

Document: Readopted Rules

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**TITLE 844 MEDICAL LICENSING BOARD OF
INDIANA**

LSA Document #01-131

DIGEST

Readopts rules in anticipation of IC 4-22-2.5-2, providing that all rules of Indiana administrative agencies in force on December 31, 1995, expire on January 1, 2002. Effective 30 days after filing with the secretary of state.

844 IAC 11-1-2	844 IAC 11-4-8
844 IAC 11-3-2	844 IAC 11-5-1
844 IAC 11-3-3	844 IAC 11-5-3
844 IAC 11-3-4	844 IAC 11-5-4
844 IAC 11-4-5	844 IAC 11-5-5
844 IAC 11-4-6	

SECTION 1. UNDER IC 4-22-2.5-3, 844 IAC 11-1-2 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-1-2 "School or program" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8

Sec. 2. "School or program", as mentioned in IC 25-34.5-2-8(b), means a program for the education of respiratory care practitioners. including the following:

(1) The following units, modules, or courses of instruction must be included:

(A) The following basic sciences:

- (i) Biology:
- (ii) Cardiopulmonary anatomy and physiology:
- (iii) Chemistry:
- (iv) Computer science:
- (v) Human anatomy and physiology:
- (vi) Mathematics:
- (vii) Microbiology:
- (viii) Pharmacology:
- (ix) Physics:
- (x) Psychology:

(B) The following clinical sciences:

- (i) Cardiopulmonary diseases:
- (ii) General medical and surgical specialties:
- (iii) Pathology:
- (iv) Pediatrics and perinatology:

(C) The following respiratory care content areas:

- (i) Aerosol therapy:
- (ii) Airway management:
- (iii) Assessment of patients' cardiopulmonary status:
- (iv) Cardiopulmonary diagnostics and interpretation:
- (v) Cardiopulmonary monitoring and interpretation:
- (vi) Cardiopulmonary rehabilitation and home care:
- (vii) Cardiopulmonary resuscitation:

- (viii) Chest physiotherapy:
- (ix) Ethics of respiratory care and medical care:
- (x) Gas therapy general patient care:
- (xi) Humidity therapy:
- (xii) Hyperinflation therapy:
- (xiii) Mechanical ventilation management:
- (xiv) Oxygen therapy:
- (xv) Pediatrics and perinatology:

(2) The committee shall maintain a list of programs for the education of respiratory care practitioners which meet the standards set by the board. This list shall be available in written form from the health professions bureau:

The board hereby adopts the standards and guidelines of the Commission on Accreditation of Allied Health Education Programs for the Profession of Respiratory Care adopted in 1962 and revised in 1972, 1977, 1986, and 2000. The standards and guidelines are hereby incorporated by reference and made applicable to this title and specifically to this section. A current copy of the document may be purchased by contacting the Committee on Accreditation for Respiratory Care, 1248 Harwood Road, Bedford, Texas 76021-4244 or the Health Professions Bureau, Indiana Government Center-South, 402 West Washington Street, Room W041, Indianapolis, Indiana 46204. *(Medical Licensing Board of Indiana; 844 IAC 11-1-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448)*

SECTION 2. UNDER IC 4-22-2.5-3, 844 IAC 11-3-2 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-3-2 Licensure by examination

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8; IC 25-34.5-2-9

Sec. 2. The committee shall issue a ~~certificate~~ **license** by examination to an applicant who completes the following:

- (1) Applies to the committee in the form and manner prescribed by the board.
- (2) Submits the fees specified in 844 IAC 11-2-1.
- (3) Successfully completes ~~the~~ **and submits an official credential report that verifies passing a respiratory care practitioner examination** required by the committee.
- ~~(4) Submits a certificate of completion to the committee of the applicant's graduation from a school or program of respiratory care that meets the standards set by the board under 844 IAC 11-1-4.~~
- ~~(5)~~ **(4)** Submits two (2) recent passport-quality photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom.
- ~~(6)~~ **(5)** Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant **that meets the standards set by the board under 844 IAC 11-1-2.**
- ~~(7)~~ **(6)** Otherwise meets the requirements of IC 25-34.5-2-8.

