

CHAPTER 147C

RESPIRATORY CARE PRACTITIONERS

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147C.01 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

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

Subd. 3. **Approved education program.** "Approved education program" means a university, college, or other postsecondary education program leading to eligibility for registry or certification in respiratory care, that, at the time the student completes the program, is accredited by a national accrediting organization approved by the board.

Subd. 4. **Board.** "Board" means the Board of Medical Practice or its designee.

Subd. 5. **Contact hour.** "Contact hour" means an instructional session of 50 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Subd. 6. **Credential.** "Credential" means a license or other evidence of qualification or authorization to engage in respiratory care practice in this state or any other state.

Subd. 7. **Credentialing examination.** "Credentialing examination" means an examination administered by the National Board for Respiratory Care, its successor organization, or the Canadian Society for Respiratory Care for credentialing as a respiratory therapist or other title indicating an entry or advanced level respiratory care practitioner.

Subd. 7a. **Equipment maintenance.** "Equipment maintenance" includes, but is not limited to, downloading and subsequent reporting of stored compliance and physiological data, adjustments to respiratory equipment based on compliance downloads, protocols, and provider orders specific to noninvasive continuous positive airway pressure, bi-level devices.

Subd. 8. **Health care facility.** "Health care facility" means a hospital as defined in section 144.50, subdivision 2, a medical facility as defined in section 144.561, subdivision 1, paragraph (b), or a nursing home as defined in section 144A.01, subdivision 5, a long-term acute care facility, a subacute care facility, an outpatient clinic, a physician's office, a rehabilitation facility, or a hospice.

Subd. 9. **Qualified medical direction.** "Qualified medical direction" means direction from a licensed physician who is on the staff or is a consultant of a health care facility or home care agency or home medical equipment provider and who has a special interest in and knowledge of the diagnosis and treatment of deficiencies, abnormalities, and diseases of the cardiopulmonary system.

Subd. 9a. **Patient instruction.** "Patient instruction" includes, but is not limited to, patient education on the care, use, and maintenance of respiratory equipment, patient interface fittings, and adjustments.

Subd. 10. **Respiratory care.** "Respiratory care" means the provision of services described under section 147C.05 for the assessment, treatment, education, management, evaluation, and care of patients with deficiencies, abnormalities, and diseases of the cardiopulmonary system, under the supervision of a physician and pursuant to a referral, or a verbal, written, or telecommunicated order from a physician, nurse practitioner, or physician assistant. Respiratory care includes, but is not limited to, education pertaining to health promotion, disease prevention and management, patient care, and treatment.

History: 1997 c 120 s 2; 2009 c 142 art 2 s 1

147C.05 SCOPE OF PRACTICE.

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

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

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

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

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

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

(i) analyzing arterial and venous blood gases;

(ii) assessing respiratory secretions;

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

(iv) testing pulmonary function;

(v) testing and studying the cardiopulmonary system; and

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

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

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

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

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

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

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

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

History: 1997 c 120 s 3; 2005 c 147 art 6 s 3; 2009 c 142 art 2 s 2

147C.10 UNLICENSED PRACTICE PROHIBITED; PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. **Protected titles.** A person who does not hold a license or temporary permit under this chapter as a respiratory therapist or whose license or permit has lapsed, been suspended, or been revoked may not use the title "Minnesota licensed respiratory therapist," "licensed respiratory therapist," "respiratory therapist," "inhalation therapist," or "inhalation therapy technician," or use, in connection with the individual's name, the letters "RT" or "LRT" or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is eligible for licensure by the state as a respiratory therapist unless the individual has been licensed as a respiratory therapist according to this chapter.

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

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

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

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

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

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

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

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

Subd. 3. **Penalty.** A person who violates this section is guilty of a gross misdemeanor.

Subd. 4. **Identification of licensed practitioners.** Respiratory therapists licensed in Minnesota shall wear name tags that identify them as respiratory therapists while in a professional setting. If not written in full, this must be designated as "RT" or "LRT." A student attending an accredited respiratory therapy education program must be identified as a student respiratory therapist. This abbreviated designation is Student RT. Unregulated individuals who work in an

assisting respiratory role under the supervision of respiratory therapists must be identified as respiratory therapy assistants or aides.

