CHAPTER 152B

RESPIRATORY CARE

Referred to in §135.24, 147.74, 147.76, 272C.1, 714H.4

[P]
Enforcement, §147.87, 147.92

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152B.1 Definitions.

As used in this chapter, unless otherwise defined or the context otherwise requires:

1. *"Board"* means the board of respiratory care created under chapter 147.

2. *"Department"* means the Iowa department of public health.

3. *"Formal training"* means a supervised, structured educational activity that includes preclinical didactic and laboratory activities and clinical activities approved by an accrediting agency recognized by the board, and including an evaluation of competence through a standardized testing mechanism that is determined by the board to be both valid and reliable.

4. *"Qualified health care professional prescriber"* means a physician assistant operating under the prescribing authority granted in section 147.107 or an advanced registered nurse practitioner operating under the prescribing authority granted in section 147.107.

5. *"Qualified medical director"* means a licensed physician or surgeon who is a member of a hospital's or health care facility's active medical staff and who has special interest and knowledge in the diagnosis and treatment of respiratory problems, is qualified by special training or experience in the management of acute and chronic respiratory disorders, is responsible for the quality, safety, and appropriateness of the respiratory care services provided, and is readily accessible to the respiratory care practitioners to assure their competency.

6. *"Respiratory care"* includes "respiratory therapy" or "inhalation therapy".

7. *"Respiratory care education program"* means a course of study leading to eligibility for registration or certification in respiratory care which is recognized or approved by the board.

8. *"Respiratory care practitioner"* or *"practitioner"* means a person who meets all of the following:

a. Is qualified in the practice of cardiorespiratory care and has the knowledge and skill necessary to administer respiratory care as defined in section 152B.3.

b. Is capable of serving as a resource to the physician or surgeon in relation to the technical aspects of cardiorespiratory care and to safe and effective methods for administering respiratory care modalities.

c. Is able to function in situations of unsupervised patient contact requiring individual judgment.

d. Is capable of supervising, directing, or teaching less skilled personnel in the provision of respiratory care services.

9. *"Respiratory therapist"* means a person who has successfully completed a respiratory care education program for training respiratory therapists and has passed the registry examination for respiratory therapists administered by the national board for respiratory care or a respiratory therapy licensure examination approved by the board.

10. *"Respiratory therapy technician"* means a person who has successfully completed a respiratory care education program for training therapists and has passed the certification examination for respiratory therapy technicians administered by the national board for

respiratory care or a respiratory therapist technicians' licensure examination approved by the board.

85 Acts, ch 151, §1
CS85, §135F.1
90 Acts, ch 1193, §1
C93, §152B.1
96 Acts, ch 1036, §31; 2007 Acts, ch 10, §128; 2012 Acts, ch 1041, §1; 2013 Acts, ch 90, §30
[T] Subsection 8, paragraph b amended

152B.2 Respiratory care as a practice defined.

1. *a. "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 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 and of comfort, aseptic, preventative, 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 licensed physician or surgeon or a qualified health care professional prescriber.

(3) Observation and monitoring of signs and symptoms, general behavior, reactions, general physical response to respiratory care treatment and diagnostic testing.

(4) Determination of whether the signs, symptoms, behavior, reactions, or general response exhibit abnormal characteristics.

(5) Implementation based on observed abnormalities, of appropriate reporting, referral, or respiratory care protocols or changes in treatment regimen.

b. "Respiratory care as a practice" does not include the delivery, assembly, setup, testing, or demonstration of respiratory care equipment in the home upon the order of a licensed physician or surgeon or a qualified health care professional prescriber. As used in this paragraph, *"demonstration"* does not include the actual teaching, administration, or performance of the respiratory care procedures.

2. *"Respiratory care protocols"* as used in this section means policies and procedures developed by an organized health care system through consultation, when appropriate, with administrators, licensed physicians and surgeons, qualified health care professional prescribers, licensed registered nurses, licensed physical therapists, licensed respiratory care practitioners, and other licensed health care practitioners.

