IC 25-34.5-2
Chapter 2. Respiratory Care Committee; Certification

IC 25-34.5-2-1
Purpose
Sec. 1. The respiratory care committee is established to assist the board in carrying out this article with regard to the qualifications and examination of respiratory care practitioners.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-2
Membership
Sec. 2. (a) The committee consists of five (5) members to be appointed by the governor as follows:
(1) At least two (2) practitioners.
(2) At least one (1) physician licensed under IC 25-22.5 who is familiar with the practice of respiratory care.
(3) At least one (1) member who:
   (A) is a resident of Indiana; and
   (B) is not associated with the practice of respiratory care in any way, other than as a consumer.
(b) Each practitioner appointed to the committee must:
   (1) be a practitioner meeting the requirements of this article;
   (2) have had not less than three (3) years experience in the actual practice of respiratory care immediately preceding appointment; and
   (3) be a resident of Indiana and actively engaged in Indiana in the practice of respiratory care while serving as a member of the committee.

IC 25-34.5-2-3
Terms
Sec. 3. The governor shall make each appointment to the committee for a term of three (3) years.

IC 25-34.5-2-4
Removal of members
Sec. 4. A member of the committee may be removed by the governor without cause.

IC 25-34.5-2-5
Salaries; expenses

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Sec. 5. Each member of the committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Each member of the committee is entitled to reimbursement for travel expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the budget agency.

As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-6
Duties
Sec. 6. The committee shall:
(1) pass upon the qualifications of persons who apply for licensure as respiratory care practitioners;
(2) provide all examinations;
(3) license qualified applicants; and
(4) propose rules concerning the competent practice of respiratory care to the board.


IC 25-34.5-2-6.1
Rules regarding designation of tasks
Sec. 6.1. The rules proposed under section 6(4) of this chapter and adopted under section 7(l) of this chapter must include, to the extent reasonably ascertainable, a designation of all tasks. The designation of tasks must:
(1) exclude the practices described in section 6.2 of this chapter; and
(2) include the tasks described in section 6.3 of this chapter.


IC 25-34.5-2-6.2
Practices not considered tasks
Sec. 6.2. The following respiratory care practices are not tasks:
(1) Administration of aerosol medication.
(2) Insertion and maintenance of an artificial airway.
(3) Mechanical ventilatory support.
(4) Patient assessment.
(5) Patient education.

As added by P.L.60-2000, SEC.10.

IC 25-34.5-2-6.3
Practices considered tasks
Sec. 6.3. The following respiratory care practices are tasks:
(1) Cleaning, disinfecting, sterilizing, and assembling equipment used in the practice of respiratory care as delegated by a practitioner or other authorized health care professional.
(2) Collecting and reviewing patient data through noninvasive

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means if the collection and review does not include the individual's interpretation of the clinical significance of the data. Collecting and reviewing patient data includes the following:

(A) Setting up and obtaining an electrocardiogram.
(B) Performing pulse oximetry and reporting to a practitioner or other authorized health care professional in a timely manner.
(C) Setting up a nasal cannula for oxygen therapy and reporting to a practitioner or other authorized health care professional in a timely manner.
(D) Performing incentive spirometry, excluding a patient's initial treatment and education.
(E) Performing cough and deep breath maneuvers.
(F) Maintaining a patient's natural airway by physically manipulating the jaw and neck.

As added by P.L.60-2000, SEC.11.

IC 25-34.5-2-6.4
Performance of tasks by unlicensed persons; oversight by practitioner

Sec. 6.4. (a) Notwithstanding any other law and except as otherwise provided in this article, to perform the practice of respiratory care other than a task, an individual must be:
(1) a practitioner; or
(2) a licensed, registered, or certified health care professional whose scope of practice includes the respiratory care practice.
(b) An individual who is not a licensed, registered, or certified health care professional may perform a task only:
(1) under the proximate supervision of a practitioner or other authorized health care professional; and
(2) if the individual has demonstrated to the facility that employs or contracts with the individual competency to perform the task.

The facility shall document competency in accordance with licensure, certification, and accreditation standards applicable to the facility.
(c) A practitioner may do the following:
(1) Delegate tasks.
(2) Supervise the performance of tasks.


