

State of Arizona  
Senate  
Fifty-second Legislature  
Second Regular Session  
2016

**CHAPTER 49**  
**SENATE BILL 1300**

AN ACT

AMENDING SECTIONS 32-3501, 32-3503, 32-3504, 32-3506, 32-3521, 32-3524, 32-3525, 32-3526 AND 32-3553, ARIZONA REVISED STATUTES; RELATING TO THE BOARD OF RESPIRATORY CARE EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 32-3501, Arizona Revised Statutes, is amended to  
3 read:

4 32-3501. Definitions

5 In this chapter, unless the context otherwise requires:

6 1. "Board" means the board of respiratory care examiners.

7 2. "Diagnostic testing" includes obtaining physiologic samples and  
8 determining acid-base status and blood gas values from blood samples and  
9 pulmonary function measurements.

10 3. "Licensed respiratory care practitioner" means a respiratory  
11 therapist ~~or respiratory therapy technician~~ WHO IS licensed pursuant to this  
12 chapter.

13 4. "Medical direction" means direction by a physician WHO IS licensed  
14 pursuant to chapter 13 or 17 of this title.

15 5. "Practice of respiratory care" means direct and indirect  
16 respiratory care services THAT ARE performed in a clinic, hospital, skilled  
17 nursing facility or private dwelling or other place deemed appropriate or  
18 necessary by the board in accordance with the prescription or verbal order of  
19 a physician and performed under qualified medical direction. These services  
20 include:

21 (a) Administering pharmacological, diagnostic and therapeutic agents  
22 THAT ARE related to respiratory care procedures and necessary to implement a  
23 treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen  
24 prescribed by a physician.

25 (b) Transcribing and implementing the written or verbal orders of a  
26 physician pertaining to the practice of respiratory care and observing and  
27 monitoring signs and symptoms, general behavior, general physical ~~response~~  
28 RESPONSES to respiratory care treatment and diagnostic testing, including a  
29 determination of whether these signs, symptoms, reactions, behavior or  
30 general ~~response exhibits~~ RESPONSES EXHIBIT abnormal characteristics.

31 (c) Implementing appropriate reporting, referral, respiratory care  
32 protocols or changes in treatment based on observed abnormalities and  
33 pursuant to a prescription by a physician WHO IS licensed pursuant to chapter  
34 13 or 17 of this title.

35 (d) Initiating emergency procedures pursuant to board rules or as  
36 otherwise permitted in this chapter.

37 (e) Respiratory therapy.

38 (f) Inhalation therapy.

39 (g) THERAPEUTICS.

40 6. "Respiratory therapist" means a person who successfully completes a  
41 respiratory therapy training program approved by the board.

42 ~~7. "Respiratory therapy technician" means a person who successfully~~  
43 ~~completes a training program for respiratory therapy technicians approved by~~  
44 ~~the board.~~

45 ~~8.~~ 7. "Respiratory therapy training program" means a program THAT IS  
46 accredited by the ~~American medical association's committee on allied health~~

1 ~~education and accreditation in collaboration with the joint review committee~~  
2 ~~for respiratory therapy education~~ COMMISSION ON ACCREDITATION FOR RESPIRATORY  
3 CARE OR ITS SUCCESSOR AGENCY AND THAT IS adopted by the board.

4 ~~9-~~ 8. "Therapeutics" includes the following:

- 5 (a) Applying and monitoring oxygen therapy.
- 6 (b) Administering pharmacological agents to the cardiopulmonary  
7 systems.
- 8 (c) Ventilation therapy.
- 9 (d) Artificial airway care.
- 10 (e) Bronchial hygiene therapy.
- 11 (f) Cardiopulmonary resuscitation.
- 12 (g) Respiratory rehabilitation therapy.
- 13 (h) Barometric therapy.
- 14 (i) Assisting physicians licensed pursuant to chapter 13 or 17 of this  
15 title with hemodynamic monitoring.

