

STATE LEGAL CREDENTIALING OF PERFUSIONISTS

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AMERICAN SOCIETY OF EXTRACORPOREAL TECHNOLOGY

STATE LEGAL CREDENTIALING OF PERFUSIONISTS

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AmSECT Recommends Legal Credentialing for Perfusionists

At the 33rd International meeting of AmSECT, by a unanimous vote, the Board of Directors approved the following statement: ***“The AmSECT Board recommends state legal credentialing of perfusionists.”*** This represented a significant change in the Society’s previous position in that in the past, AmSECT had only expressed support for individual states’ perfusionists if they choose to pursue state legal credentialing. This is no longer the case. The AmSECT Board has now chosen to take a proactive position by recommending that perfusionists pursue state legal credentialing.

The profession has evolved over the years to keep abreast of medical and technological changes designed to enhance patient outcomes. The most important recent developments affecting perfusion include the following: (1) the growth of managed care insurance and its emphasis on “credentialing” of medical providers as a benchmark for clinical competency; (2) the federal government’s national attention on high cost medical procedures; (3) the evolving health care system push to reduce personnel and labor unit costs as a means to improve bottom line financial operations, while attempting to maintain or improve patient medical outcomes; and, (4) the ongoing trends at the State level of government among already licensed allied health professions to seek expansion of their scope of practice. Since 2004, according to a study by the National Council of State Legislatures the non-physician health care providers of nurses, physician assistants, and respiratory care practitioners, among others, have all sought to convince state legislators to expand their scope of practice privileges.

Several AmSECT Government Relations State Surveys have found that at least 43% of survey respondents felt that the impact of managed care on how they currently practice was ‘most’ or ‘very’ important to them personally. In a managed care system of health care services, the perfusion profession must respond to this change to ensure that perfusionists will have jobs and will maintain their current scope of medical responsibilities. State legal credentialing is the only way perfusionists can ensure that their scope of practice is protected and that they can continue to use their education, training, and clinical expertise to ensure that the quality of medical care received by patients is not jeopardized.

Again, the findings of AmSECT Government Relations State Surveys have found that 89% of survey respondents ranked protecting their scope of practice as being a “most” or “very” important concern to them personally. Legal credentialing is the only way to ensure that a perfusionist’s medical responsibilities are protected, now and in the future.

Perfusionists in seventeen (17) states have already taken proactive actions to seek legal credentialing. Perfusionists in several states are organizing to seek licensing status from their state legislatures. ***An official AmSECT statement will help perfusionists wishing to gain state recognition for their professional medical skills.***

What is Legal Credentialing?

The concept of legal credentialing for medical professionals is not new. Some perfusionists may not be familiar with what the term means or how this can help protect or advance the perfusion profession in the changing health care system. Legal credentialing covers four state regulatory designations for medical professionals. The AmSECT statement means that the medical professional society for perfusionists recommends that all clinically practicing perfusionists be professionally recognized and regulated under ***any*** of the following four professional recognition categories.

The lowest level of professional credentialing is **registration**. Registration may require meeting some general minimum criteria (education and/or examination) within a specific medical profession, and registering with a designated state governmental agency. Medical scope of practice designation is not included with this type of professional recognition. There generally are no restrictions on who can perform the medical scope of practice activities and procedures of a registered professional group. There is no ongoing state regulatory oversight done to ensure that registered providers are competent in the delivery of services. The complexity of the medical services involved with perfusion services and nature of the medical field makes this form of professional recognition and regulation of limited benefit to the perfusion profession; however, it is an available legal credential.

The next level of professional credentialing is **titling**. Titling usually requires a minimum level of academic and examination criteria. This may include graduating from a CAHEA or CAAHEP accredited school and achieving certification by the American Board of Cardiovascular Perfusion (ABCP). Continuing education requirements may also be a mandated requirement. Titling includes the use of scope of practice requirements to determine what services a titled medical professional is authorized by law to perform. With titling, no person may use the protected title (e.g. Perfusionist) unless he or she has met the criteria required by the law. An important benefit of titling is the legal authority granted to perform the scope of medical practice activities contained in the scope of practice for the Titled practitioner. Use of the title without meeting the criteria is usually subject to legal prosecution, but persons who do not use the title (e.g. calling

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themselves a Perfusionist) are not restricted from performing the specified scope of medical practice activities.

“Grandfathering” is an important component of this type of credentialing when the authorizing legislation is done. Grandfathering allows those who have been clinically practicing for a specified number of years, and who do not meet the minimum academic and/or examination criteria, to be recognized as being qualified and to use the professional title. Restrictions on using the title generally apply only to persons entering the field after a certain date. Titling usually does not require applying or paying a fee to any state agency for a credential. Usually, the hospital is responsible for ensuring that its staff that are using the protected title meet the legislatively mandated criteria. Currently, California is the only state that has titling of perfusionists.

The third level of professional credentialing is **certification**. This is different from ABCP certification, and usually requires that a state agency grant professional status to persons meeting specific minimum criteria. Once again, this may include, for example, being a graduate of an accredited school of perfusion, passing the ABCP examinations, and doing continuing education. Persons are certified by the state through filing an application and paying a certification fee. Certified persons can use the professional title, e.g. Perfusionist. Non-certified persons are not restricted from performing the certified medical services, but without the fulfillment of the criteria they cannot legally call hold themselves out as being certified. As with titling, “grandfathering” is an important component of this type of credentialing when the authorizing legislation is done. “Grandfathering” allows those who have been practicing the professional services for a specified number of years, and who do not meet the minimum academic and/or examination criteria, to be recognized as being qualified to obtain a certificate. Because certification requires that the state verify the qualifications of those applying for a credential, a practice board is usually designated with the responsibility of regulating the profession. Certification allows for increased enforcement of the law and professional practice protection when compared with titling.

Licensure is the highest level of legal credentialing. Academic, examination, and continuing education standards are mandated by law. The key difference with licensure is that a person cannot perform the scope of services written into the law unless they possess a license. Without a license to perform the scope of services, it is illegal to perform any of the scope of practice services designated in state statute, except when other credentialed professionals have an overlapping scope of practice and are specifically exempted.

With licensure it is illegal to perform the designated services or to claim that you are qualified to do those

services. It is illegal to use the protected title that is created by the authorizing state licensure law.

Again, if the designated medical professional service provider is clinically practicing they are usually “grandfathered” and automatically designated as being licensed regardless of their previous educational training background or whether they were certified by a certifying board. Grandfathering allows those persons who are currently practicing in a medical specialty field a pathway to obtain a license to practice if they do not have the mandated academic and/or the professional examination standards fulfilled. The mandated academic and/or the examination standards apply to new persons entering the profession after a specified date.

