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By: Senators Hollinger, Della, Boozer, Kasemeyer, Stoltzfus, and Sfikas Introduced and read first time: February 2, 1996 Assigned to: Economic and Environmental Affairs

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 19, 1996

CHAPTER _____

1 AN ACT concerning

2 State Board of Physician Quality Assurance - Licensure of Respiratory Care 3 Practitioners

4 FOR the purpose of requiring the State Board of Physician Quality Assurance (Board) to adopt regulations for the licensure and practice of respiratory carepractitioners; 5 6 defining certain terms; providing that this Act does not limit the rights of certain 7 individuals to practice certain occupations; authorizing the Board to set certain 8 fees; establishing the Respiratory Care Professional Standards Committee 9 (Committee) within the Board; specifying the membership, powers, andduties of 10 the Committee; establishing the terms of and requirements for certain members of 11 the Committee; requiring an individual to be licensed by the Board before the 12 individual may practice respiratory care; creating certain exceptions; specifying the 13 qualifications for certain licenses; specifying application procedures for certain 14 licenses; authorizing the issuance and renewal of certain licenses; authorizing certain licensed individuals to perform certain acts; providing for the expiration and 15 16 renewal of certain licenses; establishing certain grounds for discipline; requiring the Board to provide certain hearing procedures before certain individuals may be 17 disciplined under this Act; prohibiting certain acts; making certainexceptions; 18 establishing certain penalties; providing for the construction of this Act; and 19 20 generally relating to the licensure of individuals to practice respiratory care in this 21 State.

22 BY repealing

- 23 Article Health Occupations
- 24 Section 14-507
- 25 Annotated Code of Maryland
- 26 (1994 Replacement Volume and 1995 Supplement)

- 1 BY repealing and reenacting, with amendments,
- 2 Article Health Occupations
- 3 Section 14-405 and 14-408
- 4 Annotated Code of Maryland
- 5 (1994 Replacement Volume and 1995 Supplement)

6 BY adding to

- 7 Article Health Occupations
- 8 Section 14-5A-01 through 14-5A-24, inclusive, to be under the new subtitle
- 9 "Subtitle 5A. Respiratory Care Practitioners"
- 10 Annotated Code of Maryland
- 11 (1994 Replacement Volume and 1995 Supplement)
- 12 BY repealing and reenacting, without amendments,
- 13 Article State Government
- 14 Section 8-403(e)
- 15 Annotated Code of Maryland
- 16 (1995 Replacement Volume)

17 BY adding to

- 18 Article State Government
- 19 Section 8-403(1)
- 20 Annotated Code of Maryland
- 21 (1995 Replacement Volume)

22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

23 MARYLAND, That Section(s) 14-507 of Article - Health Occupations of theAnnotated

24 Code of Maryland be repealed.

25 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland 26 read as follows:

27 Article - Health Occupations

28 14-405.

(a) Except as otherwise provided in the Administrative Procedure Act, before the
Board takes any action under § 14-404 of this subtitle or § 14-303 [or], § 14-305, OR §
14-5A-17 of this title, it shall give the individual against whom the action is contemplated
an opportunity for a hearing before a hearing officer.

(b) The hearing officer shall give notice and hold the hearing in accordance with
 the Administrative Procedure Act except that factual findings shall be supported by clear
 and convincing evidence.

36 (c) The individual may be represented at the hearing by counsel.

1 (d) If after due notice the individual against whom the action is contemplated fails 2 or refuses to appear, nevertheless the hearing officer may hear and refer the matter to the 3 Board for disposition.

4 (e) After performing any necessary hearing under this section, the hearing officer 5 shall refer proposed factual findings to the Board for the Board's disposition.

6 (f) The Board may adopt regulations to govern the taking of depositions and 7 discovery in the hearing of charges.

8 (g) The hearing of charges may not be stayed or challenged by any procedural9 defects alleged to have occurred prior to the filing of charges.

10 14-408.

(a) Except as provided in this section for an action under § 14-404 of this subtitle
OR § 14-5A-17 OF THIS TITLE, any person aggrieved by a final decision of the Board in a
contested case, as defined in the Administrative Procedure Act, may:

14 (1) Appeal that decision to the Board of Review; and

15 (2) Then take any further appeal allowed by the Administrative Procedure16 Act.

17 (b) (1) Any person aggrieved by a final decision of the Board under § 14-404 of 18 this subtitle OR § 14-5A-17 OF THIS TITLE may not appeal to the Secretary or Board of 19 Review but may take a direct judicial appeal.

20 (2) The appeal shall be made as provided for judicial review offinal21 decisions in the Administrative Procedure Act.

22 (c) An order of the Board may not be stayed pending review.

23 (d) The Board may appeal from any decision that reverses or modifiesits order.

24 SUBTITLE 5A. RESPIRATORY CARE PRACTITIONERS.

25 14-5A-01.

26 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS27 INDICATED.

28 (B) "BOARD" MEANS THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE.

29 (C) "COMMITTEE" MEANS THE RESPIRATORY CARE PROFESSIONAL
30 STANDARDS COMMITTEE ESTABLISHED UNDER § 14-5A-05 OF THIS SUBTITLE.

31 (D) "LICENSE" MEANS, UNLESS THE CONTEXT REQUIRES OTHERWISE, A
32 LICENSE ISSUED BY THE BOARD TO PRACTICE RESPIRATORY CARE.

(E) "LICENSED RESPIRATORY CARE PRACTITIONER" MEANS, UNLESS THE
 CONTEXT REQUIRES OTHERWISE, A RESPIRATORY CARE PRACTITIONER WHO IS
 LICENSED BY THE BOARD TO PRACTICE RESPIRATORY CARE.

