

Louisiana State Board of Medical Examiners
Respiratory Care Advisory Committee
Virtual Meeting
September 18, 2023

RCAC Members Present: Dr. Ugo Ezema
Sheila Guidry
Elizabeth Hamilton
Diana Merendino
Michael Nolan
Raymond Pisani
Brett Stafford

LSBME attendees: Vincent Culotta, Executive Director
Jacintha Duthu, Executive Staff Officer
Phyllis Johnson, Allied Health Licensing Analyst Supervisor
Priscilla Bartholomew, Respiratory Therapy Licensing Analyst
Patricia Wilton, Executive Council
Alan Phillips – IT Support

Meeting Called to order and Live Streaming began at 9:06 am

Diana Merendino – roll call with identification of participants and audibility established – quorum established.

Raymond Pisani called for public comment at this time – no public comment.

Approval of minutes from 6-12-23: Mike Nolan motion to approve, Sheila Guidry seconded; no discussion; all voting members in attendance approved.

Raymond Pisani solicited public comment – no public comment.

Old Business:

Rules and Regulations Revisions:

Senate Bill 201 (Act 393) went into effect after the last meeting. This bill continues to provide for ZOOMING capabilities for the RCAC meetings. Dr. Van emphasized that an in-person meeting could still occur, however this must be done during business hours (to reduce overtime and security needs) and for all travel, the limit on the mileage is 99 miles for reimbursement. He stated that this extended time would take us away from our jobs and doing our work via ZOOM by breaking the review of the Rules and Regs into small bits may be more beneficial.

Dr. Culotta stated that he is trying to keep Board Expenses down, so that there is no increase in fees. Current fees for RT licensure \$125 for initial and \$85 for renewal – these were last established in 2012;

since then there has been a 27% increase in living. Sheila Guidry stated that maybe fee structure should be reviewed and adjusted if needed. She did not want the RCAC committee hampered in completing their work based on the inability to meet in person due to funding issues.

Mike Nolan who was having some audio issues stated that the technical difficulties would be absent if we met in person and that more input may be given with the in-person meeting.

Patricia Wilton did not believe the LSBME Board would approve an overnight stay so we would have to begin our meetings at 11am and finish by 2pm. She commented that we are not being realistic with our expectations and the expenses for this meeting would be too high. Ms. Wilton believes there will be push back from the LSMBE BOD. When questioned about the LSBME BOD being in person, Ms. Wilton stated they were required to meet in person.

Sheila Guidry requested that Dr. Van present to the LSBME BOD a request to allow our RCAC to meet in person to work on the Rules and Regulations and for the BOD to incur those expenses. Elizabeth Hamilton suggested not all meetings need to be in person.

It was suggested that a select few (<3members) meet at a time (this is not a sub-committee and no quorum is needed) to discuss the proposed change and these be brought back to a ZOOM meeting for RCAC discussion and approval. It was stated that his process may end up doubling the work of those that offered their time up for the initial process.

Dr. Culotta stated he would bring this up to BOD at their Monday meeting to see if they will approve the meeting. He stated he must have BOD approval for this in-person meeting to occur and expenses to be reimbursed. Sheila Guidry pointed out that we actually performed these duties in 2017 and they have not moved through the process and would like to get this done soon. Dr. Ugo also stated that one day of work would be more beneficial than multiple days over the next year.

Beth Hamilton made a motion for Dr. Van to present to the LSBME BOD for a work day with expenses paid to update the Rules and Regulations. Sheila Guidry seconded the motion. All in attendance voted yes.

Raymond Pisani solicited public comment – no public comment.

Board Opinions Follow Up: For all previous board opinions, letters had been mailed out.

Raymond Pisani solicited public comment – no public comment.

RCAC Committee Members Replacements: There has been an RT identified to replace Elizabeth Hamilton, however this person has not been officially confirmed by the Boards and Commissions. Dr. Van has not heard anything on this individual's standing.

Raymond Pisani solicited public comment – no public comment.

New Business:

Reports from Phyllis Johnson / Priscilla Bartholomew: No report from licensing analysts.

Letter requesting IV starts by RT: Letter was submitted from Terrebone General Health Systems asking if RT's could start IVs as part of the Rapid Response Team. Diana Merendino pointed out that the Rules and Regulations ; *Section 2503 Respiratory Therapy defined (l.) performance of specific procedures and diagnostic testing relative to respiratory therapy that are ordered by a physician, advanced practice registered nurse, or physician assistant to assist in diagnosis, monitoring, treatment, and research, including:..... (v.) starting of intravenous lines for the purpose of administering fluids pertinent to the practice of respiratory therapy in a special procedure area under the order of a physician, advanced practice registered nurse, or a physician assistant; And under the same section and definition: (e). administration of non-controlled drugs and medications commonly used in respiratory care that have been dispensed by a pharmacist and prescribed by a physician, advanced practice registered nurse, or physician assistant to be administered by a licensed respiratory therapist as 3 defined in this Chapter. Nothing in this Chapter shall be construed to authorize the administration of sedatives, hypnotics, anesthetics or paralytic agents, or intravenous administration of medications, with the exception of the administration of medications necessary during cardiopulmonary arrest by a licensed respiratory therapist certified in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or in a neonatal resuscitation program (NRP);*

Dr. Ezema pointed out that this was his clinic and the therapist would only start IVs in the case of a rapid response event.

Sheila Guidry made a motion that Respiratory Therapist could start an IV in the case of a Rapid Response Event for a patient with life-threatening issues. Beth Hamilton seconded; all in attendance voted yes.

Raymond Pisani solicited public comment – no public comment.

Letter of Support for RT Students being able to work as Respiratory Therapy Assistant / Student worker role. The Respiratory Care Rules and Regulations prohibit students from being paid for services rendered during their educational processes for cardiopulmonary clinical experiences, and COARC 5.09 Prohibits students to receive any form of remuneration in exchange for patient care they provide during clinical course work. Raymond Pisani and Sheila Guidry were unable to speak with Dr. Tom Smalling from CoARC regarding this topic. Diana Merendino stated while this was done during the COVID crisis to get the students clinical experience, there is no longer a State of Emergency. Diana Merendino made a motion for Dr. Van to draft a letter re-emphasizing that students could not be paid for training for their course work; Brett Stafford seconded – all in favor voted yes.

Raymond Pisani solicited public comment – no public comment.

Executive Session: Diana Merendino made the motion to move into Executive Session; Sheila Guidry second – all present voted yes:

Upon return from Executive Session:

Diana Merendino made the motion to grant an unrestricted license to the individual with Contact #286316; Elizabeth Hamilton second – all present voted yes.

Raymond Pisani solicited public comment – no public comment.

Meeting adjourned.