(Medical Licensing Board of Indiana; 844 IAC 11-3-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449)

SECTION 3. UNDER IC 4-22-2.5-3, 844 IAC 11-3-3 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-3-3 Licensure by endorsement

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8; IC 25-34.5-2-11

Sec. 3. The committee may issue a ~~certificate~~ **license** by endorsement to an applicant who completes the following:

- (1) Applies to the committee in the form and manner required by the board.
- (2) Submits the fees required under 844 IAC 11-2-1.
- (3) Submits two (2) recent passport-quality photographs of the applicant, no smaller than two (2) inches by two (2) inches, each signed by the applicant at the bottom in black ink.
- ~~(4) Submits a certificate of completion to the committee of the applicant's graduation from a school or program of respiratory care that meets the standards set by the board under 844 IAC 11-1-2.~~
- ~~(5)~~ **(4)** Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant **that meets the standards set by the board under 844 IAC 11-1-2.**

(6) Submits verification of licensure/certification status from the initial state in which the applicant has been or is currently licensed/certified.

(7) (5) Submits verification from all states in which the applicant has been or is currently licensed/certified which statement shall include whether the applicant has ever been disciplined in any manner.

(6) Submits an official credentials report that verifies passing a respiratory care practitioner examination approved by the board.

(8) (7) Otherwise meets the requirements of IC 25-34.5-2-8.

(Medical Licensing Board of Indiana; 844 IAC 11-3-3; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449)

SECTION 4. UNDER IC 4-22-2.5-3, 844 IAC 11-3-4 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-3-4 Temporary permits by endorsement

Authority: IC 25-34.5-2-6; IC 25-34.5-2-7

Affected: IC 25-34.5-2-10.1

Sec. 4. (a) An applicant for a temporary permit **by endorsement** under IC 25-34.5-2-10.1(a)(1) who submits proof of current certification or licensure to practice respiratory care from another state may be issued a temporary permit.

(b) An applicant for a temporary permit under IC 25-34.5-2-10.1(a)(2) who submits proof that the state in which the applicant is practicing does not require licensure or certification and proof of current ~~certification~~ credentials from ~~the a~~ national ~~Board of~~ respiratory care ~~association approved by the committee~~ may be issued a temporary permit.

(c) ~~An applicant for A temporary permit expires the earlier of the date the:~~

(1) ~~person holding the permit is issued a license under IC 25-34.5-2-10.1(a)(3) will be required to take the first available examination for certification. A temporary permit of an applicant who fails to appear for the scheduled examination will be invalidated. If the applicant presents an explanation to the committee in writing which shows good cause for missing the scheduled examination, the committee may allow the applicant to submit a new application for a temporary permit. IC 25-34.5-2-11; or~~

(2) ~~committee disapproves the person's license application.~~

(Medical Licensing Board of Indiana; 844 IAC 11-3-4; filed Apr 15, 1994, 5:00 p.m.: 17 IR 2078)

SECTION 5. UNDER IC 4-22-2.5-3, 844 IAC 11-4-5 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-4-5 Incompetent practice

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 5. The following establishes incompetent practice of a respiratory care practitioner:

(1) Willful or repeated violation of a rule of the medical licensing board of Indiana or a lawful order of the committee previously entered in a disciplinary hearing.

(2) Accepting or performing professional responsibilities which the ~~certificate~~ **license** holder knows, or has reason to know, he or she is not competent to perform.

(3) Professional incompetence in the practice of respiratory care.

(4) Failure to deliver respiratory care services with a level of care, skill, and treatment which is recognized by a reasonably prudent respiratory care practitioner with similar professional training as being acceptable under similar conditions and circumstances.

(5) Exercising influence on a patient in such a manner as to exploit the patient for financial gain of the certificate holder or a third party, which shall include, but not be limited to, the promoting or selling of services, goods, or appliances.

(6) Payment or receipt of any commission, bonus, kickback, rebate, or fee splitting arrangement in any form whatsoever with any person or organization. This subdivision shall not be construed to prevent the certificate holder from receiving a fee for professional consultation services.

(7) Exercising influence within a respiratory care relationship for purposes of engaging a patient in sexual activity.

