

PROFESSIONAL LICENSURE DIVISION[645]

Adopted and Filed

Pursuant to the authority of Iowa Code section 152B.6, the Board of Respiratory Care hereby amends Chapter 262, “Continuing Education for Respiratory Care Practitioners,” and Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

Item 1 removes language that attempts to define clinical continuing education. The existing definition was confusing. Removing part of the definition creates a more concise and clearer definition.

Item 2 reiterates the definition of “respiratory care as a practice” in Iowa Code section 152B.2 and provides clarification regarding what is considered the practice of respiratory therapy.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 1255C** on December 25, 2013.

The Board received 31 written comments. In addition, 10 comments were received at the public hearing held on January 14, 2014. All the comments were in reference to numbered paragraph “3” in proposed rule 645—265.5(152B,272C) that listed performing pulmonary diagnostic and sleep-related (polysomnography) testing as a respiratory service. Thirty-six total comments were opposed. Five comments were in favor. Comments in opposition stated that references to sleep-related (polysomnography) testing should not be included in the rule.

Based on public comment, the Board removed the controversial reference to sleep-related (polysomnographic) testing in paragraph “3” of rule 645—265.5(152B,272C) in Item 2.

In Item 1, paragraph “a,” the word “that,” which was stricken in the Notice, has been retained.

After analysis and review of this rule making, no impact on jobs is expected.

These amendments are intended to implement Iowa Code sections 147.76 and 272C.2.

These amendments will become effective June 18, 2014.

The following amendments are adopted.

ITEM 1. Amend subrule 262.3(2) as follows:

262.3(2) Specific criteria. Continuing education hours of credit may be obtained by:

a. Programs/activities that shall be of a clinical nature related to the practice of respiratory care. ~~Clinical nature subject matter is described as basic clinical processes that include information beyond the basic licensure requirements applicable to the normal development and use of the clinical respiratory care practitioner. Any communication course must involve the actual application to the practice of the respiratory care practitioner.~~

b. to f. No change.

ITEM 2. Adopt the following **new** rule 645—265.5(152B,272C):

645—265.5(152B,272C) Respiratory care as a practice. “Respiratory care as a practice” means a health care profession, under medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities that affect the pulmonary system and associated aspects of cardiopulmonary and other systems’ functions, and includes, but is not limited, to the following direct and indirect respiratory care services that are safe, of comfort, aseptic, preventative, and restorative to the patient:

1. Observing and monitoring signs and symptoms, general behavior, reactions, and general physical responses to respiratory care treatment and diagnostic testing.
2. Determining whether the signs, symptoms, behavior, reactions, or general responses exhibit abnormal characteristics.
3. Performing pulmonary diagnostic testing.
4. Analyzing blood gases and respiratory secretions.
5. Measuring and monitoring hemodynamic and physiologic function related to cardiopulmonary pathophysiology.

6. Performing diagnostic and testing techniques 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; and collection of specimens of blood and from the respiratory tract.
7. Administering:
 - Medical gases, aerosols, and humidification, not including general anesthesia.
 - Lung expansion therapies.
 - Bronchopulmonary hygiene therapies.
 - Hyperbaric therapy.
 - Pharmacologic and therapeutic agents necessary to implement therapeutic, disease prevention, pulmonary rehabilitative, or diagnostic regimens prescribed by a licensed physician, surgeon, or other qualified health care professional prescriber.
8. Maintaining natural and artificial airways.
9. Without cutting tissues, inserting and maintaining artificial airways.
10. Initiating, monitoring, modifying and discontinuing invasive or noninvasive mechanical ventilation.
11. Performing basic and advanced cardiopulmonary resuscitation.
12. Performing invasive procedures that relate to respiratory care.
13. Implementing changes in treatment regimen based on observed abnormalities and respiratory care protocols to include appropriate reporting and referral.
14. Managing asthma, COPD, and other respiratory diseases.
15. Performing cardiopulmonary rehabilitation.
16. Instructing patients in respiratory care, functional training in self-care and home respiratory care management and promoting the maintenance of respiratory care fitness, health, and quality of life.
17. Performing those advanced practice procedures that are permitted within the policies of the employing institution and for which the respiratory care practitioner has documented training and demonstrated competence.
18. Managing the clinical delivery of respiratory care services through the ongoing supervision, teaching, and evaluation of respiratory care.
19. Transcribing and implementing a written, verbal, or telephonic order from a licensed physician, surgeon, or other qualified health care professional prescriber pertaining to the practice of respiratory care.

[Filed 4/14/14, effective 6/18/14]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/14/14.