(F) "NATIONAL CERTIFYING BOARD" MEANS THE NATIONAL BOARD FOR
 RESPIRATORY CARE OR A CERTIFYING ORGANIZATION THAT HAS CERTIFICATION
 REQUIREMENTS EQUIVALENT TO THE NATIONAL BOARD FOR RESPIRATORY CARE
 AND THAT HAS BEEN APPROVED BY THE BOARD.

5 (G) (1) "PRACTICE RESPIRATORY CARE" MEANS TO EVALUATE, CARE FOR,
6 AND TREAT, INCLUDING THE DIAGNOSTIC EVALUATION OF, INDIVIDUALS WHO
7 HAVE DEFICIENCIES AND ABNORMALITIES THAT AFFECT THE PULMONARY SYSTEM
8 AND ASSOCIATED ASPECTS OF THE CARDIOPULMONARY AND OTHER SYSTEMS
9 UNDER THE SUPERVISION OF AND IN COLLABORATION WITH A PHYSICIAN.

10 (2) "PRACTICE RESPIRATORY CARE" INCLUDES:

11 (I) PROVIDING DIRECT AND INDIRECT RESPIRATORY CARE 12 SERVICES THAT ARE SAFE, ASEPTIC, PREVENTIVE, AND RESTORATIVE;

13 (II) PRACTICING THE PRINCIPLES, TECHNIQUES, AND THEORIES14 DERIVED FROM CARDIOPULMONARY MEDICINE;

(III) EVALUATING AND TREATING INDIVIDUALS WHOSE
 CARDIOPULMONARY FUNCTIONS HAVE BEEN THREATENED OR IMPAIRED BY
 DEVELOPMENTAL DEFECTS, THE AGING PROCESS, PHYSICAL INJURY, DISEASE, OR
 ACTUAL OR ANTICIPATED DYSFUNCTION OF THE CARDIOPULMONARY SYSTEM;

19 (IV) OBSERVING AND MONITORING PHYSICAL SIGNS AND

20 SYMPTOMS, GENERAL BEHAVIOR, AND GENERAL PHYSICAL RESPONSE TO 21 RESPIRATORY CARE PROCEDURES AND DETERMINING IF INITIATION,

22 MODIFICATION, OR DISCONTINUATION OF A TREATMENT REGIMEN IS WARRANTED;

23 (V) TRANSCRIBING AND IMPLEMENTING WRITTEN OR ORAL
 24 ORDERS REGARDING THE PRACTICE OF RESPIRATORY CARE;

(V) (VI) USING EVALUATION TECHNIQUES THAT INCLUDE
 CARDIOPULMONARY FUNCTION ASSESSMENTS, GAS EXCHANGE, THE NEED AND
 EFFECTIVENESS OF THERAPEUTIC MODALITIES AND PROCEDURES, AND THE
 ASSESSMENT AND EVALUATION OF THE NEED FOR A LOWER LEVEL OF EXTENDED
 CARE AND HOME CARE PROCEDURES, THERAPY, AND EQUIPMENT; AND

30 (VI) (VII) APPLYING THE USE OF TECHNIQUES, EQUIPMENT, AND
31 PROCEDURES INVOLVED IN THE ADMINISTRATION OF RESPIRATORY CARE,
32 INCLUDING:

33 1. EXCEPT FOR GENERAL ANESTHESIA, THERAPEUTIC AND34 DIAGNOSTIC GASES;

2. PRESCRIBED MEDICATION FOR INHALATION OR DIRECT36 TRACHEAL INSTALLATION;

37 3. THE ADMINISTRATION OF ANALGESIC AGENTS BY
38 SUBCUTANEOUS INJECTION OR INHALATION FOR THE PERFORMANCE OF
39 RESPIRATORY CARE PROCEDURES;

14. NONSURGICAL INSERTION, MAINTENANCE, AND2REMOVAL OF ARTIFICIAL AIRWAYS;

3 5. ADVANCED CARDIOPULMONARY MEASURES;

6. CARDIOPULMONARY REHABILITATION;

5 7. MECHANICAL VENTILATION OR PHYSIOLOGICAL LIFE 6 SUPPORT SYSTEMS:

7 8. COLLECTION OF BODY FLUIDS AND BLOOD SAMPLES FOR 8 EVALUATION AND ANALYSIS;

9 9. INSERTION OF DIAGNOSTIC ARTERIAL ACCESS LINES; 10 AND

1110. COLLECTION AND ANALYSIS OF EXHALED RESPIRATORY12 GASES.

(H) "SUPERVISION" MEANS THE RESPONSIBILITY OF A PHYSICIAN TO
 EXERCISE ON-SITE OR IMMEDIATELY AVAILABLE DIRECTION FOR A LICENSED
 RESPIRATORY CARE PRACTITIONER PERFORMING DELEGATED MEDICAL ACTS.

(I) "TEMPORARY LICENSE" MEANS A LICENSE ISSUED BY THE BOARD UNDERAND AS LIMITED BY § 14-5A-15 OF THIS SUBTITLE TO PRACTICE RESPIRATORY CARE.

18 14-5A-02.