(8) Inaccurately recording, falsifying, or altering patient records, including, but not limited to, patient charts or medication administration records.

(9) Falsely misrepresenting facts on an application for employment as a respiratory care practitioner.

(10) Leaving a respiratory therapy assignment before properly advising appropriate personnel.

(11) Discriminating on the basis of race, creed, religion, sex, age, or national origin in the rendering of respiratory therapy services

as it relates to human rights and the dignity of an individual.

(12) Impersonating or acting as a proxy for an applicant in any examination required for ~~certification~~ licensure.

(13) Impersonating another ~~certified licensed~~ practitioner or permitting another person to use his or her ~~certificate~~ license for the purpose of practicing respiratory therapy for compensation.

(14) Providing false or incorrect information to an employer regarding the status of his or her ~~certification~~ license.

(15) Abandoning a patient.

(Medical Licensing Board of Indiana; 844 IAC 11-4-5; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584)

SECTION 6. UNDER IC 4-22-2.5-3, 844 IAC 11-4-6 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-4-6 Peer reviews

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 6. (a) A practitioner who has personal knowledge based upon a reasonable belief that another practitioner holding the same ~~certification licensure~~ has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of respiratory care shall promptly report such conduct to a peer review or similar body, as defined in IC 34-4-12.6-1(c) [*IC 34-4 was repealed by P.L. 1-1998, SECTION 221, effective July 1, 1998.*], having jurisdiction over the offending practitioner and the matter. This subsection does not prohibit a practitioner from promptly reporting said conduct directly to the respiratory care committee. Further, a practitioner who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of respiratory care shall promptly report such conduct to the respiratory care committee.

(b) A practitioner who voluntarily submits himself or herself to, or is otherwise undergoing a course of treatment for addiction, severe dependency upon alcohol or other drugs or controlled substances, or for psychiatric impairment, where such treatment is sponsored or supervised by an impaired respiratory care practitioner committee of a state, regional, or local organization of professional health care providers, or where such treatment is sponsored or supervised by an impaired respiratory care practitioner committee of a hospital, shall be exempt from reporting to a peer review committee or to the respiratory care committee as long as:

(1) the practitioner is complying with the course of treatment; and

(2) the practitioner is making satisfactory progress.

(c) If the practitioner fails to comply with, or is not ~~benefitted~~ benefited by, the course of treatment, the practitioner/chief administrative officer, his designee, or any member of the impaired practitioner committee shall promptly report such facts and circumstances to the respiratory care committee. This subsection shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the respiratory care committee from taking such action as it deems appropriate or as may otherwise be provided by law. *(Medical Licensing Board of Indiana; 844 IAC 11-4-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584)*

SECTION 7. UNDER IC 4-22-2.5-3, 844 IAC 11-4-8 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-4-8 Liability to patients

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 8. A practitioner shall not attempt to exonerate himself ~~of or~~ or herself from or limit his or her liability to a patient for his or her personal malpractice except that a practitioner may enter into agreements ~~which that~~ contain informed, voluntary releases and/or waivers of liability in settlement of a claim made by a patient or by those responsible for a patient's care. *(Medical Licensing Board of Indiana; 844 IAC 11-4-8; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585)*

SECTION 8. UNDER IC 4-22-2.5-3, 844 IAC 11-5-1 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-5-1 Address; change of name

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. (a) Each respiratory care practitioner shall inform the committee, in writing, of all changes of address or name within fifteen

(15) days of the change.

(b) A respiratory care practitioner's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the respiratory care practitioner from renewing such ~~certificate~~ **license**. (*Medical Licensing Board of Indiana; 844 IAC 11-5-1; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723*)

SECTION 9. UNDER IC 4-22-2.5-3, 844 IAC 11-5-3 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-5-3 Continuing education hours required

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 3. (a) Each respiratory care practitioner ~~certified~~ **licensed** in Indiana is required to complete an annual average of seven and one-half (7.5) hours of continuing education during each biennium (January 1 of odd-numbered year to December 31 of succeeding even-numbered year) in the area of respiratory care.

(b) A respiratory care practitioner is not required to complete continuing education requirements for the year in which the initial ~~certification~~ **license** was issued.

