

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

FILED

May 23 4 19 PM '96

Form #2

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: The WV Board of Respiratory Care TITLE NUMBER: 30

RULE TYPE: Legislative; CITE AUTHORITY 30-34

AMENDMENT TO AN EXISTING RULE: YES ___ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 1

TITLE OF RULE BEING PROPOSED: Procedures for licensure application process.

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH

ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS

COMMENT PERIOD WILL END ON 6/24/96 AT 8:00 A.M.

ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS.

**West Virginia Board of
Respiratory Care
P.O. Box 3709
Charleston, WV 25337**

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.


Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Procedure licensure application process.
 Type of Rule: Legislative Interpretive Procedural
 Agency WV Board of Respiratory Care
 Address PO Box 3709
Charleston, WV 25337

1. Effect of Proposed Rule

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	HEREAFTER
<u>ESTIMATED TOTAL COST</u>	\$	\$	\$	\$	\$
PERSONAL SERVICES					
CURRENT EXPENSE					
REPAIRS & ALTERNATIONS					
EQUIPMENT					
OTHER					

2. Explanation of above estimates:

The board will be self supporting with licensing fees as established in the law. The state will save money as quality providers ensure cost effective care. No additional expense will be incurred by WVa.

3. Objectives of these rules:

This rule will allow the board to license the profession of Respiratory Care, protect the public and ensure a cost effective health care provider in this critical area of medicine.

The rule allows us to collect the fees and establish the board and begin the rule writing process for the next session.

Rule Title: Procedures for licensure application processing.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

There will be impact on the economic condition of the state other than the cost savings related to quality providers ensuring public safety and cost effective care impacting positively on medicaid cost.

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.

The WVa health care consumer will have cost effective care delivered by trained professionals. This will impact positively as unnecessary procedures are recognized and eliminated thereby decreasing cost to the public.

C. Economic Impact on Citizens/Public at Large.

This will allow the self sustaining board to monitor the profession and ensure the above.

Date: 5/21/96

Signature of Agency Head or Authorized Representative

J. H. Paul

Emergency Rule Summary

Article 30-34 established a self supporting state board of respiratory care practitioners to protect the life, health and safety of the public. The article states that any person practicing respiratory care must submit evidence that he or she is licensed to do so by July 1, 1996.

The emergency rule submitted basically describes the procedures for license application. It describes how to apply, the application fee, who can apply, and the process for each category of license.

This has been filed as an emergency rule because it impacts on the health, safety and life of the public. The article requires licensure for practitioners by July 1, 1996. The West Virginia Board of Respiratory Care is responsible for processing the applications and making sure that all those practicing respiratory care are qualified to do under the provisions of article 30-34. To meet the deadline, be a self sustaining board, and protect the public, an emergency rule is needed.

Title 30
Legislative Rules
The West Virginia Board of Respiratory Care
Series # 1
Procedure for Licensure Application Process

30-1-1 General.

1.1. Scope. -- This legislative rule establishes the application process for licensure by the West Virginia Board of Respiratory Care.

1.2. Authority. -- W.Va. Code 30-34-7

1.3 Filing Date. --

1.4. Effective Date. --

30-1-2. Application for License

2.1. The applicant for licensure shall file with the West Virginia Board of Respiratory Care (WVBORC) a signed application form and shall pay an application fee of \$200.00.

2.2. The application for a license shall indicate the level of license requested, Licensed Respiratory Care Technician (LRCT or Licensed Respiratory Therapist (LRT). The applicant will also be required to submit a notarized copy of the "National Board of Respiratory Care, Inc." (NBRC) certificate designating registry or certification status.

30-1-3. Temporary License

3.1. The applicant for a temporary license shall include a notarized copy of a certificate of completion from an respiratory care program accredited by the "Joint Review Committee for Respiratory Therapy Education " (JRCRTE) or its WVBORC approved successor and shall pay an application fee of \$200.00.

3.2. An applicant who has not yet graduated may apply for a temporary permit. Applications are to be received by the WVBORC no earlier than 30 days prior to graduation. A certificate of completion must be filed with the WVBORC no later than 30 days after graduation. Failure to comply will result in the loss of the temporary permit

3.3. The applicant under a temporary license shall file an application to take the next available entry level examination offered by the NBRC. The results of the

examination shall be recorded by the WVBORC as reported by the NBRC or its testing service.

3.4. The applicant under a temporary license must be signed by the program director, and a principle administrative officer of the institution where the program is completed.

3.5. Upon notification of passage of the examination and by receipt of a notarized copy of the certificate, the WVBORC shall issue a license as a Licensed Respiratory Care Technician (LRCT) to the applicant.

3.6. Upon notification of failure of the examination the WVBORC shall revoke the temporary license and refund the application fee less a processing fee of \$30.00.

30-1-4 Grandfather Applicants

4.1. The applicant who has not passed the entry level examination by the NBRC may apply for a temporary license whose term shall expire June 1, 1997.

4.2. The applicant must submit an application, pay and application fee of \$200.00 and shall submit a letter as written evidence of current function as a respiratory care provider with a two year employment history. The two year period shall have begun on or before June 15, 1994. The applicant shall have worked a minimum of 1000 hours each year of practice. The letter shall be signed by a principal administrative officer of the institution where the applicant is employed, and the applicant's direct supervisor.

4.3. Those individuals currently licensed by appropriate agencies or boards of the State of West Virginia are prohibited from the application for a license under the grandfather application.

4.4. Upon review the WVBORC shall issue an appropriate license. The applicant who is granted a license under this provision shall hold a temporary license as a Licensed Respiratory Care Assistant (LRCA), and must work under the supervision of a LRCT or and LRT. Failure to pass the licensing examination on or before June 1, 1997 will result in revocation of the license.

30-1-5. Restricted Titles

5.1. The following titles are prohibited from use by persons who are not licensed under this provision: respiratory care professional, respiratory care practitioner, respiratory therapist, respiratory technologist, respiratory tech, inhalation therapist, cardiopulmonary technician or any similar title.

WEST VIRGINIA BOARD OF RESPIRATORY CARE

P.O. Box 3709

Charleston, WV 25337

Application for License

Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Address _____
(STREET)

(CITY) (STATE) (ZIP CODE)

Social Security Number _____

Phone: (_____) _____ (_____) _____
(HOME) (WORK)

Employer _____

Employer Address _____
(CITY) (STATE) (ZIP CODE)

Please check for license type:

- Temporary Permit Respiratory Care Assistant
- Temporary Permit Respiratory Care Technician
- Temporary Permit Respiratory Therapist
- Licensed Respiratory Care Assistant
- Licensed Respiratory Care Technician
- Licensed Respiratory Therapist

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Application Fee: _____

_____ Temporary Permit Respiratory Care Assistant

_____ Temporary Permit Respiratory Care Technician/Therapist

_____ Licensed Respiratory Care Assistant

_____ Licensed Respiratory Care Technician

_____ Licensed Respiratory Therapist

Permit / License Number _____ Expiration Date: _____

Board Signature

Board Signature