



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB0408

by Rep. Michael J. Zalewski

SYNOPSIS AS INTRODUCED:

225 ILCS 106/10
225 ILCS 106/15
225 ILCS 106/22 new

Amends the Respiratory Care Practice Act. Makes changes in the definitions of "basic respiratory care activities", "licensed health care professional", and "respiratory care". Allows individuals without a license to practice respiratory care to perform basic screening spirometry if certified by the National Institute for Occupational Safety and Health, the American Association for Respiratory Care, or other similarly accepted certification programs. Allows respiratory care practitioners licensed in other jurisdictions to provide respiratory care in this State (i) in a declared emergency in this State, (ii) as a member of an organ procurement team, or (iii) as part of a medical transport team that is transporting a patient into or out of this State. Provides that unlicensed and non-credentialed individuals who deliver respiratory care equipment may deliver, set up, calibrate, and demonstrate the mechanical operation of the device to patients, family, and caregivers if the individuals received training and demonstrated competency using the specific devices under the supervision of a respiratory care practitioner licensed by this State or some other licensed practitioner operating within his or her scope of practice. Provides that patients, family, and caregivers must be taught to use the equipment for the intended clinical application by a licensed respiratory care practitioner or other licensed health care professional operating within his or her scope of practice. Provides that instructions to the patient regarding the clinical use of equipment, patient monitoring, patient assessment, or any other procedure used with the intent of evaluating the effectiveness of the treatment must be performed by a respiratory care practitioner licensed by this State or any other licensed practitioner operating within his or her scope of practice. Makes other changes.

LRB099 04331 AMC 24358 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Respiratory Care Practice Act is amended by
5 changing Sections 10 and 15 and by adding Section 22 as
6 follows:

7 (225 ILCS 106/10)

8 (Section scheduled to be repealed on January 1, 2016)

9 Sec. 10. Definitions. In this Act:

10 "Advanced practice nurse" means an advanced practice nurse
11 licensed under the Nurse Practice Act.

12 "Board" means the Respiratory Care Board appointed by the
13 Director.

14 "Basic respiratory care activities" means and includes all
15 of the following activities:

16 (1) Cleaning, disinfecting, and sterilizing equipment
17 used in the practice of respiratory care as delegated by a
18 licensed health care professional or other authorized
19 licensed personnel.

20 (2) Assembling equipment used in the practice of
21 respiratory care as delegated by a licensed health care
22 professional or other authorized licensed personnel.

23 (3) Collecting and reviewing patient data through

1 non-invasive means, provided that the collection and
2 review does not include the individual's interpretation of
3 the clinical significance of the data. Collecting and
4 reviewing patient data includes the performance of pulse
5 oximetry and non-invasive monitoring procedures in order
6 to obtain vital signs and notification to licensed health
7 care professionals and other authorized licensed personnel
8 in a timely manner.

9 (4) Maintaining a nasal cannula or face mask for oxygen
10 therapy in the proper position on the patient's face.

11 (4.5) The transferring of oxygen devices, including,
12 but not limited to, nasal cannulas, face masks, or similar
13 devices, with a liter flow of 6 liters per minute or less,
14 as specified by a licensed health care professional, from
15 the wall flowmeter to the oxygen cylinder and back while
16 under the proximate supervision of a licensed health care
17 professional or other authorized licensed personnel if an
18 unlicensed practitioner has received the training required
19 under subsection (j) of Section 15 of this Act. This item
20 (4.5) does not include neonatal and pediatric oxygen
21 transports.

22 (5) Assembling a nasal cannula or face mask for oxygen
23 therapy at patient bedside in preparation for use.

24 (6) Maintaining a patient's natural airway by
25 physically manipulating the jaw and neck, suctioning the
26 oral cavity, or suctioning the mouth or nose with a bulb

1 syringe.

2 (7) Performing assisted ventilation during emergency
3 resuscitation using a manual resuscitator.

4 (8) Using a manual resuscitator at the direction of a
5 licensed health care professional or other authorized
6 licensed personnel who is present and performing routine
7 airway suctioning. These activities do not include care of
8 a patient's artificial airway or the adjustment of
9 mechanical ventilator settings while a patient is
10 connected to the ventilator.

11 "Basic respiratory care activities" does not mean activities
12 that involve any of the following:

13 (1) Specialized knowledge that results from a course of
14 education or training in respiratory care.

15 (2) An unreasonable risk of a negative outcome for the
16 patient.

17 (3) The assessment or making of a decision concerning
18 patient care.

19 (4) The administration of aerosol medication or
20 medical gas ~~oxygen~~.

21 (5) The insertion and maintenance of an artificial
22 airway.

23 (6) Mechanical ventilatory support.

24 (7) Patient assessment.

25 (8) Patient education.

26 "Department" means the Department of Professional

1 Regulation.

2 "Director" means the Director of Professional Regulation.

3 "Licensed" means that which is required to hold oneself out
4 as a respiratory care practitioner as defined in this Act.

