



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Respiratory Care  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102



JEFFREY S. CHIESA  
Attorney General

ERIC T. KANEFSKY  
Acting Director

### BOARD OF RESPIRATORY CARE PUBLIC SESSION MINUTES

SOMERSET CONFERENCE ROOM,

6<sup>th</sup> Floor

September 11, 2012

**Mailing Address:**  
P.O. Box 45031  
Newark, NJ 07101  
(973) 504-6485

The September meeting of the New Jersey State Board of Respiratory Care was convened in accordance with its notice to the Lieutenant Governor, the Bergen Record, the Trenton Times, the Courier Post and the Star-Ledger and was conducted in accordance with the provisions of the Open Public Meetings Act.

Chairman Capek, convened the meeting at 10:00 a.m. A roll call was taken and the following attendance was recorded for these minutes.

**PRESENT:** Christopher Lange  
Kenneth Capek  
James Brophy  
Michael G. Brown  
Janet Castronovo

**ABSENT:** Robert Malovany. MD.

**Also in attendance:** Tobey Palan, Deputy Attorney General, Dorcas K. O'Neal, Executive Director and Bernadette Augustus, staff.

**Public attendance:** None

#### I. APPROVAL OF MINUTES

The Board reviewed the Public Session Minutes of August 7, 2012. **On a motion by Michael G. Brown, seconded by Christopher Lange, the Board unanimously approved the Public Session Minutes as submitted.**

#### II. OLD BUSINESS/REAGENDIZED

None.

### III. NEW BUSINESS

- a. The Board reviewed an open letter to the North Carolina Respiratory Care Community concerning Baccalaureate and graduate respiratory care education, (Submitted by Chairman Capek), as informational.
- b. **The Board reviewed a fax from Craig Rotenberry**, inquiring as to whether a license is required to deliver home oxygen in New Jersey. The Board determined that oxygen concentrators are deemed respiratory care equipments and any delivery in the State of New Jersey requires the 24 hour in-person follow-up visit by a licensed New Jersey respiratory care practitioner, pursuant to N.J.A.C.13:44F-3.3(f).

The licensed respiratory care practitioner who delegates tasks set forth in (d) above in an outpatient setting shall ensure that a follow-up visit from a licensee or a person exempt from respiratory care licensure pursuant to N.J.S.A. 45:14E-9 (c), takes place within 24 hours of the delivery of the equipment to the patient for the purpose of conducting an in-person assessment of the equipment. The follow-up visit shall be documented in writing.

1. The documentation of the follow-up visit shall be maintained for all patients during the course of respiratory care, and for a period of one year following the termination of respiratory care services.
2. The documentation of the follow-up visit shall be available for the Board's inspection on the business premises of the licensee or person exempt from licensure who conducts the follow-up visit, within 12 business hours of the Board's request. For the purpose of this section, "business hours" is defined as the hours between 9:00 a.m. and 5:00 p.m., Monday through Friday.

The Board also authorized DAG Palan, to call Mr. Rotenberry and confirm the 24 hour regulation with him.

- c. **The Board reviewed a fax from Suzanne Watson**, inquiring as to whether patients who have an order for a conserving device must have an order signed by a physician and whether a licensed respiratory therapist must test the patient using OCD to prove that SATs can be maintained.

As to question one, the conserving device requires a physician order; and as to question two, subsequent to the delivery of the equipment, a 24 hour in-person follow-up visit by a licensed New Jersey respiratory care practitioner is required pursuant to, N.J.A.C.13:44f-3.3(f).

The licensed respiratory care practitioner who delegates tasks set forth in (d) above in an outpatient setting shall ensure that a follow-up visit from a licensee or a person exempt from respiratory care licensure pursuant to

N.J.S.A. 45:14E-9(c) takes place within 24 hours of the delivery of the equipment to the patient for the purpose of conducting an in-person assessment of the equipment. The follow-up visit shall be documented in writing.

1. The documentation of the follow-up visit shall be maintained for all patients during the course of respiratory care, and for a period of one year following the termination of respiratory care services.
2. The documentation of the follow-up visit shall be available for the Board's inspection on the business premises of the licensee or person exempt from licensure who conducts the follow-up visit, within 12 business hours of the Board's request. For the purpose of this section, "business hours" is defined as the hours between 9:00 a.m. and 5:00 p.m., Monday through Friday.

The Board also authorized DAG Palan, to call and confirm the 24 hour regulation with Ms. Watson.

**IV. INFORMATIONAL/FYI**

None.

**V. LEGISLATION AND PROPOSED REGULATIONS**

None.

**VI. PUBLIC COMMENT**

None

**VII. OTHER BUSINESS**

There being no other business to come before the Board in Public Session, on a motion by Michael G. Brown, seconded by James Brophy, the meeting was adjourned and the Board moved into Executive Session for the purpose of receiving counsel, to conduct one investigative inquiry and to review five items of old business and one item of other business/criminal history arrest notification.

The Board reconvened in Public Session. The next scheduled meeting of October 2, 2012, was cancelled. The Next scheduled meeting will be held November 13, 2012. There being no other business to come before the Board, on a motion by James Brophy, seconded by Christopher Lange, the Board adjourned the meeting at 1:30 p.m.

*Respectfully submitted,*

Dorcas K. O'Neal  
Executive Director