IC 25-34.5-2-7
Rules

Sec. 7. The board shall adopt rules under IC 4-22-2 establishing:
(1) standards for the competent practice of respiratory care under the direct supervision of a physician licensed under
IC 25-22.5, including a designation of tasks;
(2) fees for the administration of this article; and
(3) standards for the administration of this article;
after considering rules proposed by the committee.

IC 25-34.5-2-8
Evidence required from applicants; criminal convictions;
disciplinary actions; education requirements
Sec. 8. (a) Each applicant for licensure as a respiratory care
practitioner must present satisfactory evidence that the applicant:
(1) does not have a conviction for:
   (A) an act that would constitute a ground for disciplinary
   sanction under IC 25-1-9; or
   (B) a crime that has a direct bearing on the practitioner's
   ability to practice competently;
(2) has not been the subject of a disciplinary action initiated by
the licensing or certification agency of another state or
jurisdiction on the grounds that the applicant was unable to
practice as a respiratory care practitioner without endangering
the public; and
(3) has passed a respiratory care practitioner licensing or
certification examination approved by the board.
(b) Each applicant for licensure as a respiratory care practitioner
must submit proof to the committee of the applicant's:
(1) graduation from a school or program of respiratory care that
meets standards set by the board;
(2) completion of a United States military training program in
respiratory care; or
(3) completion of sufficient postsecondary education to be
credentialed by a national respiratory care practitioner
organization approved by the committee.
(c) At the time of making application, each applicant must pay a
fee determined by the board after consideration of a recommendation
of the committee.
As added by P.L.242-1989, SEC.1. Amended by P.L.33-1993,

IC 25-34.5-2-9
Certification; expiration
Sec. 9. (a) Except as provided in section 11 of this chapter, the
committee shall issue a license to each applicant who:
(1) successfully passes the examination provided in section 12
of this chapter; and
(2) meets the requirements of section 8 of this chapter.
(b) Subject to IC 25-1-2-6(e), a license issued under this section expires on the last day of the regular renewal cycle established under
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IC 25-1-5-4.

IC 25-34.5-2-10
Renewal of certification; reinstatement of invalid certificates
Sec. 10. (a) The committee shall, under IC 25-1-2, renew every two (2) years the license of a practitioner who:
(1) meets the continuing education requirements established by rule by the board; and
(2) pays the fee set by the board.
(b) If a practitioner does not renew the practitioner's license before its expiration, the practitioner's license becomes invalid without action taken by the committee. A license that becomes invalid under this subsection may be reinstated by the committee up to three (3) years after its invalidation if the practitioner who holds an invalid license meets the requirements under IC 25-1-8-6.
(c) If a license that becomes invalid under subsection (b) is not reinstated by the committee within three (3) years of its invalidation, the holder of the invalid license may be required by the committee to take an examination for competence before the committee will reinstate the license.
(d) The board may adopt rules under IC 4-22-2 establishing requirements for reinstatement of an invalid license after consideration of a recommendation of the committee.
(e) The board shall accept continuing education courses in the following areas toward fulfillment of the requirements of subsection (a):
(1) Management of the practice of respiratory care.
(2) Courses concerning the practice of respiratory care that enable individuals to teach continuing education courses for respiratory care practitioners.
(3) The practice of respiratory care.

IC 25-34.5-2-10.1
Temporary permits
Sec. 10.1. (a) The committee may issue a temporary permit to a person to practice respiratory care or to profess to be a respiratory care practitioner if the person pays a fee and:
(1) has:
   (A) a valid license or certificate to practice from another state; and
   (B) applied for a license from the committee;
(2) is practicing in a state that does not license or certify respiratory care practitioners but is credentialed by a national respiratory care practitioner association approved by the

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committee, and the person has applied for a license from the committee; or
(3) has:
   (A) been approved by the committee to take the next examination; and
   (B) graduated from a school or program approved by the committee.
(b) A temporary permit expires the earlier of:
   (1) the date the person holding the permit is issued a license under this article; or
   (2) the date the committee disapproves the person's license application.
(c) The committee may renew a temporary permit if the person holding the permit was scheduled to take the next examination and:
   (1) did not take the examination; and
   (2) shows good cause for not taking the examination.
(d) A permit renewed under subsection (c) expires on the date the person holding the permit receives the results from the next examination given after the permit was issued.