How does the legal credentialing of perfusionists differ from other professionals?

Perhaps the biggest challenge to perfusionists’ scope of practice and their continued ability to continue to use their education, training, and clinical expertise in the future comes from the state licensure efforts of perfusion related allied health professionals groups. These groups are already credentialed in at least one form. For example, as of last year, **Respiratory Therapists** were licensed in forty-eight (48) states. **Medical Technologists** were licensed in twelve (12) states. **Physician Assistants** were licensed in fifty (50) states. In comparison, **Perfusionists** were titled in one (1) state and licensed in sixteen (16) states. There are efforts now underway to gain licensure for perfusionists in several more states.

What this statement means

As the perfusion related allied health professionals seek to gain professional licensure, there is always the opportunity to expand their medical duties in the delivery of health care services so that they can preserve their role in an increasingly cost conscious and professionally competitive managed care market place. Adding extracorporeal life support to their state recognized scope of medical responsibilities is not difficult given the current lack of political and legislative organization in the perfusion community. The profession will be better served in the long run if all clinically practicing perfusionists are legally credentialed and recognized in their respective states. An official AmSECT statement will help perfusionists in states wishing to gain legal credentialing and recognition for their professional medical skills.

The AmSECT Board’s statement on legal credentialing of perfusionists **MEANS** that as a matter of professional and public health policy AmSECT recommends four levels of professional recognition that perfusionists in a state MAY pursue to protect their ability to continue practicing as clinical perfusionists. AmSECT recommends that all perfusionists should be legally credentialed in whatever state they work, regardless of whether they are employed by a hospital, employed by a perfusion contracting

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company, or self employed as an independent contractor or as a small independent contracting group.

In recognition of the ongoing challenges to the profession, **AmSECT has an official position which can be used to support legislative efforts to gain the level of professional recognition sought by perfusionists in an individual state to protect their scope of practice from other allied health professionals, and to ensure that patients receive high quality care by qualified health care practitioners.**

The statement **DOES NOT MEAN** that AmSECT is recommending one of the levels of legal credentialing over another. The statement **DOES NOT MEAN** that AmSECT has taken the position that only graduates of accredited schools of perfusion and those certified by the ABCP should be allowed to practice perfusion services. AmSECT is not recommending that ABCP or other certified perfusionists only be allowed to do perfusion services. A clinically practicing perfusionist could not be prevented from working as a perfusionist as a result of this statement. Perfusionists in a state must have the flexibility to decide what level of legal credentialing fits with their local professional, legislative, and political environments.

The statement **DOES NOT MEAN** that because AmSECT has taken an official position in support of perfusionists being legally credentialed that this confers any form of automatic professional protection in the state legislative and regulatory arenas. This position statement can be used to support professional recognition but if the profession is not officially acknowledged in state statute no professional protection is granted. A professional society statement recommending legal credentialing has no bearing on individual hospital protocols.

With the ongoing changes in the health care system through managed care, there appears to be increased emphasis on the utilization of credentialed health care professionals as an indicator of the delivery of quality patient care. The perfusion profession will be better served now and in the future if perfusionists are legally recognized in their state, and are directly involved in shaping the future direction of the profession. Obtaining legal credentialing will allow perfusionists to have a voice in shaping future health care legislation that directly affects the perfusion profession. **Without legal credentialing and professional recognition, some group other than perfusionists could be in the position to decide what perfusionists can and cannot do professionally.**

Guide for State Licensure

AmSECT has a “*Guide for State Licensure Legislation for Perfusionists*” which can be downloaded from the AmSECT Government Relations Internet homepage at www.amsect.org.

Licensing: What it Would and Would Not Mean for Perfusionists

The following questions are those most frequently asked about professional licensing for perfusion. The answers will provide perfusionists with a clearer idea of what licensing of the profession would mean and not mean, and why it would be beneficial for the quality of care received by the hundreds of thousands of persons who annually are affected by cardiovascular disease and who depend on the services of a perfusionist.

Perfusionists have historically been unlicensed, so why should they be licensed?

The profession has evolved over the years to keep abreast of medical and technological changes designed to enhance patient outcomes. The most important recent developments affecting perfusion include the following:

- 1) The recent implementation by the JCAHO of specialty credentialing proof for perfusionists involved in VAD and ECMO cases.
- 2) The growth in hospital based blood management services and platelet concentrate production.
- 3) The growth of managed care insurance and its emphasis on “credentialing” of medical providers as a benchmark for clinical competency;
- 4) The national attention on high cost medical procedures;
- 5) The evolving health care system push to reduce personnel and labor unit costs as a means to improve bottom line financial operations, while attempting to maintain or improve patient medical outcomes; and,
- 6) The ongoing trends at the State level of government among already licensed allied health professions to seek expansion of their scope of practice.

All these dramatic changes are taking place outside of the operating room. These changes are affecting the perfusion profession as well as other health professionals and institutional providers. None of these systemic influences are going to disappear in the future.

Professional licensing defines the responsibilities and procedures that a perfusion licensee can perform, the perfusion scope of practice, and makes it illegal for unlicensed persons who do not meet minimum standards of education, training, and clinical practice experience to provide, to offer to provide, or to say that they are qualified to provide perfusion services.

Professional licensing would allow the profession to set standards for qualifications through a state regulatory mechanism to ensure professional competency and good patient care. Only other licensed medical professionals

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having an overlapping scope of practice and being specifically trained could perform perfusion.

In the future health care system, unlicensed professional status for perfusion may be tantamount to giving control of the profession to hospitals or managed care administrators, or to other health professionals, in the form of “cross-training”. No group other than perfusionists should be able to decide what perfusionists can and cannot do professionally. Professional licensing can give perfusionists the means to help control the impact of outside developments on the profession, and allow the profession the opportunity to play a role in shaping the health care system, both now and in the future.

Licensing has been raised as a means to protect our “Scope of Practice”. How would licensing accomplish this?

The American Society of Extra-Corporeal Technology developed a Perfusion Scope of Practice. This defines the specific medical duties and responsibilities necessary to support or replace and manage cardiopulmonary and circulatory functions, upon prescription by a physician and in accordance with hospital protocols. With professional licensing there are academic, examination, and continuing education standards and requirements mandated in law. A person cannot perform the services defined in the law, the medical “scope of practice”, unless he or she possesses a license. Without a license it would be illegal to perform any of the medical duties, responsibilities, or services designated in the law, except when other licensed professionals have an overlapping scope of practice and/or are specifically trained to perform the designated services. With licensing it would be illegal to perform the designated services, claim that you are qualified to do them, or use the title of “Licensed” unless you really were. Professional licensing would codify in state law the medical duties and responsibilities developed by AmSECT and would prevent any unlicensed individual from performing perfusion services in the state.