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19 THIS SUBTITLE DOES NOT LIMIT:

20 (1) THE RIGHT OF AN INDIVIDUAL TO PRACTICE A HEALTH
 21 OCCUPATION THAT THE INDIVIDUAL IS AUTHORIZED TO PRACTICE UNDER THIS
 22 ARTICLE; OR

23 (2) THE RIGHT OF A LICENSED HOME MEDICAL EQUIPMENT PROVIDER
 24 TO PROVIDE HOME MEDICAL EQUIPMENT SERVICES AS DEFINED UNDER TITLE 19,
 25 SUBTITLE 4A OF THE HEALTH - GENERAL ARTICLE.

26 14-5A-03.

THE BOARD SHALL ADOPT REGULATIONS FOR THE LICENSURE AND PRACTICEOF RESPIRATORY CARE.

29 14-5A-04.

30 (A) (1) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE OF
31 AND RENEWAL OF LICENSES AND THE OTHER SERVICES IT PROVIDES TO
32 RESPIRATORY CARE PRACTITIONERS.

(2) THE FEES CHARGED SHALL BE SET SO AS TO PRODUCE FUNDS TO
 APPROXIMATE THE COST OF MAINTAINING THE LICENSURE PROGRAM AND THE
 OTHER SERVICES PROVIDED TO RESPIRATORY CARE PRACTITIONERS.

36 (B) (1) THE BOARD SHALL PAY ALL FEES COLLECTED UNDER THE37 PROVISIONS OF THIS SUBTITLE TO THE COMPTROLLER OF THE STATE.

1 (2) THE COMPTROLLER SHALL DISTRIBUTE ALL FEES TO THE STATE 2 BOARD OF PHYSICIAN QUALITY ASSURANCE ESTABLISHED UNDER § 14-201 OF THIS 3 TITLE. 4 (C) THE FEES SHALL BE USED TO COVER THE ACTUAL DOCUMENTED DIRECT 5 AND INDIRECT COSTS OF FULFILLING THE STATUTORY AND REGULATORY DUTIES 6 OF THE BOARD AS PROVIDED BY THE PROVISIONS OF THIS SUBTITLE. 7 14-5A-05. 8 THERE IS A RESPIRATORY CARE PROFESSIONAL STANDARDS COMMITTEE 9 WITHIN THE BOARD. 10 14-5A-06. 11 (A) THE COMMITTEE CONSISTS OF SEVEN MEMBERS APPOINTED BY THE 12 BOARD AS FOLLOWS: 13 (1) THREE RESPIRATORY CARE PRACTITIONERS; 14 (2) THREE PHYSICIANS WHOSE APPROVED SPECIALTY IS THORACIC 15 SURGERY OR PULMONARY MEDICINE: (I) ONE OF WHOM IS A SPECIALIST IN THORACIC SURGERY; 16 17 (II) ONE OF WHOM IS A SPECIALIST IN PULMONARY MEDICINE; 18 AND (III) ONE OF WHOM IS A SPECIALIST IN ANESTHESIOLOGY; AND 19 20 (3) ONE CONSUMER MEMBER. 21 (B) THE CONSUMER MEMBER OF THE COMMITTEE: 22 (1) SHALL BE A MEMBER OF THE GENERAL PUBLIC; 23 (2) MAY NOT BE OR EVER HAVE BEEN: 24 (I) A RESPIRATORY CARE PRACTITIONER; 25 (II) ANY HEALTH CARE PROFESSIONAL; OR (III) IN TRAINING TO BE A RESPIRATORY CARE PRACTITIONER OR 26 27 OTHER HEALTH PROFESSIONAL: 28 (3) MAY NOT HAVE A HOUSEHOLD MEMBER WHO IS A HEALTH 29 PROFESSIONAL OR IS IN TRAINING TO BE A HEALTH PROFESSIONAL; AND 30 (4) MAY NOT: 31 (I) PARTICIPATE OR EVER HAVE PARTICIPATED IN A 32 COMMERCIAL OR PROFESSIONAL FIELD RELATED TO RESPIRATORY CARE; (II) HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN A 33 34 COMMERCIAL OR PROFESSIONAL FIELD RELATED TO RESPIRATORY CARE;

1 (III) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A 2 FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD; OR

3 (IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A
4 FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO RESPIRATORY
5 CARE PRACTITIONERS OR TO THE FIELD OF RESPIRATORY CARE.

6 (C) (1) THE TERM OF A MEMBER IS 3 YEARS.

7 (2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE8 TERMS PROVIDED FOR MEMBERS OF THE BOARD ON JULY 1, 1996.

9 (3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A10 SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
 QUALIFIES.

14 14-5A-07.

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15 IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS SUBTITLE, THE 16 COMMITTEE SHALL:

17 (1) DEVELOP AND RECOMMEND TO THE BOARD REGULATIONS TO18 CARRY OUT THE PROVISIONS OF THIS SUBTITLE;

19 (2) DEVELOP AND RECOMMEND TO THE BOARD A CODE OF ETHICS FOR20 THE PRACTICE OF RESPIRATORY CARE FOR ADOPTION BY THE BOARD;

21 (3) DEVELOP AND RECOMMEND TO THE BOARD STANDARDS OF CARE22 FOR THE PRACTICE OF RESPIRATORY CARE;

23 (4) DEVELOP AND RECOMMEND TO THE BOARD THE REQUIREMENTS24 FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER, INCLUDING:

25 (I) CRITERIA FOR THE EDUCATIONAL AND CLINICAL TRAINING 26 OF RESPIRATORY CARE PRACTITIONERS; AND

27 (II) CRITERIA FOR A PROFESSIONAL COMPETENCY EXAMINATION28 AND TESTING OF APPLICANTS FOR A LICENSE TO PRACTICE RESPIRATORY CARE;

