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NOTICE OF THE BOARD OF RESPIRATORY CARE REGARDING PULMONARY FUNCTION TESTING

Performance of pulmonary function testing is within the scope of respiratory care practice pursuant to N.J.S.A. 45:14E-3 which defines respiratory care as a health care specialty including:

...testing techniques to assist in diagnosis, monitoring, treatment and research, including but not necessarily limited to, the measurement of cardio-respiratory volumes, pressure and flow,...

as further implemented by N.J.A.C. 13:44F-3.1, the Board of Respiratory Care rule regarding the scope of practice.

In the past, the Board of Respiratory Care has deferred enforcement of the statute regarding those individuals involved in performing such testing until full examination of the issue of the performance of pulmonary function testing could take place. After carefully examining the issues, at this time the Board has determined that as a license to practice respiratory care is required in order to perform the scope of practice of respiratory therapy, which includes pulmonary function testing, and as the Board believes that unlicensed individuals may be continuing to perform such testing under certain circumstances, and as some of these individuals have been certified and registered as pulmonary function technologists, the Board believes it is appropriate to notify the pulmonary function community that although licensure is required, the continuation of such practice will be permitted during a transition period in order to enable individuals to obtain appropriate education and successfully complete Board testing requirements. Therefore, on and after September 1, 2005, the Board will begin to take enforcement action against individuals it becomes aware are performing pulmonary function testing without a license to practice respiratory care, with the exceptions indicated below:

1) Health care providers licensed by appropriate agencies of the State of New Jersey, who are practicing under the accepted standards of the licensee's profession, will continue to be able to perform diagnostic pulmonary function testing.

2) Properly trained individuals who do not possess a license to practice respiratory care nor a license in another health care field, will continue to be able to perform "basic screening spirometry" limited to peak flow, forced vital capacity (FVC), slow vital capacity (SVC) and maximum voluntary ventilation (MVV) measurements.

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