SENATE BILL 231

45TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2001

INTRODUCED BY

Ben D. Altamirano

AN ACT

RELATING TO LICENSURE; CHANGING, EXPANDING AND CLARIFYING
LICENSING AND ADMINISTRATIVE PROVISIONS FOR RESPIRATORY CARE
PROVIDERS; ADDING GROUNDS FOR DISCIPLINARY ACTION; CHANGING
THE QUALIFICATIONS FOR BOARD MEMBERSHIP; CLARIFYING THE
MEANING OF "BOARD" IN THE IMPAIRED HEALTH CARE PROVIDER ACT;
AMENDING, REPEALING AND ENACTING SECTIONS OF THE NMSA 1978.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 61-7-2 NMSA 1978 (being Laws 1976, Chapter 3, Section 2, as amended) is amended to read:

"61-7-2. DEFINITION. -- As used in the Impaired Health Care Provider Act, "board" means [the boards] a board or department that [license, register or certify] licenses, registers or certifies health care providers."

Section 2. Section 61-12B-1 NMSA 1978 (being Laws 1984, .134316.1

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Chapter 103, Section 1) is amended to read:

"61-12B-1. SHORT TITLE. -- [This act] Chapter 61, Article 12B NMSA 1978 may be cited as the "Respiratory Care Act"."

Section 3. Section 61-12B-2 NMSA 1978 (being Laws 1984, Chapter 103, Section 2) is amended to read:

"61-12B-2. PURPOSE OF ACT. -- In the interest of public health, safety and welfare and to protect the public from the unprofessional, improper, incompetent and unlawful practice of respiratory care, it is necessary to provide laws and rules to govern the practice of respiratory care. The primary purpose of the Respiratory Care Act is to safeguard life and health and to promote the public welfare by licensing and regulating the practice of respiratory care in the state."

Section 4. Section 61-12B-3 NMSA 1978 (being Laws 1984, Chapter 103, Section 3, as amended) is amended to read:

"61-12B-3. DEFINITIONS. -- As used in the Respiratory Care Act:

- "board" means the advisory board of respiratory A. care practitioners;
- "department" means the regulation and licensing department or that division of the department designated to administer the provisions of the Respiratory Care Act;
- C. "respiratory care" means a health care profession, under medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation and care of . 134316. 1

patients with deficiencies and abnormalities [which] that affect the cardiopul monary system and associated aspects of other system functions, and the terms "respiratory therapy" and "inhalation therapy" where such terms mean respiratory care:

- D. "practice of respiratory care" includes [but is not limited to]:
- (1) direct and indirect cardiopul monary care services that are of comfort, safe, aseptic, preventative and restorative to the patient;
- (2) cardiopul monary care services, including [but not limited to] the administration of pharmacological, diagnostic and therapeutic agents related to cardiopul monary care necessary to implement treatment, disease prevention, cardiopul monary rehabilitation or a diagnostic regimen, including paramedical therapy and baromedical therapy;
- (3) specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of cardiopul monary abnormalities, including [but not limited to] pul monary function testing, hemodynamic and physiologic monitoring of cardiac function and collection of arterial and venous blood for analysis;
- (4) observation, assessment and monitoring of signs and symptoms, general behavior, general physical . 134316.1

response to cardiopul monary care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics;

- abnormalities, appropriate reporting, referral, respiratory care protocols or changes in treatment, pursuant to a prescription by a physician authorized to practice medicine or other person authorized by law to prescribe, or the initiation of emergency procedures or as otherwise permitted in the Respiratory Care Act;
- (6) establishing and maintaining the natural airways, insertion and maintenance of artificial airways, bronchopul monary hygiene and cardiopul monary resuscitation, along with cardiac and ventilatory life support [diagnosis] assessment and evaluation; and
- (7) the practice [of respiratory care]

 performed in [any] a clinic, hospital, skilled nursing

 facility, private dwelling or other place deemed appropriate

 or necessary by the [board] department;
- E. "expanded practice" means the practice of respiratory care by a respiratory care practitioner who has [completed a recognized program of study] been prepared through a formal training program to function beyond the scope of practice of respiratory care as defined by rule of the

department;

