GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017

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HOUSE BILL 358 Committee Substitute Favorable 4/20/17 Third Edition Engrossed 4/24/17

(Public)

Modernize Respiratory Care Practice Act.

Short Title:

Sponsors:		
Referred to:		
March 16, 2017		
A BILL TO BE ENTITLED AN ACT UPDATING THE RESPIRATORY CARE PRACTICE ACT. The General Assembly of North Carolina enacts: SECTION 1. G.S. 90-648 reads as rewritten: "§ 90-648. Definitions. The following definitions apply in this Article:		
(3a)	Endorsement. – A certificate issued by the Board to a licensee recognizing the person named on the certificate as having met the requirements to perform respiratory care procedures that require additional educational, training, or credentialing requirements as established by the Board and that are in addition to the requirements for licensure under this Article.	
(10)	Practice of respiratory care. — As defined by the written order of a physician licensed under Article 1 of this Chapter, the observing and monitoring of signs and symptoms, general behavior, and general physical response to respiratory care treatment and diagnostic testing, including the determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics, and the performance of diagnostic testing and therapeutic application of: a. Medical gases, humidity, and aerosols including the maintenance use of associated apparatus, respiratory care equipment, except for the purpose of anesthesia. b. Pharmacologic agents related to respiratory care procedures, including those agents necessary to perform hemodynamic monitoring. c. Mechanical or physiological ventilatory support. d. Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways under the direct supervision of a recognized medical director in a health care environment which identifies these services within the scope of practice by the facility's governing board. e. Hyperbaric oxygen therapy. f. New and innovative respiratory care and related support activities in appropriately identified environments and under the training and	



1 practice guidelines established by the American Association of 2 Respiratory Care. 3 The term also means the interpretation and implementation of a 4 physician's written or verbal order pertaining to the acts described in 5 this subdivision. 6 7 Support activities. – Procedures Tasks that do not require formal academic (13)8 training, including the delivery, setup, and routine maintenance and repair of 9 apparatus. respiratory care equipment. The term also includes giving 10 instructions on the use, fitting, and application of apparatus, respiratory care 11 equipment, but does not include therapeutic evaluation assessment as defined in rules adopted 12 13 by the Board." 14 **SECTION 2.** G.S. 90-649(a)(4) reads as rewritten: One North Carolina member shall represent the North Carolina Association 15 of Medical Equipment Services. Atlantic Coast Medical Equipment Services 16 17 Association." **SECTION 3.** G.S. 90-650(a)(7) reads as rewritten: 18 19 The North Carolina Association of Medical Equipment Services Atlantic "(7)20 Coast Medical Equipment Services Association shall appoint the member 21 described in G.S. 90-649(a)(4)." 22 **SECTION 4.** G.S. 90-652 reads as rewritten: 23 "§ 90-652. Powers and duties of the Board. 24 The Board shall have the power and duty to: 25 26 (14)Establish and adopt rules defining the education and credential requirements for persons seeking endorsement under this Article." 27 **SECTION 5.** G.S. 90-653 reads as rewritten: 28 29 "§ 90-653. Licensure requirements; examination. 30 Each applicant for licensure under this Article shall meet the following 31 requirements: do all of the following: 32 Submit a completed application as required by the Board, including a (1) 33 form signed by the applicant consenting to a check of the applicant's 34 criminal record and to the use of the applicant's fingerprints and other 35 identifying information required by the State and national repositories. Submit any fees required by the Board. 36 (2) 37 Submit to the Board written evidence, verified by oath, that the applicant has (3) 38 successfully completed the minimal requirements of a an associate's degree 39 in respiratory care education program as approved by the Commission for 40 Accreditation of Allied Health Educational Programs, or the Canadian Council on Accreditation for Respiratory Therapy Education. Commission on 41 42 Accreditation for Respiratory Care (CoARC) or its successor by arranging for the applicant's respiratory care education program to submit a verified 43 transcript directly to the Board. 44 Submit to the Board written evidence, verified by oath, that the applicant has 45 (4) successfully completed the minimal requirements for Basic Cardiac Life 46 47 Support as recognized by the American Heart Association, the American 48 Red Cross, or the American Safety and Health Institute. 49 (5) Pass the entry-level-Submit to the Board written evidence, verified by oath, 50 that the applicant passed the Therapist Multiple-Choice (TMC) examination 51 given by the National Board for Respiratory Care, Inc., or its successor.

1	(b) At least three times each year, the Board shall cause the examination required in
2	subdivision (5) of subsection (a) of this section to be given to applicants at a time and place to
3	be announced by the Board. Any applicant who fails to pass the first examination may take
4	additional examinations in accordance with rules adopted pursuant to this Article.
5	(b1) When issuing a license, the Board shall state the terms and conditions of the use of
6	the license to the licensee."
7	SECTION 6. G.S. 90-660(b)(6) reads as rewritten:
8	"(6) For a license with a provisional or temporary endorsement, an endorsement
9	to a license, a fee not to exceed fifty dollars (\$50.00)."
10	SECTION 7. G.S. 90-654 and G.S. 90-656 are repealed.
11	SECTION 8. This act becomes effective October 1, 2017.