Chapter 57
Respiratory Care Practices Act

58-57-1 Short title.
This chapter is known as the "Respiratory Care Practices Act."

Enacted by Chapter 208, 1990 General Session

58-57-2 Definitions.
In addition to the definitions in Section 58-1-102, as used in this chapter:
(1) "Board" means the Respiratory Care Licensing Board created in Section 58-57-3.
(2) "Health care facility" means any facility or institution in which health care services are performed or furnished and includes a hospital, clinic, or emergency care center.
(3) "Practice of respiratory care":
(a) means the treatment, operation of equipment, management, diagnostic testing, and care of any human disease, deficiency, pain, injury, or other physical condition associated with the cardiopulmonary system under the qualified medical direction or supervision of a practitioner who has training and knowledge in the diagnosis, treatment, and assessment of respiratory problems;
(b) includes:
(i) accepting and carrying out a practitioner's written, verbal, or telephonic prescription or order specifically relating to respiratory care in a hospital or other health care setting and includes consultation with licensed nurses, as appropriate;
(ii) administering respiratory care during transportation of a patient and under other circumstances where an emergency requires immediate respiratory care;
(iii) serving as a resource to other health care professionals and hospital administrators in relation to the technical aspects of, and the safe and effective methods for, administering respiratory care;
(iv) functioning in situations of patient contact requiring individual judgment in administering respiratory care under the general supervision of a qualified practitioner; and
(v) supervising, directing, or teaching personnel in the performance of respiratory care modalities as part of a respiratory care education program; and
(c) does not include a person who delivers, installs, or maintains respiratory related durable medical equipment and who gives instructions regarding the use of that equipment as long as that person does not perform clinical evaluation or treatment of the patient.
(4) "Practitioner" means an individual currently licensed, registered, or otherwise authorized by the appropriate jurisdiction to prescribe and administer drugs and order respiratory care in the course of professional practice.
(5) "Respiratory care practitioner" means any person licensed to practice respiratory care under this chapter.
(6) "Respiratory related durable medical equipment" means:
(a) medical grade oxygen;
(b) equipment and supplies related to medical gases;
(c) apnea monitors;
(d) oximeters;
(e) noninvasive positive pressure generators, except those with back-up respiratory rate or when used invasively;
Utah Code

(f) bilirubin lights;
(g) suctioning equipment;
(h) large volume nebulizers with compressors, except when used invasively in conjunction with an artificial airway;
(i) medication nebulizers;
(j) enteral nutrition equipment; and
(k) other respiratory related equipment intended for use in the home as defined by the division by rule.

(7) "Unlawful conduct" is defined in Sections 58-1-501 and 58-57-14.
(8) "Unprofessional conduct" as defined in Section 58-1-501 and as may be further defined by rule includes:
(a) acting contrary to the instructions of the practitioner responsible for supervising the licensee;
(b) knowingly operating any respiratory care equipment that is unsafe or not in compliance with standards of condition or operation consistent with the patient's safety;
(c) permitting any person to operate respiratory care equipment who is not competent or not allowed to operate the equipment;
(d) revealing to any unauthorized person confidential or privileged information about a patient;
(e) using any controlled substance, unless the controlled substance is prescribed by a practitioner and used in accordance with the practitioner's instructions; and
(f) making any statement that is incorrect due to negligence, willfulness, or intent to provide false information or entry on any patient record or other record that is used for payment of respiratory care services.

Amended by Chapter 106, 2006 General Session

58-57-3 Board created -- Membership -- Duties.
(1) There is created a five-member Respiratory Care Licensing Board consisting of the following persons:
(a) one physician who is a member of either the American Society of Anesthesiologists, the American College of Chest Physicians, the American Thoracic Society, or the American Academy of Pediatrics;
(b) three licensed respiratory care practitioners who have practiced respiratory care for a period of not less than three years immediately preceding their appointment to the board; and
(c) one member from the general public.
(2) The board shall be appointed and serve in accordance with Section 58-1-201.
(3) The duties and responsibilities of the board shall be in accordance with Sections 58-1-202 and 58-1-203.