F. "respiratory care practitioner" means a person who is licensed to practice respiratory care in New Mexico;

[The respiratory care practitioner may transcribe and implement a physician's written and verbal orders pertaining to the practice of respiratory care and]

<u>G.</u> "respiratory care protocols" [meaning] means a predetermined, written medical care plan, which can include standing orders;

[G.] H. "respiratory therapy training program"

means [a program accredited or recognized by the American

medical association's committee on allied health education and

accreditation in collaboration with the joint review committee

for respiratory therapy education] an education course of

study as defined by rule of the department; and

 $$[\frac{H.}{L}]$$ $\underline{I.}$ "superintendent" means the superintendent of regulation and licensing."

Section 5. Section 61-12B-4 NMSA 1978 (being Laws 1984, Chapter 103, Section 4, as amended) is amended to read:

"61-12B-4. LICENSE REQUIRED--EXCEPTIONS. --

A. No person shall practice respiratory care or represent himself to be a respiratory care practitioner unless he is licensed [under] pursuant to the provisions of the Respiratory Care Act, except as otherwise provided by that act.

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B. A respiratory care practitioner may transcribe
and implement the written or verbal orders of a physician or
other person authorized by law to prescribe pertaining to the
practice of respiratory care and respiratory care protocols.

- [B.] <u>C.</u> Nothing in the Respiratory Care Act is intended to limit, preclude or otherwise interfere with:
- (1) the practices of other persons and health providers licensed by appropriate agencies of New Mexico;
 - (2) self-care by a patient; [or]
- (3) gratuitous care by a friend or family member who does not represent or hold himself out to be a respiratory care practitioner; or
- (4) respiratory care services <u>rendered</u> in case of an emergency.
- [C-] D. An individual who has demonstrated competency in one or more areas covered by the Respiratory Care Act may perform [only] those functions that he is qualified by examination to perform; [so long as the testing body offering the examination is certified by the national commission for health certifying agencies] provided that the examining body or testing entity is recognized nationally for expertise in evaluating the competency of persons performing those functions covered by that act or department rules. The department shall establish by rule those certifying agencies and testing entities that are acceptable to the department.

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[D.] <u>E.</u> The Respiratory Care Act does not prohibit qualified clinical laboratory personnel who work in facilities licensed [by] <u>pursuant to the provisions of</u> the federal Clinical Laboratories Improvement Act of 1967, as amended, or accredited by the college of American pathologists or the joint commission on accreditation of [hospitals] <u>healthcare</u> organizations from performing recognized functions and duties of medical laboratory personnel for which they are appropriately trained and certified."

Section 6. Section 61-12B-5 NMSA 1978 (being Laws 1984, Chapter 103, Section 5, as amended) is amended to read:

"61-12B-5. ADVISORY BOARD CREATED. --

A. The superintendent shall appoint an "advisory board of respiratory care practitioners" consisting of five members as follows:

- (1) one physician licensed in New Mexico who is knowledgeable in respiratory care;
- (2) two respiratory care practitioners who are residents of New Mexico, licensed by the department and in good standing. At least one of the respiratory care practitioners shall have been actively engaged in the practice of respiratory care for at least five years immediately preceding appointment or reappointment; and
- (3) two public members who are residents of New Mexico. [The] A public [members] member shall not have . 134316.1

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been licensed as <u>a</u> respiratory care [practitioners]

<u>practitioner</u> nor shall [they] <u>he</u> have any financial interest, direct or indirect, in the occupation <u>to be</u> regulated.