29 (5) DEVELOP AND RECOMMEND TO THE BOARD CRITERIA FOR
30 RESPIRATORY CARE PRACTITIONERS WHO ARE LICENSED IN OTHER STATES TO
31 PRACTICE IN THIS STATE;

32 (6) EVALUATE THE ACCREDITATION STATUS OF EDUCATION33 PROGRAMS IN RESPIRATORY CARE FOR APPROVAL BY THE BOARD;

34 (7) EVALUATE THE CREDENTIALS OF APPLICANTS AND RECOMMEND
35 LICENSURE OF APPLICANTS WHO FULFILL THE REQUIREMENTS FOR A LICENSE TO
36 PRACTICE RESPIRATORY CARE;

37 (8) DEVELOP AND RECOMMEND TO THE BOARD CONTINUING38 EDUCATION REQUIREMENTS FOR LICENSE RENEWAL;

1 (9) PROVIDE THE BOARD WITH RECOMMENDATIONS CONCERNING THE 2 PRACTICE OF RESPIRATORY CARE;

3 (10) DEVELOP AND RECOMMEND TO THE BOARD CRITERIA RELATED TO
 4 THE PRACTICE OF RESPIRATORY CARE IN THE HOME SETTING;

5 (11) DEVELOP AND RECOMMEND TO THE BOARD CRITERIA FOR THE
6 DIRECTION OF STUDENTS IN CLINICAL EDUCATION PROGRAMS BY LICENSED
7 RESPIRATORY CARE PRACTITIONERS;

8 (12) KEEP A RECORD OF ITS PROCEEDINGS; AND

9 (13) SUBMIT AN ANNUAL REPORT TO THE BOARD.

10 14-5A-08.

(A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, AN INDIVIDUAL
 SHALL BE LICENSED BY THE BOARD BEFORE THE INDIVIDUAL MAY PRACTICE
 RESPIRATORY CARE IN THE STATE.

(B) THIS SECTION DOES NOT APPLY TO AN INDIVIDUAL EMPLOYED BY THE
FEDERAL GOVERNMENT AS A RESPIRATORY CARE PRACTITIONER WHILE THE
INDIVIDUAL IS PRACTICING WITHIN THE SCOPE OF THAT EMPLOYMENT.

17 (C) (1) (I) IN THIS SUBSECTION THE FOLLOWING TERMS HAVE THE 18 MEANINGS INDICATED.

19 (II) "EDUCATIONAL PROGRAM" MEANS A RESPIRATORY CARE20 EDUCATIONAL PROGRAM APPROVED BY THE AMERICAN MEDICAL ASSOCIATION.

21 (III) "VETERAN" MEANS AN INDIVIDUAL WHO:

221. HAS SERVED ON ACTIVE DUTY IN THE UNITED STATES23 ARMED FORCES;

24 2. HAS BEEN HONORABLY DISCHARGED; AND

25 3. MEETS THE REQUIREMENTS OF THIS SECTION.

26 (IV) "VETERANS' PROGRAM" MEANS A VETERANS' INTERNSHIP
27 PROGRAM IN RESPIRATORY CARE FOR QUALIFIED VETERANS WHO ARE WORKING
28 IN HOSPITALS.

29 (2) THIS SECTION DOES NOT APPLY TO A VETERAN WHO:

30 (I) APPLIES TO THE BOARD WITHIN 6 MONTHS OF DISCHARGE,
31 PROVIDES THE BOARD THE INFORMATION REQUIRED UNDER THIS SUBSECTION,
32 AND IS APPROVED BY THE BOARD;

33 (II) HAS PRACTICED IN THE MILITARY WITH ONE OF THE34 FOLLOWING SPECIALTIES:

35 1. NAVY 854 WITH SUCCESSFUL COMPLETION OF THE U.S.36 ARMY RESPIRATORY CARE SCHOOL;

1 2. ARMY 91V; OR 2 3. UNITED STATES AIR FORCE 90450 OR UNITED STATES AIR 3 FORCE 90250 WITH ADVANCED EXPERIENCE; (III) HAS PRACTICED RESPIRATORY CARE FOR 2,000 HOURS IN THE 4 5 5 YEARS IMMEDIATELY PRECEDING DISCHARGE WITH EXPERIENCE IN AREAS 6 RECOMMENDED AND APPROVED BY THE BOARD; 7 (IV) HAS DOCUMENTED COMPLETION OF EDUCATIONAL 8 REQUIREMENTS IN THE MILITARY AS APPROVED BY THE BOARD WITH REFERENCE 9 TO THE STANDARDS OF THE JOINT REVIEW COMMITTEE RESPIRATORY THERAPY 10 EDUCATION MODULES: AND (V) HAS APPLIED FOR ADMISSION IN AN APPROVED EDUCATIONAL 11 12 PROGRAM WITHIN 6 MONTHS OF DISCHARGE. (3) WITHIN 30 DAYS AFTER THE END OF EACH SEMESTER OR EVERY 6 13 14 MONTHS, WHICHEVER IS MORE FREQUENT, A VETERAN SHALL SUBMIT EVIDENCE 15 OF SUCCESSFUL CONTINUED ENROLLMENT IN A RESPIRATORY CARE EDUCATIONAL 16 PROGRAM WITH SATISFACTORY ACADEMIC STANDING AS APPROVED BY THE 17 BOARD. (4) IF THE PROVISIONS OF PARAGRAPH (3) OF THIS SUBSECTION ARE 18 19 MET, A VETERAN MAY PRACTICE IN A VETERANS' PROGRAM FOR UP TO 30 MONTHS 20 FROM THE DATE OF THE APPROVAL OF THE VETERAN'S APPLICATION FOR THE 21 VETERANS' PROGRAM.