Amended by Chapter 297, 1993 General Session

58-57-4 Qualifications for a license.
(1) The division shall issue a respiratory care practitioner license to an applicant who meets the requirements specified in this section.
(2) An applicant seeking licensure as a respiratory care practitioner shall:
(a) submit an application on a form prescribed by the division;
(b) pay a fee as determined by the department pursuant to Section 63J-1-504;
(c) show evidence of good moral character.
(d) possess a high school education or its equivalent, as determined by the division in collaboration with the board;
(e) have completed a respiratory care practitioner educational program that is accredited by a nationally accredited organization acceptable to the division as defined by rule; and
(f) pass an examination approved by the division in collaboration with the board.

Amended by Chapter 183, 2009 General Session

58-57-5 Licensure by endorsement.
If an applicant has completed a respiratory care practitioner education program that is approved by the board and accredited by a nationally accredited organization acceptable to the division, as defined by rule, the board may recommend that the division issue a license without examination to any applicant currently licensed by another state as a respiratory care practitioner or its equivalent, if the requirements for licensing in that state are at least as stringent as the requirements under this chapter.

Amended by Chapter 106, 2006 General Session

58-57-6 Term of license -- Expiration -- Renewal.
(1) Each license issued under this chapter shall be issued in accordance with a two-year renewal cycle established by rule. A renewal period may be extended or shortened by as much as one year to maintain established renewal cycles or to change an established renewal cycle.
(2) Each license automatically expires on the expiration date shown on the license unless renewed by the licensee in accordance with Section 58-1-308.

Repealed and Re-enacted by Chapter 297, 1993 General Session

58-57-7 Exemptions from licensure.
(1) (a) For purposes of Subsection (2)(b), "qualified" means an individual who is a registered polysomnographic technologist or a Diplomate certified by the American Board of Sleep Medicine.
(b) For purposes of Subsections (2)(f) and (g), "supervision" means one of the following will be immediately available for consultation in person or by phone:
(i) a practitioner;
(ii) a respiratory therapist;
(iii) a Diplomate of the American Board of Sleep Medicine; or
(iv) a registered polysomnographic technologist.
(2) In addition to the exemptions from licensure in Section 58-1-307, the following persons may engage in the practice of respiratory therapy subject to the stated circumstances and limitations without being licensed under this chapter:
(a) any person who provides gratuitous care for a member of his immediate family without representing himself as a licensed respiratory care practitioner;
(b) any person who is a licensed or qualified member of another health care profession, if this practice is consistent with the accepted standards of the profession and if the person does not represent himself as a respiratory care practitioner;
(c) any person who serves in the Armed Forces of the United States or any other agency of the federal government and is engaged in the performance of his official duties;
(d) any person who acts under a certification issued pursuant to Title 26, Chapter 8a, Utah Emergency Medical Services System Act, while providing emergency medical services;

(e) any person who delivers, installs, or maintains respiratory related durable medical equipment and who gives instructions regarding the use of that equipment in accordance with Subsections 58-57-2(3) and (6), except that this exemption does not include any clinical evaluation or treatment of the patient;

(f) any person who is working in a practitioner's office, acting under supervision; and

(g) a polysomnographic technician or trainee, acting under supervision, as long as the technician or trainee administers the following only in a sleep lab, sleep center, or sleep facility:

(i) oxygen titration; and

(ii) positive airway pressure that does not include mechanical ventilation.

(3) Nothing in this chapter permits a respiratory care practitioner to engage in the unauthorized practice of other health disciplines.

Amended by Chapter 340, 2011 General Session

58-57-8 Grounds for denial of license -- Disciplinary proceedings.

