House Bill 634

In The House

February 4, 1981 Introduced and referred

to Committee on State

Administration.

February 18, 1981 Committee recommend bill

do not pass.

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1	HOUSE BILL NO. 634
2	INTRODUCED BY Bengton Unala Marche Brighne
3	Jahren Hagor Com Nickard Theming Nilson
4	A BILL FOR AN ACT ENTITLED: MAN ACT TO CREATE A BOARD OF
5	RESPIRATORY THERAPY AND CARDIOPULMONARY TECHNOLOGY;
6	PROVIDING FOR ITS POWERS AND DUTIES; REQUIRING A LICENSE FOR

THE PRACTICE OF RESPIRATORY THERAPY AND CARDIDOU MONARY

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

TECHNOLOGY; AND PROVIDING PENALTIES FOR VIOLATIONS.*

11 Section 1. Board respiratory therapy and 12 cardiopulmonary technologists. (1) There is a board of 13 respiratory therapy and cardiopulmonary technologists.

- (2) The board consists of seven members appointed by the governor. The members are:
- (a) two respiratory therapists who shall have passed 16 17 the examination of the national board of respiratory 18 therapy;
- 19 (b) two cardiopulmonary technologists who shall have 20 passed the examination of the national society for 21 cardiopulmonary technologists;
- (c) two physicians licensed to practice medicine in 22 23 this state, one of whom shall be a respiratory specialist 24 and one of whom shall be a cardiac specialist; and
- 25 consumer of respiratory therapy

cardiopulmonary technology services.

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- 2 (3) Appointments shall be for 3-year terms with no person eligible to serve more than two full consecutive 3 4 terms.
- (4) Members specified in subsections (2)(a) through (2)(c) of this section shall be residents of this state who have engaged in the active practice of their profession for 7 at least 2 years.
- (5) The board is allocated to the department of 9 10 administration for administrative purposes only as 11 prescribed in 2-15-121.
 - Section 2. Purpose. The legislature declares that the practice of respiratory therapy and cardiopulmonary technology in Montana affects the public health, safety, and welfare and should therefore be subject to regulation and control in the public interest in order to protect the public from the unauthorized and unqualified practice of respiratory therapy and cardiopulmonary technology and from unprofessional conduct by persons desiring to practice the same.
- 21 Section 3. Definitions. In [sections 4 through 17], unless the context clearly indicates otherwise, the 22 23 following definitions apply:
 - (1) "Board" means the board of respiratory therapy and cardiopulmonary technology provided for in [section 1].

(2) "Cardiopulmonary technology" means the conducting of diagnostic testing procedures for the evaluation of heart and lung functions and diseases, as prescribed and directed by a physician. Such procedures include but are not limited to pulmonary function studies, blood gas laboratory studies, noninvasive cardiology studies, bronchoscopy and motility studies, cardiac catheterization procedures, vascular studies, electrocardiograph tests, physiological monitoring in catheterization laboratories, surgery, and critical care units.

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- (3) "Department" means the department of professional and occupational licensing.
- environmental control systems, humidification, aerosols, medications, ventilatory support, bronchopulmonary drainage and exercises, respiratory rehabilitation, assistance with cardiopulmonary resuscitation, and maintenance of natural, artificial, and mechanical airways, including the measurement of ventilatory volumes, pressure flows, blood gas analysis, and other related physiologic monitorings, as prescribed and directed by a physician, all to measure, assist, and control the functions of the human respiratory system.
- 24 Section 4. Exemptions. Nothing in [sections 5 through 25 17] may be construed to limit or regulate the qualified

- 1 members of other professions licensed or certified under the 2 laws of this state, such as physicians, speech pathologists, nurses, physical therapists, and osteopaths, from doing work 3 in the nature of respiratory therapy or cardiopulmonary 5 technology consistent with their training and the codes of ethics of their respective professions if they do not hold 7 themselves out to the public by title or description incorporating the words "respiratory therapy"
- 10 Section 5. Organization -- meetings -- powers and 11 duties. The board shall:

"cardiopulmonary technology".

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- 12 (1) elect annually a president, vice-president, and 13 secretary-treasurer from its membership;
 - (2) hold a regular meeting each year and shall hold special meetings at times and places as a majority of the board designates. No more than four meetings may be held in any 1 year. A majority of the board constitutes a quorum.
- 18 (3) promulgate rules necessary to carry out the 19 provisions of [sections 5 through 17];
- 20 (4) administer, coordinate, and enforce the provisions21 of [sections 6 through 17];
- 22 (5) make recommendations to the governor and the
 23 legislature regarding new and revised programs and
 24 legislation relating to respiratory therapy and
 25 cardiopulmonary technology that may benefit the public;

(6) adopt a seal by which the board shall authenticate its documents; and

(7) approve educational programs of respiratory therapy and cardiopulmonary technology that grant a certificate of attendance and completion of the program.

