

**MARYLAND BOARD OF PHYSICIANS
RESPIRATORY CARE PROFESSIONAL STANDARDS COMMITTEE**

OPEN MEETING MINUTES

**Thursday, February 9, 2012
Room 105, Patterson Avenue, Baltimore, MD 21215**

PRESENT: Kylie O’Haver, RRT, Robin Smith, RRT, Matthew Davis, RRT,
Thomas Grissom, M.D.

STAFF PRESENT: Ellen Douglas Smith, Chief, Allied Health, Richard Proctor, Consultant,
Karen Wulff, Public Policy Analyst, Julie Washington, Allied Health
Analyst, Phyllis Washington, Administrative Specialist

CALL TO ORDER

Ms. Smith called the meeting to order at 10:00 a.m.

APPROVAL OF MINUTES

On a motion made by Mr. Davis and seconded by Dr. Grissom, the Committee voted to approve the minutes of November 4, 2010.

On a motion made by Mr. Davis and seconded by Ms. O’Haver, the Committee voted to approve the minutes of August 22, 2011.

BOARD COUNSEL REPORT

There was nothing to report.

UNFINISHED BUSINESS

The roles of individuals who set up DME’s (CPAP, BiPAP and oxygen)

Ms. Smith stated that she received a telephone call from a respiratory therapist who was working with a Durable Medical Equipment Company. The therapist stated the company told her that the medical equipment company driver could set up a nebulizer. The therapist wanted to know what the Board thought about the company driver setting up equipment.

Ms. Smith asked Donna O'Neill from Bay State Medical Equipment to send a description of the procedures for setting up CPAP/BIPAP. Ms. O'Neill also sent in a copy of the Virginia Board of Pharmacy's newsletter and Virginia's Advisory Board on Respiratory Care October 6, 2009 minutes.

Mr. Davis stated that there has to be a physician's order for the respiratory therapist to set up the equipment. A nurse could set up the equipment and he does not know that this is in the language. Medicare, Medicaid and TMS released new interpretation guidelines, which are grey.

Robin Smith stated the technician or delivery person can bring the equipment, but there has to be a follow-up by the respiratory therapist to explain the use. In this case with CPAP to monitor compliance data on third party payers, it requires a thirty day follow-up and six months to a year follow-up to insure the patient is using the machine. Medicare uses a cap where they will rent to purchase CPAP devices for a period of one year based on compliance by the patient. Most third party payers i.e., Blue Cross Blue Shield will rent for six months and if a patient is compliant, they will pay for the equipment. There are reimbursement issues that are tied to the respiratory therapist involvement.

Dr. Grissom asked who is responsible for follow-up. Mr. Smith stated that Durable Medical Equipment would be responsible for follow-up. They would send the information to the insurance company and physician's office.

Mr. Davis stated that this is impossible to police, unless someone files a complaint. It is more cost effective for a company to have someone else set up the equipment rather than have a respiratory therapist go out for a home visit. Ms. Smith asked if there is anyone else who could set up the equipment. Mr. Davis stated that a licensed nurse or the prescribing physician could set up the equipment.

Dr. Grissom stated that he have a problem with number one in the Set-u CPAP/BIPAP procedures which states . . . "Discuss sleep apnea with patient and how Nasal CPAP will correct the problem." He stated that this is the practice of medicine. Mr. Davis will email the procedure guidelines.

After discussion the Committee determined that a licensed nurse or respiratory therapist should set up the equipment.

Committee Chair Nomination and Vote

Ms. O'Haver nominated Matthew Davis for the Committee Chair position which he accepted.

On a motion made by Ms. O'Haver and seconded by Dr. Grissom, the Committee voted Mr. Davis as the Chair of the Committee.

CVs for Thoracic Surgeon Vacancies – Subrato Deb, M.D., Dilip Sri Nath, M.D., and Bryan M. Steinberg, M.D.

The Committee reviewed the CV of each candidate. Mr. Davis stated that he will email Drs. Deb, Nath and Steinberg to see who will be able to attend the meetings or be available for a telephone conference during the meetings. He will inform the Committee of the responses he receives from the candidates and the Committee will email their recommendation.

Child Apnea Monitor Set-up – Question from Todd Moody inquiring if the set-up of a child apnea monitor should be done by a licensed respiratory practitioner

After discussion, the Committee determined that the set-up of a child apnea monitor does not require a respiratory practitioner.

LEGISLATIVE REPORT

Senate Bill 350 – Respiratory Care Practitioners – Practicing Polysomnography – Licensing Exceptions

Ms. Wulff stated that the Board met with Lorenzo Bellamy on behalf of the Maryland Sleep Society and they worked out some language to allow respiratory therapists to practice polysomnography without having to obtain a license as a polysomnographic technologist. Ms. Wulff provided the Committee with a copy of Senate Bill 350 and the 2012 Session Position Paper.

Sanctioning Guidelines

Ms. Wulff stated that two years ago the legislature passed a bill that required all the Board's health occupations to adopt sanctioning guidelines. She provided a copy of the physician's sanctioning guidelines as a model. She asked the Committee for a recommendation on the maximum penalty.

The Committee decided that they would not change the maximum penalty.

Reciprocity – (As discussed in the email from Matt Davis)

Mr. Davis stated that the issue came from Delaware involving a patient being transported from a Delaware hospital to a Maryland hospital to get care. It is common practice for a nurse and respiratory therapist to transport patients in an ambulance across state lines. Some states have exemptions in their respiratory therapy statutes that address allowing unlicensed respiratory therapists to accompany patients across state lines. The respiratory care practitioner statute does not address this issue. The Committee wondered if this could be addressed by amending the statute.

After discussion, the Committee decided not to make a formal recommendation to amend the statute.

Updated Roster

Ms. Smith asked the Committee to review the roster and to make sure their information is correct.

2012 Meeting Schedule

Board staff provided the Committee with a copy of the 2012 Meeting Schedule.

Adjournment

There being no further business the meeting was adjourned at 11:25 a.m.

Submitted by:

Julie Washington

Julie Washington