

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

1. **COARC.** "COARC" means the Commission on Accreditation for Respiratory Care.
 2. *[deleted]*
 3. *[deleted]*
 4. *[deleted]*
 5. *[deleted]*
 6. **Direct supervision.** "Direct supervision" means that 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. **NBRC.** "NBRC" means the National Board of Respiratory Care.
 9. *[deleted]*
 10. *[deleted]*
 11. *[deleted]*
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STATUTORY AUTHORITY: 32 MRSA §§ 9704(2) and 9707-A

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May 7, 2011 – filing 2011-130

Chapter 2: ADVISORY RULINGS

Summary: This chapter sets forth procedures for the issuance of advisory rulings by the board.

1. *[deleted]*

2. *[deleted]*

3. *[deleted]*

4. **Advisory Rulings**

A. **Authority and Scope**

The board, in its discretion, may issue an advisory ruling concerning the applicability of any statute or rule that it administers to an existing factual situation. Each request for an advisory ruling will be reviewed to determine whether an advisory ruling is appropriate. The 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 deems proper.

B. **Submission**

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

C. **Acknowledgment**

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

D. **Rulings**

All advisory rulings will be issued in writing and will include a statement of the facts or assumptions, or both, upon which the ruling is based. The statement will be sufficiently detailed to allow one to understand the basis of the opinion without reference to other documents. Advisory rulings will be signed by the chair of the board and 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 in a file or binder established for this purpose. All advisory rulings are public documents. In addition, the board may otherwise publish or circulate any advisory ruling as it deems appropriate.

5. [deleted]

STATUTORY AUTHORITY: 5 MRSA §§9001 and 9051 *et seq.*, 32 MRSA §9704

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Chapter 3: LICENSE REQUIREMENTS FOR RESPIRATORY CARE PRACTITIONERS

Summary: This 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 Therapist or Respiratory Care Technician

- A. An individual may not practice as a Respiratory Care Practitioner until a license has been issued by the board, except as permitted by 32 MRSA §9706-A.
- B. An applicant for licensure 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. *[deleted]*

- 2. 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;

- 4. Official verification of licensure in each state in which the applicant at any time held a license to practice respiratory care at any level; 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.”

D. Examination

1. To be eligible for licensure as a Respiratory Therapist, an applicant who qualifies for licensure under Section 1(C)(2)(b) of this chapter (graduation from accredited program) must pass the NBRC advanced practitioner examination.
2. To be eligible for licensure as a Respiratory Care Technician, an applicant who qualifies for licensure under Section 1(C)(3)(b) of this chapter (graduation from accredited program) must pass the NBRC entry-level examination.
3. *[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. *[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. *[deleted]*
 2. *[deleted]*
 3. A supervisor’s affidavit, on a form prescribed by the board, from each proposed place of employment;
 4. 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

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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."
- E. The temporary license shall be issued for the period of time allowed by law. The temporary license may be extended 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 may request documentation to validate the request.
 - F. A temporary licensee may perform only those tasks which the licensee has been trained and authorized to perform.
 - G. 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;
 6. Maintenance of natural airways;
 7. Insertion and maintenance of artificial airways;
 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.
 - H. A temporary licensee may practice only under the direct supervision of a respiratory care practitioner.
 - I. A temporary licensee may apply for licensure as a Respiratory Care Practitioner by filing a complete application on a form prescribed by the board and such additional information as the board may require.

- 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. Proof 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. 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.”

3. Respiratory Care Practitioner Trainee License

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

“Clinical portion of a COARC-accredited respiratory care educational program” is:

1. The second year of an associate degree program;
 2. 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.
- B. 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. *[deleted]*
 2. 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.”
- D. The trainee license expires upon graduation. An individual may not apply for or hold a Respiratory Care Practitioner Trainee License if the licensee is eligible to apply for either a temporary or a permanent license from the board as a Respiratory Care Practitioner.

- E. A trainee may perform the following functions, but only while employed in non-critical care settings and only while a 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 §§ 9702(6) and (7), 9704(1) and (2), 9705, 9706-A, 9707-A, and 9711

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02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 6: CODE OF ETHICS

Summary: 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 (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 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 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, 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. 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. *[deleted]*
12. Avoid any form of conduct that creates a conflict of interest, and follow the principles of ethical business behavior.
13. 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. Promote health care delivery through improvement of the access, efficacy and cost of patient care.
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STATUTORY AUTHORITY: 32 MRSA §9704(2)

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02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

343 BOARD OF RESPIRATORY CARE PRACTITIONERS

Chapter 7: MISCONDUCT

Summary: 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 accepted standards of care in the respiratory care profession constitutes misconduct. Examples of misconduct include, but are not limited to, the following:

1. *[deleted]*
2. Performing new respiratory care techniques or procedures without proper education and training;
3. *[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. *[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)

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January 8, 2002 - history list corrected

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