Would licensing of perfusionists enhance the quality of patient care in the state?

Professional licensing gives the public and the perfusion profession protection against incompetent clinical practice. It does not guarantee that patient care is enhanced, but the licensing process and peer professional review is viewed as a means to enhance the quality of patient care. The licensing process establishes a perfusion professional peer review board with the authority to decide whether a perfusionist has performed services in a manner that meets accepted professional standards of care. Allowing the filing of public complaints does this.

The perfusionist who is alleged to have given incompetent care is allowed to participate in the review of the case by the licensing authority, a perfusion board or committee. A

majority of the members of the licensing authority would be clinically practicing perfusionists.

What benefits does licensing have compared to professional Titling or Certification by the State?

Licensure includes the use of scope of practice requirements to determine what services a medical professional is authorized by law to perform. The key benefit when compared with Titling and Certification is that with professional licensing a person is not able to perform the scope of services written into the law unless the academic, examination, and continuing education standards and requirements mandated by the licensing law are met and maintained, and a license to practice exists. Without a license, it is illegal to perform any of the scope of practice services designated in state law, except when other licensed professionals have an overlapping scope of practice and are specifically trained. With licensing it is illegal to perform or offer to perform the designated services, or claim you are qualified to perform those services, unless you applied and were granted a state license.

When compared with Titling and Certification, professional licensing allows for the maximum in patient care protection. Certification and Titling both include the use of scope of practice requirements to determine what services a Certified or Titled medical professional is authorized by law to perform. However, non-Titled or non-Certified persons are not restricted from performing the medical services but they cannot claim to be a Titled or a Certified professional. Claiming to be Certified without meeting the minimum criteria is subject to minor legal sanctions, such as a monetary fine. With Titling, no person can use the protected title (e.g. Perfusionist) unless he or she meets the minimum level of academic, examination, and continuing education criteria required by the law. As with Certification, persons not using the title (e.g. calling or claiming themselves to be a Perfusionist) are not restricted from performing medical services. Practicing without a Title usually involves no legal sanctions, or only minor ones.

[Note: In California, where perfusionists are titled, the perfusion titling act includes an extensive perfusion scope of practice provision. Only nurses, physician assistants, and perfusionists may administer IV drugs and blood products. Also, perfusionists are the only medical provider specified as being required as part of an open-heart team. The perfusion titling law is essentially a medical practice act without a state regulatory committee or board governing the profession. The California law is more stringent than the general explanation for the differences noted above.]

If perfusionists were licensed would there be greater exposure to being sued for malpractice?

A perfusionist can still be sued for medical malpractice if he/she is licensed, but there is less exposure compared to not having any form of legal credentialing. The use of

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professionally recognized educational and training standards, and continuing education requirements to earn and to be granted to maintain a license, establishes a professional competency level that is recognized and mandated by the state.

The licensing process establishes a perfusion professional peer review board or committee (the licensing authority) with the authority to decide whether a perfusionist has performed services in a manner which meets accepted professional standards of care on a case-by-case basis. As the licensing authority makes decisions on whether specific actions by perfusionists in cases were done in accordance with accepted standards of professional conduct, case law principles would be developed that could be useful for a perfusionist or the public in malpractice cases.

A perfusionist might have greater exposure to losing a medical malpractice case if an unlicensed perfusionist was performing a service for which another medical professional were licensed. In other words, there might be greater exposure in being unlicensed if a perfusionist was performing services that were in the medical scope of practice of another medical professional, or practicing perfusion.

As of 2007, thirty-two states have established some type of medical malpractice award caps. The amounts and applications of these caps vary by state. Some of these damage caps are rigid, while others can be adjusted for inflation or severity of the damage. For example, four states (Alaska, Florida, Ohio, and Massachusetts) have caps that can be waived or increased in severe cases. The caps in other States apply only to wrongful death cases. Four states have a \$250,000 general award cap; four states have a total damages cap, and eighteen states have non-economic damages caps between \$250,000 and \$500,000. Four states have damages caps that exceed \$500,000.

State malpractice award caps generally apply to licensed medical professions in a State. As such, a State law would as a general rule, not cover unlicensed perfusionists. Even unlicensed hospital employed perfusionists, covered by a hospital's malpractice insurance, are not immune. Our judicial system allows trial attorney's to bring a suite against the hospital, and the medical personnel involved with a perfusion case gone wrong. The legal principle of "when in doubt, sue all the parties" involved applies. ***In general, professional licensing means less exposure to medical malpractice when compared to not being licensed, but licensing will not protect a perfusionist from being sued for alleged incompetent perfusion practice. It will reduce the potential personal financial risk.***

If perfusionists were licensed would they have to answer to a state licensing Board?

Yes. But only if a patient filed a complaint with the licensing authority (a perfusion Board or committee). The perfusion

board or committee would have a majority of the members who are clinically practicing perfusionists.

If perfusionists were licensed would they have to sit for a "licensing examination" in addition to the ABCP certification examination?

This depends on the decision made by the licensing authority to accept or not to accept the ABCP examination as the recognized examination for professional competency. In general, states do not want to be in the business of administering professional examinations, and most have accepted the voluntary professional certification examination as proof that a person making application for a license has proven he has met the professional certification requirements for his respective medical field.

In the sixteen perfusionist licensed states, as of 2010, all but one have adopted and recognize passage of the ABCP certification examination as proof of meeting State licensing criteria.

If perfusionists were licensed would they have to meet continuing education requirements to maintain a license?

Yes. But it also depends upon the requirements stipulated in the licensing law. If a law stipulates continuing education as a requirement for license renewal, which perfusionist licensed States do, then this requirement would have to be met. If a state licensing law does not stipulate continuing education as a requirement, then perfusionists would not have to meet continuing education requirements to maintain a professional license. The AmSECT "Guide for State Licensure Legislation For Perfusionists" stipulates continuing education as a requirement for licensing renewal, and that the continuing education requirements adopted by the perfusion licensing authority be at least as stringent as the didactic requirements set by the American Board of Cardiovascular Perfusion (ABCP). The specific number of hours would depend on the decision made by the licensing authority.

If perfusionists were licensed would they have to be recertified by the ABCP to be allowed to practice in a licensed state?

It depends upon the requirements stipulated in the licensing law. If a law stipulates ABCP recertification for license renewal, then this requirement would have to be met. If a state licensing law does not stipulate ABCP recertification as a requirement then perfusionists would not have to maintain ABCP certification. Most states do not require recertification once a license has been granted.

