

SECRETARY OF STATE

KEN HECHLER

ADMINISTRATIVE LAW DIVISION

Form #3

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY: WV Board of Respiratory Care TITLE NUMBER: 30

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: 2

TITLE OF RULE BEING PROPOSED: Establishment of Fees

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Alex H. Parkman

Authorized Signature

DATE: 8/30/96

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: WV Board of Respiratory Care

LEGISLATIVE RULE TITLE: 30-12 Establishment of Fees

1. Authorizing statute(s) citation 30-34

2. a. Date filed in State Register with Notice of Hearing

July 29, 1996

b. What other notice, including advertising, did you give of the hearing?

Notification of comment period via letter sent to respiratory care

departments in the state using the WVHA list and home care companies

via the Board home care representatives.

c. Date of Hearing(s) Comment period ending 8/30/96 at 8:00 am

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached x No comments received

e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

July 29, 1996

f. Name and phone number(s) of agency person(s) to contact for additional information:

Anna W. Parkman 357-4837

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

N/A

b. Date of hearing: N/A

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

N/A

d. Attach findings and determinations and reasons:

Attached N/A

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Establishment of fees

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia 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 is self supporting with licensing fees as established in the law. The state will save money as quality providers ensure cost effective quality care. No additional expenses will be incurred by the state.

3. Objectives of these rules:

This rule establishes annual renewal fees, penalty fees and licensure upgrade fees.

Rule-Title: Establishment of fees

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

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

None

C. Economic Impact on Citizens/Public at Large.

None

Date: 7/29/96

Signature of Agency Head or Authorized Representative

John W. Parkman

304-357-4837

Title 30
Legislative Rules
The West Virginia Board of Respiratory Care
Series #2
Establishment of Fees

30-2-1 General.

2.1. Scope. -- This legislative rule sets forth in detail all fees charged by the board.

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

1.3. Filing Date. --

1.4. Effective Date. --

30-2-2. Renewal fees schedule

2.1. Every licensee shall renew his or her license on or before the first of January of each year.

2.2. The renewal fee shall be ~~seventy-five-(75)~~ sixty five (65) dollars.

2.3. The board may waive the renewal fee for all licensees in any given year.

2.4. Any member who files for early renewal between the dates of November 1 - November 30, will receive a \$10.00 discount on license renewal.

2.5. The renewal fee, including penalty, for the 30 day ~~grace~~ period extending from January 1 to January 31 shall be one hundred (100) dollars.

2.6. The renewal fee for renewal of the inactive status shall be twenty (20) dollars.

2.7. Temporary or limited licenses are not subject to renewal.

2.8. Any license that is not renewed ~~within-the-30-day grace-period~~ by January 31 will automatically lapse and will require a new application submission with payment of the two hundred (200) dollar application fee. The Board will retain the right of discretion in enforcing this rule by unanimous vote only.

30-2-3. Licensure Upgrade Fee

3.1. The individual holding a Temporary Permit as a Respiratory Assistant may, upon passing the state licensure exam, submit evidence to the board of passing the exam, pay a ten (10) dollar upgrade fee, and be licensed as a Licensed Respiratory Care Associate (LRCA).

3.2. The individual holding a Temporary Permit as a Temporary Respiratory Care Technician (TRCT) may, upon passing the National Board for Respiratory Care (NBRC) Entry Level Exam, submit evidence to passing the exam, pay a ten (10) dollar upgrade fee, and be issued a license as a Licensed Respiratory Care Technician (LRCT).

3.3. The individual holding a License as a Respiratory Care Associate (LRCA) may, upon passing the NBRC (or its successor organization) Entry Level Exam, submit evidence to the board of passing the exam, pay a ten (10) dollar upgrade fee, and be issued a license as a Licensed Respiratory Care Technician (LRCT).

3.4. The individual holding a LRCT license may, upon passing the NBRC Advanced Practitioner Exams, submit evidence to the board of passing the exams, pay a ten (10) dollar upgrade fee, and be issued a license as a Licensed Respiratory Therapist License (LRT).

The West Virginia Board of Respiratory Care
Comments Received on Rule # 2

The following individuals commented on the rule:

Jeff Nugent	Cindy Poling
Janet Schultz	Kevin Queen
Danielle Evans	Mark Reese
David Imhoff	Jill Stapleton
Charles Miller	Chris Thomas
Barbara Lewis	Kevin Wilkes
Christina Schnelle	Phyllis Woldford
Roger L. Lilley	Carla Woodruff
Katherine Nist	Denise Hall
Brenda Binion	Bradley Weaver
Brent Blevins	Robert M. Ortiz
Darby Blevins	Diane Ocheltree
Tina Bowman	William E. Boring
Paul Byrd	Jay C. R. Wildt
Teresa Cassity	Kim Phillips
Julie Crace	Rhonda Dennison
Elizabeth Dial	Lisa Fenton
Angela Francis	Kimberly Glass
Kevin KEeney	Stephen Little
Patrick McMackin	Cheryl Meadows
James Montgomery	Jonora Patterson
Leroy Penick	Lynn Perine

SUMMARY OF ATTACHED COMMENTS

Most of the practitioners wrote in as individuals though one group wrote in as a department. The majority of the comments requested a decrease in the \$75.00 renewal fee. Some practitioners would like us to change the renewal date from December 31 to June 30. A few of those who comment offered very good editorial advice.

