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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2910

05/18/2019 Authored by Cantrell and Zerwas
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health occupations; modifying respiratory care practitioner requirements;
1.3 amending Minnesota Statutes 2018, sections 147.012, as amended; 147C.01,
1.4 subdivisions 2, 10; 147C.05; 147C.10, subdivisions 1a, 2; 147C.15, subdivisions
1.5 1, 2, 7, as amended; 147C.35; 256B.0659, subdivision 27.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2018, section 147.012, as amended by Laws 2019, chapter
1.8 8, article 7, section 2, is amended to read:

1.9 147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

1.10 The board has responsibility for the oversight of the following allied health professions:
1.11 physician assistants under chapter 147A, acupuncture practitioners under chapter 147B,
1.12 respiratory care practitioners therapists under chapter 147C, traditional midwives under
1.13 chapter 147D, registered naturopathic doctors under chapter 147E, genetic counselors under
1.14 chapter 147F, and athletic trainers under sections 148.7801 to 148.7815.

1.15 Sec. 2. Minnesota Statutes 2018, section 147C.01, subdivision 2, is amended to read:

1.16 Subd. 2. Advisory council. "Advisory council" means the Respiratory Care Therapy
1.17 Advisory Council established under section 147C.35.

1.18 Sec. 3. Minnesota Statutes 2018, section 147C.01, subdivision 10, is amended to read:

1.19 Subd. 10. Respiratory care therapy. "Respiratory care therapy" means the provision
1.20 of services described under section 147C.05 for the assessment, treatment, education,
1.21 management, evaluation, and care of patients with deficiencies, abnormalities, and diseases

2.1 of the cardiopulmonary system, under the supervision of a physician and pursuant to a
2.2 referral, or a verbal, written, or telecommunicated order from a physician, nurse practitioner,
2.3 or physician assistant. Respiratory ~~care~~ therapy includes, but is not limited to, education
2.4 pertaining to health promotion, disease prevention and management, patient care, and
2.5 treatment.

2.6 Sec. 4. Minnesota Statutes 2018, section 147C.05, is amended to read:

2.7 **147C.05 SCOPE OF PRACTICE.**

2.8 (a) The practice of respiratory ~~care~~ therapy by a licensed respiratory therapist includes,
2.9 but is not limited to, the following services:

2.10 (1) providing and monitoring therapeutic administration of medical gases, aerosols,
2.11 humidification, and pharmacological agents related to respiratory care procedures, but not
2.12 including administration of general anesthesia;

2.13 (2) carrying out therapeutic application and monitoring of mechanical ventilatory support;

2.14 (3) providing cardiopulmonary resuscitation and maintenance of natural airways and
2.15 insertion and maintenance of artificial airways;

2.16 (4) assessing and monitoring signs, symptoms, and general behavior relating to, and
2.17 general physical response to, respiratory ~~care~~ therapy treatment or evaluation for treatment
2.18 and diagnostic testing, including determination of whether the signs, symptoms, reactions,
2.19 behavior, or general response exhibit abnormal characteristics;

2.20 (5) obtaining physiological specimens and interpreting physiological data including:

2.21 (i) analyzing arterial and venous blood gases;

2.22 (ii) assessing respiratory secretions;

2.23 (iii) measuring ventilatory volumes, pressures, and flows;

2.24 (iv) testing pulmonary function;

2.25 (v) testing and studying the cardiopulmonary system; and

2.26 (vi) diagnostic and therapeutic testing of breathing patterns related to sleep disorders;

2.27 (6) assisting hemodynamic monitoring and support of the cardiopulmonary system;

2.28 (7) assessing and making suggestions for modifications in the treatment regimen based
2.29 on abnormalities, protocols, or changes in patient response to respiratory care treatment;

3.1 (8) providing cardiopulmonary rehabilitation including respiratory-~~care~~ therapy related
3.2 educational components, postural drainage, chest physiotherapy, breathing exercises,
3.3 aerosolized administration of medications, and equipment use and maintenance;

3.4 (9) instructing patients and their families in techniques for the prevention, alleviation,
3.5 and rehabilitation of deficiencies, abnormalities, and diseases of the cardiopulmonary system;
3.6 and

3.7 (10) transcribing and implementing verbal, written, or telecommunicated orders from a
3.8 physician, nurse practitioner, or physician assistant for respiratory ~~care~~ therapy services.

3.9 (b) This section does not prohibit a respiratory therapist from performing advances in
3.10 the art and techniques of respiratory ~~care~~ therapy learned through formal or specialized
3.11 training as approved by the Respiratory ~~Care~~ Therapy Advisory Council.

3.12 (c) This section does not prohibit an individual licensed or credentialed as a respiratory
3.13 therapist in another state or country from providing respiratory ~~care~~ therapy in an emergency
3.14 in this state, providing respiratory ~~care~~ therapy as a member of an organ harvesting team,
3.15 or from providing respiratory ~~care~~ therapy on board an ambulance as part of an ambulance
3.16 treatment team.

