Amended: November 1, 2024

STATE OF OKLAHOMA
RESPIRATORY CARE PRACTICE ACT
TITLE 59 O.S., SECTION 2026 - 2045

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Section 2026. Short title

This act shall be known and may be cited as the "Respiratory Care Practice Act".

Added by Laws 1995, c. 171, § 1, eff. November 1, 1995.

Section 2027. Definitions

As used in the Respiratory Care Practice Act:

1. "Board" means the State Board of Medical Licensure and Supervision;

2. "Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms "inhalation therapy" and "respiratory therapy". The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment;

3. "Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the State Department of Health;

4. "Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care;

5. "Respiratory therapist" means an individual who has graduated from a respiratory therapist program that is accredited by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

Added by Laws 1995, c. 171, § 2, eff. November 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 1, eff. November 1, 2013.

Section 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies - Removal

A. 1. There is hereby created a Respiratory Care Advisory Committee within the State Board of Medical Licensure and Supervision, hereinafter referred to as the Committee, to assist in administering the provisions of the Respiratory Care Practice Act. The Committee shall consist of nine (9) members, appointed as follows:

a. one member shall be a physician appointed by the Board from its membership,

b. one member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board,

c. one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership,

d. one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners, and

e. five members shall be licensed respiratory care practitioners appointed by the Board from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

2. Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

3. The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed to the Committee. These initial members shall, at the time of appointment, be credentialed as a Registered Respiratory Therapist (RRT) or current equivalent credential as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

B. Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995, and shall continue for the following periods: two physicians and two respiratory care practitioners for a period of three (3) years; and two physicians and three respiratory care practitioners for a period of four (4) years. Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of subsection C of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

C. Upon expiration or vacancy of the term of a member, the respective nominating

authority may, as appropriate, submit to the appointing Board a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing Board, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision.

D. The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for incompetency, or for unethical or dishonorable conduct.

Added by Laws 1995, c. 171, § 3, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 2, eff. November 1, 2013.

Section 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties

A. The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

B. A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

C. The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 4, eff. Nov. 1, 1995.

Section 2030. Duties of State Board of Medical Licensure and Supervision

The State Board of Medical Licensure and Supervision shall:

1. Examine, license and renew the licenses of duly qualified applicants;

2. Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence, and the date and number of the license;

3. Cause the prosecution of all persons violating the Respiratory Care Practice Act and incur necessary expenses therefor;

4. Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable business hours;

5. Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license; and

6. Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, type and cause of action, date and penalty incurred, and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

Added by Laws 1995, c. 171, § 5, eff. Nov. 1, 1995.

Section 2031. Powers of State Board of Medical Licensure and Supervision - Rules

The State Board of Medical Licensure and Supervision may:

1. Promulgate rules, consistent with the laws of this state, as may be necessary to enforce the provisions of the Respiratory Care Practice Act. Rules shall be promulgated in accordance with Article I of the Administrative Procedures Act;
2. Employ such personnel as necessary to assist the Board in performing its function;
3. Establish license renewal requirements and procedures as deemed appropriate;
4. Secure the services of resource consultants as deemed necessary by the Board. Resource consultants shall be reimbursed for all actual and necessary expenses incurred while engaged in consultative service to the Board, pursuant to the State Travel Reimbursement Act;
5. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading or reporting the results of licensing examinations. Such groups shall be capable of providing an examination which:
   a. meets the standards of the National Commission for Health Certifying Agencies, or their equivalent,
   b. is able to be validated, and
   c. is nationally recognized as testing respiratory care competencies; and
6. Establish by rule license examination fees.

Added by Laws 1995, c. 171, § 6, eff. Nov. 1, 1995.

Section 2032. Reimbursement of expenses - Protection from liability

A. Members of the State Board of Medical Licensure and Supervision and members of the Respiratory Care Advisory Committee shall be reimbursed for all actual and necessary expenses incurred while engaged in the discharge of official duties pursuant to this act in accordance with the State Travel Reimbursement Act.

B. Members of the Board and Committee shall enjoy the same rights of protection from personal liability as those enjoyed by other employees of the state for actions taken while acting under the provisions of the Respiratory Care Practice Act and in the course of their duties.

Added by Laws 1995, c. 171, § 7, eff. Nov. 1, 1995.

