



Ohio Legislative Service Commission

Bill Analysis

Audra Tidball

H.B. 266

131st General Assembly
(As Introduced)

Rep. Schuring

BILL SUMMARY

- Authorizes a respiratory care professional to practice pursuant to a protocol developed by a hospital or nursing home.
- Revises the circumstances under which the Ohio Respiratory Care Board may discipline a respiratory care professional for using drugs or alcohol.
- Authorizes the Board to discipline a respiratory care professional whose authority to practice a health care occupation has been subjected to discipline in Ohio or another jurisdiction.
- Authorizes the Board to recognize a state or national license examination instead of administering its own examination.
- Modifies conditions that must be met to receive a limited permit to practice respiratory care and clarifies when the permit terminates.

CONTENT AND OPERATION

Hospital or nursing home protocol

The bill authorizes a respiratory care professional to practice pursuant to a protocol developed by a hospital or nursing home under appropriate medical direction and with medical staff approval. The protocol is to consist of a set of treatment or medication administration guidelines and must comply with standards prescribed by the Ohio Respiratory Care Board in rules to be adopted by the Board under the bill.¹

¹ R.C. 4761.17(A)(2) and 4761.03(A)(13).

The authority to practice pursuant to a protocol is in addition to authority conferred by current law to provide respiratory care pursuant to a prescription or order from a physician, certified nurse practitioner, clinical nurse specialist, or physician assistant.

Disciplinary action

The bill authorizes the Board to take disciplinary action against a respiratory care professional due to denial, revocation, suspension, or restriction of the professional's authority to engage in a licensed profession or to practice a healthcare occupation in Ohio or another state or jurisdiction for any reason other than failure to renew.² As with other grounds for discipline, the actions the board may take are to refuse to issue or renew a license or limited permit, to issue a reprimand, to suspend or permanently revoke a license or limited permit, or to place a license or limited permit holder on probation.

The bill also changes the circumstances under which the Board can impose discipline related to use of drugs and alcohol. Under current law, the Board may take disciplinary action due to the use of any dangerous drug or alcohol to the extent that the use impairs the ability to practice respiratory care at an acceptable level of competency. The bill instead specifies three circumstances related to the use of drugs and alcohol for which discipline may occur, two of which do not require proof of impairment:

(1) Practicing or being present with an intent to practice respiratory care while showing signs of impairment from being under the influence of any dangerous drug or alcohol;

(2) Taking any dangerous drug in any way that is not in accordance with a legal, valid prescription issued to that individual, or taking any drug that is a schedule I controlled substance (a drug such as a hallucinogen for which there is no legal use);

(3) Habitual or excessive use of controlled substances, alcohol, or other habit-forming drugs or chemical substances to the extent that the use impairs the individual's ability to provide safe respiratory care.³

² R.C. 4761.09(A)(17).

³ R.C. 4761.09(A)(8) to (10).



License examination

Examination by a state or national organization

The bill authorizes the Board to recognize one or more examinations for use as the licensing examination or reexamination for license renewal or reinstatement. Under current law, the Board must schedule, administer, and score the license examination and any reexamination. The bill maintains this option but also authorizes the Board to recognize a state or national examination instead of administering its own examination.⁴ Any examination recognized by the Board must meet standards prescribed by the Board in rules the bill requires the Board to adopt. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).⁵

The bill prohibits the Board from charging an examination fee if it recognizes a state or national examination instead of administering its own examination.⁶

Examination for recognition of out-of-state license

The bill requires an applicant seeking recognition of a license issued by another state to submit proof of having successfully completed a licensing examination that is administered by a state or national organization recognized by the Board as meeting the standards prescribed by the Board. Under current law, the applicant must prove that the examination tested the applicant's knowledge of basic and clinical sciences relating to respiratory care, professional skills and judgment in respiratory care techniques, and other subjects determined by the Board. The bill requires proof of those requirements plus proof that the examination meets the standards for recognition to be prescribed in the Board's rules.⁷

Limited permits

Good standing in an educational program

Current law permits an individual who has not successfully completed a respiratory care educational program to obtain a limited permit to practice under the supervision of a respiratory care professional if the individual is in good standing in the program. The bill authorizes the Board to adopt rules to define conditions that must be met to be

⁴ R.C. 4761.03(D).

⁵ R.C. 4761.03(A)(2).

⁶ R.C. 4761.07(A)(2).

⁷ R.C. 4761.04(B).

considered in good standing in a Board-approved respiratory care educational program.⁸

Termination

Current law specifies several dates, the earliest occurrence of which causes a limited permit to terminate. One is the date the permit holder discontinues participation in an educational program. The bill clarifies this requirement by stating that a limited permit terminates on the date the holder chooses to discontinue enrollment in, or is expelled from, a Board-approved respiratory care educational program prior to receiving a degree or certificate of completion.

The bill adds that a limited permit terminates on the date the holder no longer meets the conditions to be considered in good standing in a Board-approved educational program.⁹

Degree or certificate of completion

The bill removes several current law references to being a "graduate" or "graduation" in the provisions dealing with limited permits and instead consistently refers to completion of educational requirements as receiving a "degree or certificate of completion."¹⁰

CNP or CNS prescription or order

Current law permits a respiratory care professional to practice under the prescription or order of a certified nurse practitioner (CNP) or clinical nurse specialist (CNS) who has entered into a standard care arrangement with a physician. The bill requires instead that the CNP or CNS have entered into a standard care arrangement and be collaborating with a physician.¹¹

Physician assistant prescription or order

The bill authorizes a physician assistant to prescribe or order respiratory care or refer a patient to a respiratory care professional for the purpose of receiving respiratory care.¹² It also authorizes a respiratory professional to practice pursuant to a physician

⁸ R.C. 4761.03(A)(14) and 4761.05(B)(1)(a).

⁹ R.C. 4761.05(B)(2).

¹⁰ R.C. 4761.05(B), 4761.06(A), and 4761.11(A).

¹¹ R.C. 4761.17(A).

¹² R.C. 4730.09(A)(39).



assistant's prescription or order.¹³ However, subsequent to the bill's introduction, Sub. S.B. 110 was enacted making changes to the law governing physician assistants, including authorizing a respiratory professional to practice pursuant to a physician assistant's prescription or order.¹⁴ The bill will need to be updated to reflect this change.

HISTORY

ACTION	DATE
Introduced	06-18-15

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¹³ R.C. 4761.17(A)(1)(c).

¹⁴ R.C. 4761.17(A)(3), as amended by Sub. S.B. 110 of the 131st General Assembly.