ACTION TAKEN AS A RESULT OF COMMENTS

The Board voted to decrease the renewal to \$65.00 per year and keep the \$10.00 discount for filing early, thus allowing for a fee of \$55.00 for renewal. The Board voted to keep the Dec. 31 renewal date.

FROM: JEFF Nugent, CRTT RRT

SUBJECT: WVBORC

DATE: 08/16/96

DEAR PRESIDENT, WVBORC,
I AM WRITING IN RESPONSE TO THE RULES FOR THE WVBORC. I THINK THE FEES ARE HIGH WHEN YOU CONSIDER WHAT THE AVERAGE THERAPIST MAKES IN W.VA.
MAYBE WE SHOULD LOOK AT WHAT THE STATES AROUND WVA THAT ARE LICENSED ARE DOING AND MAKE IT COMPARABLE TO THEM. FOR EXAMPLE THE LICENSING FEE IN OHIO IS 75.00 FOR TWO YEARS AND THERE IS NO INFLATED INITIAL APPLICATION FEE.
ALSO, THE REQUIRED CEU'S ARE TOO HIGH. OHIO REQUIRES 18 OVER THREE YEARS. 12 CEU'S WOULD FORCE ALOT OF THERAPISTS TO GO TO CONFERENCES THAT ALSO COST MONEY. IN OUR DEPT. WE HAVE 32 THERAPISTS. THE SCHEDULING CONFLICTS FOR EVERYONE TO GO TO ONE OR TWO CONFERENCES A YEAR WOULD BE ENORMOUS. I HOPE THAT YOU CONSIDER THESE COMMENTS VERY CAREFULLY AND THANK YOU FOR YOUR TIME.
SINCERELY

Jeff Nugent
Wheeling Hospital
Wheeling, WVa.

August 29, 1996

Anna Parkman, RT
WV Board of Respiratory Care
PO Box 3709
Charleston, WV 25337
Fax# (304) 357-4965

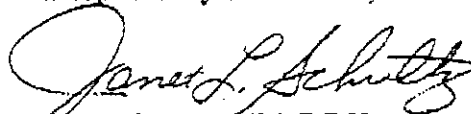
Dear Ms. Parkman:

The quarterly meeting of Chapter 1 of the WVSRC was held Wednesday, August 28, 1996. During this meeting, many issues regarding state licensing for RCPs and its requirements were discussed. On behalf of those Chapter 1 members present at the meeting, I am submitting for WVBRC consideration the following suggestions:

1. CEUs to be approved for RT departmental efficiency testing.
2. CEUs to be approved for participating RT preceptors.
3. New graduates should be given a grace period of one year, post graduation only, where CEUs would not be required.
4. CEU yearly hour requirements should be reduced from 12 hours/year to 9 hours/year. 9 hours/year is equal to or greater than the requirements of surrounding states.
5. License renewal fee of \$ 50.00 per year with penalty assessed for a late renewal.
6. License certificates should be of better quality.
7. Wallet cards should be issued to those RCPs with a current license.
8. WVBRC financial statement should be included in the state newsletter.

Please address all responses to the above suggestions to Lynn Perrone, RT, Chapter 1 President, Assistant Director of Cardiopulmonary Services, OVMC, 2000 Eoff Street, Wheeling, WV 26003/ (304) 234-8281.

Respectfully submitted,



Janet Schultz, BS RRT
Secretary/Chapter 1 WVSRC

cc: Lynn Perrone

The West Virginia Board of Respiratory Care
Attn. Anna W. Parkman, MBA, RRT
Post Office Box 3709
Charleston, West Virginia 25337

Danielle Evans
13003 Mallard St.
Cumberland, Md 21502
301-729-6743

I am writing regarding the last two rules for consideration in the 1997 legislative session (Title 30, Series #2 and #3). I realize that the Board needs to bring enough money in to pay a part-time employee, buy supplies, pay rent, etc. I believe that looking for donations for a desk, chairs, pencils, paper, etc. can be a alternative route. Is it possible to find volunteers or Resp. Care students to do some work instead of paying someone to work part-time? Has the Board tried any of these alternatives? Does the \$200.00 application fee pay for any of these expenses?

I am a Maryland resident that works in both MD and WV. I work relief in WV, only one or two days a week. I pay a renewal fee in MD of \$60.00 for two years. I need 16 continuing education credit hours for two years. I do not need to submit proof of these hours every time I renew my license. It is going to be very expensive for me to remain working in WV if these laws are passed. I will not be able to pay \$65.00 (early fee) a year plus the money it will cost me to accumulate so many more CE credit hours. Because the hospital's education budgets are continually being cut, I have found that many hospitals are unable to pay for their employees to attend many conferences. It has become more and more expensive to obtain these CE credit hours. For example, The Conference by the Sea cost \$175.00 for a AARC member plus the cost of room, food, and travel expenses. It costs \$60.00 a year to be a AARC member. This can give you an idea of the expense. Will the Board please consider lowering the number of CE hours requirement?