Didactic continuing education requirements are almost always a requirement for license renewal, but ongoing clinical practice is almost always not a requirement for license renewal for other licensed medical professionals. If

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a perfusionist is practicing in a licensed state and moves to a state which does not have licensing of perfusionists, the employer may require current ABCP certification or it might recognize the license from the other state as fulfilling its own credentialing standards. If a perfusionist is practicing in a license-state and moves to another license-state, reciprocity allows the perfusionist to apply and be granted a license as if it was a renewal of an existing license in the new state.

While ABCP recertification may not be a licensing requirement, maintaining ABCP certification and holding a professional license is the best way to ensure that a perfusionist can clinically practice in any state. This would be the case until perfusionists are licensed in all of the states, with no requirement to maintain ABCP certification as a requirement to renew a license. The AmSECT "Guide for State Licensure Legislation For Perfusionists" does not require perfusionists to maintain ABCP certification as a condition for license renewal.

If perfusionists are licensed in one state could a license be transferred to another state that licensed perfusionists?

If a perfusionist is practicing in a licensed state and moves to another state which has licensing of perfusionists, reciprocity allows the perfusionist to apply and be granted a license as if the perfusionist was renewing a license, as long as the reciprocity requirements between states is substantially equivalent.

Would perfusionists be able to practice if they are not ABCP certified, or if they are not eligible to be certified?

The answer to this involves a Yes and a No because of "grandfathering". "Grandfathering" is a federal and state legal principle that prevents a new law from denying individuals their right to continue to work in their chosen professional field because new professional requirements were not written into law when they entered the field. Perfusionists who are not ABCP certified, or not eligible to be certified, would be given a specified time during which they could be licensed through the "grandfathering" provision. Because only a certain length of time is allowed for "grandfathering", after a date certain any perfusionist wanting to practice in a state that has licensing would have to be ABCP certified to be eligible to receive a license to practice. After this date, a non-ABCP certified or non-eligible ABCP certified perfusionist, would not be able to practice because he or she would not have the minimum examination requirement to be eligible to apply for and receive a license. A non-ABCP certified or non-eligible ABCP certified perfusionist who was "grandfathered" in and received a license would not be required to become ABCP certified to renew or remain licensed in the state, as long as the rest of the licensing requirements are met, and as long as the license is not lost due to other circumstances.

How does a "Provisional License" apply to perfusion training program graduates?

A Provisional License is also referred to as a Temporary License. Almost all medical professional groups that have licensing require that their respective certification examinations be passed before individuals are allowed to clinically practice. The education, training, and certification process for perfusion is different from most other medical professionals.

To accommodate this, the AmSECT "Guide for State Licensure Legislation For Perfusionists" has a provisional licensee category. If a state has perfusion licensing, a graduate of a training program will apply and receive a provisional license to practice perfusion for one year. The graduate will practice under the supervision of a licensed perfusionist, so that he or she will be able to meet the caseload requirement for the ABCP certification examination.

If a state has perfusion licensing and there is a perfusion-training program in the state, the students in the program are exempt from any licensing requirements.

What a perfusion student needs to know before taking a job in a licensed State

As of 2010, of the sixteen (16) perfusion-licensed States, only Connecticut prohibits a graduate student from working.

In the other fifteen (15) licensed States, there is a time limit of 1 to 3 years under which a graduate can work while preparing and taking the ABCP certification examination. This allows multiple times to take and pass the examination. In Missouri, there is a limit on the number of times the examination can be taken. In Arkansas, there are no limitations on taking the examination.

As a provisionally/temporary licensed perfusionist, a graduate works under the supervision of a licensed perfusionist. A supervising perfusionist is needed, and required to file an assignment document that is filed with the provisional/temporary license application.

With exception for Arkansas, all of the currently licensed States require the taking and passing of the ABCP examination to become fully licensed to practice. After passing both parts of the ABCP examination, the provisional licensee is eligible to apply for and receive a full professional license. If a graduate fails any part of the certification examination the provisional license is surrendered to the state. The AmSECT "Guide for State Licensure Legislation For Perfusionists" includes a provision that grants the perfusion licensing Board or a separate licensing Committee the authority to extend a provisional license, based on criteria it adopts, for an additional year. This allows a provisional licensee to continue to practice and pass the ABCP examination.

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Taking and passing the ABCP certification examination is required to practice perfusion in a licensed State. If unsuccessful in passing the examination, a graduate, 2 or 3 years out of an accredited training program, would have to relocate to an unlicensed State to practice the profession.

How much would a license cost?

There is no single universal fee amount for a professional license. Once established, the fee can be increased or decreased. There are a number of factors involved in determining the licensing fee, either the first time application or to renew a license.

2010 Licensed States	License Fee	Maintaining ABCP Certification For Renewal
Pennsylvania	\$ 40	No
Georgia	\$ 100	Yes
Arkansas	\$ 100	No
Nebraska	\$ 110	No
Louisiana	\$ 150	No
Massachusetts	\$ 150	Yes
New Jersey	\$ 150	No
Wisconsin	\$ 150	No
Texas	\$ 190	Yes
Illinois	\$ 250	No
Missouri	\$ 300	Yes
Connecticut	\$ 315	No
North Carolina	\$ 350	Yes
Tennessee	\$ 360	No
Oklahoma	\$ 400	No
Nevada	\$ 600	No

***Fees and Administrative Regulations subject to change
Check with licensing body for latest information***

A licensing fee amount would be determined based on the following factors:

- 1) The fee amounts paid by licensed professionals who have similar numbers of professionals compared to perfusionists in a state;
- 2) The actual number of perfusionists in a state;
- 3) The type of licensing structure established, i.e. either a separate freestanding perfusion licensing Board, or a separate perfusion licensing Committee established under the jurisdiction of an existing licensing Board; and
- 4) The extent that a state uses licensing fees to fund other components in a state budget. A separate freestanding Board costs the state more money to operate and therefore would most likely mean a higher licensing fee than that associated with a perfusion licensing Committee/Board established under an existing professional Board. The only way to get a good approximation of what it would cost for a professional license is to seek an opinion from the state agency that controls professional licensing.

How much would it cost to renew a license?

The answer to this question is the same as the answer to the previous question, except that annual license renewal fees are generally less than newly issued licenses. If a license is lost, a replacement license must be purchased at a nominal cost. Professional licenses must be posted or retained for public inspection.

How much does it cost to engage in the legislative process to gain a professional license?

There is no set cost applied to a licensing effort. There are several factors that will determine the cost:

- 1) The type of lobbying firm or lobbyist hired;
- 2) The level of professional lobbying services contracted for;
- 3) The amount of volunteer time and effort contributed by perfusionists; and,
- 4) The political and legislative atmosphere and strength of individual legislator support.

There are three basic forms in which lobbying services can be retained. The most expensive is in the form of a law firm that also specializes in lobbying. There are public relations firms that also have lobbyists that may be less expensive than law firms. The least expensive form is the small independent contractor lobbyist. An independent contractor lobbyist may have a background in working for a state legislator or a governor.