History: 1997 c 120 s 4; 2009 c 142 art 2 s 3; 2009 c 174 art 2 s 7

147C.15 LICENSURE REQUIREMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

(3) achieve a qualifying score on a credentialing examination within five years prior to application for registration;

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

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

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

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

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

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

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

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

Subd. 3. **Temporary permit.** The board may issue a temporary permit to practice as a respiratory therapist to an applicant eligible for licensure under this section if the application for licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the respiratory therapist's application for licensure.

Subd. 4. [Repealed by amendment, 2009 c 142 art 2 s 4]

Subd. 5. [Repealed by amendment, 2009 c 142 art 2 s 4]

Subd. 6. **License expiration.** Licenses issued under this chapter expire annually.

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

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

(2) submit the renewal fee;

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

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

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

Subd. 8. **Change of address.** A licensee who changes addresses must inform the board within 30 days, in writing, of the change of address. All notices or other correspondence mailed to or served on a licensee by the board at the licensee's address on file with the board shall be considered as having been received by the licensee.

Subd. 9. **License renewal notice.** At least 30 days before the license renewal date, the board shall send out a renewal notice to the last known address of the licensee on file. The notice must include a renewal application and a notice of fees required for renewal. It must also inform the licensee that the license will expire without further action by the board if an application for license renewal is not received before the deadline for renewal. The licensee's failure to receive this notice shall not relieve the licensee of the obligation to meet the deadline and other requirements for license renewal. Failure to receive this notice is not grounds for challenging expiration of licensure status.

Subd. 10. **Renewal deadline.** The renewal application and fee must be postmarked on or before July 1 of the year of renewal or as determined by the board. If the postmark is illegible, the application shall be considered timely if received by the third working day after the deadline.

Subd. 11. [Repealed by amendment, 2009 c 142 art 2 s 4]

Subd. 12. **Licensure following lapse of licensed status for two years or less.** For any individual whose license has lapsed for two years or less, to regain a license, the individual must:

- (1) apply for license renewal according to subdivision 7;
- (2) document compliance with the continuing education requirements of section 147C.25 since the licensee's initial licensure or last renewal; and
- (3) submit the fees required under section 147C.40 for the period not licensed, including the fee for late renewal.

Subd. 13. **Cancellation due to nonrenewal.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed and has not been renewed within two annual renewal cycles. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for initial licensure as a respiratory therapist.

Subd. 14. **Cancellation of license in good standing.** (a) A registrant licensee holding an active license as a respiratory therapist in the state may, upon approval of the board, be granted license cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the licensee. Such action by the board shall be reported as a cancellation of a license in good standing.

(b) A licensee who receives board approval for license cancellation is not entitled to a refund of any licensure fees paid for the license year in which cancellation of the license occurred.

(c) To obtain a license after cancellation, a licensee must obtain a new license by applying for licensure and fulfilling the requirements then in existence for obtaining initial licensure as a respiratory therapist.

History: 1997 c 120 s 5; 2009 c 142 art 2 s 4

147C.20 BOARD ACTION ON APPLICATIONS FOR LICENSURE.

(a) The board shall act on each application for licensure according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for licensure under section 147C.15. The board or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The board shall notify each applicant in writing of action taken on the application, the grounds for denying licensure if licensure is denied, and the applicant's right to review under paragraph (d).

(d) Applicants denied licensure may make a written request to the board, within 30 days of the board's notice, to appear before the advisory council or its designee and for the advisory council to review the board's decision to deny the applicant's licensure. After reviewing the denial, the advisory council shall make a recommendation to the board as to whether the denial shall be affirmed. Each applicant is allowed only one request for review per yearly licensure period.

History: 1997 c 120 s 6; 2009 c 142 art 2 s 5

147C.25 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Number of required contact hours.** Two years after the date of initial licensure, and every two years thereafter, a licensee applying for license renewal must complete a minimum of 24 contact hours of board-approved continuing education in the two years preceding

license renewal and attest to completion of continuing education requirements by reporting to the board.