Section 2033. License - Examination - License by endorsement

A. The applicant, except where otherwise defined in the Respiratory Care Practice Act, shall be required to pass an examination, whereupon the State Board of Medical Licensure and Supervision may issue to the applicant a license to practice respiratory care. The Board is authorized to provide for the examination of applicants or to facilitate verification of any applicant's claim that the applicant has successfully completed the required examination for national credentialing as a respiratory care practitioner.

B. The Board may issue a license to practice respiratory care by endorsement to:

1. An applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state;

2. Applicants holding credentials as a respiratory therapist conferred by the National Board for Respiratory Care (NBRC) or its successor organization as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision, provided such credentials have not been suspended or revoked; and

3. Applicants applying under the conditions of this section who certify under oath that their credentials have not been suspended or revoked.

Added by Laws 1995, c. 171, § 8, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2034. Provisional license

A. The State Board of Medical Licensure and Supervision may issue, upon payment of a fee established by the Board, a provisional license to practice respiratory care for a period of six (6) months under supervision of a consenting licensed respiratory care practitioner or consenting licensed physician. A provisional license may be issued to a person licensed in another state, territory or country who does not qualify for a license by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board. Provided, the applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country. A provisional license may be issued also to a graduate of a respiratory care education program, approved by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision., who has applied to take the license examination and otherwise meets the qualifications of the Board.

B. A currently enrolled student may receive a provisional license as set out by the rules of the Board.

C. Provisional licenses may be renewed at the discretion of the Board for additional six-month periods.

Added by Laws 1995, c. 171, § 9, eff. Nov. 1, 1995.

Section 2034.1. Temporary Critical Need Licenses

The State Board of Medical Licensure and Supervision may issue temporary critical need licenses for respiratory care practitioners under Section 1 of this act. (See: Title 59 O.S. Sec. 6011)

Section 2035. License - Applicants who have not passed CRTT or RRT examination

A. The State Board of Medical Licensure and Supervision may issue a license to practice respiratory care, upon payment of a fee of Seventy-five Dollars ($75.00), to persons who have

qualified pursuant to Section 2033 of this act.

B. 1. Other applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in a full time capacity for a period of more than twenty-four (24) months prior to the effective date of this act may, at the discretion of the Board, be issued a license to practice respiratory care upon payment of a fee of Seventy-five Dollars ($75.00). Provided, such applicant must demonstrate through written evidence verified under oath and certified to by the employing health care facility that applicant has in fact been employed in such capacity for more than twenty-four (24) months preceding the effective date of this act.

2. All other applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate as required by rules of the Board that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of this act. Such applicants must pass an entry level examination administered by the Board during the thirty-six-month period in order to be issued a license to practice respiratory care. The fee for a special provisional license shall be Seventy-five Dollars ($75.00).

Added by Laws 1995, c. 171, § 10, eff. Nov. 1, 1995.

Section 2036. Use of title permitted - Presentation of license

A. A person holding a license to practice respiratory care in this state may use the title "respiratory care practitioner" and the abbreviation "R.C.P."

B. A licensee shall present this license when requested.

Added by Laws 1995, c. 171, § 11, eff. Nov. 1, 1995.

Section 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements

A. Except as otherwise provided in the Respiratory Care Practice Act, a license shall be renewed biennially. The State Board of Medical Licensure and Supervision shall mail notices at least thirty (30) calendar days prior to expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period. The licensee shall complete the notice of renewal and return it to the Board with the renewal fee of Seventy-five Dollars ($75.00) before the date of expiration.

B. Upon receipt of the notice of renewal and the fee, the Board shall verify its contents and shall issue the licensee a license for the current renewal period, which shall be valid for the period stated thereon.

C. A licensee who allows the license to lapse by failing to renew it may be reinstated by the Board upon payment of the renewal fee and reinstatement fee of One Hundred Dollars ($100.00); provided, that such request for reinstatement is received within thirty (30) days of the

end of the renewal period.

D. 1. A licensed respiratory care practitioner who does not intend to engage in the practice of respiratory care shall send a written notice to that effect to the Board and is not required to submit a notice of renewal and pay the renewal fee as long as the practitioner remains inactive. Upon desiring to resume the practice of respiratory care, the practitioner shall notify the Board in writing of this intent and shall satisfy the current requirements of the Board in addition to submitting a notice of renewal and remitting the renewal fee for the current renewal period and the reinstatement fee.