Grounds for refusal to issue a license to an applicant, for refusal to renew the license of a licensee, to revoke, suspend, restrict, or place on probation the license of a licensee, to issue a public or private reprimand to a licensee, and to issue cease and desist orders shall be in accordance with Section 58-1-401.

Repealed and Re-enacted by Chapter 297, 1993 General Session

58-57-10 Use of title or designation.

(1) Only a respiratory care practitioner may use the following titles or designations in this state:

(a) respiratory care practitioner;

(b) respiratory therapist; or

(c) respiratory technician.

(2) Any person who violates this section is guilty of a class A misdemeanor.

Amended by Chapter 106, 2006 General Session

58-57-11 Provision for current practitioners.

Any person who is engaged in the practice of respiratory care as defined in Section 58-57-2 and who is not licensed under this chapter as a respiratory care practitioner, shall by January 1, 2007, obtain a license under this chapter unless exempt from licensure under the provisions of Section 58-1-307 or 58-57-7.

Amended by Chapter 106, 2006 General Session

58-57-12 Independent practice prohibited.

A respiratory care practitioner may not:

(1) practice independently of a practitioner or of a health care facility while under the supervision of a practitioner; or

(2) charge a fee for his services independently of a practitioner or health care facility.

Amended by Chapter 106, 2006 General Session
58-57-14 Unlawful conduct -- Penalty.

(1) Beginning January 1, 2007, "unlawful conduct" includes:
   (a) using the following titles, names, or initials, if the user is not properly licensed under this chapter:
      (i) respiratory care practitioner;
      (ii) respiratory therapist; and
      (iii) respiratory technician; and
   (b) using any other name, title, or initials that would cause a reasonable person to believe the user is licensed under this chapter if the user is not properly licensed under this chapter.

(2) Any person who violates the unlawful conduct provision specifically defined in Subsection 58-1-501(1)(a) is guilty of a third degree felony.

(3) Any person who violates any of the unlawful conduct provisions specifically defined in Subsections 58-1-501(1)(b) through (f) and Subsection (1) of this section is guilty of a class A misdemeanor.

(4) After a proceeding pursuant to Title 63G, Chapter 4, Administrative Procedures Act, and Title 58, Chapter 1, Division of Occupational and Professional Licensing Act, the division may assess administrative penalties for acts of unprofessional or unlawful conduct or any other appropriate administrative action.

Amended by Chapter 382, 2008 General Session
R156. Commerce, Occupational and Professional Licensing.
R156-57-101. Title.
This rule is known as the "Respiratory Care Practices Act Rule".

In addition to the definitions in Title 58, Chapters 1 and 57, as used in Title 58, Chapters 1 and 57, or this rule:
(1) "Other respiratory related durable medical equipment intended for use in the home", as used in Subsection 58-57-2(6)(k), means other new respiratory care technology intended for use in the home that was not approved on the market as of September 2006.
(2) "Supervised" as used in Subsection 58-1-307(1)(b) or "supervising" as used in Subsection 58-57-2(4)(e) means that the licensed respiratory care practitioner is present in the facility and shall be available to see the patient and give immediate consultation with respect to care.

R156-57-103. Authority - Purpose.
This rule is adopted by the division under the authority of Subsection 58-1-106(1)(a) to enable the division to administer Title 58, Chapter 57.

R156-57-104. Organization - Relationship to Rule R156-1.
The organization of this rule and its relationship to Rule R156-1 is as described in Section 58-1-107.

In accordance with Subsection 58-57-4(2)(f) and Sections 58-57-5 and 58-1-309, all applicants for licensure shall pass the following examinations:
(1) the National Board for Respiratory Care (NBRC) Certification Examination for Entry Level Respiratory Therapists (CRT); or
(2) the NBRC Registry Examination for Advanced Respiratory Therapists (RRT).