16 ~~10-~~ 9. "Unprofessional conduct" includes the following ~~acts~~:

- 17 (a) Committing a felony, whether or not involving moral turpitude, or  
18 a misdemeanor involving moral turpitude.
- 19 (b) Habitual intemperance in the use of alcohol.
- 20 (c) Illegal use of narcotic or hypnotic drugs or substances.
- 21 (d) Gross incompetence, repeated incompetence or incompetence  
22 resulting in injury to a patient.
- 23 (e) Having professional connection with or lending the name of the  
24 licensee to an illegal practitioner of respiratory therapy or any of the  
25 other healing arts.
- 26 (f) Failing to refer a patient whose condition is beyond the training  
27 or ability of the respiratory therapist to another professional qualified to  
28 provide such service.
- 29 (g) Immorality or misconduct that tends to discredit the respiratory  
30 therapy profession.
- 31 (h) ~~Refusal, revocation or suspension of~~ HAVING a license REFUSED,  
32 REVOKED OR SUSPENDED by any other state, territory, district or country,  
33 unless it can be shown that this was not caused by reasons ~~which~~ THAT relate  
34 to the person's ability to safely and skillfully practice respiratory therapy  
35 or to an act of unprofessional conduct prescribed in this paragraph.
- 36 (i) Any conduct or practice ~~which~~ THAT is contrary to recognized  
37 standards of ethics of the respiratory therapy profession or any conduct or  
38 practice ~~which~~ THAT does or might constitute a danger to the health, welfare  
39 or safety of the patient or the public.
- 40 (j) Any conduct, practice or condition ~~which~~ THAT does or might impair  
41 the person's ability to safely and skillfully practice respiratory therapy.
- 42 (k) Violating or attempting to violate, directly or indirectly, or  
43 assisting in or abetting the violation of or conspiring to violate a  
44 provision of this chapter.
- 45 (l) Failing to report to the board WITHIN TEN CALENDAR DAYS an  
46 incident or incidents ~~which~~ THAT appear to show the existence of a cause for

1 disciplinary action or that a licensed respiratory care practitioner is or  
2 may be professionally incompetent or is or may be mentally or physically  
3 unable to engage safely in the practice of respiratory care.

4 Sec. 2. Section 32-3503, Arizona Revised Statutes, is amended to read:  
5 32-3503. Meetings; organization; compensation

6 A. The board shall meet in January of each year to elect a chairman  
7 and other officers. The board shall hold at least one additional meeting  
8 before the end of each calendar year. Other meetings may be convened at the  
9 call of the chairman or the written request of any two board members. A  
10 majority of the members of the board constitutes a quorum.

11 B. All board meetings are open to the public, ~~except that the board~~  
12 ~~may hold closed sessions to approve examinations or, on the request of an~~  
13 ~~applicant who fails an examination, to prepare a response indicating a reason~~  
14 ~~for an applicant's failure.~~

15 C. Board members are eligible to receive compensation pursuant to  
16 section 38-611 and are entitled to reimbursement of expenses necessarily and  
17 properly incurred in carrying out board duties.

18 Sec. 3. Section 32-3504, Arizona Revised Statutes, is amended to read:  
19 32-3504. Powers and duties; inspection of records; personnel  
20 examinations; immunity; program termination

21 A. The board shall:

22 1. Enforce and administer the provisions of this chapter.

23 2. Adopt rules necessary to administer this chapter.

24 3. Examine applicants for licensure pursuant to this chapter at times  
25 and places it designates.

26 4. Investigate each applicant for licensure, before a license is  
27 issued, in order to determine if the applicant is qualified pursuant to this  
28 chapter.

29 5. Keep a record of all its acts and proceedings pursuant to this  
30 chapter, including the issuance, refusal, renewal, suspension or revocation  
31 of licenses.

32 6. ~~Beginning on January 1, 1999,~~ Require each applicant for initial  
33 licensure to submit a full set of fingerprints to the board for a state and  
34 federal criminal history records check pursuant to section 41-1750 and Public  
35 Law 92-544.