~~(c) [Voided by P.L.60-2000; SECTION 31; effective July 1, 2000.]~~

~~(d)~~ (c) Continuing education hours must be obtained within the biennial renewal period and may not be carried over from one (1) ~~certification~~ **licensure** period to another.

~~(e)~~ (d) No more than five (5) hours of continuing education can be obtained through correspondence courses during the biennium.

(e) **The committee shall accept continuing education courses in the following areas toward fulfillment of the requirements under IC 25-34.5-2-10(a):**

(1) Management of the practice of respiratory care.

(2) Courses concerning the practice of respiratory care that do the following:

(A) Enable individuals to teach continuing education courses for respiratory care practitioners.

(B) Enable respiratory care practitioner to teach topics related to patient/family education.

(3) The practice of respiratory care.

(Medical Licensing Board of Indiana; 844 IAC 11-5-3; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2869)

SECTION 10. UNDER IC 4-22-2.5-3, 844 IAC 11-5-4 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-5-4 Reporting continuing education

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 4. (a) Proof of attendance and completion of continuing education shall be submitted at the time of certification renewal on a form provided by the health professions bureau.

(b) It is the responsibility of the respiratory care practitioner to notify the health professions bureau of courses completed to meet the continuing education requirements.

(a) A licensee must sign the renewal form provided by the bureau that verifies that all continuing education requirements according to section 3 of this rule will have been met by the time of license renewal.

~~(e)~~ (b) The respiratory care practitioner shall maintain his or her continuing education records of a given biennium for a period of four (4) years following the end of the biennium.

~~(d)~~ (c) It is the responsibility of the respiratory care practitioner to verify that courses attended have been approved by the committee. Without approval, as provided under section 5 of this rule, credit will not be given. (*Medical Licensing Board of Indiana; 844 IAC 11-5-4; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723*)

SECTION 11. UNDER IC 4-22-2.5-3, 844 IAC 11-5-5 IS READOPTED AND AMENDED TO READ AS FOLLOWS:

844 IAC 11-5-5 Approval of continuing education programs

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 5. (a) The following criteria shall be used for approval of continuing education programs for respiratory care practitioners:

- (1) The continuing education program shall have a statement of objectives which the program should achieve for its participants relating to and enhancing the study of respiratory care.
- (2) The sponsor of continuing education programs shall provide adequate administration, including a responsible person to coordinate and administer the program, and shall provide for the maintenance of proper records.
- (3) Sponsors of continuing education programs shall provide adequate funding for the educational programs undertaken.
- (4) The curriculum of a continuing education program shall be thoughtfully planned and designed to explore in considerable depth one (1) subject or a closely related group of subjects related to the practice of respiratory care.
- (5) The continuing education program shall have qualified faculty members who have demonstrated competence in the subject areas.
- (6) The continuing education program shall be held in adequate facilities that allow for an effective program.
- (7) Continuing education programs shall employ a variety of educational methods and teaching aids that enhance the learning opportunities.
- (8) Appropriate methods of evaluation shall be devised and used to measure the continuing education program's effectiveness.
- (9) The sponsor of the continuing education program shall provide to the participants a meaningful record of attendance stating the continuing education hours involved.

(b) Programs for continuing education may be approved by the committee provided the sponsoring organization has submitted the proper form at least ~~ninety (90)~~ **thirty (30)** days prior to presentation of the program.

(c) The sponsor of the program is responsible for monitoring attendance in such a manner that verification of attendance throughout the entire program can be reliably assured.