In accordance with Subsection 58-57-4(2)(e) and Section 58-57-5, "a respiratory care practitioner education program that is approved by the board" means a respiratory care educational program accredited by the Committee on Accreditation for Respiratory Care (COARC) as evidenced by NBRC certification as a CRT or RRT.

R156-57-303 Renewal Cycle - Procedures.
(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 57 is established by rule in Section R156-1-308a.
(2) Renewal procedures shall be in accordance with Section R156-1-308c.

KEY: licensing, respiratory care
Date of Enactment or Last Substantive Amendment: February 22, 2007
Notice of Continuation: September 26, 2011
Authorizing, and Implemented or Interpreted Law: 58-57-1; 58-1-106(1)(a); 58-1-202(1)(a)
RCW 18.89.040

Scope of practice.

(1) A respiratory care practitioner licensed under this chapter is employed in the treatment, management, diagnostic testing, rehabilitation, and care of patients with deficiencies and abnormalities which affect the cardiopulmonary system and associated aspects of other systems, and is under the direct order and under the qualified medical direction of a health care practitioner. The practice of respiratory care includes:

(a) The use and administration of prescribed medical gases, exclusive of general anesthesia;
(b) The use of air and oxygen administering apparatus;
(c) The use of humidification and aerosols;
(d) The administration, to the extent of training, as determined by the secretary, of prescribed pharmacologic agents related to respiratory care;
(e) The use of mechanical ventilatory, hyperbaric, and physiological support;
(f) Postural drainage, chest percussion, and vibration;
(g) Bronchopulmonary hygiene;
(h) Cardiopulmonary resuscitation as it pertains to advanced cardiac life support or pediatric advanced life support guidelines;
(i) The maintenance of natural and artificial airways and insertion, without cutting tissues, of artificial airways, as prescribed by a health care practitioner;
(j) Diagnostic and monitoring techniques such as the collection and measurement of cardiorespiratory specimens, volumes, pressures, and flows;
(k) The insertion of devices to draw, analyze, infuse, or monitor pressure in arterial, capillary, or venous blood as prescribed by a health care practitioner; and
(l) Diagnostic monitoring of and therapeutic interventions for desaturation, ventilatory patterns, and related sleep abnormalities to aid the health care practitioner in diagnosis. This subsection does not prohibit any person from performing sleep monitoring tasks as set forth in this subsection under the supervision or direction of a licensed health care provider.

(2) Nothing in this chapter prohibits or restricts:

(a) The practice of a profession by individuals who are licensed under other laws of this state who are performing services within their authorized scope of practice, that may overlap the services provided by respiratory care practitioners;
(b) The practice of respiratory care by an individual employed by the government of the United States while the individual is engaged in the performance of duties prescribed for him or her by the laws and rules of the United States;
(c) The practice of respiratory care by a person pursuing a supervised course of study leading to a degree or certificate in respiratory care as a part of an accredited and approved educational program, if the person is designated by a title that clearly indicates his or her status as a student or trainee and limited to the extent of demonstrated proficiency of completed curriculum, and under direct supervision;
(d) The use of the title "respiratory care practitioner" by registered nurses authorized under chapter 18.79 RCW; or
(e) The practice without compensation of respiratory care of a family member.

Nothing in this chapter shall be construed to require that individual or group policies or contracts of an insurance carrier, health care service contractor, or health maintenance organization provide benefits or coverage for services and supplies provided by a person licensed under this chapter.

[ 2011 c 235 § 2; 1999 c 84 § 1; 1997 c 334 § 4; 1994 sp.s. c 9 § 716; 1987 c 415 § 5.]

NOTES:

Effective dates—1997 c 334: See note following RCW 18.89.010.
Respiratory Therapists are health care professionals whose responsibilities include the diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice includes the application of technology and the use of treatment protocols across all care sites including, but not limited to, the hospital, clinic, physician’s office, rehabilitation facility, skilled nursing facility and the patient’s home.

