B) the specific testing
22 techniques employed in respiratory therapy to assist in diagnosis,
23 monitoring, treatment and research, including the measurement of
24 ventilatory volumes, pressures and flows, specimen collection of blood
25 and other materials, pulmonary function testing and hemodynamic
26 and other related physiological monitoring of cardiopulmonary
27 systems, including the percutaneous insertion and monitoring and
28 maintenance of arterial catheters and the monitoring and maintenance
29 of other cardiovascular indwelling catheters, including central venous
30 and pulmonary artery catheters, [(3)] (C) performance of a purified
31 protein derivative test to identify exposure to tuberculosis, [and (4)]
32 (D) patient education in self-care procedures as part of the ongoing
33 program of respiratory care of such patient, (E) the administration of
34 influenza and pneumonia vaccinations, (F) the insertion of intravenous
35 and intraosseous catheters in appropriately identified health care
36 settings, including medical evacuation and transport vehicles,
37 outpatient bronchoscopy facilities and long-term care and
38 rehabilitation facilities, provided the respiratory care practitioner has
39 completed a competency-based training and education program in the
40 insertion and maintenance of such catheters, (G) the insertion of
41 nasogastric tubes, including such tubes used for the purpose of sensing
42 diaphragmatic movements, and (H) the monitoring and maintenance
43 of all forms of extracorporeal life support, including, but not limited to,
44 extracorporeal membrane oxygenation and extracorporeal carbon
45 dioxide removal in appropriately identified health care settings,
46 including, adult, pediatric and neonatal intensive care units, provided
47 the respiratory care practitioner (i) successfully completed the
48 examination leading to the registered respiratory therapist credential
49 and is recognized as a registered respiratory therapist by the National

50 Board for Respiratory Care, (ii) has clinical experience in neonatal,
51 pediatric or adult critical care, (iii) completed education and training to
52 practice as an extracorporeal membrane oxygenation specialist in
53 accordance with the Extracorporeal Life Support Organization's
54 guidelines for training and continuing education of such specialists,
55 and (iv) practices as an extracorporeal membrane oxygenation
56 specialist under the direction and supervision of a licensed physician
57 trained in extracorporeal membrane oxygenation. The practice of
58 respiratory therapy is not limited to the hospital setting; and

59 [(c)] (3) "Respiratory care practitioner" means a person who is
60 licensed to practice respiratory care in this state pursuant to section
61 20-162o, as amended by this act, and who may transcribe and
62 implement written and verbal orders for respiratory care issued by a
63 physician licensed pursuant to chapter 370, or a physician assistant
64 licensed pursuant to chapter 370 or an advanced practice registered
65 nurse licensed pursuant to chapter 378 who is functioning within the
66 person's respective scope of practice.

67 Sec. 2. Section 20-162o of the general statutes is repealed and the
68 following is substituted in lieu thereof (*Effective October 1, 2018*):

69 (a) Each person seeking licensure as a respiratory care practitioner
70 shall make application on forms prescribed by the commissioner, pay
71 an application fee of one hundred ninety dollars and present to the
72 commissioner satisfactory evidence that (1) [he] such person has
73 successfully completed an educational program for respiratory
74 therapists or respiratory therapy technicians which, at the time of [his]
75 such person's completion, was accredited by the Committee on Allied
76 Health Education and Accreditation, or the Commission on
77 Accreditation of Allied Health Education Programs, in cooperation
78 with the Joint Review Committee for Respiratory Therapy Education,
79 or was recognized by the Joint Review Committee for Respiratory
80 Therapy Education or accredited by the Commission on the
81 Accreditation for Respiratory Care, (2) [he has passed the entry level or
82 advanced practitioner respiratory care examination] such person is

83 credentialed as a certified respiratory therapist or registered
84 respiratory therapist as demonstrated by achieving a passing score on
85 the entry level or advanced practitioner respiratory care examination
86 administered by the National Board for Respiratory Care, Inc., and
87 (3) he is currently credentialed by the National Board for Respiratory
88 Care as a certified respiratory therapy technician or registered
89 respiratory therapist.]

90 [(b) Notwithstanding the provisions of subsection (a) of this section,
91 the department may issue a license as a respiratory care practitioner to
92 a person who (1) was credentialed by the National Board for
93 Respiratory Care as a certified respiratory therapy technician not later
94 than June 30, 1978, or as a registered respiratory therapist not later
95 than June 30, 1971, and (2) meets the requirements of subdivisions (2)
96 and (3) of subsection (a) of this section. Each person seeking licensure
97 pursuant to this subsection shall make application on forms prescribed
98 by the commissioner, pay an application fee of one hundred ninety
99 dollars and present to the commissioner satisfactory evidence of his
100 credentialing by said board.]