In addition, if every WV license RT must submit their continuing education credit hours each year, someone will need to be paid to receive, count, organize, and file each persons hours. Also, it is not always possible to get proof of CE hours at certain conferences. Sometimes proof of CE hours need to be sent from the AARC. It seems difficult to request copies of your accumulated hours each year from the AARC to send to the WV Board of Resp Care. What will happen if the AARC is unable to send these copies before Jan. 1st each year? Will the individual lose their license or have to pay a penalty fee? Will the AARC charge a non-member each year to send them a copy of these CE hours. This is more expense. An alternative option may be to have the Board randomly select a certain number of WV license RTs. Send them o letter requesting a copy of the their CE credit hours. Give these individual a certain amount of time after the audit to send proof. If the individual cannot provide proof of their hours, it will result in

lapse in license. This will save both Resp. Care workers and the Board expensive time and money.

I am currently a CRTT and am in the process of becoming RRT. The WV hospital that I am working does not give pay raises for this upgrade. If I understand (3.4) correctly, it would appear that it is going to cost me to become Registered. I would think that the WV Board of Resp. Care would encourage their CRTT to become registered instead of billing them a \$10.00 upgrade fee.

In closing, has the Board considered how much money they may lose as a result of losing many non WV resident that work relief due to higher renewal fees and CE credit hours. I know many Western Maryland residents that travel to places like Keyser, Romney, Preston Co. and Morgantown that work relief or PRN. Many of these people are on PRN pools strictly for emergencies, holidays, and vacation coverage. I don't believe these people will remain on these pools if they have to pay \$65-75 a year with 12 CE hours. If many non-resident RT decide not to renew their WV license because of the higher expense and over all hassle, there is a slim chance they will decide to return because of the \$200.00 re-application fee. I fee the Board needs to consider lowering the renewal fee to something more reasonable.

In my case, it would not be worth it to continuing working in WV and I will be forced to pick up a couple extra days in another state.

I in no way want to sound nasty. I hope my wording does not imply or give this impression. Thank you very much for your time and the chance to be heard.

Thank You,

Danielle Evans CRTT
Danielle Evans, CRTT

August 26, 1996



Charles P. Miller, RRT LRT
2499 Main Street
Hurricane, WV 25526-9551
562-3093

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

I saw the letter requesting comments posted on our door at work. Here are my comments on the suggested rule changes. I know I need to become more active in my profession and I hope to soon start in that direction. I would like a copy sent of the actual bill and rules sent to me. Please let me know I can obtain a copy.

30-2-1 Seems OK.

30-2-2.1 Should stay between July 1 to June 30th, for those of us who are AARC Members, we do receive our CEU statement until after the beginning of the year. This statement could be used for renewal under 30-3-1.

30-2-2.2 Seems high, RN's only now pay \$15. I understand it takes funds to run the Board; but, the original application process for about 1,000 licenses @ \$200 each is about \$200,000. I do not see how the printing of the licenses could have taken most of this fund. At \$75 renewal per year, this give you about \$75,000 a year plus any new applications at \$200 each. What part time position is to be paid? What will be their function & job description? What will their qualifications be & who will hire them? I would be interested in applying if I could.

30-2-2.3 Fell free to.

30-2-2.4 Depends on time period for CEU Credits. Should be OK, I would like to delete this for a \$50 renewal fee.

30-2-2.5 To make clearer? :

The penalty for not filing for renewal by December 31 will be \$25 during the grace period extending from January 1 to January 31 in addition to the renewal fee outlined in 30-2-2.2.

This allows you to change 30-2-2.2 and not forget to increase 30-2-2.5. Later if you increase renewal fee & forget to change this fee, it would be cheaper to wait & renew in January.

30-2-2.6 What inactive status? Who is inactive? If I don't renew, am I inactive? Doesn't this destroy 30-2-2.8?

- 30-2-2.8 See 30-2-2.6. Also my RRT designation by the NBRC doesn't laps because I do not renew my active status (although I do). I can let it drop & I can reactivate later. If I have a license, let it drop, to reactivate the fee in 30-2-2.6 could be used & increased to \$50 - \$75.
- 30-2-3.1 What is this for? (NBRC or its successor organization) Not in other areas. What is it for. Please explaine.
- 30-3-3.1 Not Approved CEU's, any CEU's. Also, 12 CEU's seems high. 8 CEU's would equal 1 work day.
- 30-3-3.2 Thanks for the warning. Still like the July 1 to June 30th dates.
- 30-3-3.3 Of the following year, I get a license before I take the needed CEU's. What if I don't get them, you can't take my license away after the fact. I have until December 31 to obtain the CEU's. How could you refuse to renew my next license before I have a chance to fulfill its requirements. Make it the previous year, you need your CEU's during the previous year to renew your license. The accrual period should be Jan 1 to December 31, (as with the AARC) ; but, the renewal date should be July 1. This should give you time to get proof of CEU's into the Board, and the board would have time to verify and/or rule on any questioned CEU's.
- 30-3-3.4 What is related, how about related Health Care Field. Related could be Bio-Med, electronics classes or even computer classes. We use electronic equipment & computers therefore this is related.
- 30-3-3.5 Failure should result in denial of renewal of license.

