

## BOARDS AND COMMISSIONS

### Board of Respiratory Care

#### (Amendment)

#### 201 KAR 29:020. Code of ethics; unprofessional conduct.

RELATES TO: KRS ~~314A.200(5), 314A.205(4)~~~~[13A.205(4), 314A.200(5)]~~, 314A.225

STATUTORY AUTHORITY: KRS 314A.200(5), 314A.205(3), 314A.225

CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8, because the amendments to this administrative regulation will not have a major economic impact.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314A.225 requires the board to promulgate administrative regulations defining unprofessional conduct, establishing a code of ethics, and grounds for removal of board members. This administrative regulation sets forth codes of ethics and unprofessional conduct, as well as grounds for removing board members.

Section 1. The following code of ethics consists of general guidelines which embody certain standards of practice for the respiratory care practitioner. The respiratory care practitioner shall practice within the parameters of this code of ethics. The respiratory care practitioner shall:

- (1) Continually strive to increase and improve ~~their~~~~[his or her]~~ knowledge and skill and render to each patient the full measure of ~~their~~~~[his or her]~~ ability;
- (2) Provide services with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems;
- (3) Be responsible for the competent and efficient performance of ~~their~~~~[his or her]~~ assigned duties and shall expose incompetence and illegal or unethical conduct of members of the profession;
- (4) Hold in strict confidence all privileged information concerning ~~any~~~~[the]~~ patient, except as authorized or required by law, and refer all inquiries to the physician in charge of the patient's medical care;
- (5) Uphold the dignity and honor of the profession and abide by its ethical principles;
- (6) Be familiar with existing state and federal laws governing the practice of respiratory care and comply with those laws;
- (7) Cooperate with other health care professionals and participate in activities to promote community, state, and national efforts to meet the health needs of the public.

Section 2. Unprofessional conduct in the practice of respiratory care shall include the following acts by a person credentialed by this board, and these acts may be grounds for the denial of an application seeking issuance of a credential by the board:

- (1) Violating any of the provisions of KRS Chapter 314A or the administrative regulations adopted thereunder;
- (2) Committing any unfair, false, misleading, or deceptive act or practice;
- (3) Being unfit or incompetent to practice ~~[Acting incompetently or negligently in the practice of]~~ respiratory care by reason of negligence or other causes, including but not limited to, being unable to practice respiratory care with reasonable skill or safety;
- (4) Practicing respiratory care while under the suspension, revocation, or restriction of the individual's certification by competent authority in any state, federal, or foreign jurisdiction;
- (5) Unlawfully failing to cooperate with the board by:
  - (a) Not furnishing any papers or documents requested by the board;

- (b) Not furnishing in writing a complete explanation covering the matter contained in the complaint filed with the board;
- (c) Not appearing before the board at the time and place designated; or
- (d) Not properly responding to subpoenas issued by the board.
- (6) Failing to comply with an order issued by the board or an agreed order established with the board;
- (7) Aiding or abetting an uncertified person to practice respiratory care when a certificate is required;
- (8) Practicing beyond the scope of practice set forth in KRS 314A.100;
- (9) Failing to provide adequate supervision to persons holding a limited or temporary certification;
- (10) Being convicted of any misdemeanor or felony relating to the practice of respiratory care, if in accordance with KRS Chapter 334B. For purposes of this subsection, conviction includes all instances in which a plea of nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended;
- (11) Physically abusing or having sexual contact with a patient or client;
- (12) Accepting by any means, a valuable consideration or gratuity of any kind in return for preferential consideration or treatment of a patient;
- (13) Practicing respiratory care while intoxicated or under the influence of alcohol or other mind-altering or mood-altering drugs not prescribed by a licensed physician;
- (14) Engaging in any immoral conduct in the practice of respiratory care;
- (15) Not informing the board in writing of any changes to the certificate holder's~~licensee's~~ permanent mailing address, e-mail address, or place of employment within twenty (20) days;~~and~~
- (16) Failing to inform the board in writing within thirty (30) days of facts:
  - (a) supported by observation or direct knowledge, indicating that another certificate holder has violated any provision of KRS 314A.225, 201 KAR 29:020 or 201 KAR 29:070; or
  - (b) of one's own violations of any provision of KRS 314A.225, 201 KAR 29:020 or 201 KAR 29:070;
- (17) Failing to inform the board in writing, within thirty (30) days of the conviction, of any felony, misdemeanor or DUI conviction, including dispositions arising from a plea of "no contest" or nolo contendere, by providing the record of conviction and a letter of explanation; Violating the code of ethics adopted by the board.
- (18) Abusing controlled substances, prescription medications, illegal substances, or alcohol;
- (19) Having a license, privilege, or credential to practice as a respiratory care practitioner denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or privilege to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth, including nonpayment of child support;
- (20) Using or possessing a Schedule I controlled substance, except when in accordance with KRS Chapter 218B; and
- (21) Violating the code of ethics adopted by the board.