5 "Licensed health care professional" means a physician
6 licensed to practice medicine in all its branches, a certified
7 registered nurse anesthetist, an advanced practice nurse who
8 has a written collaborative agreement with a collaborating
9 physician that authorizes the advanced practice nurse to
10 transmit orders to a respiratory care practitioner, or a
11 physician assistant who has been delegated the authority to
12 transmit orders to a respiratory care practitioner by his or
13 her supervising physician.

14 "Order" means a written, oral, or telecommunicated
15 authorization for respiratory care services for a patient by
16 (i) a licensed health care professional who maintains medical
17 supervision of the patient and makes a diagnosis or verifies
18 that the patient's condition is such that it may be treated by
19 a respiratory care practitioner or (ii) a certified registered
20 nurse anesthetist in a licensed hospital or ambulatory surgical
21 treatment center.

22 "Other authorized licensed personnel" means a licensed
23 respiratory care practitioner, a licensed registered nurse, or
24 a licensed practical nurse whose scope of practice authorizes
25 the professional to supervise an individual who is not
26 licensed, certified, or registered as a health professional.

1 "Proximate supervision" means a situation in which an
2 individual is responsible for directing the actions of another
3 individual in the facility and is physically close enough to be
4 readily available, if needed, by the supervised individual.

5 "Respiratory care" and "cardiorespiratory care" mean
6 preventative services, evaluation and assessment services,
7 therapeutic services, cardiopulmonary disease management, and
8 rehabilitative services under the order of a licensed health
9 care professional ~~or a certified registered nurse anesthetist~~
10 ~~in a licensed hospital~~ for an individual with a disorder,
11 disease, or abnormality of the cardiopulmonary system. These
12 terms include, but are not limited to, measuring, observing,
13 assessing, and monitoring signs and symptoms, reactions,
14 general behavior, and general physical response of individuals
15 to respiratory care services, including the determination of
16 whether those signs, symptoms, reactions, behaviors, or
17 general physical responses exhibit abnormal characteristics;
18 the administration of pharmacological and therapeutic agents
19 and procedures related to respiratory care services; the
20 collection of blood specimens and other bodily fluids and
21 tissues for, and the performance of, cardiopulmonary
22 diagnostic testing procedures, including, but not limited to,
23 blood gas analysis; development, implementation, and
24 modification of respiratory care treatment plans based on
25 assessed abnormalities of the cardiopulmonary system,
26 respiratory care guidelines, referrals, and orders of a

1 licensed health care professional; application, operation, and
2 management of mechanical ventilatory support and other means of
3 life support, including, but not limited to, hemodynamic
4 cardiovascular support; and the initiation of emergency
5 procedures under the rules promulgated by the Department. A
6 respiratory care practitioner shall refer to a physician
7 licensed to practice medicine in all its branches any patient
8 whose condition, at the time of evaluation or treatment, is
9 determined to be beyond the scope of practice of the
10 respiratory care practitioner.

11 "Respiratory care education program" means a course of
12 academic study leading to eligibility for registry or
13 certification in respiratory care. The training is to be
14 approved by an accrediting agency recognized by the Board and
15 shall include an evaluation of competence through a
16 standardized testing mechanism that is determined by the Board
17 to be both valid and reliable.

18 "Respiratory care practitioner" means a person who is
19 licensed by the Department of Professional Regulation and meets
20 all of the following criteria:

21 (1) The person is engaged in the practice of
22 cardiorespiratory care and has the knowledge and skill
23 necessary to administer respiratory care.

24 (2) The person is capable of serving as a resource to
25 the licensed health care professional in relation to the
26 technical aspects of cardiorespiratory care and the safe

1 and effective methods for administering cardiorespiratory
2 care modalities.

3 (3) The person is able to function in situations of
4 unsupervised patient contact requiring great individual
5 judgment.

6 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

7 (225 ILCS 106/15)

8 (Section scheduled to be repealed on January 1, 2016)

9 Sec. 15. Exemptions.

10 (a) This Act does not prohibit a person legally regulated
11 in this State by any other Act from engaging in any practice
12 for which he or she is authorized.

13 (b) Nothing in this Act shall prohibit the practice of
14 respiratory care by a person who is employed by the United
15 States government or any bureau, division, or agency thereof
16 while in the discharge of the employee's official duties.

17 (c) Nothing in this Act shall be construed to limit the
18 activities and services of a person enrolled in an approved
19 course of study leading to a degree or certificate of registry
20 or certification eligibility in respiratory care if these
21 activities and services constitute a part of a supervised
22 course of study and if the person is designated by a title
23 which clearly indicates his or her status as a student or
24 trainee. Status as a student or trainee shall not exceed 3
25 years from the date of enrollment in an approved course.

1 (d) Nothing in this Act shall prohibit a person from
2 treating ailments by spiritual means through prayer alone in
3 accordance with the tenets and practices of a recognized church
4 or religious denomination.