Thanks,



Ms. Anna Parkman, MBA, RRT
West Virginia Board of Respiratory Care
P.O. Box 3709
Charleston, WV 25337

August 25, 1996

Ms. Barbara K. Lewis, CRTT
Rt. 1 Box 686
Sandy Hook, Ky. 41171

Dear Ms. Parkman,

As you have requested, I am writing to express my opinion on the legislative rulings being established for the WVBORC. My opinion probably won't mean much to you, but I do have one.

Rule 30-2-2. Fees. There has already been \$200,000, collected by the WVBORC, and that should be more than adequate to establish the board financially. Renewal fees should be set at \$50, per year, with a \$25 fee for any license that has lapsed beyond January 1. Any license not renewed by January 31 should be \$100, to renew. What does your proposed budget for the year 1997 require? How is this compared to other states?

30-2-3 There should be no charge to upgrade a license. That individual has already paid the original license fee plus the added expense of the NBRC exam.

30-3-1 CEU hours. 12 hours is too much to require for a year. This is another out of pocket expense for each person, plus their own personal time. The workplace does not schedule allowed time for CEU's to be obtained at work. Six hours should be ample each year. I live in Kentucky, and there are no Respiratory Care classes or educational sites offered within a 50 mile radius from my home, and this makes it very difficult to obtain CEU's from a secondary educational site. Will AMA approved videos and hospital inservices be acceptable? Will CEU's be permitted for "informal learning" such as reading Respiratory Care journals, medical journals, provided that individual has submitted an outline or summary of an article to the WVBORC for approval? If an individual earns other credentials such as RRT, or Perinatal Pediatric License, that person should earn a minimum of 6 hours towards their CEU's. This is another personal expense, plus time involved in preparing for

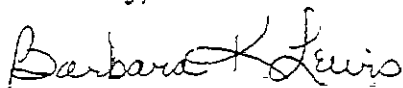
the exam. Recredentialing should be allotted 6 hours towards CEU's, also. It comes down to how much is it going to cost a Respiratory Care practitioner to work in the state of West Virginia? Looking at some approximate costs to work in this state, I have estimated: AARC, \$75, WVBORC \$65, CEU's x 12 @ \$20 @hour = \$240, NBRC, renewal \$17, which comes to \$397, per year to work here. That is not including the personal liability insurance. Maybe I sound like I'm whining, but I really like my job, and I am always willing to learn, but when does it become too much?

30-3-9.3. If a person, who has been inactive, wishes to return to work, how can they be expected to have 15 CEU's accumulated in the previous year? This should be adjusted to 6 CEU's, with that individual given a year to acquire those CEU's. This would allow someone to return to work, who may be a great benefit to any Department in Respiratory Care. As you know, the best knowledge is experience, and most any Department Director will tell you, that they would prefer someone with experience, than a brand new graduate. I'm sure that you have had to "baby-sit" many of those new graduate employees. This is not meant to be derogatory towards a new graduates, but actual clinical know-how is not their strongest point.

Okay, I have said my piece, and it may not mean much to you. However, I feel that the field of Respiratory Care will be bigger and better in the future. There is always a new piece of equipment, new methods of treatment, and new ideas and techniques being developed every day, and hopefully, for all of us, the learning will never stop. I find that I learn something every day, and I know I still have a lot of learning to do yet.

Thank you for asking for input on the legislation facing us today. I hope we can all benefit from the new Licensure Bill for Respiratory Care. I would also like to thank you for your hard work on the entire matter. Your personal time and expenses money will not ever be fully acknowledged, but I would like to thank you personally.

Sincerely,



Barbara K. Lewis, CRTT

53120 Barton Blaine Rd.
St. Clairsville, Ohio 43950
August 26, 1996

WV Board of Respiratory Care
Post Office Box 3709
Charleston , West Virginia 25337


Dear Respiratory Board:

I feel the continuing education requirements are too high for every year. It would be difficult to get the time off to go to conferences besides the expense they incur. This with the licensure fee I feel is too much every year.

If you did this on a two year bases or cut the fee and education requirement in half, I feel this would be better.

I know you are trying to cut costs but it would have been nice if you would hve sent each of us the tentative rules. There are probably people who did not have a chance to view them.

Sincerely,


Christina Schnelle RRT

August 20, 1996

To Anna Parkman

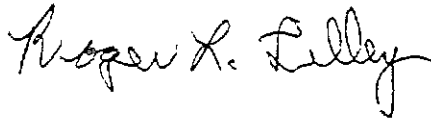
My name is Roger L. Lilley and I work at WVUH in Morgantown, West Virginia.

Here are a couple comments on the licensure fee's and guidelines.

I feel that \$75.00 for one year is too much. Why not \$75.00 for two or three years?

I feel that twelve CEU's per year is too many because I, for one, don't have and can't afford \$100.00+ for 5+ CEU's all the time throughout the year. Why do we need CEU's when we all are working just to put food on the table? If you keep guidelines and cost too high, West Virginia will lose a lot of Respiratory people and then where will the Respiratory profession be? What if you can't get CEU's because you are working? Do I lose my license and my job? There should be a happy medium somewhere for all of this, at least for the poor middle class working people.

