

Iowa

Statutory Language

Iowa Code: CHAPTER 152B - RESPIRATORY CARE

152B.7A Exceptions

- **Respiratory Care Practice Act contains exemption language**

152B.7A EXCEPTIONS.

1. A person shall not practice respiratory care or represent oneself to be a respiratory care practitioner unless the person is licensed under this chapter.
2. This chapter does not prohibit any of the following:
 - a. The practice of respiratory care which is an integral part of the program of study by students enrolled in an accredited respiratory therapy training program approved by the board in those situations where that care is provided under the direct supervision of an appropriate clinical instructor recognized by the educational program.
 - b. Respiratory care services rendered in the course of an emergency.
 - c. Care administered in the course of assigned duties of persons in the military services.
3. This chapter is not intended to limit, preclude, or otherwise interfere with the practice of other health care providers not otherwise licensed under this chapter who are licensed and certified by this state to administer respiratory care procedures.
- 4. An individual who passes an examination that includes the content of one or more of the functions included in sections 152B.2 (see below) and 152B.3 (see below) shall not be prohibited from performing such procedures for which they were tested, as long as the testing body offering the examination is approved by the board.**

152B.2 RESPIRATORY CARE AS A PRACTICE DEFINED.

"Respiratory care as a practice" means a health care profession, under medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems' functions, and includes all of the following:

1. Direct and indirect pulmonary care services that are safe and of comfort, aseptic, preventative, and restorative to the patient.
2. Direct and indirect respiratory care services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a licensed physician or surgeon.
3. Observation and monitoring of signs and symptoms, general behavior, reactions, general physical response to respiratory care treatment and diagnostic testing.
4. Determination of whether the signs, symptoms, behavior, reactions, or general response exhibit abnormal characteristics.

5. Implementation based on observed abnormalities, of appropriate reporting, referral, or respiratory care protocols or changes in treatment regimen. "Respiratory care as a practice" does not include the delivery, assembly, setup, testing, or demonstration of respiratory care equipment in the home upon the order of a licensed physician. As used in this paragraph, "demonstration" does not include the actual teaching, administration, or performance of the respiratory care procedures. "Respiratory care protocols" as used in this section means policies and procedures developed by an organized health care system through consultation, when appropriate, with administrators, licensed physicians and surgeons, licensed registered nurses, licensed physical therapists, licensed respiratory care practitioners, and other licensed health care practitioners.

152B.3 PERFORMANCE OF RESPIRATORY CARE.

The performance of respiratory care shall be in accordance with the prescription of a licensed physician or surgeon and includes, but is not limited to, the diagnostic and therapeutic use of the following:

1. Administration of medical gases, aerosols, and humidification, not including general anesthesia.
2. Environmental control mechanisms and paramedical therapy.
3. Pharmacologic agents relating to respiratory care procedures.
4. Mechanical or physiological ventilatory support.
5. Bronchopulmonary hygiene.
6. Cardiopulmonary resuscitation.
7. Maintenance of the natural airways.
8. Insertion without cutting tissues and maintenance of artificial airways.
9. Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurement of ventilatory volumes, pressures, and flows, collection of specimens of blood, and collection of specimens from the respiratory tract.
10. Analysis of blood gases and respiratory secretions.
11. Pulmonary function testing.
12. Hemodynamic and physiologic measurement and monitoring of cardiac function as it relates to cardiopulmonary pathophysiology.
13. Invasive procedures that relate to respiratory care. A respiratory care practitioner may transcribe and implement a written or verbal order from a licensed physician or surgeon pertaining to the practice of respiratory care. This chapter does not authorize a respiratory care practitioner to practice medicine, surgery, or other medical practices except as provided in this section.