5 (e) Nothing in this Act shall be construed to prevent a
6 person who is a registered nurse, an advanced practice nurse, a
7 licensed practical nurse, a physician assistant, or a physician
8 licensed to practice medicine in all its branches from
9 providing respiratory care.

10 (f) Nothing in this Act shall limit a person who is
11 credentialed by the National Society for Cardiopulmonary
12 Technology or the National Board for Respiratory Care from
13 performing pulmonary function tests and respiratory care
14 procedures related to the pulmonary function test. Individuals
15 who do not possess a license to practice respiratory care or a
16 license in another health care field may perform basic
17 screening spirometry limited to peak flow, forced vital
18 capacity, slow vital capacity, and maximum voluntary
19 ventilation if they possess spirometry certification from the
20 National Institute for Occupational Safety and Health, an
21 Office Spirometry Certificate from the American Association
22 for Respiratory Care, or other similarly accepted
23 certification training.

24 (g) Nothing in this Act shall prohibit the collection and
25 analysis of blood by clinical laboratory personnel meeting the
26 personnel standards of the Illinois Clinical Laboratory Act.

1 (h) Nothing in this Act shall prohibit a polysomnographic
2 technologist, technician, or trainee, as defined in the job
3 descriptions jointly accepted by the American Academy of Sleep
4 Medicine, the Association of Polysomnographic Technologists,
5 the Board of Registered Polysomnographic Technologists, and
6 the American Society of Electroneurodiagnostic Technologists,
7 from performing activities within the scope of practice of
8 polysomnographic technology while under the direction of a
9 physician licensed in this State.

10 (i) Nothing in this Act shall prohibit a family member from
11 providing respiratory care services to an ill person.

12 (j) Nothing in this Act shall be construed to limit an
13 unlicensed practitioner in a licensed hospital who is working
14 under the proximate supervision of a licensed health care
15 professional or other authorized licensed personnel and
16 providing direct patient care services from performing basic
17 respiratory care activities if the unlicensed practitioner (i)
18 has been trained to perform the basic respiratory care
19 activities at the facility that employs or contracts with the
20 individual and (ii) at a minimum, has annually received an
21 evaluation of the unlicensed practitioner's performance of
22 basic respiratory care activities documented by the facility.

23 (k) Nothing in this Act shall be construed to prohibit a
24 person enrolled in a respiratory care education program or an
25 approved course of study leading to a degree or certification
26 in a health care-related discipline that provides respiratory

1 care activities within his or her scope of practice and
2 employed in a licensed hospital in order to provide direct
3 patient care services under the direction of other authorized
4 licensed personnel from providing respiratory care activities.

5 (1) Nothing in this Act prohibits a person licensed as a
6 respiratory care practitioner in another jurisdiction from
7 providing respiratory care: (i) in a declared emergency in this
8 State; (ii) as a member of an organ procurement team; or (iii)
9 as part of a medical transport team that is transporting a
10 patient into or out of this State.

11 (Source: P.A. 96-456, eff. 8-14-09.)

12 (225 ILCS 106/22 new)

13 Sec. 22. Durable medical equipment use and training.

14 (a) Notwithstanding any other provision of this Act,
15 unlicensed or non-credentialed individuals who deliver
16 prescribed respiratory care equipment, including, but not
17 limited to, oxygen, oxygen concentrators, pulmonary hygiene
18 devices, aerosol compressors and generators, suction machines,
19 positive airway pressure devices, and mechanical ventilators,
20 may deliver, set up, calibrate, and demonstrate the mechanical
21 operation of the device to the patient, family, and caregivers.
22 Demonstration of the mechanical operation of the device
23 includes demonstration of the on-off switches, emergency
24 buttons, and alarm silence and reset buttons, as appropriate.
25 In order for unlicensed or non-credentialed personnel to

1 deliver, set up, calibrate, and demonstrate the equipment as
2 allowed in this subsection (a), the employer must document that
3 the employee has both received training and demonstrated
4 competency using the specific devices under the supervision of
5 a respiratory care practitioner licensed by this State or some
6 other licensed practitioner operating within his or her scope
7 of practice.

8 Equipment demonstration is not to be interpreted as
9 teaching, administration, or performance of respiratory care.
10 Unlicensed or non-credentialed individuals may not attach the
11 equipment to the patient or instruct the patient, family, or
12 caregiver on the use of the equipment beyond the mechanical
13 functions of the device.

14 (b) Patients, family, and caregivers must be taught to use
15 the equipment for the intended clinical application by a
16 licensed respiratory care practitioner or other licensed
17 health care professional operating within his or her scope of
18 practice. This instruction may occur through follow-up after
19 delivery, with an identical model in the health care facility
20 prior to discharge or with an identical model at the medical
21 supply office. Instructions to the patient regarding the
22 clinical use of equipment, patient monitoring, patient
23 assessment, or any other procedure used with the intent of
24 evaluating the effectiveness of the treatment must be performed
25 by a respiratory care practitioner licensed by this State or
26 any other licensed practitioner operating within his or her

1 scope of practice.