3.17 Sec. 5. Minnesota Statutes 2018, section 147C.10, subdivision 1a, is amended to read:

3.18 Subd. 1a. **Unlicensed practice prohibited.** No person shall practice respiratory ~~care~~
3.19 therapy unless the person is licensed as a respiratory therapist under this chapter except as
3.20 otherwise provided under this chapter.

3.21 Sec. 6. Minnesota Statutes 2018, section 147C.10, subdivision 2, is amended to read:

3.22 Subd. 2. **Other health care practitioners.** (a) Nothing in this chapter shall prohibit the
3.23 practice of any profession or occupation licensed or registered by the state by any person
3.24 duly licensed or registered to practice the profession or occupation or to perform any act
3.25 that falls within the scope of practice of the profession or occupation.

3.26 (b) Nothing in this chapter shall be construed to require a respiratory ~~care~~ therapy license
3.27 for:

3.28 (1) a student enrolled in a respiratory therapy or polysomnography technology education
3.29 program accredited by the Commission on Accreditation of Allied Health Education
3.30 Programs, its successor organization, or another nationally recognized accrediting
3.31 organization;

4.1 (2) a respiratory therapist as a member of the United States armed forces while performing
4.2 duties incident to that duty;

4.3 (3) an individual employed by a durable medical equipment provider or a home medical
4.4 equipment provider who delivers, sets up, instructs the patient on the use of, or maintains
4.5 respiratory ~~care~~ therapy equipment, but does not perform assessment, education, or evaluation
4.6 of the patient;

4.7 (4) self-care by a patient or gratuitous care by a friend or relative who does not purport
4.8 to be a licensed respiratory therapist; or

4.9 (5) an individual employed in a sleep lab or center as a polysomnographic technologist
4.10 under the supervision of a licensed physician.

4.11 Sec. 7. Minnesota Statutes 2018, section 147C.15, subdivision 1, is amended to read:

4.12 Subdivision 1. **General requirements for licensure.** To be eligible for a license, an
4.13 applicant, with the exception of those seeking licensure by reciprocity under subdivision 2,
4.14 must:

4.15 (1) submit a completed application on forms provided by the board along with all fees
4.16 required under section 147C.40 that includes:

4.17 (i) the applicant's name, Social Security number, home address, e-mail address, and
4.18 telephone number, and business address and telephone number;

4.19 (ii) the name and location of the respiratory therapy education program the applicant
4.20 completed;

4.21 (iii) a list of degrees received from educational institutions;

4.22 (iv) a description of the applicant's professional training beyond the first degree received;

4.23 (v) the applicant's work history for the five years preceding the application, including
4.24 the average number of hours worked per week;

4.25 (vi) a list of registrations, certifications, and licenses held in other jurisdictions;

4.26 (vii) a description of any other jurisdiction's refusal to credential the applicant;

4.27 (viii) a description of all professional disciplinary actions initiated against the applicant
4.28 in any jurisdiction; and

4.29 (ix) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

4.30 (2) submit a certificate of completion from an approved education program;

5.1 (3) achieve a qualifying score on a registered respiratory therapist or advanced level
5.2 respiratory therapy credentialing examination within five years prior to application for
5.3 registration;

5.4 (4) submit a verified copy of a valid and current credential, issued by the National Board
5.5 for Respiratory Care or other board-approved national organization, as a ~~certified respiratory~~
5.6 ~~therapist~~, registered respiratory therapist, or other ~~entry~~ or advanced level respiratory therapist
5.7 designation;

5.8 (5) submit additional information as requested by the board, including providing any
5.9 additional information necessary to ensure that the applicant is able to practice with
5.10 reasonable skill and safety to the public;

5.11 (6) sign a statement that the information in the application is true and correct to the best
5.12 of the applicant's knowledge and belief; and

5.13 (7) sign a waiver authorizing the board to obtain access to the applicant's records in this
5.14 or any other state in which the applicant has completed an approved education program or
5.15 engaged in the practice of respiratory therapy.

5.16 Sec. 8. Minnesota Statutes 2018, section 147C.15, subdivision 2, is amended to read:

5.17 Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity, the
5.18 applicant must be credentialed as a registered respiratory therapist or advanced level
5.19 respiratory therapist by the National Board for Respiratory Care or other board-approved
5.20 organization and have worked at least eight weeks of the previous five years as a respiratory
5.21 therapist and must:

5.22 (1) submit the application materials and fees as required by subdivision 1, clauses (1),
5.23 (4), (5), (6), and (7);

5.24 (2) provide a verified copy from the appropriate government body of a current and
5.25 unrestricted credential or license for the practice of respiratory therapy in another jurisdiction
5.26 that has initial credentialing requirements equivalent to or higher than the requirements in
5.27 subdivision 1; and

5.28 (3) provide letters of verification from the appropriate government body in each
5.29 jurisdiction in which the applicant holds a credential or license. Each letter must state the
5.30 applicant's name, date of birth, credential number, date of issuance, a statement regarding
5.31 disciplinary actions, if any, taken against the applicant, and the terms under which the
5.32 credential was issued.

