

Department of Health
Rulemaking Hearing Rules
Board of Respiratory Care
Division of Health Related Boards

Chapter 1330-1
General Rules Governing Respiratory Care Practitioners

Amendments

Rule 1330-1-.02, Scope of Practice, is amended by designating the present language of the rule as paragraph (1) and by adding the following language as new paragraph (2):

(2) Use of Titles

- (a) Any person who possesses a valid, unsuspended and unrevoked license issued by the Board has the right to use the titles and/or acronyms “Certified Respiratory Therapist (CRT)” or “Certified Respiratory Therapy Technician (CRTT)” as defined in T.C.A. §§ 63-27-102.
- (b) Any person who possesses a valid, unsuspended and unrevoked license issued by the Board has the right to use the title and/or acronym “Registered Respiratory Therapist (RRT)” as defined in T.C.A. §§ 63-27-102.
- (c) Any person who possesses a valid, unsuspended and unrevoked license issued by the Board has the right to practice as a respiratory care practitioner as defined in T.C.A. §§ 63-27-102.
- (d) Violation of this rule regarding use of titles shall constitute unprofessional conduct and subject the licensee to disciplinary action.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-27-104, 63-27-111, and 63-27-112.

Rule 1330-1-.19 Board Officers, Consultants, Records, Declaratory Orders, Advisory Rulings, and Subpoenas is amended by deleting the catchline in its entirety and substituting instead the following language, and is further amended by adding the following language as new paragraph (7), so that as amended, the new catchline and the new paragraph (7) shall read:

1330-1-.19 Board Officers, Consultants, Records, Declaratory Orders, Advisory Rulings, Subpoenas and Screening Panels.

- (7) Screening Panels - The Board adopts, as if fully set out herein, rule 1200-10-1-.13, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the screening panel process.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-138, 63-27-104, and 63-27-112.

New Rules

Table of Contents

1330-1-.03	Delivery of Respiratory Equipment to a Patient's Place of Residence
1330-1-.20	Advertising

1330-1-.03 Delivery of Respiratory Equipment to a Patient's Place of Residence.

- (1) When respiratory equipment is delivered and installed in a patient's place of residence, the following acts constitute the practice of respiratory care because they are a part of the administration of medical gasses:
- (a) Initial patient assessment;
 - (b) Attachment of the respiratory equipment to the patient;
 - (c) Ongoing assessment of the patient's response to the administration of the medical gas;
 - (d) Initial and ongoing instruction and education of the patient (and of the patient's family or other caregiver, where relevant) with respect to the role of the respiratory equipment in managing the patient's disease or condition; and
 - (e) Recommendation to the physician of needed modifications in the physician's order.
- (2) When respiratory equipment is delivered and installed in a patient's place of residence, the following acts do not constitute the practice of respiratory care:
- (a) Delivery of respiratory equipment and supplies (initial and replacement) to the patient's place of residence;
 - (b) Assembly of respiratory equipment in the patient's place of residence;

- (c) Explanation to the patient of the proper operation and maintenance of the following respiratory equipment:
 - 1. Cylinders used with low-flow (set at less than 6.00 liters per minute) nasal cannula;
 - 2. Pressure regulators/Flow controllers used with low-flow (set at less than 6.00 liters per minute) nasal cannula;
 - 3. Home liquid oxygen systems used with low-flow (set at less than 6.00 liters per minute) nasal cannula;
 - 4. Oxygen concentrators used with low-flow (set at less than 6.00 liters per minute) nasal cannula;
 - 5. Oxygen analyzers;
 - 6. Humidifiers; and
 - 7. Small volume medication nebulizers with air compressors.
 - (d) Initial inspection and assessment of the environment in which the respiratory equipment is to be used;
 - (e) Exchange of empty medical gas cylinders;
 - (f) Refilling of liquid oxygen containers; and
 - (g) Servicing (including repair and maintenance) of respiratory equipment.
- (3) With respect to the following respiratory equipment when delivered and installed in a patient's place of residence, all acts except delivery, repair and maintenance constitute the practice of respiratory care:
- (a) Continuous Positive Airway Pressure Devices;
 - (b) Bi-Level Positive Airway Pressure Devices;
 - (c) Ventilators;
 - (d) Apnea monitors;
 - (e) High-flow (6.00 liters per minute or higher) nasal cannula;
 - (f) All other oxygen delivery devices; and

(g) All other respiratory equipment not listed in subparagraph (2) (c).

- (4) With respect to a small volume medication nebulizer with air compressor which is delivered to a patient's place of residence, the placement of medication in a small volume medication nebulizer with air compressor and the instruction of a patient about the medication constitutes the practice of respiratory care.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-27-102, 63-27-104, 63-27-105, 63-27-110, and 63-27-117.

1330-1-.20 Advertising. The following acts or omissions in the context of advertisements by any licensee shall subject the licensee to disciplinary action pursuant to T.C.A. § 63-27-112.

- (1) Claims that convey the message that one licensee is better than another when superiority cannot be substantiated.
- (2) Misleading use of an unearned or non-health degree.
- (3) Misrepresentation of a licensee's credentials, training, experience, or ability.
- (4) Promotion of professional services which the licensee knows or should know is beyond the licensee's ability to perform.
- (5) Use of any personal testimonial attesting to a quality of competency offered by a licensee that is not reasonably verifiable.
- (6) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
- (7) Communication of personal identifiable facts, data, or information about a patient without first obtaining the patient's consent.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-27-104, and 63-27-112.

Legal Contact: Ernest Sykes, Jr., Assistant General Counsel, Office of General Counsel, 26th Floor, William R. Snodgrass Tennessee Tower, 312 Eighth Avenue North,

Nashville, TN 37247-0120, 741-1611.

Contact for disk acquisition and/or party who will approve final copy for publication:
 Jerry Kosten, Regulations Manager, Division of Health Related Boards, First Floor,
 Cordell Hull Building, 425 Fifth Avenue North, Nashville, TN 37247-1010, 532-4397.

Signature of the agency officer or officers directly responsible for proposing and/or
 drafting these rules:

Billy Alred, Chair
 Board of Respiratory Care

The roll call vote by the Board of Respiratory Care on these rulemaking hearing rules
 was as follows:

Board Members	Aye	No	Abstain	Absent
Shirley Ann Bracket	<u>X</u>	_____	_____	_____
Billy Alred	<u>X</u>	_____	_____	_____
Colleen L. Schabacker	<u>X</u>	_____	_____	_____
Darryl Jordan, M.D.	_____	_____	_____	<u>X</u>
Timothy W. McGill	<u>X</u>	_____	_____	_____
James W. Hunter, II	<u>X</u>	_____	_____	_____
Delmar Mack	<u>X</u>	_____	_____	_____
Candace Partee	<u>X</u>	_____	_____	_____

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully
 promulgated and adopted by the Board of Respiratory Care on the 17th day of November,
 2005.

Further, I certify that the provisions of T.C.A. § 4-5-222 have been fully complied with, that these rules are properly presented for filing, a notice of rulemaking hearing has been filed in the Department of State on the 17th day of August, 2005 and such notice of rulemaking hearing having been published in the September 15th, 2005 issue of the Tennessee Administrative Register, and such rulemaking hearing having been conducted pursuant thereto on the 31st day of October, 2005.

Robbie H. Bell, Director
Division of Health Related Boards

Subscribed and sworn to before me this the 17th day of November, 2005.

Notary Public

My commission expires on the 25th day of March, 2006.

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Paul G. Summers
Attorney General and Reporter

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 16th day of June, 2006, and will become effective on the 30th day of August 2006.