36 7. Maintain a register ~~which~~ THAT contains the name, the last known  
37 place of residence and the date and number of the license of all persons WHO  
38 ARE licensed pursuant to this chapter.

39 8. Compile, once every two years, a list of licensed respiratory care  
40 practitioners who are authorized to practice in this state.

41 9. Establish minimum annual continuing education requirements for  
42 persons WHO ARE licensed under this chapter. THE BOARD SHALL APPROVE  
43 ORGANIZATIONS FROM WHICH CONTINUING EDUCATION CLASSES MAY BE ACCEPTED.

44 10. ESTABLISH A CONFIDENTIAL PROGRAM FOR THE MONITORING OF LICENSEES  
45 WHO ARE CHEMICALLY DEPENDENT AND WHO ENROLL IN REHABILITATION PROGRAMS THAT  
46 MEET THE CRITERIA ESTABLISHED BY THE BOARD. THE BOARD MAY TAKE FURTHER

1 ACTION IF THE LICENSEE REFUSES TO ENTER INTO A STIPULATED AGREEMENT OR FAILS  
2 TO COMPLY WITH ITS TERMS. IN ORDER TO PROTECT THE PUBLIC HEALTH AND SAFETY,  
3 THE CONFIDENTIALITY REQUIREMENTS OF THIS PARAGRAPH DO NOT APPLY IF THE  
4 LICENSEE DOES NOT COMPLY WITH THE STIPULATED AGREEMENT.

5 B. The board, in approving ~~training~~ EDUCATION programs for respiratory  
6 therapists ~~and training programs for respiratory therapy technicians~~, shall  
7 consider the requirements and standards set by the ~~American medical~~  
8 ~~association's committee on allied health education and accreditation in~~  
9 ~~collaboration with the joint review committee for respiratory therapy~~  
10 ~~education~~ COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE OR ITS SUCCESSOR  
11 ORGANIZATION. The board may recognize examinations administered by a  
12 national board for respiratory care approved by the board.

13 C. The board may conduct examinations under a uniform examination  
14 system and may make arrangements with the national board of respiratory care  
15 or other organizations regarding examination materials it determines  
16 necessary and desirable.

17 D. The board and its members, personnel and board examiners are  
18 personally immune from suit with respect to all acts done and actions taken  
19 in good faith and in furtherance of the purposes of this chapter.

20 E. THE PROGRAM ESTABLISHED PURSUANT TO SUBSECTION A, PARAGRAPH 10 OF  
21 THIS SECTION ENDS ON JULY 1, 2026 PURSUANT TO SECTION 41-3102.

22 Sec. 4. Section 32-3506, Arizona Revised Statutes, is amended to read:  
23 32-3506. Executive director; duties; compensation

24 A. Subject to title 41, chapter 4, article 4, the board shall appoint  
25 an executive director who serves at the pleasure of the board. The executive  
26 director shall not be a board member.

27 B. The executive director and other board employees are eligible to  
28 receive compensation as determined pursuant to section 38-611.

29 C. The executive director shall:

30 1. Perform the board's administrative duties.

31 2. Subject to title 41, chapter 4, article 4 and, as applicable,  
32 articles 5 and 6, employ, evaluate, dismiss, discipline and direct personnel  
33 as necessary to carry out board functions.

34 3. Initiate an investigation if there is reason to believe that a  
35 licensee is incompetent, mentally or physically unable to safely practice  
36 respiratory care or engaged in unprofessional conduct.

37 4. Issue subpoenas if necessary to compel the attendance and testimony  
38 of witnesses and the production of books, records, documents and evidence.

39 5. As directed by the board, sign and execute disciplinary orders,  
40 rehabilitative orders and notices of hearings.

41 6. On behalf of the board, enter into stipulated agreements with  
42 licensees for the treatment, rehabilitation and monitoring of chemical  
43 substance abuse or misuse.

