

**MARYLAND BOARD OF PHYSICIANS**

**RESPIRATORY CARE PROFESSIONAL STANDARDS COMMITTEE  
OPEN MEETING MINUTES  
THURSDAY, AUGUST 9, 2012**

**Room 105, Patterson Avenue, Baltimore, MD 21215**

**PRESENT:** Matthew Davis, RRT, Chair, Kylie O'Haver, RRT, Dilip Nath, M.D.

**STAFF PRESENT:** Noreen Rubin, Esq. Board Counsel, Robin Bailey, Public Policy Analyst,  
Julie Washington, Allied Health Analyst, Phyllis Washington,  
Administrative Specialist

**ABSENT:** Thomas Grissom, M.D., Robin Smith, RRT, Ellen Douglas Smith, Chief,  
Allied Health, Karen Wulff, Public Policy Analyst

**CALL TO ORDER**

Mr. Davis called the meeting to order at 10:01 a.m.

**APPROVAL OF MINUTES**

On a motion made by Dr. Nath and seconded by Ms. O'Haver, the Committee voted to approve the open meeting minutes of May 10, 2012.

**LEGISLATIVE REPORT**

There was nothing to report.

**BOARD COUNSEL REPORT**

**Position Statement on BiPAP and CPAP Setup**

Ms. Rubin stated that the Committee is not the sole authority on who can or cannot perform or set up CPAP or BIPAP services. Setting up the services or devices is not solely within the respiratory care scope of practice. The set up may be recognized within the scope of practice of other health occupations practitioners. Md. Code Ann. Health Occ. §14-5A-02(1) states: The Respiratory Care Practitioners Act does not limit:

(1) The right of an individual to practice a health occupation that the individual is authorized to practice under this [Health Occupations] Article.

Therefore, the scope of certain health occupations practitioners may overlap. If trained to do so, licensed nurses and polysomnographers may perform such services. The Board of Nursing and Board of Physicians (and the Polysomnography Professionals Standards Committee) may determine if these practitioners may set up CPAP or BiPAP.

H.O. §14-5A-02(2) states,

“The Act also does not limit: (2) “The right of a licensed home medical equipment provider to provide home medical equipment services as defined under Title 19, Subtitle 4A of the Health-General Article”

Mr. Davis stated that compliance is the issue and whether or not there are patient follow-ups.

Dr. Nath stated that the physician writes the prescription. They are not aware of the medical equipment company and they are not involved with who is doing the set up. They leave this up to the practice coordinator. The pulmonologist will be more conversant. However, they are specialists and may not have a long term relationship with the patient. Any licensed practitioner that provides treatment has a responsibility to do patient follow up. He feels that this comes under their scope of practice.

Ms. Rubin asked if delivering and setting up CPAP and BiPAP is the practice of medicine. Mr. Davis stated that it was.

Ms. Rubin stated that the Committee should articulate:

- (a) What competency is required to set up CPAP and BiPAP (i.e., education, training and ability to provide face-to-face instruction to a patient in a home environment on proper use of the equipment);
- (b) If and why setting up (delivering and installing) CPAP and BiPAP is exclusively the practice of respiratory care, that is, if and why it is solely within the scope of practice of a RCP, or why it is a function that specifically requires an RCP license, or why only an RCP can provide appropriate safeguards; or
- (c) Why home medical equipment personnel (unlicensed under H.O.) would not possess the requisite competency or skills; or
- (d) Why it is medically inadvisable for trained home medical equipment personnel (unlicensed) to provide set up of CPAP or BiPAP equipment or devices.

On a motion made by Ms. O’Haver and seconded by Dr. Nath, the Committee voted in favor of working on a position statement on BiPAP and CPAP Setup.

**Evaluation of Credentials – James A. Yocabet, Respiratory Care Practitioner**

Mr. Yocabet submitted an initial application for respiratory licensure. He graduated from the Inhalation Therapy Training Program at the University of Pittsburgh Health Center Hospital, Department of Anesthesiology in September 1968. The Inhalation Therapy Training Program at the University of Pittsburgh Health Center Hospital was recognized by The American Registry of Inhalation Therapists (ARIT). Mr. Yocabet's diploma is the only documentation verifying education.

Mr. Yocabet is registered as a CRT and CPFT with the NBRC and holds a license as a Respiratory Therapist in Pennsylvania and Ohio.

After reviewing the documents, the Committee agreed that Mr. Yocabet met the education requirements for licensure.

**Respiratory Care Annual Report – FY 2012**

There were no comments.

On a motion made by Ms. O'Haver and seconded by Dr. Nath, the Committee approved the Respiratory Care Annual Report for FY 2012.

There being no further business, the meeting was adjourned at 10:50 a.m.

Submitted by:

*Julie Washington*

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Julie Washington  
Allied Health Analyst