101 [(c)] (b) Notwithstanding the provisions of subsection (a) of this
102 section, the department may issue a license as a respiratory care
103 practitioner to a person who (1) has been registered as a respiratory
104 therapist by the Canadian Society of Respiratory Therapists, (2) has
105 passed the clinical simulation examination of the National Board for
106 Respiratory Care, and (3) is currently credentialed by said board as a
107 registered respiratory therapist. Each person seeking licensure
108 pursuant to this subsection shall make application on forms prescribed
109 by the commissioner, pay an application fee of one hundred ninety
110 dollars and present to the commissioner satisfactory evidence of his
111 credentialing by said society and said board.

112 [(d)] (c) The department may, upon receipt of an application for
113 respiratory care licensure, accompanied by the licensure application
114 fee of one hundred ninety dollars, issue a temporary permit to a
115 person who has completed an educational program in respiratory care

116 which satisfies the requirements of subdivision (1) of subsection (a) of
117 this section. Such temporary permit shall authorize the permittee to
118 practice as a respiratory care practitioner under the supervision of a
119 person licensed pursuant to this section. Such practice shall be limited
120 to those settings where the licensed supervisor is physically present on
121 the premises and is immediately available to render assistance and
122 supervision as needed, to the permittee. Such temporary permit shall
123 be valid from the date of issuance of same until the date of issuance of
124 the results of the first examination administered pursuant to
125 subdivision (2) of subsection (a) of this section, following the
126 permittee's completion of said educational program in respiratory care.
127 Such permit shall remain valid for each person who passes said
128 examination until the permittee receives their license from the
129 department. Such permit shall become void and shall not be reissued
130 in the event that the permittee fails to pass said examination. No
131 permit shall be issued to any person who has previously failed said
132 examination or who is the subject of an unresolved complaint or
133 pending professional disciplinary action. Violation of the restrictions
134 on practice set forth in this section may constitute a basis for denial of
135 licensure as a respiratory care practitioner.

136 [(e) Notwithstanding the provisions of subsection (a) of this section,
137 from July 1, 1995, until July 1, 1996, a person seeking licensure
138 pursuant to this section may present to the department satisfactory
139 evidence that he has, from July 1, 1980, until July 1, 1995, practiced as a
140 respiratory care practitioner for at least ten years and has been
141 determined eligible by the National Board for Respiratory Care, Inc. to
142 sit for the examination required pursuant to subdivision (2) of
143 subsection (a) of this section, provided any license issued pursuant to
144 this subsection shall become void on October 1, 1997, unless the person
145 has, on or before that date, presented to the department satisfactory
146 evidence that he has met the requirements of subdivisions (2) and (3)
147 of subsection (a) of this section.]

148 [(f)] (d) Licenses shall be renewed annually in accordance with the
149 provisions of section 19a-88. The fee for renewal shall be one hundred

150 five dollars.

151 [(g)] (e) No license shall be issued under this section to any
152 applicant against whom professional disciplinary action is pending or
153 who is the subject of an unresolved complaint in this or any other state
154 or territory.

155 [(h)] (f) The commissioner may adopt regulations in accordance
156 with the provisions of chapter 54 to administer provisions of sections
157 20-162n to 20-162q, inclusive, as amended by this act.

158 Sec. 3. Subsection (b) of section 20-162r of the general statutes is
159 repealed and the following is substituted in lieu thereof (*Effective*
160 *January 1, 2019*):

161 (b) Except as otherwise provided in this section, for registration
162 periods beginning on and after [October 1, 2007] January 1, 2019, a
163 licensee applying for license renewal shall earn a minimum of [six] ten
164 hours of continuing education within the preceding registration
165 period. Such continuing education shall (1) be directly related to
166 respiratory therapy; [and] (2) reflect the professional needs of the
167 licensee in order to meet the health care needs of the public; and (3)
168 include a minimum of at least five hours of real-time education with
169 opportunities for live interaction, including, but not limited to, in-
170 person conferences or real-time webinars. Qualifying continuing
171 education activities include, but are not limited to, courses, including
172 on-line courses, offered or approved by the American Association for
173 Respiratory Care, regionally accredited institutions of higher
174 education, or a state or local health department.

175 Sec. 4. Subsection (f) of section 20-162r of the general statutes is
176 repealed and the following is substituted in lieu thereof (*Effective*
177 *January 1, 2019*):

178 (f) Any licensee whose license has become void pursuant to section
179 19a-88 and who applies to the department for reinstatement of such
180 license pursuant to section 19a-14 shall submit evidence documenting

181 successful completion of [six] ten contact hours of qualifying
182 continuing education within the one-year period immediately
183 preceding application for reinstatement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2018</i>	20-162n
Sec. 2	<i>October 1, 2018</i>	20-162o
Sec. 3	<i>January 1, 2019</i>	20-162r(b)
Sec. 4	<i>January 1, 2019</i>	20-162r(f)

Statement of Purpose:

To redefine the scope of practice of and revise the continuing education requirements for respiratory care practitioners.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]