44 7. ON BEHALF OF THE BOARD, ENTER INTO STIPULATED AGREEMENTS WITH  
45 LICENSEES FOR THE CONFIDENTIAL TREATMENT, REHABILITATION AND MONITORING OF  
46 CHEMICAL DEPENDENCY. A LICENSEE WHO MATERIALLY FAILS TO COMPLY WITH A

1 PROGRAM REQUIREMENT SHALL BE REPORTED TO THE BOARD AND TERMINATED FROM THE  
2 CONFIDENTIAL PROGRAM ESTABLISHED PURSUANT TO SECTION 32-3504. ANY RECORDS OF  
3 A LICENSEE WHO IS TERMINATED FROM A CONFIDENTIAL PROGRAM ARE NO LONGER  
4 CONFIDENTIAL OR EXEMPT FROM THE PUBLIC RECORDS LAW. NOTWITHSTANDING ANY LAW  
5 TO THE CONTRARY, STIPULATED AGREEMENTS ARE NOT PUBLIC RECORDS IF THE  
6 FOLLOWING CONDITIONS ARE MET:

7 (a) THE LICENSEE VOLUNTARILY AGREES TO PARTICIPATE IN THE CONFIDENTIAL  
8 PROGRAM.

9 (b) THE LICENSEE COMPLIES WITH ALL TREATMENT REQUIREMENTS OR  
10 RECOMMENDATIONS, INCLUDING PARTICIPATION IN ALCOHOLICS ANONYMOUS OR AN  
11 EQUIVALENT TWELVE-STEP PROGRAM AND SUPPORT GROUP.

12 (c) THE LICENSEE REFRAINS FROM THE PRACTICE OF RESPIRATORY CARE UNTIL  
13 THE RETURN TO RESPIRATORY CARE HAS BEEN APPROVED BY THE TREATMENT PROGRAM AND  
14 THE EXECUTIVE DIRECTOR OR THE EXECUTIVE DIRECTOR'S DESIGNEE.

15 (d) THE LICENSEE COMPLIES WITH ALL MONITORING REQUIREMENTS OF THE  
16 STIPULATED AGREEMENT, INCLUDING RANDOM BODILY FLUID TESTING.

17 (e) THE LICENSEE'S RESPIRATORY CARE EMPLOYER IS NOTIFIED OF THE  
18 LICENSEE'S CHEMICAL DEPENDENCY AND PARTICIPATION IN THE CONFIDENTIAL PROGRAM  
19 AND IS PROVIDED A COPY OF THE STIPULATED AGREEMENT.

20 ~~7-~~ 8. Perform all other duties required by the board.

21 Sec. 5. Section 32-3521, Arizona Revised Statutes, is amended to read:

22 32-3521. Allowable respiratory care services; transactions by  
23 medical equipment dealers

24 A. This chapter does not prohibit:

25 1. The performance of respiratory care services that are an integral  
26 part of a program of study by students WHO ARE enrolled in respiratory  
27 therapy training programs if the services are rendered under the supervision  
28 of a licensed respiratory care practitioner or a physician licensed pursuant  
29 to chapter 13 or 17 of this title.

30 2. Self-care by a patient or the gratuitous care by a friend or  
31 relative who does not purport to be a licensed respiratory care practitioner.

32 3. The performance of respiratory care services in case of an  
33 emergency, including an epidemic or public disaster.

34 4. The performance of respiratory care services by registered,  
35 certified or licensed individuals as provided pursuant to chapters 7, 8, 11,  
36 13, 14, 15, 17, 18, 19, 21, 25, 28 and 29 of this title and title 36, chapter  
37 21.1.

38 5. The performance of specific diagnostic testing techniques relating  
39 to respiratory care by a person under medical direction in a clinical  
40 laboratory that is regulated pursuant to title 36, chapter 4.1.

41 6. The performance of respiratory care services by a person WHO IS  
42 employed as a respiratory therapist ~~or respiratory therapy technician~~ by the  
43 United States government or any of its agencies if that person provides  
44 respiratory therapy only under the direction or control of the federal  
45 government or an agency of the federal government.