- B. $[\frac{Each}]$ \underline{A} member shall serve no more than two consecutive three-year terms.
- C. [The members] A member of the board shall receive per diem and mileage as provided for nonsalaried public officers in the Per Diem and Mileage Act and shall receive no other compensation, perquisite or allowance in connection with the discharge of [their] his duties as a board [members. Three members, including at least one public member, constitute a quorum] member.
- D. [Any] A member failing [after proper notice] to attend [any] three consecutive regular and properly noticed meetings of the board without a reasonable excuse shall be automatically removed from the board.
- E. In the event of a vacancy, the board shall immediately notify the superintendent of the vacancy. Within ninety days of receiving notice of a vacancy, the superintendent shall appoint a qualified person to fill the remainder of the unexpired term.
- F. A majority of the board members currently serving constitutes a quorum of the board.
- G. The board shall meet at least twice a year and at such other times as it deems necessary.

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Section 7. Section 61-12B-6 NMSA 1978 (being Laws 1984, Chapter 103, Section 6, as amended) is amended to read:

"61-12B-6. DEPARTMENT--DUTIES AND POWERS.--

A. The department, in consultation with the board, shall:

- (1) evaluate the qualifications of applicants and review [any] the required examination results of applicants. [and] The department may recognize the entry level examination written by the national board for respiratory care [inc.] or [any] a successor board;
- (2) [collect and review data and statistics with respect to respiratory care, treatment, services or facilities for the purpose of granting, suspending or revoking respiratory care licenses] promulgate rules as may be necessary to implement the provisions of the Respiratory Care Act;
- (3) issue <u>and renew</u> licenses and temporary permits to <u>qualified</u> applicants who meet the requirements of the Respiratory Care Act; and
- (4) administer, coordinate and enforce the provisions of the Respiratory Care Act and investigate persons engaging in practices that may violate the provisions of that act [and]

1	(5) adopt rules and regulations to allow the
2	interstate transport of patients].
3	B. The department, in consultation with the board,
4	may:
5	(1) conduct [any required] examinations of
6	respiratory care practitioner applicants [and] as required by
7	rules of the department;
8	(2) <u>reprimand, fine</u> , deny, suspend or revoke
9	[temporary permits or licenses] a license or temporary permit
10	to practice respiratory care as provided in the Respiratory
11	Care Act in accordance with the provisions of the Uniform
12	Licensing Act;
13	(3) for the purpose of investigating
14	complaints against applicants and licensees, issue
15	investigative subpoenas prior to the issuance of a notice of
16	contemplated action as set forth in the Uniform Licensing Act;
17	(4) enforce and administer the provisions of
18	the Impaired Health Care Provider Act and promulgate rules
19	pursuant to that act;
20	(5) promulgate rules or disciplinary
21	guidelines relating to impaired practitioners;
22	(6) promulgate rules to allow the interstate
23	transport of patients; and
24	(7) promulgate rules to determine and
25	regulate the scope and qualifications for expanded practice
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for respiratory care practitioners."

Section 8. Section 61-12B-7 NMSA 1978 (being Laws 1984, Chapter 103, Section 7, as amended) is amended to read:

"61-12B-7. LICENSING BY TRAINING AND EXAMINATION. -- [A.—Any] A person desiring to become licensed as a respiratory care practitioner shall make application to the department on a written form and in such manner as the department prescribes, pay all required application fees and certify and furnish evidence to the department that the applicant:

[(1)] A. has successfully completed a training program as defined in the Respiratory Care Act and set forth by rules of the department;

[(2)] <u>B.</u> has passed an entry level examination, as specified by rules [and regulations] of the department, for respiratory care practitioners administered by the national board [of] for respiratory care [incorporated] or [any] a successor board;

[(3)] <u>C.</u> is of good moral character; and

[(4)] <u>D.</u> has successfully completed [any] other training or education programs and passed [any] other examinations as [required] set forth by rules [and regulations] of the department.

[B. The department, in consultation with the board, shall develop rules and regulations that describe the scope and qualifications for expanded practice roles of

respiratory care practitioners.]"

Section 9. Section 61-12B-8 NMSA 1978 (being Laws 1984, Chapter 103, Section 8, as amended) is amended to read:

"61-12B-8. LICENSING WITHOUT TRAINING AND

EXAMINATION. -- The department shall waive the education and examination requirements for [applicants] an applicant who [present] presents proof [of current licensure] that he is currently licensed in good standing in a [state which] jurisdiction that has standards for licensure that are at least equal to those for licensure in New Mexico as required by the Respiratory Care Act."