Sincerely



Roger L. Lilley

rl:rlj

August 19, 1996

To The BORC,

I have reviewed the licensure rules regarding renewal fees and CEU's and have some concerns. Having spent \$200.00 for my initial technician license I feel that a \$75.00 renewal fee is high. With approximately 1000 practitioners in the state this would be \$75,000 with an additional money from practitioners who are initially applying for licenses. I can not imagine that the cost of a part-time employee, renting an office and the cost to run that office could total this amount. I may not be seeing the total expenses but please address this issue.

I agree with the idea of having a discount for applications filed early and the thoughts of waiving fees entirely if possible at times.

There are many positive considerations offered in the rules for CEU's, first being that CEU's will not be needed until applying for the 1998 license. Other positive ideas are the 15 CEU's for one credit hour of academic courses in Resp. Care., CEU's for credentialing and recredentialing and the CEU's for authorship of research. The ability to "carry over" six CEU's into the next year will be beneficial for many practitioners.

Now the items I disagree with about CEU's. I think the requirement of 12 CEU's annually may be hard for some practitioners because of cost and opportunities. Another item I feel is very strict is the condition for inactive practitioners becoming active- isn't 15 CEU's in six months quite a time restricted concept. I realize people need to stay current within the field of Resp. Care and with this rule you are trying to achieve this, but some of the limits may be unobtainable for some practitioners.

Please consider the issues I have written about in your final decisions. Thankyou for your time.

Sincerely,

Katherine Nist CRT

To: Anna Parkman, RRT, MBA
WVBORC

From: Respiratory Therapy Staff
St. Mary's Hospital, Huntington

Topic: Licensure renewal fee, and CEU acquisition

Dear Anna,

We believe the proposed rules would benefit from the following suggestions. It is our intent to keep the system affordable and workable without diluting the benefits of licensure/continuing education. Thank you for your time and consideration.

Rule #2 30-2-1

- 2.2 A renewal fee of \$50/yr should meet budget requirements.
- 2.4 Delete this entry and simply maintain the \$50/yr fee.(K.I.S.S.)
Temporary help could be used in the event of last minute influx,
and would be less aggravation for you in the long run.

Rule #3 30-3-3

- 3.1 An annual requirement of 6 CEUs is a reasonable amount and is the current requirement in Ohio.

Rule #3 30-3-4

- 4.6 General patient care inservice education makes for a better rounded therapist, as does community service and we believe those activities should receive CEU credit. Clinical instruction time with respiratory care students also keeps a therapist on his/her toes, and should be worth some CEU's too.
- 4.8 (proposed) Earn CEU's through independent study and inservices provided by institutions with provider status granted by the WVBORC. Our Staff Development department is recognized by the WVNA to grant contact hours. One 50 minute presentation = one contact hour. 10 contact hours = 1 CEU. They will provide this service to the Respiratory Care department once approved by the WVBORC.

St. Mary's Hospital

Printed: 08/15/96 08:55

Petition for changes to proposed WVBORC rules/regulations
08-15-96

<u>Employee #</u>	<u>Name</u>	<u>Signature</u>	<u>Credential</u>	<u>Dept</u>	<u>Hire date</u>
56135	BINION, BRENDA	<u>Brenda Binion</u>	RRT	6170	06/24/92
59956	BLEVINS, BRENT M.	<u>Brent M. Blevins</u>	RRT-EL	6170	01/26/94
55277	BLEVINS, DARBY	<u>Darbie Blevins</u>	RRT	6170	04/16/92
64840	BOWMAN, TINA	<u>Tina Bowman</u>	RRT-EL	6170	07/19/96
55178	BYRD, PAUL	<u>Paul Byrd</u>	CRTT	6170	04/06/92
41202	CASSITY, TERESA	<u>Teresa Cassity</u>	RRT	6170	08/26/87
62901	CRACE, JULIE	<u>Julie Crace</u>	RRT-EL	6170	07/24/95
46458	DENNISON, RHONDA	<u>Rhonda Dennison</u>	RRT	6170	10/27/89
33423	DIAL, ELIZABETH	<u>Elizabeth Dial</u>	RRT	6170	09/05/83
47589	FENTON, LISA	<u>Lisa Fenton</u>	RRT	6170	01/24/90
61887	FRANCIS, ANGELA	<u>Angela Francis</u>	RRT	6170	12/21/94
62968	GLASS, KIMBERLY	<u>Kimberly Glass</u>	RRT-EL	6170	08/01/95
39131	KEENEY, KEVIN	<u>Kevin Keene</u>	RRT	6170	10/03/86
44511	LITTLE, STEPHEN	<u>Stephen Little</u>	RRT	6170	04/03/89
46425	MCMACKIN, PATRICK	<u>Patrick C. McMackin</u>	RRT	6170	10/23/89
53124	MEADOWS, CHERYL	<u>Cheryl Meadows</u>	CRTT	6170	09/13/91
35279	MONTGOMERY, JAMES	<u>James R. Montgomery</u>	RRT	6170	04/15/85
37325	PATTERSON, JONORA	<u>Jonora Patterson</u>	RRT	6170	03/31/86
5173	PENICK, LEROY	<u>Lee Penick</u>	RRT	6170	01/22/73
59014	PHILLIPS, KIM	<u>Kim Phillips</u>	RRT	6170	09/23/93
40949	POLING, CINDY	<u>Cindy Poling</u>	RRT	6170	06/22/87
61911	QUEEN, KEVIN	<u>Kevin Queen</u>	RRT-EL	6170	02/09/95
28316	REESE, MARK	<u>Mark Reese</u>	RRT	6170	10/16/81
62612	STAPLETON, JILL	<u>Jill R. Stapleton</u>	CRTT	6170	06/13/95
48058	THOMAS, CHRISTOPHER	<u>Chris Thomas</u>	RRT	6170	04/17/90
41426	WILKES, KEVIN	<u>Kevin Wilks</u>	RRT	6170	11/20/87
51086	WOLFORD, PHYLLIS	<u>Phyllis Wolford</u>	RRT	6170	03/02/91
50195	WOODRUFF, CARLA	<u>Carla Woodruff</u>	RRT	6170	12/17/90
	Hall, Denise	<u>Denise Hall</u>	RRT		