1           7. Medical equipment dealers who comply with subsection B of this  
2 section from taking a prescription for respiratory equipment, as long as that  
3 prescription is verified by a licensed respiratory therapist ~~or respiratory~~  
4 ~~therapy technician~~, and delivering oxygen equipment to or demonstrating the  
5 operation, safety and maintenance of oxygen equipment at a patient's home.

6           B. In a sale or lease of respiratory equipment by a medical equipment  
7 dealer to a patient, the terms of the sale or lease shall be in writing and  
8 signed by the parties describing the date of the sale or lease, the equipment  
9 to be sold or leased and the cost and method of payment for the equipment and  
10 shall include verification by a licensed respiratory therapist ~~or respiratory~~  
11 ~~therapy technician~~ attesting that purchase or lease of the equipment is  
12 consistent with the prescription and the needs of the patient. The patient  
13 shall be provided a copy of all documents pertaining to the sale or lease at  
14 the time the documents are signed by the parties.

15           Sec. 6. Section 32-3524, Arizona Revised Statutes, is amended to read:  
16           32-3524. Licensure without examination

17           The board may issue a license to an applicant without examination if  
18 the applicant:

- 19           1. Files an application pursuant to section 32-3522.
- 20           2. Satisfies the requirements prescribed in section 32-3523.
- 21           3. At the time of ~~his application~~ APPLYING, is either:

22           (a) Licensed as a licensed respiratory care practitioner in another  
23 state in which, in the opinion of the board, the licensure requirements are  
24 at least equivalent to those in this state and has passed, to the  
25 satisfaction of the board, an examination in the state where ~~he~~ THE APPLICANT  
26 is licensed that is, in the opinion of the board, equivalent to the  
27 examination given under its direction.

28           (b) Registered as a respiratory therapist ~~or certified as a~~  
29 ~~respiratory therapy technician~~ by a national organization for respiratory  
30 care approved by the board.

31           Sec. 7. Section 32-3525, Arizona Revised Statutes, is amended to read:  
32           32-3525. Renewal of license; late renewal

33           Except as provided in section 32-4301, a license issued under this  
34 chapter is subject to renewal every other year on or before the birthday of  
35 the licensee and expires unless renewed. The board may ~~reinstate a license~~  
36 ~~cancelled for failure to renew on compliance with board requirements for~~  
37 ~~renewal of licenses~~ RENEW AN EXPIRED LICENSE WITHIN NINETY DAYS AFTER THE  
38 EXPIRATION OF THE LICENSE IF THE APPLICANT HAS COMPLIED WITH ALL LATE RENEWAL  
39 APPLICATION REQUIREMENTS AND PAID THE APPLICATION AND RENEWAL FEES.

40           Sec. 8. Section 32-3526, Arizona Revised Statutes, is amended to read:  
41           32-3526. Fees

42           A. The board by rule shall establish and collect fees that do not  
43 exceed the following:

- 44           1. Application for a license, one hundred dollars.
- 45           2. Application based on a diploma from a foreign respiratory therapy  
46 school, two hundred dollars.



1 E. If the board finds, based on the information it receives pursuant  
2 to this section, that the public health, safety or welfare imperatively  
3 requires emergency action, and incorporates a finding to that effect in its  
4 order, the board may order a summary suspension of a license pending  
5 proceedings for revocation or other action. If an order of summary  
6 suspension is issued, the licensee shall also be served with a written notice  
7 of complaint and formal hearing pursuant to title 41, chapter 6, article 10,~~—~~  
8 setting forth the charges made against the licensee,~~—~~ and is entitled to a  
9 formal hearing before the board on the charges within sixty days.