(d) Notwithstanding subsections (a) and (b), continuing education programs for respiratory care practitioners sponsored by the following organizations ~~shall be deemed approved and no approval by the committee shall be required: as follows:~~

- (1) American Association of Respiratory Care or one (1) of its chartered affiliates.
- (2) American Medical Association.
- (3) American Nurses Association.
- (4) Indiana State Nurses Association.
- (5) American College of Chest Physicians.
- (6) American Academy of Pediatrics.
- (7) American Academy of Pediatrics Certification/Recertification, including the following:**
 - (A) Pediatric Advanced Life Support (PALS)—eight (8) hours.**
 - (B) Neonatal Resuscitation Certification (NRC)—four (4) hours.**
 - (C) Pediatric Advanced Life Support (PALS) Instructor Course—eight (8) hours.**
 - (D) Neonatal Resuscitation Certification (NRC) Instructor Course—four (4) hours.**
- ~~(7)~~ **(8) American Heart Association seminar programs.**
- (9) American Heart Association Certification/Recertification, including the following:**
 - (A) Advanced Cardiac Life Support (ACLS)—eight (8) hours.**
 - (B) Basic Cardiac Life Support (CPR)—two (2) hours.**
 - (C) Advanced Cardiac Life Support (ACLS) Instructor Course—eight (8) hours.**
 - (D) Basic Cardiac Life Support (CPR) Instructor Course—four (4) hours.**
 - (E) Automated External Defibrillator Certification—four (4) hours.**
 - (F) Automated External Defibrillator Certification Instructor Course—four (4) hours.**
- ~~(8)~~ **(10) Society of Critical Care Medicine.**

- (9) **(11)** American Association of Critical Care Nurses.
- (10) **(12)** American Society of Anesthesiologists.
- (11) **(13)** American Polysomnographers Technologist.
- (12) **(14)** American Osteopathic Association.
- (13) **(15)** National Society for Cardiopulmonary Technologists.
- (14) **(16)** American Thoracic Society.
- (15) **(17)** American Lung Association.

(e) The following programs shall be approved by the committee for the following number of hours:

- (1) ~~Advanced Cardiac Life Support through the American Heart Association—eight (8) hours.~~
- (2) ~~Pediatric Advanced Life Support through the American Academy of Pediatrics—eight (8) hours.~~
- (3) ~~Advanced Cardiac Life Support Recertification through the American Heart Association; one (1) day—four (4) hours.~~
- (4) ~~Advanced Cardiac Life Support Recertification through the American Heart Association; two (2) days—eight (8) hours.~~
- (5) ~~Pediatric Advanced Life Support Recertification through the American Academy of Pediatrics; one (1) day—four (4) hours.~~
- (6) ~~Pediatric Advanced Life Support Recertification through the American Academy of Pediatrics; two (2) days—eight (8) hours.~~
- (7) ~~Basic Cardiac Life Support (CPR) Recertification through the American Heart Association—two (2) hours.~~
- (8) **(1)** Intermediate Electrocardiography (EKG)—one (1) hour.
- (9) ~~Kettering National Board for Respiratory Care Entry Level Review—four (4) hours.~~
- (10) ~~Kettering National Board for Respiratory Care Advanced Practice Review—eight (8) hours.~~
- (11) ~~Kettering National Board for Respiratory Care Clinical Simulation Workshop—four (4) hours.~~
- (12) ~~Neonatal Resuscitation Certification or Recertification through the American Academy of Pediatrics—four (4) hours.~~
- (13) ~~Kettering Pulmonary Function Technician Review Seminar—eight (8) hours.~~
- (14) ~~Kettering Registered Pulmonary Function Technician Review—four (4) hours.~~
- (15) **(2)** Atlanta School of Sleep Medicine and Technology, “Seminar on Sleep Study and Technology”—two (2) week seminar—eight (8) hours.

(Medical Licensing Board of Indiana; 844 IAC 11-5-5; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2870)

Notice of Public Hearing

Under IC 4-22-2-24 and IC 4-22-2.5-3, notice is hereby given that on August 23, 2001 at 10:35 a.m., at the Indiana Government Center-South, 402 West Washington Street, Conference Center Rooms 4 and 5, Indianapolis, Indiana the Medical Licensing Board of Indiana will hold a public hearing to readopt rules.

Requests for any part of this readoption and amendments to be separate from this action must be made in writing within 30 days of this publication. Send written comments to:

*Cindy Vaught, Director
Health Professions Bureau
Indiana Respiratory Care Committee
402 West Washington Street
Room W041
Indianapolis, Indiana 46204
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Copies of these rules are now on file at the Indiana Government Center-South, 402 West Washington Street, Room W041 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Beth Anne Compton
Executive Director
Health Professions Bureau