Number of Employee in this dept. 28

Total Employees 28

Bradley H. Weaver
P.O. Box 471
Barrackville, WV 26559
August 16, 1996

Anna W. Parkman, MBA, RRT
The West Virginia Board of Respiratory Care
Charleston, WV 25337

Re: Rule 2 (Renewal of License)

Dear Anna:

I am writing in regard to the renewal fee as well as renewal date. My first question would be, is it possible to move the renewal date to June 1997 and run this based on fiscal year as opposed to calendar year. I suggest this for many reasons: 1) our initial fee was started in June 1996, I believe there was enough revenue generated to run this office for this period of time. 2) more personal holidays, annual premiums, etc. hit our budget hard in January.


The other concern I would like to discuss would be the fee itself. I understand that our profession is small. I realize there will be overhead, what I would like to see presented to all of us, is a projected expense budget for the office. I don't want to second guess anyone, however I feel a financial statement is reasonable. I think that average income has to be a consideration based on everyone working in our profession, compared to that of others in the medical profession. I have no problem with a fee that is higher. I feel at \$75.00 we are a great deal higher. I spoke with some people in other professions who offered their renewal fees. I am sure you are aware of these but I will share them with you again. M.D. \$200.00 biannually, LPN \$40.00, RN \$25.00, X-ray \$11.00, Physical therapist \$75.00 and lab who does not have a renewal fee yet, it is proposed to be \$25.00.

As always I look forward to working with you in this matter.

Summary:

- Suggestion:
1. Change renewal date fiscal year June-June.
 2. Provide all with a projected expense report.
 3. Consider \$50.00 annually.
 4. Average income comparison to other professions vs. license fee.

Sincerely,



Bradley H. Weaver

Ms. Parkman,

August, 18, 1996

First let me begin by thanking the Board of Respiratory Care for all the hard work completed to issue licenses throughout our profession. We now have something tangible which confirms that our Licensure law is real. This board epitomizes our Respiratory Care profession which I am proud to be a part of. We have much to offer the citizens of West Virginia, and now a professional dedicated board to assure upholding of our law providing safety for these same citizens. Again, please convey my appreciation to the entire board.

In regards to the proposed rules; specifically:

30-2-2 RENEWAL FEES SCHEDULE

- 2.1. Although January 1 would not present a hardship for me, I have heard many comments regarding the Christmas Holiday and the increased burden of another expense. I would recommend this renewal calendar become a fiscal verses calendar year with renewal fees due in July as was our initial implementation fee. This would also have practitioners initial fees serve as first years payment.
- 2.2. I think the renewal fee should be set at fifty (50) dollars. This is derived from evaluating rates and like practitioner populations as noted in the January 1996 AARC survey of Licensure fees. Given the cutbacks in healthcare, I am sure the Board can generate cost reduction strategies as learned by us all given our changing environments.
- 2.4. Amend the dates per a July 1 renewal date.
- 2.5. Amend renewal fee penalty to twenty-five (25) dollars above set fee. I.E.: if rate is set at fifty (50), penalty would be seventy-five (75).
- 2.6. Raise the renewal fee for renewal of inactive status to twenty-five (25) dollars.
- 2.8. Any license that is not renewed within the last day of the due month, will be assessed another penalty of fifty (50) dollars in addition to the twenty-five (25) assessed for missing the initial due date. Date should be determined via postmark. Remove the term "grace" which connotes absolvance of penalty. Grace could be referred to postmark date which is received by the board on the third day post due date.

Amend comment such that new application requirement occurs after sixty (60) or two calendar months post due date.

The Board should retain the right of discretion in enforcing this rule by unanimous vote only. My intention is that there can be/will be extenuating circumstances such as personal tragedy, i.e.: fire, flood, death.

30-3-2 DEFINITIONS

- 2.1. "Approved" means West Virginia Board of Respiratory Care (WVBORC) or American Association for Respiratory Care (AARC) recognized.
- 2.5. In addition, managerial courses relating to healthcare. Cost reduction and learned managerial techniques have equal importance as research, education and clinical practice. Our outcome is to provide cost effective high quality patient care to the citizens of West Virginia.
- 2.6. Defines relevant, however, this term is not used within preceding text. Perhaps, the term "applicable" should be defined. I.E.: "Applicable" means having content relevant to the practice of respiratory care as defined by the board. (Keep in mind that respiratory practice is all encompassing and greater than just the administration of respiratory care as noted in 2.5.)
- 2.7. Defines provider, however, this term is not preceded in text. The definition of "approved" should suffice in determining provider.
- 2.8. Contradictory terms, "provider" is termed an organization in 2.7 and implied an individual in this context. I further contend that course content is "approved" prior to lecture completion.