85 Acts, ch 151, §2
CS85, §135F.2
90 Acts, ch 1193, §2
C93, §152B.2
97 Acts, ch 68, §1; 2012 Acts, ch 1041, §2 – 4; 2012 Acts, ch 1138, §51; 2013 Acts, ch 90, §31
Referred to in §152B.5, 152B.7A, 152B.11
[T] Subsection 1, paragraph b amended

152B.3 Performance of respiratory care.

1. The performance of respiratory care shall be in accordance with the prescription of a licensed physician or surgeon or a qualified health care professional prescriber and includes but is not limited to the diagnostic and therapeutic use of the following:

a. Administration of medical gases, aerosols, and humidification, not including general anesthesia.

b. Environmental control mechanisms and paramedical therapy.

c. Pharmacologic agents relating to respiratory care procedures.

d. Mechanical or physiological ventilatory support.

e. Bronchopulmonary hygiene.

f. Cardiopulmonary resuscitation.

g. Maintenance of the natural airways.

h. Insertion without cutting tissues and maintenance of artificial airways.

i. 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.

j. Analysis of blood gases and respiratory secretions.

k. Pulmonary function testing.

l. Hemodynamic and physiologic measurement and monitoring of cardiac function as it relates to cardiopulmonary pathophysiology.

m. Invasive procedures that relate to respiratory care.

2. A respiratory care practitioner may transcribe and implement a written or verbal order from a licensed physician or surgeon or a qualified health care professional prescriber pertaining to the practice of respiratory care.

3. This chapter does not authorize a respiratory care practitioner to practice medicine, surgery, or other medical practices except as provided in this section.

85 Acts, ch 151, §3
CS85, §135F.3
C93, §152B.3
2009 Acts, ch 41, §263; 2012 Acts, ch 1041, §5, 6; 2012 Acts, ch 1138, §52, 53
Referred to in §152B.1, 152B.5, 152B.7A, 152B.11

152B.4 Location of respiratory care.

The practice of respiratory care may be performed in a hospital as defined in section 135B.1, subsection 3, and other settings where respiratory care is to be provided in accordance with a prescription of a licensed physician or surgeon or a qualified health care professional prescriber. Respiratory care may be provided during transportation of a patient and under circumstances where an emergency necessitates respiratory care.

85 Acts, ch 151, §4
CS85, §135F.4
C93, §152B.4
2012 Acts, ch 1041, §7; 2012 Acts, ch 1138, §54

152B.5 Respiratory care students.

Respiratory care services may be rendered by a student enrolled in a respiratory therapy training program when these services are incidental to the student's course of study.

A student enrolled in a respiratory therapy training program who is employed in an organized health care system may render services defined in sections 152B.2 and 152B.3 under the direct and immediate supervision of a respiratory care practitioner for a limited period of time as determined by rule. The student shall be identified as a "student respiratory care practitioner".

85 Acts, ch 151, §5
CS85, §135F.5
90 Acts, ch 1193, §3
C93, §152B.5
2005 Acts, ch 89, §15

152B.6 Board duties.

The board shall administer and implement this chapter. The board's duties in these areas shall include, but are not limited to, the following:

1. The adoption, publication and amendment of rules, in accordance with chapter 17A, necessary for the administration and enforcement of this chapter.

2. The establishment of a system for the licensure of respiratory care practitioners and the establishment and collection of licensure fees.

3. The designation of licensure examinations for respiratory care practitioners.

85 Acts, ch 151, §6

CS85, §135F.6
90 Acts, ch 1193, §4
C93, §152B.6
96 Acts, ch 1036, §32; 2006 Acts, ch 1155, §10, 15
Referred to in §152B.12

152B.7 Representation.