The level of professional lobbying services contracted for and the type of retainer for professional services will influence the cost. Retainers can be hourly or on a monthly basis, and vary depending upon the level of services. There are three basic packages of lobbying services, which can be classified as follows:

- 1) A written lobbying strategy;
- 2) A written lobbying strategy and limited professional services; and
- 3) The comprehensive package of lobbying services. In general, package (1) is the least expensive and the comprehensive package the most expensive.

The amount of volunteer time and effort contributed by perfusionists on the licensing effort should influence the level of contracted professional lobbying services.

The political and legislative atmospheres and strength of individual legislator support are influences that also must be taken into account. These types of assessments are best left to a professional lobbyist, although perfusionists may have relationships with legislators that could be valuable in stimulating a licensing effort.

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The best method for determining the cost of a lobbying campaign on licensing is to seek cost estimates for the three types of lobbying service packages from one or two of the types of lobbying arrangements outlined. These cost estimates should be considered in conjunction with the amount of volunteer effort that will be committed by perfusionists in a state.

How long can it take to get professional licensing legislation passed?

There are two paths involved with getting credentialing/licensing legislation introduced. Before engaging in a State credentialing legislative effort, research on a State's administrative regulatory structure and history should be done. Some states have adopted the structure of having all regulation of professions under the jurisdiction of a Division within a State regulatory agency. Other states have continued with the traditional administrative structure of having separate freestanding licensing boards/commissions. Since a separate perfusion licensing board or an advisory committee under an existing board will need an administrative agency home, and since there is a history of a state's regulatory structure for regulating other health professions in a state, a credentialing request by perfusionists needs to fit with the existing structure.

Some states have a requirement that a "Sunrise Application" be filed with a designated agency, usually a State Health Department, to accompany a legislative petition for legal credentialing. All states do not have this requirement.

Sunrise is a process under which an occupation or profession wishing to receive state certification or licensure must propose the components of the legislation, along with cost and benefit estimates of the proposed level of State regulation.

As of 2010, there were thirty-three (33) states without perfusion credentialing of the profession. Among these, there were nine (9) states that had a Sunrise requirement.

It is important to remember that a Sunrise decision will be communicated to the State legislative bodies, but that an agency recommendation on whether a profession should be licensed, or at what level a professional credential should be established, i.e., Titled, Certified, or Registered, is just one component of the legislative decision making process. There are plenty of examples for when a legislature has disregarded an agency credentialing recommendation

On legislative passage, there is no set length of time that should be counted on to achieve professional credentialing. It could take only one legislative session or more than one. The chances for success are dependent upon many legislative and political factors, but are substantially improved when there is a concerted perfusionist

educational effort targeted at key legislative players before legislation is even introduced.

Do all perfusionists in a state need to be supportive of licensing in order to be successful?

No, but a majority of the perfusionists do need to be supportive. Ideally, all perfusionists would be supportive because all would see professional licensing as a means to enhance the professionalism of perfusion and as a means to enhance the quality of patient care.

Does enactment of perfusion licensing laws in some states benefit efforts to get licensing enacted in other states?

Yes. Historically, Texas was the first licensed state, followed closely by Oklahoma, Arkansas, Missouri, Illinois, Wisconsin, and Nebraska in the mid West states. Not to be outdone, Tennessee gained licensure, followed by Georgia, Louisiana, and eventually North Carolina in the Southeast states. On the Atlantic coast, New Jersey was an early licensed state, followed by Massachusetts and Connecticut, and more recently Pennsylvania. These types of regional state groupings can be expected since state legislators in an unlicensed perfusionist state will look at and follow what has happened in a neighboring state.

What support can AmSECT provide if perfusionists pursue professional licensing?

AmSECT supports the state legal credentialing of perfusionists, including professional licensing. AmSECT can help with professional licensing but the main responsibility for a licensing effort rests with the perfusionists in a state. They have the most at stake in the success or failure of enactment of licensing legislation and must shoulder the main responsibility for seeing that their professional interests are best served in their state.

AmSECT has Proactive Grant Awards that are available to financially assist perfusionists if they wish to pursue professional licensing. To be eligible for Developmental or Proactive Grant assistance, a state must have an AmSECT State Liaison and also have a professional state society or organization of perfusionists that is registered with the state, and with the IRS. More information is available on the Government Relations section of the AmSECT Internet Homepage at www.amsect.org.

Clinical Activity And Licensing Of Perfusionists

With the advent of these eight state licensing laws, a public policy and clinical practice issue has been raised. The issue concerns the question of whether or not there should be a state mandated linkage between pumping an explicit number of cases each year (i.e. a clinical activity requirement) and being able to have a perfusionist's state license renewed.

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The Government Relations Committee believes it is important for perfusionists in these newly licensed states and in future licensed states to understand the implications of this issue. It is important that perfusionists know the advantages and disadvantages of possibly linking a clinical activity requirement with state license renewal.

As of 2010, only four of the sixteen licensed perfusionist States, Massachusetts, Missouri, North Carolina, and Texas have a specific numerical number of perfusion cases-pumped linkage as a requirement to renew a State license, i.e. meeting the ABCP cases-pumped requirement to maintain professional certification status.

Related to this is the question of how other perfusion related professions have dealt with the issue of linking a specific clinical activity requirement with their medical license renewal process.

Caveats

Clinical Activity Terminology

Webster's Dictionary defines caveat as "an explanation to help prevent misinterpretation." With this in mind, the first caveat concerns what is meant by the term "clinical activity." There are other interpretations that could be developed, but there are basically two ends of the spectrum with regard to how clinical activity can be defined. Clinical activity means the performance of an explicit numerical quota for a specific professional task that is included in the scope of practices of the identified medical professions, in the context of state license renewal.

Clinical activity can also be defined and interpreted to mean practicing by being employed in the professional field and carrying out the scope of medical responsibilities affiliated with it. In so doing, a certified and/or licensed professional is employed and can perform a range of other professional duties that are within the scope of the profession. This "employment" interpretation of clinical activity means practicing a profession without also having specifically explicit tasks or procedures which must be performed in order to satisfy a professional recertification standard, or medical license renewal requirement. In short, under a broad interpretation of clinical activity there is demonstrated employment on an ongoing basis as a condition for renewal of a state medical license.

An alternative definition of clinical activity is interpreting the clinical practice of the profession as only covering the procedural activities of a profession. Having specifically explicit tasks or procedures that must be performed in order to renew a state medical license while working in the professional field is a narrower definition than being employed in a professional field. For perfusionists, running the pump during cardiovascular cases and linking the "40 cases pumped per year" requirement for ABCP recertification with state license renewal would be an example of this interpretation of clinical activity.

