

CHAPTER 44F

STATE BOARD OF RESPIRATORY CARE

Authority

N.J.S.A. 45:1-7.1 and 7.2 and 45:14E-7 and 16.

Source and Effective Date

R.2002 d.398, effective November 14, 2002.
See: 34 N.J.R. 1625(a), 34 N.J.R. 4469(a).

Chapter Expiration Date

Chapter 44F, State Board of Respiratory Care, expires on November 14, 2007.

Chapter Historical Note

Chapter 44F, State Board of Respiratory Care, consisting of Subchapter 8, Fees, was adopted as R.1992 d.248, effective June 15, 1992. See: 24 N.J.R. 52(a), 24 N.J.R. 2285(b). Subchapter 1, Purpose and Scope; Definitions; Subchapter 2, Agency Organization; Subchapter 3, Authorized Practice; Subchapter 4, Applicant Qualifications; Board-Approved Examination; Subchapter 5, Temporary Licensure; Subchapter 6, Licensure by Endorsement; Subchapter 7, License Renewals; and Subchapter 9, Unlicensed Practice, were adopted and Subchapter 8, Fees, was renamed General Provisions, by R.1993 d.7, effective January 4, 1993. See: 24 N.J.R. 2336(a), 25 N.J.R. 185(a).

Pursuant to Executive Order No. 66(1978), Chapter 44F, State Board of Respiratory Care, was readopted as R.1997 d.260, effective May 23, 1997. See: 29 N.J.R. 1253(b), 29 N.J.R. 2665(b).

Chapter 44F, State Board of Respiratory Care, was readopted as R.2002 d.398, effective November 14, 2002. As a part of R.2002 d.398, Subchapter 2, Agency Organization and Administration, was repealed, effective December 16, 2002. See: Source and Effective Date. See, also, section annotations.

Subchapter 10, Continuing Education, was adopted as new rules by R.2007 d.80, effective March 5, 2007. See: 38 N.J.R. 4633(a), 39 N.J.R. 784(b).

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SUBCHAPTER 1. PURPOSE AND SCOPE;
DEFINITIONS

13:44F-1.1 Purpose and scope

(a) This chapter is promulgated by the Director of the Division of Consumer Affairs. The rules contained in this chapter implement the provisions of the Respiratory Care Practitioner Licensing Act, P.L. 1991, c.31, and regulate the practice of respiratory care within the State of New Jersey.

(b) This chapter shall apply to all individuals who render respiratory care, as defined in N.J.A.C. 13:44F-1.2, under the direction or supervision of a plenary licensed physician and to anyone within the jurisdiction of the Board of Respiratory Care.

(c) This chapter shall not apply to persons and health care providers licensed by appropriate agencies of the State of New Jersey, provided such duties are consistent with the accepted standards of the member's profession and the member does not present himself or herself as a respiratory care practitioner.

Amended by R.2002 d.398, effective December 16, 2002.
See: 34 N.J.R. 1625(a), 34 N.J.R. 4469(a).

In (a), deleted "as effective January 4, 1993" in the first sentence; in (b), deleted "hereinafter" preceding "defined" and inserted "in N.J.A.C. 13:44F-1.2" preceding "under the direction".

13:44F-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“Board” means the State Board of Respiratory Care.

“Director” means the Director of the Division of Consumer Affairs in the Department of Law and Public Safety.

“Respiratory care” means the health specialty involving the treatment, management, control, and care of patients with deficiencies and abnormalities of the cardiopulmonary system, as further defined in N.J.S.A. 45:14E-3(c).

“Trainee” means a student enrolled in a respiratory care training program accredited by the Committee on Accreditation for Respiratory Care (CoARC), or its successor.

Amended by R.1997 d.260, effective June 16, 1997.
See: 29 N.J.R. 1253(b), 29 N.J.R. 2665(b).

Added “Trainee”.

Amended by R.2002 d.398, effective December 16, 2002.

See: 34 N.J.R. 1625(a), 34 N.J.R. 4469(a).

Rewrote “Trainee”.

Amended by R.2007 d.80, effective March 5, 2007.

See: 38 N.J.R. 4633(a), 39 N.J.R. 784(b).

In definition “Respiratory care”, substituted “cardiopulmonary” for “cardio-respiratory”.

SUBCHAPTER 2. (RESERVED)

SUBCHAPTER 3. AUTHORIZED PRACTICE

13:44F-3.1 Scope of practice

(a) For the purposes of treating, managing, controlling and caring for patients with deficiencies and abnormalities of the cardio-respiratory system, a respiratory care practitioner may perform the following duties under the direction or supervision of a physician:

1. Use of medical gases, air and oxygen-administering apparatus;
2. Use of environmental control systems;
3. Use of humidification and aerosols;
4. Administration of drugs and medications;
5. Use of apparatus for cardio-respiratory support and control;
6. Bronchial hygiene techniques such as:
 - i. Postural drainage;
 - ii. Chest percussion; and
 - iii. Vibration;
7. Breathing exercises;
8. Cardio and/or pulmonary rehabilitation;
9. Performance of cardio-pulmonary resuscitation;

10. Maintenance of natural and mechanical airways;
11. Insertion and maintenance of artificial airways; and
12. Testing techniques to assist in diagnosis, monitoring, treatment and research including, but not limited to:
 - i. Measurement of cardio-respiratory volumes, pressure and flow;
 - ii. Drawing and analyzing of samples of arterial, capillary and venous blood; and
 - iii. Establishment and maintenance of arterial lines, provided the licensee is appropriately trained in this procedure; and
13. Hyperbaric oxygenation.

(b) For purposes of this subchapter, “under the direction of a physician” means that respiratory care shall not be rendered unless one of the following conditions is met:

1. The licensee has obtained a written order or prescription from a plenary licensed physician or from such other health care practitioner authorized by law to prescribe or order respiratory care;
2. The licensee has documented the physician’s clearance for treatment of the patient, which may include the physician’s countersigning of the respiratory care practitioner’s proposed plan of treatment; or
3. The licensee has received a verbal order or prescription, in person or by telephone. In an outpatient setting, the verbal order or prescription shall be memorialized by the prescriber in writing within two weeks. In an inpatient setting, the verbal order or prescription shall be memorialized by the prescriber within 24 hours.

(c) In no case will physician direction be construed to have been provided on the basis of a patient’s representation that he or she has obtained a physician’s clearance.

(d) For the purposes of this subchapter, “under the supervision of a physician” means that respiratory care shall not be rendered unless a physician is constantly accessible, either on-site or through electronic communication, and available to render physical assistance when required.

Amended by R.2002 d.398, effective December 16, 2002.

See: 34 N.J.R. 1625(a), 34 N.J.R. 4469(a).

Rewrote (a).

Public Notice: Pulmonary function testing.

See: 35 N.J.R. 1740(b), 1963(a).

Public Notice: Polysomnographic Testing.

See: 35 N.J.R. 1963(a).

13:44F-3.2 Practice by trainees

(a) A trainee may perform those duties essential for completion of his or her clinical service, without having to obtain a license, provided the duties are performed under the direction of a physician, as defined in N.J.A.C. 13:44F-3.1(b)1 and 2, and the supervision of a physician as defined in N.J.A.C. 13:44F-3.1(d), or under the direct supervision of a licensed