22 (5) UPON GRADUATION FROM AN APPROVED EDUCATIONAL23 PROGRAM, A VETERAN:

24 (I) CEASES TO QUALIFY TO PRACTICE RESPIRATORY CARE 25 UNDER THIS SECTION; AND

26 (II) SHALL APPLY FOR A STANDARD GRADUATE INTERNSHIP
 27 <u>TEMPORARY LICENSE</u> REQUIRED FOR ALL GRADUATES OF APPROVED
 28 RESPIRATORY CARE PROGRAMS.

29 (6) THE BOARD MAY SET AND CHARGE REASONABLE FEES TO30 IMPLEMENT THE PROVISIONS OF THIS SUBSECTION.

31 (7) THE BOARD SHALL APPROVE THE APPLICATION OF EACH VETERAN32 WHO MEETS THE REQUIREMENTS OF THIS SUBSECTION.

(8) A VETERAN WHO PRACTICES RESPIRATORY CARE UNDER THIS
SUBSECTION IS SUBJECT TO THE SAME DISCIPLINARY PROCEDURES AND IS HELD TO
THE SAME STANDARD OF CARE AS A RESPIRATORY CARE PRACTITIONER LICENSED
UNDER § 14-5A-11 OF THIS SUBTITLE.

37 14-5A-09.

(A) TO QUALIFY FOR A LICENSE, AN APPLICANT SHALL BE AN INDIVIDUALWHO MEETS THE REQUIREMENTS OF THIS SECTION.

10
1 (B) THE APPLICANT SHALL BE OF GOOD MORAL CHARACTER.
2 (C) THE APPLICANT SHALL BE AT LEAST 18 YEARS OLD.
3 (D) THE APPLICANT SHALL:
4 (1) (1) BE CERTIFIED BY A NATIONAL CERTIFYING BOARD ON OR 5 BEFORE AUGUST 31, 1996; OR
6 (II) BE REGISTERED BY A NATIONAL CERTIFYING BOARD:
 7 (2) HAVE GRADUATED FROM A RESPIRATORY CARE EDUCATIONAL 8 PROGRAM THAT IS ACCREDITED BY THE COUNCIL ON ACCREDITATION OF ALLIED 9 HEALTH EDUCATION PROGRAMS; AND
 (2) (3) MEET THE EDUCATIONAL AND CLINICAL TRAINING REQUIREMENTS ESTABLISHED BY THE COMMITTEE.
12 14-5A-10.
13 TO APPLY FOR A LICENSE, AN APPLICANT SHALL:
(1) SUBMIT AN APPLICATION TO THE BOARD ON THE FORM THAT THEBOARD REQUIRES; AND
16 (2) PAY TO THE BOARD THE APPLICATION FEE SET BY THE BOARD.
17 14-5A-11.
18THE BOARD SHALL ISSUE THE APPROPRIATE LICENSE TO AN APPLICANT WHO19MEETS THE REQUIREMENTS OF THIS SUBTITLE FOR THAT LICENSE.
20 14-5A-12.
21A RESPIRATORY CARE PRACTITIONER LICENSE AUTHORIZES THE LICENSEE22TO PRACTICE RESPIRATORY CARE WHILE THE LICENSE IS EFFECTIVE.
23 14-5A-13.
(A) A LICENSE EXPIRES ON A DATE SET BY THE BOARD, UNLESS THE LICENSEIS RENEWED FOR AN ADDITIONAL TERM AS PROVIDED IN THIS SECTION.
 (B) AT LEAST 1 MONTH BEFORE THE LICENSE EXPIRES, THE BOARD SHALL SEND TO THE LICENSEE, BY FIRST CLASS MAIL TO THE LAST KNOWN ADDRESS OF THE LICENSEE, A RENEWAL NOTICE THAT STATES:
29 (1) THE DATE ON WHICH THE CURRENT LICENSE EXPIRES;
30(2) THE DATE BY WHICH THE RENEWAL APPLICATION MUST BE31 RECEIVED BY THE BOARD FOR THE RENEWAL TO BE ISSUED AND MAILED BEFORE

32 THE LICENSE EXPIRES; AND

33 (3) THE AMOUNT OF THE RENEWAL FEE.

(C) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, BEFORE A LICENSE
 EXPIRES, THE LICENSEE PERIODICALLY MAY RENEW IT FOR AN ADDITIONAL TERM,
 IF THE LICENSEE:

4 (1) OTHERWISE IS ENTITLED TO BE LICENSED;

5 (2) PAYS TO THE BOARD A RENEWAL FEE SET BY THE BOARD; AND

6 (3) SUBMITS TO THE BOARD:

7 (I) A RENEWAL APPLICATION ON THE FORM THAT THE BOARD 8 REQUIRES; AND

9 (II) SATISFACTORY EVIDENCE OF COMPLIANCE WITH ANY
10 CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS AND OTHER
11 REQUIREMENTS SET UNDER THIS SECTION FOR LICENSE RENEWAL.

(D) IN ADDITION TO ANY OTHER QUALIFICATIONS AND REQUIREMENTS
ESTABLISHED BY THE BOARD, THE BOARD MAY ESTABLISH CONTINUING
EDUCATION OR COMPETENCY REQUIREMENTS AS A CONDITION TO THE RENEWAL
OF LICENSES UNDER THIS SECTION.