Some perfusionists might take the view that linking the 40 case requirements with license renewal is a way for the certification body to ensure that perfusionists are employed in the profession. There is the argument that the 40 case clinical activity requirements for ABCP recertification is a standard that is supposed to reflect the minimum requirement to demonstrate ongoing professional competency to the certification body.

There are two related professional considerations that should be taken into account with this caveat. These are:

- (1) Is there a qualitative professional difference between being employed in a professional field versus having to meet a specific categorical professional practice condition for maintaining a state license in order to practice a profession? and,
- (2) Is there a critical patient care difference between performance of a broad range (pumping cases, managing a department, teaching perfusion students, etc.) versus a narrow range of professional responsibilities?

Public Policy Purpose

A second caveat perfusionists need to appreciate is the fundamental difference in purpose between being licensed by a state and fulfilling the requirements to keep a license to practice medicine, and maintaining a professional certification that does or does not have an explicit clinical activity component.

Maintaining recertification for perfusionists means that a Certified Clinical Perfusionist (CCP) has demonstrated that they have met the minimal standards for professional practice competency as established by the ABCP. The clinical activity standard does establish a benchmark number of cases by which a perfusionist is deemed to be minimally competent and eligible to retain certification. However, neither passing the ABCP certification examination nor maintaining certification effectively ensures day-to-day clinical competency. This is especially so when the clinical activity standard for recertification has no scientific basis to support a claim of demonstrated competency, and the process has no documentation of patient medical outcomes, as is the case with ABCP certification.

Professional licensing does not guarantee professional practice competency either. The purpose of state licensing is to first establish specific qualifications that must be met to be eligible to receive a license, then to regulate the safe delivery of day-to-day professional services based on whether there has been a showing of unethical professional behavior, or of direct patient harm. With state licensing comes the creation of a state perfusionist licensing board. The licensing body has the authority to review complaints filed as a result of alleged incompetent perfusion practice. The state assumes the role of ensuring that perfusionists

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are practicing competently by investigating public or patient complaints filed with the licensing board.

From a state public health and patient safety protection point of view, the state grant of authority and the patient medical outcome enforcement mechanism provided through license revocation is generally viewed as having more patient protection than does a substitute voluntary professional standard deemed only to establish or measure minimal professional skills maintenance.

Meeting Continuing Medical Education (CME) is a requirement for all licensed health professions to be able to renew a state medical license. This requirement attempts to affirm to the state that licensees are maintaining a knowledge base that will keep them professionally competent. It is important for discussion context to know that the CME requirements established by the ABCP for recertification are being used as a state license renewal requirement in perfusionist licensing laws.

The professional “recertification/certification” and state license “credentials” confer different levels of demonstrated professional competency, and have different professional competency mechanisms with separate penalties for non-compliance. Two different forms of professional competency are measured with state licensing and professional recertification.

Linkage Method

A third caveat with the clinical activity and license renewal linkage issue is what can be characterized as a linkage method. This involves a clinical activity standard (for example, 20 cases pumped per year) that is established independently from the clinical activity standard used for ABCP recertification. A related method of linkage involves using the current or future annual clinical activity standard used for ABCP recertification to establish an explicit clinical activity requirement in order to renew a state perfusion license. This second method of linkage would have the ABCP indirectly involved in setting the state mandated clinical activity standard for license renewal.

Under either method, an explicit caseload number would have to be performed and documented to renew a state license. Linkage would be structured in the licensing law (in state statute), or in the regulations promulgated to implement the law. Administratively, state licensed clinically certified perfusionists (CCPs) and non-CCPs would file documentation with the perfusionist licensing board. Clinically certified perfusionists (CCP) would file the same, or similar, documentation with the ABCP for recertification purposes. Under either method, a perfusionist licensing board could choose to engage the services of the ABCP to validate the accuracy of the submitted clinical activity documentation. In either type of linkage arrangement, there are concerns with who directly or indirectly establishes the clinical activity requirement.

There is an enforcement concern with what the explicit caseload number is and what patient/public safety medical outcome basis there is to justifiably support its use as a measure of professional incompetence worthy of license denial or revocation. Changes in the health care system, changes in surgeons and surgical group practice arrangements with hospitals, changes in perfusion technology, perfusion departmental management changes, and changes in the day-to-day clinical practice of the profession could impact a perfusionist’s ability to meet the license renewal clinical activity requirement.

Should Clinical Activity Be Required To Renew A State License?

With a better understanding of these caveats as they relate to clinical activity and state license renewal, the issue of whether there should be an explicit clinical activity requirement as a stipulated condition to renew a perfusionist’s state license can be presented. The following summarizes the main arguments for why linking a clinical activity requirement with state license renewal would be good for the perfusion profession.

- ♥ Linking license renewal with meeting an explicit clinical activity requirement (performing a certain number of perfusion cases each year) might indicate professional competency and therefore offer the public some protection from unfit perfusion practice.
- ♥ Linkage of a clinical activity requirement allows an additional mechanism for protecting the public beyond the usual protections provided by state licensure.
- ♥ The clinical activity component required for ABCP recertification is the professional measure that should be used and mandated for state license renewal because it is the identified professional standard for ensuring an annual minimal level of professional competency.
- ♥ The perfusion profession is unique in the medical field and perfusionists should have higher standards than their medical professional colleagues when it comes to professional licensing.

♥ Linking a specific clinical activity requirement to state license renewal eliminates the possibility that certified perfusionists could drop ABCP certification but maintain a license while not “pumping” cases. The argument goes that perfusionists could simply maintain the CME requirement of a state licensing law to keep their license. Without linkage, a perfusionist could reenter active practice and pump cases after not having practiced for several years.

With regard to this last argument, this contention fails to recognize the responsibility a hospital has, as a licensed provider in a state, to ensure that its medical staff are in good standing with the state regulatory authorities and meet the hospital’s own medical staff position requirements. Hospitals are licensed by the state and if they fail to credential staff they can be fined or can possibly

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sacrifice their license. If a perfusionist had not pumped cases for a period of time, had lost their ABCP certification but maintained their state license, and decided to start pumping again and a hospital did hire them, the hospital would most likely require some “retraining” period.

Clinical Activity Should Not Be Linked With License Renewal

The following summarizes the main arguments against having a clinical activity requirement for state license renewal:

♥ The profession’s clinical role should not be only that of a highly skilled “technician” of the heart-lung-blood machine. As a perfusionist’s clinical role evolves to include managerial or other responsibilities in the hospital, linkage would prevent the exercise of professional flexibility and limit a perfusionist’s professional value to a hospital.