Section 6. Compensation of members — expenses. The members of the board shall receive for each day during which they are actually engaged in the discharge of their duties such expenses as are provided for in 2-18-501 through 2-18-503 for meals. logging and transportation.

Section 7. Unlawful to practice without license. It is unlawful for a person to practice respiratory therapy or cardiopulmonary technology in this state without first obtaining a license or permit from the board under [sections 3 through 14].

Section 8. Application -- qualifications. (1) Each applicant for licensure as a respiratory therapist or cardiopulmonary technologist shall:

- (a) have received a certificate of completion of a program in respiratory therapy or cardiopulmonary technology approved by the board;
 - (b) be of good moral character;
- 23 (c) not be addicted to intemperate use of alcohol or 24 narcotic drugs; and
 - (d) have passed an examination as provided in [section

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2 (2) Application for licensure shall be made to the 3 department on a form provided by the department, at least 21 4 days prior to a meeting of the board.

Section 9. Examination — scope. (1) Each applicant for a license shall be examined by the board or the department on his knowledge in whatever theoretical or applied fields of respiratory therapy or cardiopulmonary technology that the board considers appropriate. The candidate may also be examined with regard to his professional skills and judgment in the use of professional techniques and methods.

- (2) An applicant who fails his first examination may be reexamined at a subsequent date established by the board upon payment of another examination fee.
- (3) The requirements of subsection (1) of this section are waived until January 1, 1986.

Section 10. Issuance of license — certificate as evidence. The department shall license as a respiratory therapist or cardiopulmonary technologist each applicant who proves to the satisfaction of the board his fitness for a license under [section 8]. The department shall issue to each person licensed a license certificate, which is prima facie evidence of the right of the person to whom it is issued to represent himself as a licensed respiratory

therapist or cardiopulmonary technologist, subject to the conditions and limitations of [sections 14 through 17].

Section 11. Temporary permits. The department may issue a permit to an applicant not qualifying for the issuance of a license under the provisions of [section 9] but who has paid any permit fee required by the board and has demonstrated, to the satisfaction of the board, the fulfillment of all licensing requirements except the passing of any required examination. Permits issued under provisions of this section shall be valid for a period not to exceed 12 months and may be renewed under the provisions for original issuance.

Section 12. Issuance of other documents. The board may issue to licensees or permittees such other cards, certificates, or documents as it considers necessary or convenient for the proper administration of this chapter.

Section 13. Biennial renewal -- reissuance of license.

(1) Licenses expire on December 31 of the first even-numbered year following the year of their issuance and on December 31 of every even-numbered year thereafter.

(2) A license shall be renewed by the board upon payment of a renewal fee set by the board and the submission of a renewal application containing such information as the board considers necessary to show that the applicant for renewal is a respiratory therapist or cardiopulmonary

technologist in good standing under the provisions of
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 [sections 1 through 17].

(3) A respiratory therapist or cardiopulmonary technologist who has been licensed in Montana, whose license has not been revoked or suspended, and who has temporarily ceased practice as such for not more than 5 years may apply for reissuance of a license upon complying with the provisions of this section and payment of a fee established by the board.

Section 14. Fees. (1) Nonrefundable application, license, renewal, and permit fees may be adopted and charged by the board in an amount determined by the board, not to exceed the cost of processing or issuing the application. license, renewal, or permit.

(2) All fees collected by the board or the department under this section shall be deposited in the earmarked revenue fund for the use of the board, subject to 37-1-101(6).

Section 15. Revocation or suspension of license. A license or permit may be suspended for a fixed period or may be revoked, or such therapist or technologist may be censured, reprimanded, or otherwise disciplined as determined by the board if, after a hearing before the board conducted pursuant to the Montana Administrative Procedure Act, it is determined that he:

- (1) is guilty of fraud or deceit in activities as a therapist or technologist or has been guilty of any fraud or deceit in procuring the license or permit;
- 4 {2} has been convicted in a court of competent 5 jurisdiction of a crime involving moral turnitude;

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- (3) is a habitual drunkard, is addicted to the use of narcotics or other drugs having a similar effect, or is not mentally competent;
- (4) is guilty of unethical conduct, as defined by rules promulgated by the board, or has been guilty of incompetence or negligence in his activities as a therapist or technologist.
- Section 16. Inspections. The board may inspect the place of business of any licensee or permittee at any reasonable time to determine compliance with [sections 1 through 17].
- Section 17. Panalty for violation. Any person who engages in the practice of respiratory therapy or cardiopulmonary technology without first obtaining a license or permit from the board or who represents himself to be licensed to engage in such practice or practices without actually being licensed by the board is guilty of an offense and, upon conviction, is punishable by a fine not to exceed \$500 or imprisonment for 6 months, or both. Each day of the violation constitutes a separate offense.

Section 18. Codification instruction. Section 1 is intended to be codified as an integral part of Title 2, chapter 15, and the provisions of Title 2, chapter 15, apply to section 1.

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