2. Rules of the Board shall provide for a specific period of time of continuous inactivity after which retesting is required.

E. The Board is authorized to establish by rule fees for replacement and duplicate licenses.

F. The Board shall by rule prescribe continuing education requirements, not to exceed twelve (12) clock hours biennially, as a condition for renewal of license. The program criteria with respect thereto shall be approved by the Board.

Added by Laws 1995, c. 171, § 12, eff. Nov. 1, 1995.

Section 2038. Deposit of fees - Appropriation to pay expenses

Fees received by the State Board of Medical Licensure and Supervision and any other monies collected pursuant to the Respiratory Care Practice Act shall be deposited with the State Treasurer who shall place the same in the regular depository fund of the Board. Said deposit, less the ten percent (10%) gross fees paid into the General Revenue Fund, is hereby appropriated and shall be used to pay expenses incurred pursuant to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 13, eff. Nov. 1, 1995.

Section 2039. Where respiratory practice may be performed

The practice of respiratory care may be performed in any clinic, physician's office, hospital, nursing facility, private dwelling or other place in accordance with the prescription or verbal order of a physician, and shall be performed under the supervision of a qualified medical director or physician licensed to practice medicine or surgery in this state.

Added by Laws 1995, c. 171, § 14, eff. Nov. 1, 1995.

Section 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license

The State Board of Medical Licensure and Supervision may revoke, suspend or refuse to renew any license or place on probation, or otherwise reprimand a licensee or deny a license to an applicant if it finds that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care;

2. Is unfit or incompetent by reason of negligence, habits, or other causes of incompetency;

3. Is habitually intemperate in the use of alcoholic beverages;

4. Is addicted to, or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics;

5. Is guilty of dishonest or unethical conduct;

6. Has practiced respiratory care after the license has expired or has been suspended;

7. Has practiced respiratory care under cover of any license illegally or fraudulently obtained or issued;

8. Has violated or aided or abetted others in violation of any provision of the Respiratory Care Practice Act;

9. Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board; or

10. Is guilty of the unauthorized practice of medicine.

Added by Laws 1995, c. 171, § 15, eff. Nov. 1, 1995.

Section 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners

A. Upon filing of a written complaint with the State Board of Medical Licensure and Supervision, charging a person with any of the acts described in Section 2040 of this act, the authorized employee of the Board may make an investigation. If the Board finds reasonable grounds for the complaint, a time and place for a hearing shall be set, notice of which shall be served on the licensee, or applicant at least fifteen (15) calendar days prior thereto. The notice shall be by personal service or by certified or registered mail sent to the last-known address of the person.

B. The Board or its designee may issue subpoenas for the attendance of witnesses and the production of necessary evidence on any investigation or hearing before it. Upon request of the respondent or the respondent's counsel, the Board may issue subpoenas on behalf of the respondent.

C. Unless otherwise provided in the Respiratory Care Practice Act, hearing procedures shall be conducted in accordance with, and a person who feels aggrieved by a decision of the Board may make an appeal pursuant to, Article II of the Administrative Procedures Act.

D. If found to be guilty as charged, the practitioner shall pay for all costs incurred by the Board.

E. The Board shall make public on a case-by-case basis the names and addresses of persons whose licenses have been denied, surrendered, revoked, suspended or who have been denied renewal of their licenses, and persons who have been practicing respiratory care in violation of the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 16, eff. Nov. 1, 1995.

Section 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited

A. No person shall practice respiratory care or represent themselves to be a respiratory care practitioner unless licensed under the Respiratory Care Practice Act, except as otherwise provided by the Respiratory Care Practice Act.