♥ Relative to their licensed medical colleagues, the profession should not put itself at a disadvantage. None of the six perfusion related licensed medical professions have an explicit clinical activity requirement as a condition to renew their state medical licenses.

♥ The clinical activity requirement for ABCP recertification should not be used to determine whether a licensed perfusionist is a threat to public health and patient safety because there is no scientific basis to support this clinical activity standard. Until a sound scientific basis for professional competency and patient safety is developed, the standard has no supportable basis.

♥ Linking license renewal with a mandatory clinical activity requirement (either the ABCP recertification standard or a different number of cases requirement) causes professional practice problems and would not ensure professional competency even if the requirement was satisfied.

♥ In the absence of direct patient harm or unethical behavior, a perfusionist licensing board would have a difficult time justifying the denial of a license renewal. Suspension of a license is almost always based on patient harm or unethical behavior that has or may threaten public health and safety. Would pumping one less case than the specified clinical activity standard demonstrate such harm?

♥ If a perfusionist did not meet the annual cases pumped requirement and his state license were suspended, the financial costs associated with administratively appealing the decision of the licensing board, and with the potential filing of a civil suit would be substantial. Again, suspension of a license is almost always based on patient harm or unethical behavior that has directly threatened public health and patient safety.

♥ Licensed and certified perfusionists should not be faced with a potential “Catch-22” situation. If a state adopted a clinical activity requirement that was the same as the “cases pumped” clinical activity requirement for ABCP recertification, failure to meet the state mandated caseload

requirement for license renewal would also mean that a perfusionist could lose his ABCP certification if his license was suspended. Article VII of the ABCP Code of Ethics stipulates that the ABCP may “deny, revoke, or suspend ABCP certification if a perfusionist is under suspension, revocation or disciplinary action by any licensing board or credentialing agency.”

Meeting clinical activity requirements for maintaining professional certification should be viewed as distinct from the requirements for maintaining a state license. ***The two should be viewed as a two “gold star” professional status with separate competency mechanisms applying.*** As such, they should not be “linked”, directly or indirectly, through a clinical activity requirement for perfusionist state license renewal.

Perfusion Compared To Six Related Licensed Medical Professions

When considering whether linkage would be advantageous or disadvantageous for the perfusion profession, it would be useful to know how the six perfusion related professions have dealt with the clinical activity state license renewal issue. None of the six perfusion related licensed medical professions have a stipulated clinical activity requirement as a condition to renew their respective state medical licenses.

Five of the six perfusion related medical professions have no specific clinical activity requirement mandated for their respective professional recertification process, and therefore do not have an explicit clinical activity requirement to renew their state licenses. Cardiovascular and Thoracic Surgeons are licensed as Medical Doctors (MDs) in all 50 states. Cardiovascular and Thoracic Surgeons do have a specified clinical activity requirement to be recertified as having Diplomate Status, but are licensed under state physician practice laws. Nurse Anesthetists and Operating Room Nurses are licensed as Registered Nurses in 50 states. Nurse Anesthetists and Operating Room Nurses must maintain their state-nursing license to be recertified by their respective credentialing organizations. Some states do have subspecialty Registered Nurse license designation that confers a state license. Medical Technologists are currently licensed in 13 states and Respiratory Therapists are licensed in 38 states. Neither of these two professions have an explicit clinical activity requirement for state license renewal. Physician Assistants are currently licensed in 36 states. In the 36 states in which physician assistants are licensed, 13 state laws require that physician assistants maintain professional certification to renew a license. These licensing laws were enacted in the 1960’s and 1970’s. Thirteen of the 36 licensed physician assistant states require only CME to renew a PA license, and 10 states have no CME or recertification requirement for state license renewal.

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As for the perfusion profession, eleven (11) of the sixteen (16) licensed States in 2010 do not have an explicit clinical activity, i.e., perfusion cases pumped, requirement as a condition for renewing a license. The five states that do have maintaining ABCP certification as a requirement for being able to renew a license are Georgia, Texas, Missouri, Massachusetts, and North Carolina.

State Administrative laws governing perfusionist licensing have and can change in the future. The perfusionist licensing body and State medical board should be consulted for the latest requirements. The Texas licensing law, which was enacted before AmSECT developed its model licensing legislation, has a requirement that licensed perfusionists document 40 perfusion cases a year. This requirement is specifically written into the Texas statute. To renew a state license, ABCP certified perfusionists and non-certified perfusionists both submit the same clinical activity documentation to the licensing board. Certified perfusionists send the documentation to the ABCP on the ABCP form.

In Missouri, the situation is different. The licensing statute does not contain the 40 case requirements for license renewal. This requirement was added when the regulations to implement the law were drawn up. This is administrative state law and does have to be complied with in order to renew a license. To renew a state license, ABCP certified perfusionists and non-certified perfusionists in Missouri submit the same or similar clinical activity documentation to the state licensing board. Certified perfusionists send the documentation to the ABCP.

Professional arguments in support or opposition to having an explicit clinical activity performance requirement linked with perfusionist state license renewal can be made. These should be weighed in the context of the aforementioned caveats and advantages and disadvantages in the day-to-day practice of perfusion.

Perfusionists in a state that pursues credentialing/licensing should ask whether they should link ABCP cases-pumped clinical activity with the ability to renew a state license or credential.

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**PERFUSIONIST STATE PRACTICE ACTS 2010
LICENSING**

State	Statute Citation	Enacted Public Law	Year Enacted /Amended
Arkansas	Title 17, Subtitle 3, Chap 104	SB 499, PL 888	1999
Connecticut	Title 20, 381b Sec. 20-162	HB 5684	2005
Georgia	Chap 34 Title 43-34-170	HB 69	2002
Illinois	225 ILCS 125; 20 ILCS 2105/2105-15(7)	P.A. 91 - 580	2000
Louisiana	L.R.S. Ch 15, Title 37:1331 - 1344	SB 315, PL 811	2003
Massachusetts	Ch 112 MARS Sec 212-219	SB 2081	2000
Missouri	RSMO Ch 324 324.001-1148	SB 141, HB 567	1997 2001
Nebraska	Title 19, R.S.Supp. 38-2701- 2712	LB 236	2007
New Jersey	N.J.S.A. 45:9-37.94	AB 2114	1999
Nevada	Chap 630 NRS Sec. 3, Sec. 4-14	SB 269,	2009
North Carolina	NCGS-Chap 90 Art 40 § 90-682	SB 1059	2005
Oklahoma	59 OS SEC 2051-2071; OAC 527:1-1-1.	SB 788	1996 2002
Pennsylvania	63 P.S.§ 422.1 et seq. 49 PA. CODE, Chap16, 17,18. and 63 P.S. §§ 271.1 - 271.18. 49 PA. CODE §§ 25.1-25.607	HB 500, 501	2008
Tennessee	Title 63 Chap 28 Sec101-118	SB 310	1999
Texas	TX Occ Code, Chapter 603	Acts 1993, 73, Leg. Chap 545	1994 1999 2005
Wisconsin	Chap (1) (d): 448.03 (1)(c), 448.04 (1)(d)	PL 89	2002

