MAINE STATE LEGISLATURE

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115th MAINE LEGISLATURE

SECOND REGULAR SESSION-1992

Legislative Document

No. 2295

H.P. 1631

House of Representatives, February 4, 1992

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27. Reference to the Committee on Business Legislation suggested and ordered printed.

EDWIN H. PERT, Clerk

Presented by Representative MANNING of Portland.

Cosponsored by Senator CONLEY of Cumberland and Representative LARRIVEE of Gorham.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND NINETY-TWO

An Act to Amend the Laws Governing Respiratory Care Practitioners.

(AFTER DEADLINE)

(EMERGENCY)

Printed on recycled paper

	Emergency preamble. Whereas, Acts of the Legislature do not
2	become effective until 90 days after adjournment unless enacted
	as emergencies; and
4	
	Whereas, unless this legislation is enacted as an emergency
6	measure some health care institutions may not be able to
	adequately procure necessary blood and other specimens or perform
8	certain laboratory testing procedures; and
Ü	cortain laboratory conting procedures, and
10	Whereas, this inability would severely impair the quality of
10	care in those institutions; and
12	care in chose inscitucions, and
12	Whereas in the judgment of the Logislature these facts
1.4	Whereas, in the judgment of the Legislature, these facts
14	create an emergency within the meaning of the Constitution of
	Maine and require the following legislation as immediately
1.6	necessary for the preservation of the public peace, health and
	safety; now, therefore,
1.8	
	Be it enacted by the People of the State of Maine as follows:
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	Sec. 1. 32 MRSA §9706-A, sub-§§2, 7 and 8, as enacted by PL
22	1989, c. 450, $\S41$, are amended to read:
24	2. Students. The delivery of respiratory care services by
	students as an integral part of the study program of students
26	enrolled in education programs of any health care profession, as
	determined by board rule. Students enrolled in an accredited
2.8	medical laboratory educational program as a potential medical
	technologist or medical technician may obtain specimens and
30	perform laboratory testing;
32	7. Cardiopulmonary testing. Cardiopulmonary testing by
	individuals who have been issued credentials by the National
34	Board for Respiratory Care as Certified Pulmonary Function
	Technologists; er
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	8. Physician supervision. The delivery of respiratory care
38	services by individuals employed in-the-office-and under the
.,, (,)	direct supervision and control of a physician licensed to
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40	practice medicine by the State or of a director of a licensed clinical laboratory who may hold a Doctor of Medicine, Doctor of
4 ')	
42	Philosophy, Master of Science or bachelor degree;
4.4	Coo 2 22 NADCA SOZOC A curb SSO on 4 10
44	Sec. 2. 32 MRSA §9706-A, sub-§§9 and 10 are enacted to read:
4.5	
46	9. Specimen procurement. Obtaining blood, venous,
	capillary or arterial specimens in health care institutions by

trained phlebotomists, laboratory technologists or laboratory technicians; or

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10. Laboratory testing. Laboratory testing, including blood gas analysis, by laboratory technologists or technicians certified by the American Society of Clinical Pathologists, the National Certification Agency, the American Medical Technologists, International Society of Clinical Laboratory Technologists or successors of those organizations, by the exam administered by the United States Department of Health and Human Services or licensed by another state.

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

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STATEMENT OF FACT

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This bill amends the laws establishing exemptions from licensure by the Board of Respiratory Care Practitioners by expanding the existing exemptions for specific students and individuals under direct supervision of physicians. The bill also adds 2 new exemptions for certain individuals obtaining specimens in health care institutions and certain laboratory testing.

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