B. The Respiratory Care Practice Act does not prohibit:

1. The practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the State Board of Medical Licensure and Supervision. Students enrolled in respiratory therapy education programs shall be identified as "student -RCP" and shall only provide respiratory care under clinical supervision;

2. Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold out to be a respiratory care practitioner;

3. Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a nonlicensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member;

4. Respiratory care services rendered in the course of an emergency;

5. Persons in the military services or working in federal facilities from rendering respiratory care services when functioning in the course of their assigned duties;

6. The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formalized or specialized training; and

7. For purposes of continuing education, consulting, or training, any person performing respiratory care in the state, if these services are performed for no more than thirty (30) days in a calendar year in association with a respiratory care practitioner licensed pursuant to the Respiratory Care Practice Act or in association with a licensed physician or surgeon, if:

   a. the person is licensed as a respiratory care practitioner or the equivalent, as determined by the State Board of Medical Licensure and Supervision, in good standing in another state or the District of Columbia, or

   b. the person holds a professional respiratory care credential as conferred by the National Board for Respiratory Care of its successor or equivalent accrediting agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

C. Nothing in the Respiratory Care Practice Act shall limit, preclude, or otherwise interfere with the lawful practices of persons working under the supervision of the responsible physician. In addition, nothing in the Respiratory Care Practice Act shall interfere with the practices of health care personnel who are formally trained and licensed by appropriate agencies of this state.

D. An individual who, by passing an examination which includes content in one or more of the functions included in the Respiratory Care Practice Act, and who has passed an examination that meets the standards of the National Commission for Health Certifying Agencies (NCHCA) or an equivalent organization, shall not be prohibited from performing the procedures for which they were tested. An individual who has demonstrated competency in one or more areas covered by the Respiratory Care Practice Act may perform only those functions for which the individual is qualified by examination to perform. The standards of the National Commission for Health Certifying Agencies shall serve to evaluate those examinations and examining organizations.

E. Practitioners regulated under the Respiratory Care Practice Act shall be covered under the "Good Samaritan Act", Section 5 et seq. of Title 76 of the Oklahoma Statutes.

Added by Laws 1995, c. 171, § 17, eff. Nov. 1, 1995 ; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2043. Acts not to be construed to permit practice of medicine

Nothing in the Respiratory Care Practice Act shall be construed to permit the practice of medicine.

Added by Laws 1995, c. 171, § 18, eff. Nov. 1, 1995.

Section 2044. Misdemeanor violations - Penalties

A. It is a misdemeanor for any person to:

1. Sell, fraudulently obtain or furnish any respiratory care license or record, or aid or abet therein;

2. Practice respiratory care under cover of any respiratory care diploma, license or record illegally or fraudulently obtained or issued;

3. Practice respiratory care unless duly licensed to do so under the provisions of the Respiratory Care Practice Act;

4. Impersonate in any manner or pretend to be a respiratory care practitioner or use the title "respiratory care practitioner", the letters "R.C.P.", or other words, letters, signs, symbols or devices to indicate the person using them is a licensed respiratory care practitioner, unless duly authorized by license to perform under the provisions of the Respiratory Care Practice Act;

5. Practice respiratory care during the time a license is suspended, revoked or expired;

6. Fail to notify the State Board of Medical Licensure and Supervision of the suspension, probation, or revocation of any past or currently held licenses, certifications, or registrations required to practice respiratory care in this or any other jurisdiction;

7. Knowingly employ unlicensed persons in the practice of respiratory care in the capacity of a respiratory care practitioner;

8. Make false representations or impersonate or act as a proxy for another person or allow or aid any person or impersonate the person in connection with any examination or application for licensing or request to be examined or licensed; or

9. Otherwise violate any provisions of the Respiratory Care Practice Act.

B. Such misdemeanor shall be punishable by a fine of not more than One Thousand Dollars ($1.000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment for each offense.

Added by Laws 1995, c. 171, § 19, eff. Nov. 1, 1995.

Section 2045. Use of other earned professional designations or credentials

A. Nothing contained in the Respiratory Care Practice Act shall preclude a respiratory care

practitioner, a respiratory therapist, or a respiratory therapy technician exempt from being licensed under the Respiratory Care Practice Act or a provisional license holder from using or displaying earned professional designations or credentials including, but not limited to, CRTT, RRT, CPFT, and RPFT. However, a respiratory care practitioner may use and display the designation Respiratory Care Practitioner or RCP in conjunction with the use or display of any such other earned professional designation or credentials.

B. A provisional or special provisional license holder shall not use or display the designation Respiratory Care Practitioner or RCP but may use or display any earned professional designations or credentials.

Added by Laws 1995, c. 171, § 20, eff. Nov. 1, 1995.