10 F. ON DETERMINATION OF REASONABLE CAUSE, THE BOARD, OR IF DELEGATED BY  
11 THE BOARD THE EXECUTIVE DIRECTOR, MAY REQUIRE A LICENSEE OR APPLICANT TO  
12 UNDERGO AT THE EXPENSE OF THE LICENSEE OR APPLICANT ANY COMBINATION OF  
13 MENTAL, PHYSICAL OR PSYCHOLOGICAL EXAMINATIONS, ASSESSMENTS OR SKILLS  
14 EVALUATIONS NECESSARY TO DETERMINE THE PERSON'S COMPETENCE OR ABILITY TO  
15 PRACTICE SAFELY. THESE EXAMINATIONS MAY INCLUDE BODILY FLUID TESTING AND  
16 OTHER EXAMINATIONS KNOWN TO DETECT THE PRESENCE OF ALCOHOL OR DRUGS. IF THE  
17 EXECUTIVE DIRECTOR ORDERS THE LICENSEE OR APPLICANT TO UNDERTAKE AN  
18 EXAMINATION, ASSESSMENT OR EVALUATION PURSUANT TO THIS SUBSECTION AND THE  
19 LICENSEE OR APPLICANT FAILS TO AFFIRM TO THE BOARD IN WRITING WITHIN FIFTEEN  
20 DAYS AFTER RECEIPT OF THE NOTICE OF THE ORDER THAT THE LICENSEE OR APPLICANT  
21 INTENDS TO COMPLY WITH THE ORDER, THE EXECUTIVE DIRECTOR SHALL REFER THE  
22 MATTER TO THE BOARD TO ALLOW THE BOARD TO DETERMINE WHETHER TO ISSUE AN ORDER  
23 PURSUANT TO THIS SUBSECTION. AT EACH REGULAR MEETING OF THE BOARD, THE  
24 EXECUTIVE DIRECTOR SHALL REPORT TO THE BOARD DATA CONCERNING ORDERS ISSUED BY  
25 THE EXECUTIVE DIRECTOR PURSUANT TO THIS SUBSECTION SINCE THE LAST REGULAR  
26 MEETING OF THE BOARD AND ANY OTHER DATA REQUESTED BY THE BOARD.

27 ~~F.~~ G. If, after completing its investigation, the board finds that  
28 the information provided pursuant to this section is not of sufficient  
29 seriousness to merit direct action against the license of the licensed  
30 respiratory care practitioner, it may take any of the following actions:

31 1. Dismiss the complaint if the board believes that the information is  
32 without merit.

33 2. File a letter of concern if the board believes that while there is  
34 insufficient evidence to support direct action against the license of the  
35 licensed respiratory care practitioner there is sufficient evidence for the  
36 board to notify the licensee that continuing the activities that led to the  
37 information being submitted to the board may result in action against the  
38 license.

39 3. Issue a nondisciplinary order requiring the licensee to complete a  
40 prescribed number of hours of continuing education in an area or areas  
41 prescribed by the board to provide the licensee with the necessary  
42 understanding of current developments, skills, procedures or treatment.

43 ~~G.~~ H. If after completing the investigation the board believes that  
44 the information provided pursuant to this section is or may be true, the  
45 board may request an interview with the licensee. If the licensee refuses  
46 this request or is interviewed and the results indicate that suspension or

1 revocation of the license might be in order, the board shall issue a formal  
2 complaint and hold a formal hearing pursuant to title 41, chapter 6,  
3 article 10. If, after completing the informal interview, the board finds  
4 that the information provided pursuant to this section is not of sufficient  
5 seriousness to merit suspension or revocation of the license, ~~if~~ THE BOARD  
6 may either dismiss the complaint if ~~if~~ THE BOARD believes ~~if~~ THE COMPLAINT is  
7 without merit or take any combination of the following actions:

8 1. File a letter of concern if the board believes that while there is  
9 insufficient evidence to support direct action against the license there is  
10 sufficient evidence for the board to notify the licensee that continuation of  
11 the activities that led to the information being submitted to the board may  
12 result in action against that person's license.

13 2. Issue a decree of censure, which constitutes an official action  
14 against the respiratory care practitioner's license.

15 3. Fix a period and terms of probation best adapted to protect the  
16 public health and safety and rehabilitate or educate the licensed respiratory  
17 care practitioner concerned.