A person who is qualified as a respiratory care practitioner and is licensed by the board may use the title "respiratory care practitioner" or the letters R.C.P. after the person's name to indicate that the person is a qualified respiratory care practitioner licensed by the board. No other person is entitled to use the title or letters or any other title or letters that indicate or imply that the person is a respiratory care practitioner, nor may a person make any representation, orally or in writing, expressly or by implication, that the person is a licensed respiratory care practitioner.
85 Acts, ch 151, §7
CS85, §135F.7
90 Acts, ch 1193, §5
C93, §152B.7
96 Acts, ch 1036, §33

152B.7A Exceptions.

1. A person shall not practice respiratory care or represent oneself to be a respiratory care practitioner unless the person is licensed under this chapter.
2. This chapter does not prohibit any of the following:
a. The practice of respiratory care which is an integral part of the program of study by students enrolled in an accredited respiratory therapy training program approved by the board in those situations where that care is provided under the direct supervision of an appropriate clinical instructor recognized by the educational program.
b. Respiratory care services rendered in the course of an emergency.
c. Care administered in the course of assigned duties of persons in the military services.
3. This chapter is not intended to limit, preclude, or otherwise interfere with the practice of other health care providers not otherwise licensed under this chapter who are licensed and certified by this state to administer respiratory care procedures.
4. An individual who passes an examination that includes the content of one or more of the functions included in sections 152B.2 and 152B.3 shall not be prohibited from performing such procedures for which they were tested, as long as the testing body offering the examination is approved by the board.
96 Acts, ch 1036, §34; 97 Acts, ch 68, §2

152B.8 Penalty.

A person who violates a provision of this chapter is guilty of a simple misdemeanor.
85 Acts, ch 151, §8
CS85, §135F.8
C93, §152B.8

152B.9 Injunction.

The board may apply to a court for the issuance of an injunction or other appropriate restraining order against a person who is engaging in a violation of this chapter.
85 Acts, ch 151, §9
CS85, §135F.9
C93, §152B.9
96 Acts, ch 1036, §35

152B.10 Liability.

A respiratory care practitioner who in good faith renders emergency care at the scene of an emergency is not liable for civil damages as a result of acts or omissions by the person

rendering the emergency care. This section does not grant immunity from liability for civil damages when the respiratory care practitioner is grossly negligent.

85 Acts, ch 151, §10
CS85, §135F.10
C93, §152B.10

152B.11 Continuing education.

After July 1, 1991, a respiratory care practitioner shall submit evidence satisfactory to the board that during the year preceding renewal of licensure the practitioner has completed continuing education courses as prescribed by the board. In lieu of the continuing education, a person may successfully complete the most current version of the licensure examination.

Persons who are not licensed under this chapter but who perform respiratory care as defined by sections 152B.2 and 152B.3 shall comply with the continuing education requirements of this section. The board shall adopt rules for the administration of this requirement.

Except for those licensed by the board, this section does not apply to persons who are licensed to practice a health profession covered by chapter 147, when the licensee's performance of respiratory care practices falls within the scope of practice, as permitted by their respective licensing boards.

85 Acts, ch 151, §11
CS85, §135F.11
90 Acts, ch 1193, §6
C93, §152B.11
95 Acts, ch 41, §23; 96 Acts, ch 1036, §36; 97 Acts, ch 68, §3

152B.12 Suspension and revocation of licenses.

The board may suspend, revoke or impose probationary conditions upon a license issued pursuant to rules adopted in accordance with section 152B.6.

85 Acts, ch 151, §12
CS85, §135F.12
90 Acts, ch 1193, §7
C93, §152B.12
96 Acts, ch 1036, §37

152B.13 Board of respiratory care. Repealed by 2010 Acts, ch 1163, § 8.

152B.14 Licensure through examination.

The board shall issue a license to practice respiratory care to an applicant who has passed an examination administered by the state or a national agency approved by the board.

96 Acts, ch 1036, §39; 2005 Acts, ch 89, §16