16 (E) THE BOARD SHALL RENEW THE LICENSE OF EACH LICENSEE WHO MEETS17 THE REQUIREMENTS OF THIS SECTION.

(F) THE BOARD SHALL REINSTATE THE LICENSE OF A RESPIRATORY CARE
PRACTITIONER WHO HAS NOT PLACED THE LICENSE ON AN INACTIVE STATUS AND
WHO HAS FAILED TO RENEW THE LICENSE FOR ANY REASON IF THE RESPIRATORY
CARE PRACTITIONER:

22 (1) APPLIES FOR REINSTATEMENT WITHIN 30 DAYS AFTER THE DATE 23 THE LICENSE EXPIRES;

24 (2) MEETS THE RENEWAL REQUIREMENTS OF THIS SECTION; AND

25 (3) PAYS TO THE BOARD THE REINSTATEMENT FEE SET BY THE BOARD.

26 14-5A-14.

27 (A) (1) EXCEPT FOR THE HOLDER OF A TEMPORARY LICENSE ISSUED
28 UNDER § 14-5A-15 OF THIS SUBTITLE, THE BOARD SHALL PLACE A LICENSEE ON
29 INACTIVE STATUS, IF THE LICENSEE SUBMITS TO THE BOARD:

30 (I) AN APPLICATION FOR INACTIVE STATUS ON THE FORM31 REQUIRED BY THE BOARD; AND

32 (II) THE INACTIVE STATUS FEE SET BY THE BOARD.

(2) THE BOARD SHALL ISSUE A LICENSE TO AN INDIVIDUAL WHO IS ON
INACTIVE STATUS IF THE INDIVIDUAL COMPLIES WITH THE RENEWAL
REQUIREMENTS THAT EXIST AT THE TIME THE INDIVIDUAL CHANGES FROM
INACTIVE TO ACTIVE STATUS.

37 (B) THE BOARD MAY REINSTATE THE LICENSE OF A RESPIRATORY CARE38 PRACTITIONER WHO HAS NOT BEEN PUT ON INACTIVE STATUS, WHO HAS FAILED TO

12 1 RENEW THE LICENSE FOR ANY REASON, AND WHO APPLIES FOR REINSTATEMENT 2 MORE THAN 30 DAYS AFTER THE LICENSE HAS EXPIRED, IF THE RESPIRATORY CARE **3 PRACTITIONER:** 4 (1) MEETS THE RENEWAL REQUIREMENTS OF § 14-5A-13 OF THIS 5 SUBTITLE; (2) PAYS TO THE BOARD THE REINSTATEMENT FEE SET BY THE BOARD; 6 7 AND (3) MEETS ANY OTHER REQUIREMENTS ESTABLISHED BY REGULATION. 8 9 14-5A-15. 10 (A) THE BOARD MAY ISSUE A TEMPORARY LICENSE TO AN APPLICANT WHO: 11 (1) HAS MET THE APPROPRIATE REQUIREMENTS FOR LICENSURE OF 12 THIS SUBTITLE FOR A RESPIRATORY CARE PRACTITIONER UNDER § 14-5A-09 OF 13 THIS SUBTITLE; OR 14 (2) HAS GRADUATED FROM AN APPROVED A RESPIRATORY CARE 15 EDUCATIONAL PROGRAM THAT IS ACCREDITED BY THE COUNCIL ON 16 ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS AND HAS APPLIED 17 FOR THE FIRST AVAILABLE NATIONAL CERTIFYING EXAMINATION. (B) A TEMPORARY LICENSE ISSUED TO A RESPIRATORY CARE PRACTITIONER 18 19 AUTHORIZES THE HOLDER TO PRACTICE RESPIRATORY CARE ONLY IN 20 ASSOCIATION WITH A LICENSED RESPIRATORY CARE PRACTITIONER. (C) A TEMPORARY LICENSE EXPIRES 45 DAYS AFTER THE DATE WHEN THE 21 22 RESULTS OF THE FIRST EXAMINATION THAT THE HOLDER WAS ELIGIBLE TO TAKE 23 ARE MADE PUBLIC. 24 (D) THE BOARD MAY NOT ISSUE MORE THAN TWO TEMPORARY LICENSES TO 25 AN INDIVIDUAL. 26 14-5A-16. 27 UNLESS THE BOARD AGREES TO ACCEPT THE SURRENDER OF A LICENSE, A 28 LICENSED RESPIRATORY CARE PRACTITIONER OR HOLDER OF A TEMPORARY 29 LICENSE MAY NOT SURRENDER THE LICENSE NOR MAY THE LICENSE LAPSE BY 30 OPERATION OF LAW WHILE THE LICENSEE IS UNDER INVESTIGATION OR WHILE 31 CHARGES ARE PENDING AGAINST THE LICENSEE. 32 14-5A-17. 33 (A) SUBJECT TO THE HEARING PROVISIONS OF § 14-405 OF THIS TITLE, THE

33 (A) SUBJECT TO THE HEARING PROVISIONS OF § 14-405 OF THIS TITLE, THE
34 BOARD MAY DENY A LICENSE OR TEMPORARY LICENSE TO ANY APPLICANT,
35 REPRIMAND ANY LICENSEE OR HOLDER OF A TEMPORARY LICENSE, PLACE ANY
36 LICENSEE OR HOLDER OF A TEMPORARY LICENSE ON PROBATION, OR SUSPEND OR
37 REVOKE A LICENSE OR TEMPORARY LICENSE IF THE APPLICANT, LICENSEE, OR
38 HOLDER:

13

(1) FRAUDULENTLY OR DECEPTIVELY OBTAINS OR ATTEMPTS TO
 OBTAIN A LICENSE OR TEMPORARY LICENSE FOR THE APPLICANT, LICENSEE, OR
 HOLDER OR FOR ANOTHER;

4 (2) FRAUDULENTLY OR DECEPTIVELY USES A LICENSE OR TEMPORARY 5 LICENSE;

6 (3) IS GUILTY OF UNPROFESSIONAL OR IMMORAL CONDUCT IN THE 7 PRACTICE OF RESPIRATORY CARE;

8 (4) IS PROFESSIONALLY, PHYSICALLY, OR MENTALLY INCOMPETENT;

9 (5) ABANDONS A PATIENT;

10 (6) IS HABITUALLY INTOXICATED;

(7) IS ADDICTED TO OR HABITUALLY ABUSES ANY NARCOTIC OR
 CONTROLLED DANGEROUS SUBSTANCE AS DEFINED IN ARTICLE 27 OF THE CODE;

13 (8) PROVIDES PROFESSIONAL SERVICES WHILE:

14 (I) UNDER THE INFLUENCE OF ALCOHOL; OR

(II) USING ANY NARCOTIC OR CONTROLLED DANGEROUS
SUBSTANCE AS DEFINED IN ARTICLE 27 OF THE CODE OR ANY OTHER DRUG THAT IS
IN EXCESS OF THERAPEUTIC AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;

18 (9) PROMOTES THE SALE OF SERVICES, DRUGS, DEVICES, APPLIANCES,19 OR GOODS TO A PATIENT SO AS TO EXPLOIT THE PATIENT FOR FINANCIAL GAIN;

20 (10) WILLFULLY MAKES OR FILES A FALSE REPORT OR RECORD IN THE 21 PRACTICE OF RESPIRATORY CARE;

(11) WILLFULLY FAILS TO FILE OR RECORD ANY REPORT AS REQUIRED
UNDER LAW, WILLFULLY IMPEDES OR OBSTRUCTS THE FILING OR RECORDING OF A
REPORT, OR INDUCES ANOTHER TO FAIL TO FILE OR RECORD A REPORT;

25 (12) BREACHES PATIENT CONFIDENTIALITY;

(13) PAYS OR AGREES TO PAY ANY SUM OR PROVIDE ANY FORM OF
REMUNERATION OR MATERIAL BENEFIT TO ANY PERSON FOR BRINGING OR
REFERRING A PATIENT OR ACCEPTS OR AGREES TO ACCEPT ANY SUM OR ANY
FORM OF REMUNERATION OR MATERIAL BENEFIT FROM AN INDIVIDUAL FOR
BRINGING OR REFERRING A PATIENT;

31 (14) KNOWINGLY MAKES A MISREPRESENTATION WHILE PRACTICING32 RESPIRATORY CARE;

(15) KNOWINGLY PRACTICES RESPIRATORY CARE WITH AN
UNAUTHORIZED INDIVIDUAL OR AIDS AN UNAUTHORIZED INDIVIDUAL IN THE
PRACTICE OF RESPIRATORY CARE;

36 (16) OFFERS, UNDERTAKES, OR AGREES TO CURE OR TREAT DISEASE BY37 A SECRET METHOD, TREATMENT, OR MEDICINE;

(17) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY AUTHORITY OR
 IS CONVICTED OR DISCIPLINED BY A COURT OF ANY STATE OR COUNTRY OR IS
 DISCIPLINED BY ANY BRANCH OF THE UNITED STATES UNIFORMED SERVICES OR
 THE VETERANS' ADMINISTRATION FOR AN ACT THAT WOULD BE GROUNDS FOR
 DISCIPLINARY ACTION UNDER THE BOARD'S DISCIPLINARY STATUTES;

6 (18) FAILS TO MEET APPROPRIATE STANDARDS FOR THE DELIVERY OF
7 RESPIRATORY CARE PERFORMED IN ANY INPATIENT OR OUTPATIENT FACILITY,
8 OFFICE, HOSPITAL OR RELATED INSTITUTION, DOMICILIARY CARE FACILITY,
9 PATIENT'S HOME, OR ANY OTHER LOCATION IN THIS STATE;

10 (19) KNOWINGLY SUBMITS FALSE STATEMENTS TO COLLECT FEES FOR 11 WHICH SERVICES ARE NOT PROVIDED;

(20) (I) HAS BEEN SUBJECT TO INVESTIGATION OR DISCIPLINARY
 ACTION BY A LICENSING OR DISCIPLINARY AUTHORITY OR BY A COURT OF ANY
 STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY
 ACTION UNDER THE BOARD'S DISCIPLINARY STATUTES; AND

16 (II) THE LICENSED INDIVIDUAL:

171. SURRENDERED THE LICENSE ISSUED BY THE STATE OR18 COUNTRY; OR

192. ALLOWED THE LICENSE ISSUED BY THE STATE OR20 COUNTRY TO EXPIRE OR LAPSE;

21 (21) KNOWINGLY FAILS TO REPORT SUSPECTED CHILD ABUSE IN
22 VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE;

23 (22) SELLS, PRESCRIBES, GIVES AWAY, OR ADMINISTERS DRUGS FOR
24 ILLEGAL OR ILLEGITIMATE MEDICAL PURPOSES;

25 (23) PRACTICES OR ATTEMPTS TO PRACTICE BEYOND THE AUTHORIZED26 SCOPE OF PRACTICE;