Subd. 2. **Approved programs.** The board shall approve continuing education programs that have been approved for continuing education credit by the American Association of Respiratory Care or the Minnesota Society for Respiratory Care or their successor organizations. The board shall also approve programs substantially related to respiratory therapy that are sponsored by an accredited university or college, medical school, state or national medical association, national medical specialty society, or that are approved for continuing education credit by the Minnesota Board of Nursing.

Subd. 3. **Approval of continuing education programs.** The board shall also approve continuing education programs that do not meet the requirements of subdivision 2 but that meet the following criteria:

- (1) the program content directly relates to the practice of respiratory therapy;
- (2) each member of the program faculty is knowledgeable in the subject matter as demonstrated by a degree from an accredited education program, verifiable experience in the field of respiratory therapy, special training in the subject matter, or experience teaching in the subject area;
- (3) the program lasts at least one contact hour;
- (4) there are specific, measurable, written objectives, consistent with the program, describing the expected outcomes for the participants; and
- (5) the program sponsor has a mechanism to verify participation and maintains attendance records for three years.

Subd. 4. **Hospital, health care facility, or medical company in-services.** Hospital, health care facility, or medical company in-service programs may qualify for continuing education credits provided they meet the requirements of this section.

Subd. 5. **Accumulation of contact hours.** A licensee may not apply contact hours acquired in one two-year reporting period to a future continuing education reporting period.

Subd. 6. **Verification of continuing education credits.** The board shall periodically select a random sample of licensees and require those licensees to supply the board with evidence of having completed the continuing education to which they attested. Documentation may come directly from the licensee or from state or national organizations that maintain continuing education records.

Subd. 7. **Restriction on continuing education topics.** A licensee may apply no more than a combined total of eight hours of continuing education in the areas of management, risk management, personal growth, and educational techniques to a two-year reporting period.

Subd. 8. **Credit for credentialing examination.** A licensee may fulfill the continuing education requirements for a two-year reporting period by achieving a qualifying score on one of the credentialing examinations or a specialty credentialing examination of the National Board for Respiratory Care or another board-approved testing organization. A licensee may achieve 12 hours of continuing education credit by completing a National Board for Respiratory Care or other board-approved testing organization's specialty examination.

History: 1997 c 120 s 7; 2009 c 142 art 2 s 6

147C.30 DISCIPLINE; REPORTING.

For purposes of this chapter, licensed respiratory therapists and applicants are subject to the provisions of sections 147.091 to 147.162.

History: 1997 c 120 s 8; 2009 c 142 art 2 s 7

147C.35 RESPIRATORY CARE ADVISORY COUNCIL.

Subdivision 1. **Membership.** The board shall appoint a seven-member Respiratory Care Advisory Council consisting of two public members as defined in section 214.02, three licensed respiratory therapists, and two licensed physicians with expertise in respiratory care.

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

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

- (1) advise the board regarding standards for respiratory therapists;
- (2) provide for distribution of information regarding respiratory therapy standards;
- (3) advise the board on enforcement of sections 147.091 to 147.162;
- (4) review applications and recommend granting or denying licensure or license renewal;
- (5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against respiratory therapists;
- (6) advise the board regarding approval of continuing education programs using the criteria in section 147C.25, subdivision 3; and
- (7) perform other duties authorized for advisory councils by chapter 214, as directed by the board.

History: 1997 c 120 s 9; 2001 c 31 s 1; 2003 c 87 s 2; 2007 c 123 s 9; 2009 c 142 art 2 s 8

147C.40 FEES.

Subdivision 1. **Fees.** The board shall adopt rules setting:

- (1) licensure fees;
- (2) renewal fees;
- (3) late fees;
- (4) inactive status fees; and
- (5) fees for temporary permits.

Subd. 2. **Proration of fees.** The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal.

Subd. 3. **Penalty fee for late renewals.** An application for license renewal submitted after the deadline must be accompanied by a late fee in addition to the required fees.

Subd. 4. **Nonrefundable fees.** All of the fees in subdivision 1 are nonrefundable.

History: 1997 c 120 s 10; 2009 c 142 art 2 s 9