### Section 3. Reasons for Removal of Board Member.

- (1) A board member may be removed by the board by majority vote of the board if the member has:
  - (a) Been convicted of felony;
  - (b) Had their~~his or her~~ certification to practice respiratory care or license to practice medicine suspended or revoked; or

- (c) Missed three (3) or more consecutive board meetings and those absences are deemed unexcused by a majority vote of the board.
- (2) Upon an affirmative vote by the board to remove a member, the board shall notify the Governor of the action.

*MARLENE MCKINLEY, RRT, Board Chair*

APPROVED BY AGENCY: April 17, 2025

FILED WITH LRC: August 15, 2025 at 9:45 a.m.

**PUBLIC HEARING AND COMMENT PERIOD:** A public hearing on this administrative regulation shall be held on October 28, 2025 at 10:00 a.m. at the Kentucky Board of Respiratory Care, 1712 Perryville Rd, Suite 200, Danville, Kentucky 40422. Individuals interested in being heard at this hearing shall notify this agency in writing by October 21, 2025, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through October 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

**CONTACT PERSON:** Morgan G. Ransdell, Board Attorney, Kentucky Board of Respiratory Care, 1712 Perryville Rd, Suite 200, Danville, Kentucky 40422; phone (502) 665-9600, email [Morgan.Ransdell@ky.gov](mailto:Morgan.Ransdell@ky.gov).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

**Contact Person:**Morgan G. Ransdell

**Subject Headings:**Boards and Commissions, Respiratory Care, Occupations and Professions

**(1) Provide a brief summary of:**

**(a) What this administrative regulation does:**

This administrative regulation sets forth codes of ethics and unprofessional conduct, as well as grounds for removing board members.

**(b) The necessity of this administrative regulation:**

KRS 314A.225 requires the board to promulgate administrative regulations defining unprofessional conduct, establishing a code of ethics, and grounds for removal of board members.

**(c) How this administrative regulation conforms to the content of the authorizing statutes:**

By setting forth codes of ethics and unprofessional conduct, as well as grounds for removing board members.

**(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:**

By setting forth codes of ethics and unprofessional conduct, as well as grounds for removing board members.

**(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:**

**(a) How the amendment will change this existing administrative regulation:**

The amendment exempts disclosures required by law from the confidentiality provision. The amendment enumerates types of unprofessional conduct may be grounds for denial of an application. The amendment broadens the incompetent/negligent practice prohibition in conformity with Americans With Disabilities Act of 1990. The amendment adds KRS Chapter 335B and "no contest" references to the conviction provision. The amendment requires licensee to notify KBRC of an email address. The amendment requires reporting of another licensee's or one's own violation of KRS 314A.225, 201 KAR 29:020 or 201 KAR 29:070. The amendment requires reporting of any felony, misdemeanor or DUI conviction within 30 days. The amendment defines abuse of drugs or alcohol, or use/possession of any Schedule 1 controlled substance other than lawfully prescribed medical cannabis as unprofessional conduct. The amendment defines disciplinary actions by other agencies as proof of unprofessional conduct.

