

CHAPTER 151
RESPIRATORY CARE PRACTITIONERS
S.F. 433

AN ACT relating to the certification and regulation of respiratory care practitioners and providing a penalty.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. NEW SECTION. 135F.1 DEFINITIONS.

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

1. "Respiratory care practitioner" or "practitioner" means a person who has qualified as a respiratory therapist or respiratory therapy technician. Neither term refers to a person currently working in the field of respiratory care who does not become certified under this chapter.

2. "Respiratory care" includes "respiratory therapy" or "inhalation therapy".

3. "Respiratory therapist" means a respiratory care practitioner who has successfully completed a respiratory therapy training program, passed the registry examination for respiratory therapists administered by the national board for respiratory care and passed a respiratory therapy certification examination approved by the state department of health. Two years of supervised clinical experience in an acceptable location for the practice of respiratory care, as described in section 135F.4, may be substituted for the completion of a respiratory therapy training program.

4. "Respiratory therapy technician" means a respiratory care practitioner who has successfully completed a respiratory therapy training program, passed the certification examination for respiratory therapy technicians administered by the national board for respiratory care and passed a respiratory therapy technicians' certification examination approved by the state department of health. Two years of supervised clinical experience in an acceptable location for the practice of respiratory care, as described in section 135F.4, may be substituted for the completion of a respiratory therapy training program.

5. "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 should be certified or eligible for certification by the American board of internal medicine or the American board of anesthesiology.

6. "Respiratory therapy training program" means a program accredited by the American medical association's committee on allied health education and accreditation in cooperation with the joint review committee for respiratory therapy education and approved by the committee.

7. "Department" means the state department of health.

Sec. 2. NEW SECTION. 135F.2 RESPIRATORY CARE AS A PRACTICE DEFINED.

"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.
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.

"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, certified registered nurses, licensed physical therapists, licensed respiratory care practitioners, and other licensed health care practitioners.

Sec. 3. NEW SECTION. 135F.3 PERFORMANCE OF RESPIRATORY CARE.

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

1. Administration of medical gases, aerosols, and humidification, not including general anesthesia.
2. Environmental control mechanisms and paramedical therapy.
3. Pharmacologic agents relating to respiratory care procedures.
4. Mechanical or physiological ventilatory support.
5. Bronchopulmonary hygiene.
6. Cardiopulmonary resuscitation.
7. Maintenance of the natural airways.
8. Insertion without cutting tissues and maintenance of artificial airways.
9. 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.
10. Analysis of blood gases and respiratory secretions.
11. Pulmonary function testing.
12. Hemodynamic and physiologic measurement and monitoring of cardiac function as it relates to cardiopulmonary pathophysiology.
13. Invasive procedures that relate to respiratory care.

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

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

Sec. 4. NEW SECTION. 135F.4 LOCATION OF RESPIRATORY CARE.

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

Sec. 5. NEW SECTION. 135F.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 135F.2 and 135F.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".

A graduate of an approved respiratory care training program employed in an organized health care system may render services as defined in sections 135F.2 and 135F.3 under the direct and immediate supervision of a respiratory care practitioner for one year. The graduate shall be identified as a "respiratory care practitioner-certification applicant".

Sec. 6. NEW SECTION. 135F.6 DEPARTMENT DUTIES.

The department shall administer and implement this chapter. The department'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 and collection of fees for the registration of respiratory care practitioners. The fees charged shall be sufficient to defray the costs of administration of this chapter and all fees collected shall be deposited with the treasurer of state who shall deposit them in the general fund of the state.

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

Sec. 7. NEW SECTION. 135F.7 REPRESENTATION.

A person who is qualified as a respiratory care practitioner and is registered with the department 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 registered with the department. 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 registered respiratory care practitioner. A person working in the field of respiratory care on the effective date of this Act shall be permitted to continue to do so except that the person shall not be entitled to designate or refer to themselves as a "respiratory care practitioner" or use the letters R.C.P. after the person's name.

Sec. 8. NEW SECTION. 135F.8 PENALTY.

A person who violates a provision of this chapter is guilty of a simple misdemeanor.

Sec. 9. NEW SECTION. 135F.9 INJUNCTION.

The department 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.

Sec. 10. NEW SECTION. 135F.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.

Sec. 11. NEW SECTION. 135F.11 CONTINUING EDUCATION.

After July 1, 1988, a practitioner shall submit evidence satisfactory to the department that during the year of certification the practitioner has completed continuing education courses as prescribed by the department. In lieu of the continuing education, a person may successfully complete the most current version of the certification examination.

Sec. 12. NEW SECTION. 135F.12 SUSPENSION AND REVOCATION OF CERTIFICATES.

The department may suspend, revoke or impose probationary conditions upon a certificate issued pursuant to rules adopted in accordance with section 135F.6.

Sec. 13. NEW SECTION. 135F.13 ADVISORY COMMITTEE.

A respiratory care advisory committee is established to provide advice to the department regarding approval of continuing education programs and drafting of rules pursuant to section 135F.6.

The members of the advisory committee shall include two licensed physicians with recognized training and experience in respiratory care, two respiratory care practitioners, and one public member. Not more than a simple majority of the advisory committee shall be of one gender. Members shall be appointed by the governor, subject to confirmation by the senate, and shall serve three-year terms beginning and ending in accordance with section 69.19. Members shall also be compensated for their actual and necessary expenses incurred in the performance of their duties. All per diem and expense moneys paid to the members shall be paid from funds appropriated to the department.

Sec. 14. Notwithstanding the provisions of section 135F.13, of the initial appointees to the advisory committee, two members shall be appointed for one-year terms, two members shall be appointed for two-year terms and one member shall be appointed for a three-year term. The initial appointees' successors shall be appointed to terms of three years each except that a person chosen to fill a vacancy shall be appointed only for the unexpired term of the committee member replaced.

Approved May 20, 1985

CHAPTER 152
COMPARABLE WORTH IMPLEMENTATION
H.F. 753

AN ACT relating to the implementation of comparable worth pay adjustments, amending 1984 Iowa Acts, chapter 1314, and providing for an effective date.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. 1984 Iowa Acts, chapter 1314, section 5, is amended by adding the following new unlettered paragraph:

NEW UNLETTERED PARAGRAPH. Comparable worth adjustments made pursuant to 1983 Iowa Acts, chapter 170, sections 1 through 4, are retroactive to the pay period beginning March 8, 1985, subject to the availability of funds. The retroactive payments shall be lump sum payments and cover employees covered under recommended adjustments made pursuant to section 8 of this chapter 1314 and shall include employees of the state board of regents.