Section 10. Section 61-12B-9 NMSA 1978 (being Laws 1984, Chapter 103, Section 9, as amended) is amended to read:

"61-12B-9. OTHER LICENSING PROVISIONS. --

A. The department, in consultation with the board, shall adopt rules [and regulations] for mandatory continuing education requirements that shall be completed as a condition for renewal of [any] a license issued pursuant to the provisions of the Respiratory Care Act.

B. The department, in consultation with the board, may adopt rules [and regulations] for issuance of temporary permits [for] to students and graduates of approved training programs to practice limited respiratory care under the direct supervision of a licensed respiratory care practitioner or physician. Rules [and regulations] shall be adopted defining

[for the purposes of the Respiratory Care Act] the terms
["students"] "student" and "direct supervision".
C. [The] \underline{A} license issued by the department s

- C. [The] A license issued by the department shall describe the licensed person as a "respiratory care practitioner licensed by the New Mexico regulation and licensing department" [and shall be displayed in the licensee's place of business].
- D. Unless licensed as a respiratory care practitioner pursuant to <u>the</u> provisions of the Respiratory Care Act, no person shall use the title "respiratory care practitioner", the abbreviation "R. C. P. " or any other title or abbreviation to indicate that the person is a licensed respiratory care practitioner.
- E. A copy of [the] <u>a</u> valid license or temporary permit issued pursuant to the Respiratory Care Act shall be [displayed] kept on file at the respiratory care practitioner's <u>or temporary permittee's</u> place of employment.
- F. [Licenses, including initial licenses, shall be issued for a period of two years.] A respiratory care practitioner license shall expire on September 30, annually or biennially, as provided by rules of the department."

Section 11. Section 61-12B-10 NMSA 1978 (being Laws 1984, Chapter 103, Section 10) is amended to read:

"61-12B-10. LICENSURE--DATE REQUIRED.--[No person shall be required to be licensed as a respiratory care practitioner
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"61-12B-11.

until October 1, 1984.] The provisions of the Criminal
Offender Employment Act shall govern consideration of criminal
records required or permitted by the Respiratory Care Act."
Section 12. Section 61-12B-11 NMSA 1978 (being Laws
1984, Chapter 103, Section 11, as amended) is amended to read:

A. The superintendent, in consultation with the board, shall <u>by rule</u> establish a schedule of reasonable fees for licenses, temporary permits and renewal of licenses for respiratory care practitioners.

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- B. The initial application fee shall be set in an amount not to exceed one hundred fifty dollars (\$150).
- C. A [biennial] license renewal fee shall be established in an amount not to exceed one hundred fifty dollars (\$150)."

Section 13. Section 61-12B-12 NMSA 1978 (being Laws 1984, Chapter 103, Section 12, as amended) is amended to read:

"61-12B-12. DENIAL, SUSPENSION, REVOCATION AND REINSTATEMENT OF LICENSES. --

A. The superintendent [may refuse to issue or may suspend or revoke any license] in consultation with the board and in accordance with the rules set forth by the department and the procedures set forth in the Uniform Licensing Act may take disciplinary action against a license or temporary permit held or applied for pursuant to the Respiratory Care Act for

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[any of] the following causes:

- (1) fraud <u>or deceit</u> in the procurement of [any] <u>or attempt to procure a license [under that] or temporary permit;</u>
- (2) imposition of any disciplinary action <u>for</u> an act that would be grounds for disciplinary action by the <u>department pursuant to the Respiratory Care Act or as set</u> forth by rules of the <u>department</u> upon a person by an agency of another [state which] jurisdiction that regulates respiratory care [but not to exceed the period or extent of such action];
- (3) conviction of a crime [which] that substantially relates to the qualifications, functions or duties of a respiratory care practitioner. The record of conviction or a certified copy thereof shall be conclusive evidence of the conviction;
- (4) impersonating or acting as a proxy for an applicant in [any] an examination given [under that] pursuant to provisions of the Respiratory Care Act;
- (5) habitual or excessive use of intoxicants or drugs;
- (6) gross negligence <u>as defined by rules of</u>
 <u>the department</u> in <u>the practice [as a] of respiratory care [practitioner];</u>
- (7) violating [any of the provisions] <u>a</u>

 provision of the Respiratory Care Act or [any rules or

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regulations] <u>a rule</u> duly adopted [under] <u>pursuant to</u> that act
or aiding or abetting [any] <u>a</u> person to violate [the
provisions] a provision of or [any rules or regulations] a
rule adopted [under] pursuant to that act;