**(b) The necessity of the amendment to this administrative regulation:**

Mandatory reporting of convictions and disciplinary actions of other professional licensing or certification agencies is both a necessary and logical extension of the provisions of KRS 314A.225 that make such occurrences a proper subject for an agency disciplinary action. As with the existing treatment of convictions, the amendment assigns a presumption of validity to the final determinations of licensure and certification agencies in other states. This is necessary for reasons of practicality, comity, and reciprocity. The amendment makes drug abuse, possession of Schedule I drugs, and substance use disorder actionable in conformity with Americans With Disabilities Act of 1990, which is necessary to protect the public

and uphold the integrity of the profession. The amendment eliminates ambiguity, which is necessary per KRS 446.084.

**(c) How the amendment conforms to the content of the authorizing statutes:**

By clarifying the ethical and professional standards the agency is charged with enforcing, for the purpose of protecting both the public and the integrity of the profession.

**(d) How the amendment will assist in the effective administration of the statutes:**

By clarifying the ethical and professional standards the agency is charged with enforcing, for the purpose of protecting both the public and the integrity of the profession.

**(3) Does this administrative regulation or amendment implement legislation from the previous five years? No.**

**(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:**

The 4,141 active credential holders subject to the Board's regulatory authority, the 195 inactive credential holders, and future applicants for initial licensure or reinstatement.

**(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:**

**(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:**

The amendment requires certificate holders to self-report violations of KRS 314A.225, 201 KAR 29:020 or 201 KAR 29:070, and to report violations of these provisions by other certificate holders where the knowledge of the violation is supported by observation or direct knowledge.

**(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):**

The amendment does not impose any new costs upon the persons identified in question (4).

**(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):**

The amendment will facilitate the dual benefits of protecting the public and the integrity of the profession of respiratory care practitioner.

**(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:**

**(a) Initially:**

There are no monetary costs associated with the implementation of the amendment, either initially or on an ongoing basis.

**(b) On a continuing basis:**

There are no monetary costs associated with the implementation of the amendment, either initially or on an ongoing basis.

**(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:**

Agency funds.

**(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an**

**amendment:**

No fee increase or funding is required.

**(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:**

It does not.

**(10) TIERING: Is tiering applied?**

Tiering is not applied and is not needed given the context and substance of the regulation.

## **FISCAL IMPACT STATEMENT**

**(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:**

KRS 314A.200(5), 314A.205(3), 314A.225.

**(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:**

KRS 314A.205(3) expressly authorizes the agency to promulgate administrative regulations to carry out the purposes of the KRS Chapter 314A.

**(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:**

The Kentucky Board of Respiratory Care.

**(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):**

**1. Expenditures:**

**For the first year:**The amendment will not impact expenditures.

**For subsequent years:**The amendment will not impact expenditures.

**2. Revenues:**

**For the first year:**The amendment will not impact revenues.

**For subsequent years:**The amendment will not impact revenues.

**3. Cost Savings:**

**For the first year:**The amendment will not impact cost savings.

**For subsequent years:**The amendment will not impact cost savings.

**(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):**

None.

**(b) Estimate the following for each affected local entity identified in (4)(a):**

**1. Expenditures:**

**For the first year:**N/A

**For subsequent years:**N/A

**2. Revenues:**

**For the first year:**N/A

**For subsequent years:**N/A

**3. Cost Savings:**

**For the first year:**N/A

**For subsequent years:**N/A

**(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):**

Licensure applicants and licensees.

**(b) Estimate the following for each regulated entity identified in (5)(a):**

**1. Expenditures:**

**For the first year:**The amendment will not necessitate expenditures.

**For subsequent years:**The amendment will not necessitate expenditures.

**2. Revenues:**

**For the first year:**No revenues to estimate.

**For subsequent years:**No revenues to estimate.

**3. Cost Savings:**

**For the first year:**No cost savings for regulated entities.

**For subsequent years:**No cost savings for regulated entities.

**(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)**

**(a) Fiscal impact of this administrative regulation:**

The amendment will not have a fiscal impact on the entities identified in (3)(a), (4)(a), and (5)(a).

**(b) Methodology and resources used to reach this conclusion:**

None.

**(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):**

**(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):**

This administrative regulation will not have a major economic impact as it relates to the entities identified in (3)(a), (4)(a), and (5)(a).

**(b) The methodology and resources used to reach this conclusion:**

None.