I am assuming, and asking for clarification, education includes an individual providing inservice to other caregivers. That is, provided the content is approved by Board of Respiratory Care prior to instruction, and that credit will be received for one (1) lecture relating to this topic by that individual.

30-3-3. ACCRUAL OF CONTINUING EDUCATION HOURS MANDATORY; COMPUTATION OF ACCRUAL.

- 3.1. Recommend for consideration; A minimum of twenty-four (24) continuing education hours shall be accrued by each person holding a license every two (2) years.
- 3.2. Amend date if fiscal year is approved.
- 3.3. Amend date if fiscal year is approved.
- 3.4. To vague. My interpretation leads me to believe that approval for CEUs precedes completion of any inservice, course or program.

- 3.5. To stringent. Should place person under discipline of Board of Respiratory Care. Fine of fifty (50) dollars and three months to comply followed by suspension of license. Another fifty (50) dollars could be assessed upon reenactment of license.

30-3-4 METHODS OF ACQUIRING CONTINUING EDUCATION HOURS.

- 4.5. Given your intent within this clause, I think that approved college courses should also have a stipulation requiring a passing grade of "C" or better in order to be tabulated for CEU. As it is currently presented, one could sign for a course, fail it, and still receive CEU in accordance with this rule.
- 4.7. Lectures should be included within this realm. CEUs should be given at two (2) times the duration of lecture accounting for research.

30-3-8. BOARD TO APPROVE CONTINUING EDUCATION HOURS; APPEAL WHEN APPROVAL DENIED.

- 8.2. Amend to request for hearing within ten (10) business days. Again, measurement via postmark.

30-3-9. TEMPORARY LICENSE HOLDERS AND INACTIVE STATUS.

- 9.2 To stringent. I interpret this to mean that the practitioner would have to reapply and pay another two-hundred (200) dollar application fee. They should fall within the outline of 9.3 should the disability or medical condition/illness continue beyond the time waiver.

I understand the efforts the Board has undertaken in generation of these proposed rules. My comments are not criticism or intended to disturb the Board in any way. They reflect my thoughts which are for consideration only. I have the highest regards regarding the WVBORC and know that the most appropriate rules will be submitted with the interest of respiratory caregivers being protected.

I have attempted to be as articulate as I felt applicable, however, should the Board need clarification regarding any of my comments, I can be reached M-F during normal business hours at (304) 598-4106. Again, Thanks for the job each of you are doing.

cc: Legislative File

SJMH
STONEWALL JACKSON
memorial hospital

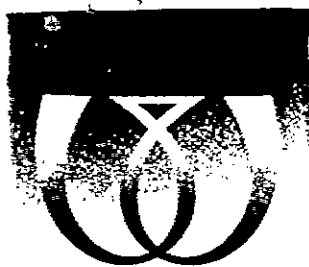
8-12-96

TO: West Virginia Board of Respiratory Care

FROM: Diane Ocheltree, LRCT *Diane Ocheltree, LRCT*

SUBJECT: Comments on Proposed Legislative Rules

1. Continuing Education: I feel that Department Heads, Directors and Supervisors should be allowed some credit for Management CEU's, since this is part of their job.
2. Renewal Fees: I wish the renewal fee could be lower. No other association have such high fees.



WHEELING HOSPITAL

MEDICAL PARK
WHEELING, WV 26003
304/243-3000
FAX 304-243-3060

8/5/96

Anna W. Parkman MBA, RRT
President, WVBORC
P.O. Box 3709
Charleston, WV 25337

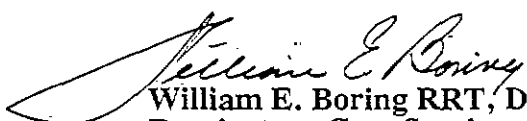
Dear Anna,

Thank you for the opportunity to submit the following comments on the proposed licensure rules for the 1997 legislative session:

Section	Comment
30-2-2.	<p>Unless a detailed accounting of the expenses that justify a \$75,000 annual BORC income, a \$75 renewal fee seems excessive.</p> <p>I would appreciate the opportunity to review the actual or planned disbursement of the \$200,000 collected initially and the proposed budget for 1997.</p> <p>A \$50.00 renewal seems more appropriate when considering the average practitioner's salary, national average license cost and the cost to the practitioners of obtaining CEU's.</p>
30-2-3.	What conditions would necessitate a waiving of the renewal fee?
30-2-5.	A <u>grace period</u> usually implies <u>no penalty</u> and hence the renewal fee should be the same between 1/1 and 1/31. After this time a \$10 penalty seems appropriate.
30-2-8.	A \$10 penalty is sufficient for lapsed licensure within 30 days of 1/31. After this point a \$25 penalty seems more appropriate than requiring a re-application.
30-3-3.1-4	Please detail the documentation required as evidence of passing a specific credentialing exam.