6.1 Sec. 9. Minnesota Statutes 2018, section 147C.15, subdivision 7, as amended by Laws
6.2 2019, chapter 8, article 3, section 1, is amended to read:

6.3 Subd. 7. **Renewal.** (a) To be eligible for license renewal a licensee must:

6.4 (1) annually, or as determined by the board, complete a renewal application on a form
6.5 provided by the board;

6.6 (2) submit the renewal fee;

6.7 (3) provide evidence every two years of a total of 24 hours of continuing education
6.8 approved by the board as described in section 147C.25; and

6.9 (4) submit any additional information requested by the board to clarify information
6.10 presented in the renewal application. The information must be submitted within 30 days
6.11 after the board's request, or the renewal request is nullified.

6.12 (b) Applicants for renewal who have not practiced the equivalent of eight full weeks
6.13 during the past five years must achieve a passing score on retaking the credentialing
6.14 examination required under subdivision 1.

6.15 (c) A licensee must maintain a correct mailing address with the board for receiving board
6.16 communications, notices, and license renewal documents. Placing the license renewal
6.17 application in first class United States mail, addressed to the licensee at the licensee's last
6.18 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
6.19 documents does not relieve a licensee of the obligation to comply with this section.

6.20 (d) The name of a licensee who does not return a complete license renewal application,
6.21 annual license fee, or late application fee, as applicable, within the time period required by
6.22 this section shall be removed from the list of individuals authorized to practice during the
6.23 current renewal period. If the licensee's license is reinstated, the licensee's name shall be
6.24 placed on the list of individuals authorized to practice.

6.25 (e) An applicant for renewal after July 1, 2020, is eligible for license renewal if the
6.26 applicant has a valid and current certified or registered respiratory therapist credential
6.27 designation, or other entry or advanced level respiratory therapy designation, issued by the
6.28 National Board of Respiratory Care or other board-approved organization.

6.29 Sec. 10. Minnesota Statutes 2018, section 147C.35, is amended to read:

6.30 **147C.35 RESPIRATORY CARE THERAPY ADVISORY COUNCIL.**

6.31 Subdivision 1. **Membership.** The board shall appoint a seven-member Respiratory ~~Care~~
6.32 Therapy Advisory Council consisting of two public members as defined in section 214.02,

7.1 three licensed respiratory therapists, and two licensed physicians with expertise in respiratory
7.2 care.

7.3 Subd. 2. **Organization.** The advisory council shall be organized and administered under
7.4 section 15.059.

7.5 Subd. 3. **Duties.** The advisory council shall:

7.6 (1) advise the board regarding standards for respiratory therapists;

7.7 (2) provide for distribution of information regarding respiratory therapy standards;

7.8 (3) advise the board on enforcement of sections 147.091 to 147.162;

7.9 (4) review applications and recommend granting or denying licensure or license renewal;

7.10 (5) advise the board on issues related to receiving and investigating complaints,
7.11 conducting hearings, and imposing disciplinary action in relation to complaints against
7.12 respiratory therapists;

7.13 (6) advise the board regarding approval of continuing education programs using the
7.14 criteria in section 147C.25, subdivision 3; and

7.15 (7) perform other duties authorized for advisory councils by chapter 214, as directed by
7.16 the board.

7.17 Sec. 11. Minnesota Statutes 2018, section 256B.0659, subdivision 27, is amended to read:

7.18 Subd. 27. **Personal care assistance provider agency.** (a) The personal care assistance
7.19 provider agency is required to provide training for the personal care assistant responsible
7.20 for working with a recipient who is ventilator dependent. All training must be administered
7.21 by a respiratory therapist, nurse, or physician. Qualified professional supervision by a nurse
7.22 must be completed and documented on file in the personal care assistant's employment
7.23 record and the recipient's health record. If offering personal care services to a
7.24 ventilator-dependent recipient, the personal care assistance provider agency shall demonstrate
7.25 and document the ability to:

7.26 (1) train the personal care assistant;

7.27 (2) supervise the personal care assistant in the care of a ventilator-dependent recipient;

7.28 (3) supervise the recipient and responsible party in the care of a ventilator-dependent
7.29 recipient; and

7.30 (4) provide documentation of the training and supervision in clauses (1) to (3) upon
7.31 request.

8.1 (b) A personal care assistant shall not undertake any clinical services, patient assessment,
8.2 patient evaluation, or clinical education regarding the ventilator or the patient on the
8.3 ventilator. These services may only be provided by health care professionals licensed or
8.4 registered in this state.

8.5 (c) A personal care assistant may only perform tasks associated with ventilator
8.6 maintenance that are approved by the Board of Medical Practice in consultation with the
8.7 Respiratory ~~Care Practitioner~~ Therapy Advisory Council and the Department of Human
8.8 Services.

8.9 Sec. 12. **REVISOR INSTRUCTION.**

8.10 The title of Minnesota Statutes, chapter 147C, shall be changed to "Respiratory
8.11 Therapists."