IC 25-34.5-2-11
Issuance of certificate by endorsement; waiver of education requirements
Sec. 11. (a) The committee may issue a license by endorsement to a person who:
   (1) presents satisfactory evidence to the committee that the person holds:
      (A) a license or certification to practice respiratory care in:
         (i) another state; or
         (ii) a jurisdiction of Canada; or
      (B) credentials issued by a national respiratory care practitioner organization approved by the committee;
   (2) meets the requirements of section 8 of this chapter; and
   (3) pays a fee determined by the board after consideration of a recommendation of the committee.
(b) If the applicant presents satisfactory evidence that the applicant has actively engaged in the practice of respiratory care that included actual patient care:
   (1) in another jurisdiction;
   (2) under the supervision of a physician licensed in that jurisdiction; and
   (3) for at least ten (10) of the previous fifteen (15) years preceding the date of application;
the committee may waive the education requirements under subsection (a)(2) and section 8(b) of this chapter if the committee determines that the applicant has sufficient knowledge and

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experience.

IC 25-34.5-2-12
Examinations; contents; reexamination
Sec. 12. (a) Examinations of applicants for licensure under this article shall be held at least semiannually on dates set by the board.
(b) An examination under this section must include a written examination that tests the following:
(1) The applicant's knowledge of the basic and clinical sciences as they relate to the practice of respiratory care.
(2) Other subjects that the committee considers useful to test an applicant's fitness to practice respiratory care.
(c) An otherwise qualified applicant who fails an examination and is refused licensure may take another scheduled examination upon payment of an additional fee set by the board under rules adopted under section 7 of this chapter.

IC 25-34.5-2-13
Utilization of testing services
Sec. 13. The committee may utilize the services of a testing company to prepare, conduct, and score examinations.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-14
Student permits
Sec. 14. (a) The committee shall issue a student permit to an individual if the individual does the following:
(1) Submits the appropriate application to the committee.
(2) Pays the fee established by the board.
(3) Submits written proof to the committee that the individual is a student in good standing in a respiratory care school or program that has been:
(A) approved by the committee for purposes of section 8(b)(1) of this chapter;
(B) approved by the committee for purposes of section 10.1(a)(3)(B) of this chapter; or
(C) otherwise approved by the committee.
(4) Submits satisfactory evidence that the individual:
(A) does not have a conviction described in section 8(a)(1) of this chapter; and
(B) has not been the subject of a disciplinary action described in section 8(a)(2) of this chapter.
(b) The committee shall issue a student permit as soon as it is reasonably practicable after an individual fulfills the requirements of

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subsection (a).

(c) An individual who holds a student permit may only perform respiratory care procedures that have been part of a course:

(1) the individual has successfully completed in the respiratory care program designated under subsection (a)(3); and
(2) for which the successful completion has been documented and that is available upon request to the committee.

(d) The committee may expand the list of respiratory care procedures that an individual may perform under the individual's student permit to include additional respiratory care procedures that have been part of a course:

(1) that the individual has successfully completed in the respiratory care program designated under subsection (a)(3); and
(2) for which the individual's successful completion has been documented.

Upon request by the committee, the individual shall provide documentation of the successful completion of a course described in this subsection.

(e) The procedures permitted under subsections (c) and (d) may be performed only:

(1) on adult patients who are not critical care patients; and
(2) under the proximate supervision of a practitioner.

(f) A holder of a student permit shall meet in person at least one time each working day with the permit holder's supervising practitioner or a designated respiratory care practitioner to review the permit holder's clinical activities. The supervising practitioner or a designated respiratory care practitioner shall review and countersign the entries that the permit holder makes in a patient's medical record not more than seven (7) calendar days after the permit holder makes the entries.

(g) A supervising practitioner may not supervise at one (1) time more than three (3) holders of student permits issued under this section.

(h) A student permit expires on the earliest of the following:

(1) The date the permit holder is issued a license under this article.
(2) The date the committee disapproves the permit holder's application for a license under this article.
(3) The date the permit holder ceases to be a student in good standing in a respiratory care program approved by the committee. The graduation of a student permit holder from a respiratory care program approved by the committee does not cause the student permit to expire under this subdivision.
(4) Sixty (60) days after the date that the permit holder graduates from a respiratory care program approved by the committee.
(5) The date that the permit holder is notified that the permit

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holder has failed the licensure examination.

(6) Two (2) years after the date of issuance.