18 4. Restrict the licensee's practice to specific settings in a manner  
19 the board determines best protects the public health and safety.

20 5. ISSUE A CIVIL PENALTY OF UP TO FIVE HUNDRED DOLLARS PER VIOLATION.

21 ~~5-~~ 6. Issue a nondisciplinary order requiring the licensee to  
22 complete a prescribed number of hours of continuing education in an area or  
23 areas prescribed by the board to provide the licensee with the necessary  
24 understanding of current developments, skills, procedures or treatment.

25 ~~H-~~ I. Failure to comply with probation is cause for initiation of a  
26 formal proceeding for suspension or revocation of a license pursuant to this  
27 section based on the information considered by the board at the informal  
28 interview and any other acts or conduct alleged to be in violation of this  
29 chapter or rules adopted pursuant to this chapter.

30 ~~I-~~ J. If the board finds that the information provided pursuant to  
31 this section warrants suspension or revocation of a license issued under this  
32 chapter, the board shall immediately initiate formal proceedings for the  
33 revocation or suspension of the license as provided in title 41, chapter 6,  
34 article 10. IF NOTICE OF THE HEARING IS SERVED BY CERTIFIED MAIL, SERVICE IS  
35 COMPLETE ON THE DATE THE NOTICE IS PLACED IN THE MAIL. At the conclusion of  
36 that hearing the board may dismiss the complaint or revoke or suspend the  
37 license and may take any combination of actions listed in subsection ~~G-~~ H of  
38 this section.

39 K. A LICENSEE SHALL RESPOND IN WRITING TO THE BOARD WITHIN THIRTY DAYS  
40 AFTER NOTICE OF THE HEARING IS SERVED AS PRESCRIBED IN SUBSECTION J OF THIS  
41 SECTION. THE BOARD MAY CONSIDER A LICENSEE'S FAILURE TO RESPOND WITHIN THIS  
42 TIME AS AN ADMISSION BY DEFAULT TO THE ALLEGATIONS STATED IN THE COMPLAINT.  
43 THE BOARD MAY THEN TAKE ANY DISCIPLINARY ACTION ALLOWED BY THIS CHAPTER  
44 WITHOUT CONDUCTING A HEARING.

45 ~~J-~~ L. In connection with the board investigation the board or its  
46 duly authorized agents or employees at all reasonable times may examine and

1 copy any documents, reports, records or other physical evidence of any person  
2 being investigated, or the reports, the records and any of the documents  
3 maintained by and in the possession of any hospital, clinic, physician's  
4 office, or other public or private agency, and any health care institution as  
5 defined in section 36-401, that relate to the person's professional  
6 competence, unprofessional conduct or mental or physical ability to safely  
7 practice respiratory care. These requests shall be made in writing.

8 ~~K~~ M. Patient records, hospital records, medical staff records,  
9 medical staff review committee records, clinical records, medical reports,  
10 laboratory statements and reports, any file, film, other report or oral  
11 statement relating to the care of patients, any information from which a  
12 patient or a patient's family may be identified or information received or  
13 reports kept by the board as a result of the investigation procedure  
14 prescribed in this chapter and testimony concerning these records and  
15 proceedings relating to their creation are not available to the public, shall  
16 be kept confidential by the board and are subject to the same provisions  
17 concerning discovery and use and legal actions as are the original records in  
18 the possession and control of the hospital, the health care institutions or  
19 health care providers or other individual, practitioner or agency from which  
20 they are secured. The board shall use the records and testimony during the  
21 course of investigations and proceedings pursuant to this chapter.

22 Sec. 10. Rulemaking; exemption

23 The board of respiratory care examiners shall adopt rules to implement  
24 this act. For the purposes of this act, the board of respiratory care  
25 examiners is exempt from the rulemaking requirements of title 41, chapter 6,  
26 Arizona Revised Statutes, for one year after the effective date of this act.

APPROVED BY THE GOVERNOR MARCH 18, 2016.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MARCH 18, 2016.