Section	Comment
30-3-3.1	A minimum of six (6) continuing education hours shall be accrued by each person holding a license each year or twelve (12) hours every two years. This change will give consideration to situations that require a leave of absence and to the cost burden on the therapist. As the professions matures and becomes accustomed to obtaining this quantity of CEU's, the standards can then be increased.
30-3-3.4	All hours must be in or related to the field of respiratory care and/or it's management. We should also make allowances for educational activities related to information systems as they apply to the profession.
30-3-4.4	Add Hospitals to organization list.
30-3-4.6	Please expand on the description of this practice.
30-3-4.7	Please expand on the description of this practice.
30-3-5.1	Add - The board will respond in writing within ten working days of receipt of CEU accreditation forms. Failure to respond within this time period will be considered an approval of the requested education offering.
30-3-5.2	Statement should include provision for related management/administrative education.
30-3-7	<u>All</u> continuing education hours earned in excess of those required will carry over into the immediately following license renewal period.
30-3-8.1	Change - Nature of such appeal must be received by the board within thirty(30) days after the <u>receipt</u> of the board's order designating approval of continuing education hours.
30-3-8.2	..., provided the board receives written request for such hearing within ten(10) working days after <u>receipt</u> of the board's order denying the written appeal.

Thank you,


William E. Boring RRT, Director
Respiratory Care Service

August 7, 1996

Anna Parkman, MBA, RRT
W.V. Board of Respiratory Care
P.O. Box 3709
Charleston, WV 25337

Ms. Parkman,

Once again, I applaud your board's efforts to bring the respiratory care profession up to modern day standards. Also I am please to see the completion of these rules. I do believe, however that some changes are appropriate to the most recent set of rules submitted for comment.

1. Under the heading "Establishment of Fees" (30-2-2.2). Those fees seem inordinately high for a state with one thousand practitioners. It is my belief that \$50.00 would be most appropriate.
2. It also seems to be placing a great deal of pressure on an untried system to ask all practitioners to submit renewal in the same month. Any delays in distributing licenses caused by the huge influx of paper work would ultimately reflect on the Board of R.C. I am not sure I have the solution, only concerns about assuring my staff has paid their fees.
3. Under the heading "Continuing Education Requirements" (30-3-3.3). The language may be interpreted in this section to allow for a two year accrual period. Perhaps it should read "The accrual period shall be the calendar year beginning January 1."

Thank you for giving me this opportunity.

Best Regards,


Jay C.R. Wildt, RRT, CPFT, LRT

To: Anna Parkman, RRT, MBA
WVBORC

From: Dave Imhoff, RN, RRT, MBA



Date: August 2, 1996

Time: 4:55pm

Topic: Licensure renewal fee & CEU's

Fees

I believe that the fee for licensure renewal should be about \$50. This is based on my estimates of annual income and expenses follows:

Income

Renewals (1000 people x \$50)	\$50,000
New licenses (60 people x \$200)	1,200
License transfers (60 people x \$10)	600
CEU's	?
Total	51,800+

Expenses

Part time employee's wages + benefits	\$11,000
Rent (\$500 x 12)	6,000
Mailings (4 x \$2,000 ea)	8,000
Office supplies	4,000
Phone (12mo x \$600/mo)	7,200
Board mileage	3,000
Repairs on equipment	2,000
Total	41,200

Balance available for unanticipated expenses: \$10,600

Initial fees that have been received over the last should be about \$200,000 and this should certainly allow plenty of cash to purchase office furniture, equipment, software, etc.

Regarding the \$10 discount for early renewal: why don't you just make the fee \$60 and then provide the discount for early renewal?

Regarding CEU's

1. I believe that 12 hrs/yr is too high. 6 hrs should be plenty. There is plenty of clinical education that will not be counted e.g. reading the RC journals, reading text books, etc.
2. Converting from inactive to active should require no more hours than that of the active members. The proposed plan calls for 15 CEU's during the past 12 months, but the active person is only required to have 12 CEU's. I would submit that 1/2 of the active person's requirement be required on inactive going to active. Look at it this way: if I'm inactive, what's the chance that I'll have been attending any CEU's?
3. Section 4.7 allows for hours for authorship. I think its great that if people can earn CEU's when they educate themselves and others via written communication. How about therapists that educate themselves and others via verbal communication, i.e., giving inservices? Although CEU's may not be necessarily given to attendees, an outline could be provided by the speaker to WVBORC. This would encourage staff members to research a topic and provide education to other staff. Would this not meet the test of 30-3-4.1 "related to professional growth and development of the respiratory care licensee" ?
4. The proposal states in 30-3-5.1 that prospective CEU offerings be submitted to the board at least 30 days before the offering. It does not address the time frame in which WVBORC will provide a statement of acceptance or rejection. This should be addressed.
5. Section 30-3-5.2 says that the activity must be an 'organized program of learning.' This assumes that all learning is organized and I submit that it is NOT! When I go to the bathroom and read the RC journal, it is probably not considered organized, but I take my yellow marker and I learn a lot. If I can submit an outline of information I have gleaned by reading professional journals, I believe I should be able to receive CEU's. This would certainly keep the cost of acquiring CEU's to a minimum for learners like me. I do some of my best learning outside of classrooms/seminars and I believe lots of other people do as well.

David S. S. S.