27 (24) IS CONVICTED OF OR PLEADS GUILTY OR NOLO CONTENDERE TO A
28 FELONY OR TO A CRIME INVOLVING MORAL TURPITUDE WHETHER OR NOT ANY
29 APPEAL OR OTHER PROCEEDING IS PENDING TO HAVE THE CONVICTION OR PLEA
30 SET ASIDE;

(25) REFUSES, WITHHOLDS FROM, DENIES, OR DISCRIMINATES AGAINST
 AN INDIVIDUAL WITH REGARD TO THE PROVISION OF PROFESSIONAL SERVICES
 FOR WHICH THE LICENSEE IS LICENSED AND QUALIFIED TO RENDER BECAUSE THE
 INDIVIDUAL IS HIV POSITIVE; OR

(26) PRACTICES OR ATTEMPTS TO PRACTICE A RESPIRATORY CARE
PROCEDURE OR USES OR ATTEMPTS TO USE RESPIRATORY CARE EQUIPMENT IF
THE APPLICANT, LICENSEE, OR HOLDER HAS NOT RECEIVED EDUCATION AND
TRAINING IN THE PERFORMANCE OF THE PROCEDURE OR THE USE OF THE
EQUIPMENT.

1 (B) EXCEPT AS OTHERWISE PROVIDED IN THE ADMINISTRATIVE PROCEDURE

2 ACT, BEFORE THE BOARD TAKES ANY ACTION UNDER THIS SECTION, IT SHALL GIVE

3 THE INDIVIDUAL AGAINST WHOM THE ACTION IS CONTEMPLATED AN

4 OPPORTUNITY FOR A HEARING BEFORE THE BOARD IN ACCORDANCE WITH THE

5 HEARING REQUIREMENTS OF § 14-405 OF THIS TITLE.

6 14-5A-18.

7 ON THE APPLICATION OF AN INDIVIDUAL WHOSE LICENSE HAS BEEN
8 REVOKED, THE BOARD, ON THE AFFIRMATIVE VOTE OF A MAJORITY OF ITS FULL
9 AUTHORIZED MEMBERSHIP, MAY REINSTATE A REVOKED LICENSE.

10 14-5A-19.

EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A PERSON MAY NOT
 PRACTICE, ATTEMPT TO PRACTICE, OR OFFER TO PRACTICE RESPIRATORY CARE IN
 THIS STATE UNLESS LICENSED TO PRACTICE RESPIRATORY CARE BY THE BOARD.

14 14-5A-20.

(A) UNLESS AUTHORIZED TO PRACTICE RESPIRATORY CARE UNDER THIS
 SUBTITLE, A PERSON MAY NOT REPRESENT TO THE PUBLIC BY TITLE, BY
 DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES, OR OTHERWISE, THAT THE
 PERSON IS AUTHORIZED TO PRACTICE RESPIRATORY CARE IN THIS STATE.

(B) UNLESS AUTHORIZED TO PRACTICE RESPIRATORY CARE UNDER THIS
 SUBTITLE, A PERSON MAY NOT USE THE ABBREVIATION "R.C.P." OR ANY OTHER
 WORDS, LETTERS, OR SYMBOLS WITH THE INTENT TO REPRESENT THAT THE
 PERSON PRACTICES RESPIRATORY CARE.

23 14-5A-21.

A PERSON MAY NOT PROVIDE, ATTEMPT TO PROVIDE, OFFER TO PROVIDE, OR
REPRESENT THAT THE PERSON PROVIDES RESPIRATORY CARE UNLESS THE
RESPIRATORY CARE IS PROVIDED BY AN INDIVIDUAL WHO IS AUTHORIZED TO
PRACTICE RESPIRATORY CARE UNDER THIS SUBTITLE.

28 14-5A-22.

A PERSON WHO VIOLATES ANY PROVISION OF THIS SUBTITLE IS GUILTY OF A
MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING \$1,000
OR IMPRISONMENT NOT EXCEEDING 1 YEAR OR BOTH.

32 14-5A-23.

THIS SUBTITLE MAY BE CITED AS THE "MARYLAND RESPIRATORY CAREPRACTITIONERS ACT".

35 14-5A-24.

SUBJECT TO THE EVALUATION AND REESTABLISHMENT PROVISIONS OF THE
 MARYLAND PROGRAM EVALUATION ACT, THIS SUBTITLE AND ALL RULES AND
 REGULATIONS ADOPTED UNDER THIS SUBTITLE SHALL TERMINATE AND BE OF NO
 EFFECT AFTER JULY 1, 2006.

1 Article - State Government

2 8-403.

3 (e) On or before November 30 of the 2nd year before the evaluation date of a
4 governmental activity or unit, the Legislative Policy Committee may waive as unnecessary
5 the evaluation required under this section.

6 (L) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (E) OF THIS SECTION,
7 ON OR BEFORE JULY 1, 2005, AN EVALUATION SHALL BE MADE OF THE STATE
8 RESPIRATORY CARE PROFESSIONAL STANDARDS COMMITTEE AND THE
9 REGULATIONS THAT RELATE TO THE STATE RESPIRATORY CARE PROFESSIONAL
10 STANDARDS COMMITTEE.

11 SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding the fact

12 that the services are provided within the scope of practice of a licensed respiratory care

13 practitioner, nothing in this Act may be construed to require a nonprofit health service

14 plan, insurer, health maintenance organization, or person acting as a third party

15 <u>administrator to reimburse a licensed respiratory care practitioner forany services</u>
 16 <u>rendered.</u>

SECTION 3. <u>4.</u> AND BE IT FURTHER ENACTED, That this Act shall take effect
July 1, 1996.