



NORTH CAROLINA RESPIRATORY CARE BOARD
1100 Navaho Drive, Suite 242
Raleigh, NC 27609

October 18, 2010

Brian McGinnis
Director
Catawba Valley Medical Group
810 Fairgrove Church Road
Hickory, NC 28602

Dear Mr. McGinnis,

This letter is sent on behalf of the North Carolina Respiratory Care Board in response to your letter of August 23 2010 requesting the Board's interpretation of state statutes and rules that relate to the performance of screening pulmonary function tests by Medical Assistants. Based in the information you furnished, the Board understands that these screening pulmonary function tests would be performed in a medical practice or other health care facility, and under the direct supervision of a licensed physician. These tests would be performed solely to make an initial, screening determination about whether further follow-up diagnosis is needed.

The Respiratory Care Board discussed your request during its regular scheduled meeting held on October 14, 2010 and has determined the provision of **screening** pulmonary function tests which are performed under the direct supervision of a licensed physician are exempted under the Respiratory Care Practice Act North Carolina General Statute § 90-664 (1):

§ 90-664. Persons and practices not affected.

The requirements of this Article shall not apply to:

(1) Any person registered, certified, credentialed, or licensed to engage in another profession or occupation or any person working under the supervision of a person registered, certified, credentialed, or licensed to engage in another profession or occupation in this State who is performing work incidental to or within the practice of that profession or occupation and does not represent himself or herself as a respiratory care practitioner.

To ensure that these screening pulmonary function tests fit within this exemption in the Act, and to assure the quality and efficacy of the testing, the practice or facility where these tests are performed must: 1) maintain written policies and guidelines that define the persons who may perform this procedure; 2) establish clear guidelines for the interpretation and use of the data collected and 3) require each Medical Assistant to have documented training and annual competency reviews in the procedure that are conducted by a Respiratory Care Practitioner, a credentialed Pulmonary Function Technologist, or by another appropriate medical professional. The practice or facility should refer the patient for a complete pulmonary function study if the screening pulmonary function tests are abnormal.

Please advise if you have any other questions about this issue.

Regards,

Floyd E. Boyer, RRT, RCP
Executive Director