- (8) engaging in unprofessional conduct [or] as defined by rules set forth by the department;
- (9) committing [any] <u>a</u> fraudulent, dishonest or corrupt act [which] <u>that</u> is substantially related to the qualifications, functions or duties of a respiratory care practitioner;
- (10) practicing respiratory care without a valid license or temporary permit;
- (11) aiding or abetting the practice of respiratory care by a person who is not licensed or who has not been issued a temporary permit by the department;
- (12) conviction of a felony. The record of conviction or a certified copy thereof shall be conclusive evidence of the conviction;
- (13) violating a provision of the Controlled Substances Act;
- (14) failing to furnish the department or its investigators or representatives with information requested by the department in the course of an official investigation;
- (15) practicing beyond the scope of respiratory care as defined in the Respiratory Care Act or as . 134316.1

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(16) surrendering a license, certificate or permit to practice respiratory care in another jurisdiction while an investigation or disciplinary proceeding is pending for an act or conduct that would constitute grounds for disciplinary action under the Respiratory Care Act.

B. [One year from the date of revocation of a license under the Respiratory Care Act, application may be made to the superintendent for reinstatement, restoration or modification of probation.] The [superintendent] department, in consultation with the board, [shall have the discretion to accept or reject an application and may require an examination for such reinstatement, restoration or modification of probation when it is deemed appropriate.

C. The department, in consultation with the board, shall write rules and regulations to establish guidelines for the reinstatement or restoration of a license suspended or revoked due to the abuse of intoxicants or drugs] may impose conditions on and promulgate rules relating to the reapplication or reinstatement of applicants, licensees or temporary permittees who have been subject to disciplinary action by the department."

Section 14. Section 61-12B-13 NMSA 1978 (being Laws 1984, Chapter 103, Section 13, as amended) is amended to read:

"61-12B-13. RESPIRATORY CARE FUND CREATED--DISPOSITION--

METHOD OF PAYMENT. --

- A. There is created in the state treasury the "respiratory care fund".
- B. All funds received by the superintendent and money collected under the Respiratory Care Act shall be deposited with the state treasurer. The state treasurer shall place the money to the credit of the respiratory care fund.
- C. All amounts paid into the respiratory care fund shall be expended only pursuant to appropriation by the legislature and in accordance with the budget approved by the department of finance and administration and shall be used only for the purposes of implementing the provisions of the Respiratory Care Act. [All money unused at the end of the fiscal year shall remain in the respiratory care fund for use in accordance with the provisions of the Respiratory Care Act.] Any unexpended or unencumbered balance remaining at the end of a fiscal year shall not revert to the general fund."

Section 15. Section 61-12B-15 NMSA 1978 (being Laws 1984, Chapter 103, Section 15) is amended to read:

"61-12B-15. ENFORCEMENT. --

- A. [Violation of any] A person who violates

 a provision of the Respiratory Care Act is guilty of a

 misdemeanor and shall be sentenced in accordance with the

 provisions of Section 31-19-1 NMSA 1978.
- B. The department may bring civil action in any . 134316.1

district court to enforce any of the provisions of the Respiratory Care Act. "

A new section of the Respiratory Care Act is Section 16. enacted to read:

"[NEW MATERIAL] SEVERABILITY. -- If any part or application of the Respiratory Care Act is held invalid, the remainder or its application to other situations or persons shall not be affected. "

REPEAL. -- Section 61-12B-14 NMSA 1978 (being Section 17. Laws 1984, Chapter 103, Section 14, as amended) is repealed.

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