

Louisiana State Board of Medical Examiners
Respiratory Care Advisory Committee
Virtual Meeting 9am
March 9, 2026
Meeting Minutes

1. Meeting called to order by Raymond Pisani at 9:12 am – live streaming began.
2. Raymond asked that all participants on the call be identified.
3. Raymond called for any additions to current agenda – no additional items added.

No public comment at this time.

4. Roll call by Diana Merendino – Quorum established
RCAC Members Present: Shelia Guidry, Diana Merendino, Blake Nolan, Michael Nolan, Raymond Pisani, Brett Stafford, Dr. Ugo Ezema (Jim Lanoha absent)
LSMBE members in attendance: Jacintha Duthu, Patricia Wilton, Lauren Sudduth, Phyllis Johnson, Tracy Mauro, Jessica Smith, Dr. Vincent Culotta
5. Minutes from 12-8-25: Michael Nolan made motion to accept the minutes; Blake Nolan seconded; no discussion; all present voted yes.

No public comment at this time.

6. Rules and Regulations update:
Patricia Wilton reported that the Rules are currently awaiting response from legislature; the Rules continue to move forward through the process.
7. Arterial Blood Gas Issue:
Discussion on a process where arterial blood gases were being reported with an error before a final result could be obtained. This process is being seen with new instrumentation that was purchased for a facility. The facility has been able to find a “work around” to prevent this initial report and having the final report enter the patient’s record. The error code involve “clotting” but also contamination. The blood gas manufacturer wants the therapist to make decisions based on these errors. Blake Nolan states these new error reports and interpretation is beyond the scope of the respiratory therapist and should be reviewed by a pathologist. Blake’s lab is overseen by a pulmonologist who stated this interpretation was beyond his area of expertise. Dr. Culotta wanted to verify that the results that were making the patient’s record were accurate; Blake stated that all ABGs with error codes at his facility are repeated and verified as correct before reaching the patient record, however his concern is that other facilities with this particular machine may have the same issue and do not have policy to ensure the correct results are making the patient’s record and the erroneous results are not being reported. **ACTION: Blake Nolan is to draft a statement regarding the issue and a policy to ensure accurate documentation of arterial blood gases. He will submit to Dr. Culotta for review with Raymond Pisani along with the Board lawyers to draft an official statement to be posted and sent to all respiratory therapists.**
8. Scope of Practice: RT’s ability to witness “wasting” of controlled substance medications.
David Miller at Willis Knighton has requested a board ruling for the respiratory therapist who are a part of a pediatric transport team being able to be a witness for the “wasting” of controlled medications. The

therapist will not be wasting any medications. The therapist will participate in an educational process for the transport team to include the witness of the wasting of controlled medications. **Blade Nolan supported the motion: All respiratory therapists that are participating as member of a transport team can witness the wasting of controlled medications per facility policy and training as a member of the transport team. Seconded by Sheila Guidry. All present voted yes. ACTION: Dr. Culotta to get this RCAC recommendation to the LSBME Board for approval.**

9. Scope of Practice: Staffing Shortages and request for RT Assistants to perform IS and Pulse Oximetry. Facility reported staffing shortages and is wanting board ruling on their RT Assistants performing POx and Incentive Spirometry under the supervision of the therapist assigned to the floor. RCAC had discussion on these values being obtained by non-licensed personnel therefore should information go into patient record and is there an issue with billing for these services. It was pointed out that certified nursing assistants measure vitals (which include POx) for documentation without having a license. Dr. Ugo wanted to know what the job responsibilities of an RT Assistant are. Diana Merendino stated that those responsibilities would be defined by the institution, however most would clean equipment, stock supplies in the ICU, and change out oxygen equipment. It was noted that most of the RT Assistants being used by facilities are students from a respiratory therapy program. RCAC currently feels these responsibilities should be assigned to a respiratory therapist. **ACTION: Raymond Pisani and Dr. Culotta would formulate additional questions for the department head before any final statements were made on this scope of practice issue. After additional information is obtained, Patricia Wilton will create a position statement regarding RT Assistants in the future.**
10. Scope of Practice: RT role as ECMO specialist and the delivery of blood products via ECMO. Discussion began with the AARC position statement for Respiratory Therapist being appropriate personnel for an ECMO specialist. The AARC statement acknowledges the Extracorporeal Life Support Organization as being the training organization for the ECMO specialist. Dr. Culotta inquired if our current RT programs trained specifically for ECMO and Diana Merendino responded that the programs do not, however we do “provides extensive training in the maintenance of normal acid-base balance, oxygenation, and oxygen delivery, ventilation, and cardiopulmonary anatomy, physiology, and pathophysiology. Equipment troubleshooting is another key attribute in the training of the Respiratory Therapist” as stated in the AARC position statement. RTs are trained at their facilities post graduation per their facility guidelines using the ELSO standards for training. Diana also stated that the ELSO guidelines provided mandates on training, i.e. an individual must have “x” many hours of ECMO monitoring over 2 month period, i.e. training could not be obtained in March and the first ECMO case be in November. The facilities do classes and wet labs for education and performance training. Dr. Culotta feels the administration of blood into ECMO system is not covered by the RT practice act and should not be allowed. **ACTION: There needs to be an additional rule regarding the delivery of blood during ECMO. This needs to be presented to the LSBME Board and if no objections by the Board, it can proceed to the Attorney General office to continue processing.**

No public comment at this time.

No report from licensing analyst, Phyllis Johnson.

No items for Executive Session.

Next Meeting June 15th at 9am.

Meeting adjourned at 10:31am Motion by Blake Nolan and seconded by Sheila Guidry; all present voted yes.