The practice of respiratory care encompasses activities in diagnostic evaluation, therapy, and education of the patient, family and public. These activities are supported by education, research and administration. Diagnostic activities include but are not limited to:

1. Obtaining and analyzing physiological specimens
2. Interpreting physiological data
3. Performing tests and studies of the cardiopulmonary system
4. Performing neurophysiological studies
5. Performing sleep disorder studies

Therapy includes but is not limited to the application and monitoring of:

1. Medical gases and environmental control systems
2. Mechanical ventilator support
3. Artificial airway care
4. Bronchopulmonary hygiene
5. Pharmacological agents related to respiratory care procedures
6. Cardiopulmonary rehabilitation
7. Hemodynamic cardiovascular support

The focus of patient and family education activities is to promote knowledge and understanding of the disease process, medical therapy and self help. Public education activities focus on the promotion of cardiopulmonary wellness.
SCOPE OF PRACTICE DEFINED

Business and Professions Code section 3702:

(a) Respiratory care as a practice means a health care profession employed under the of a medical director in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions, and includes all of the following:

(1) Direct and indirect pulmonary care services that are safe, aseptic, preventive, and restorative to the patient.

(2) Direct and indirect respiratory care services, including, but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician and surgeon.

(3) Observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing and (A) determination of whether such signs, symptoms, reactions, behavior, or general response exhibits abnormal characteristics; (B) implementation based on observed abnormalities of appropriate reporting or referral or respiratory care protocols, or changes in treatment regimen, pursuant to a prescription by a physician and surgeon or the initiation of emergency procedures.

(4) The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician and surgeon: administration of medical gases, exclusive of general anesthesia; aerosols; humidification; environmental control systems and baromedical therapy; pharmacologic agents related to respiratory care procedures; mechanical or physiological ventilatory support; bronchopulmonary hygiene; cardiopulmonary resuscitation; maintenance of the natural airways; insertion without cutting tissues and maintenance of artificial airways; diagnostic and testing techniques required for implementation of respiratory care protocols; collection of specimens of blood; collection of specimens from the respiratory tract; analysis of blood gases and respiratory secretions.

(5) The transcription and implementation of the written and verbal orders of a physician and surgeon pertaining to the practice of respiratory care.

(b) As used in this section, the following apply:

(1) "Associated aspects of cardiopulmonary and other systems functions" includes patients with deficiencies and abnormalities affecting the heart and cardiovascular system.

(2) "Respiratory care protocols" means policies and protocols developed by a licensed health facility through collaboration, when appropriate, with administrators, physicians and surgeons, registered nurses, physical therapists, respiratory care practitioners, and other licensed health care practitioners.
SCOPE OF PRACTICE DEFINED (continued)

Business and Professions Code section 3702.7:

The respiratory care practice is further defined and includes, but is not limited to, the following:

(a) Mechanical or physiological ventilatory support as used in paragraph (4) of subdivision (a) of Section 3702 includes, but is not limited to, any system, procedure, machine, catheter, equipment, or other device used in whole or in part, to provide ventilatory or oxygenating support.

(b) Administration of medical gases and pharmacological agents for the purpose of inducing conscious or deep sedation under physician and surgeon supervision and the direct orders of the physician and surgeon performing the procedure.

(c) All forms of extracorporeal life support, including, but not limited to, extracorporeal membrane oxygenation (ECMO) and extracorporeal carbon dioxide removal (ECCO2R).

(d) Educating students, health care professionals, or consumers about respiratory care, including, but not limited to, education of respiratory core courses or clinical instruction provided as part of a respiratory educational program and educating health care professionals or consumers about the operation or application of respiratory care equipment and appliances.

(e) The treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders as provided in Chapter 7.8 (commencing with Section 3575).

If you have further questions or need clarification regarding the scope of practice for a respiratory care practitioner, you may call the Board toll free at (866) 375-0386 or send your question by email to rcbinfo@dca.ca.gov.