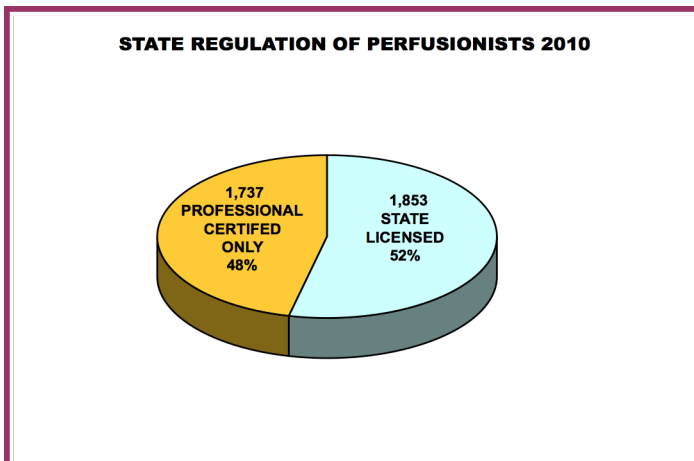
TITLING LAWS

State	Statute Citation	Enacted Public Law	Year Enacted
California	Business & Professions Code Chapter 5.67	AB 566	1992

Figures ~ Comparison based on ABCP numbers, which is State residence, not State in which perfusionists are licensed.

Example ~ Missouri has 88 certified perfusionists, but has 125 currently licensed perfusionists.

Figures subject to change as more States become Licensed.



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Non-Credentialed Perfusion States 2010 2007 State Laws Limiting Medical Malpractice Damages

State	Has MM Caps	Cap Amount on Noneconomic/Total Damage Awards
Alabama	Yes	\$250-500,000 non-economic
Alaska	Yes	\$250-500,000 non-economic
Arizona	No	No Caps on damages
Colorado	Yes	\$250-500,000 non-economic
Delaware	No	No Caps on damages
Florida	Yes	\$250-500,000 non-economic
Hawaii	Yes	\$250-500,000 non-economic
Idaho	Yes	\$250-500,000 non-economic
Indiana	Yes	Total Cap on damages
Iowa	No	No Caps on damages
Kansas	Yes	\$250,000 non-economic
Kentucky	No	No Caps on damages
Maine	Yes	But limited to wrongful death / \$400,000
Maryland	Yes	\$500,000 non-economic
Michigan	Yes	\$250-500,000 non-economic
Minnesota	No	No Caps on damages
Mississippi	Yes	\$250-500,000 non-economic
Montana	Yes	\$250,000 non-economic
New Hampshire	No	No Caps on damages
New Mexico	Yes	Total Cap on damages
New York	No	No Caps on damages
North Dakota	Yes	\$250-500,000 non-economic
Ohio	Yes	\$250-500,000 non-economic
Oregon	Yes	But limited to wrongful death / \$500,000
Rhode Island	No	No Caps on damages
South Carolina	Yes	\$250-500,000 non-economic
South Dakota	Yes	\$250-500,000 non-economic
Utah	Yes	\$250-500,000 non-economic
Vermont	No	No Caps on damages
Virginia	Yes	\$500,000 non-economic
Washington	No	No Caps on damages
West Virginia	Yes	\$250-500,000 non-economic
Wyoming	No	No Caps on damages
Dist. of Columbia	Yes	\$500,000 non-economic

2010 Licensed/Credentialed Perfusionist States

State	Has MM Caps	Cap Amount on Noneconomic/Total Damage Awards
Arkansas	Yes	\$250-500,000 non-economic
California	Yes	\$250,000 non-economic
Connecticut	No	No Caps on damages
Georgia	Yes	\$250-500,000 non-economic
Illinois	Yes	\$500,000 non-economic
Louisiana	Yes	Total Cap on damages
Massachusetts	Yes	\$250-500,000 non-economic
Missouri	Yes	\$250-500,000 non-economic
Nebraska	Yes	\$250,000 non-economic
Nevada	Yes	\$250-500,000 non-economic
New Jersey	No	No Caps on damages
North Carolina	No	No Caps on damages
Oklahoma	Yes	\$250-500,000 non-economic
Pennsylvania	No	No Caps on damages
Tennessee	No	No Caps on damages
Texas	Yes	\$250,000 non-economic
Wisconsin	Yes	\$500,000 non-economic

Source - The Synthesis Project, Robert Wood Johnson Foundation, M. Mello, Harvard School of Public Health, 2007. Disclaimer - States may have changed these damage amounts, or enacted damage limits since the release of this study. Non-economic damages are compensations claimed for harms such as severe pain, physical and emotional distress, and loss of the enjoyment of life for injuries caused by incompetent medical practices. Non-economic damages can be claimed by the family of victims who have died or been injured severely. It is also known as quality-of-life damages. Black's Law Dictionary.

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Perfusionist State Licensing Committees/Boards Internet Addresses

Arkansas

<http://www.arkansas.gov/directory/detail2.cgi?ID=1626>

Connecticut

http://www.ct.gov/dph/cwp/view.asp?a=3121&q=431044&dphNav_GID=1821

Georgia

<http://medicalboard.georgia.gov/portal/site/GCMB/menuitem.2f54fa407984c51e93f35eead03036a0/?vgnnextoid=80131ec599906210VgnVCM100000bf01020aRCRD>

Illinois

<http://www.idfpr.com/dpr/WHO/pfusion.asp>

Louisiana

<http://www.lsbme.louisiana.gov/>

Massachusetts

<http://www.mass.gov/?pageID=eohhs2subtopic&L=6&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+A++J&L5=Division+of+Health+Professionals+Licensure&sid=Eeohhs2>

Missouri

<http://pr.mo.gov/perfusionist-commission-members.asp>

Nebraska

<http://www.dhhs.ne.gov/crl/medical/Perf/perfPg2.htm>

New Jersey

<http://www.njconsumeraffairs.gov/perf/>

Nevada

<http://www.medboard.nv.gov>

North Carolina

http://www.ncmedboard.org/licensing/license_application/category/perfusionists/

Oklahoma

http://www.okmedicalboard.org/display.php?content=lp_index:lp_index&group=lp&rmenu=1

Pennsylvania

http://www.dos.state.pa.us/portal/server.pt/community/state_board_of_osteopathic_medicine/12517

Tennessee

<http://health.state.tn.us/Boards/CP/>

Texas

<http://www.dshs.state.tx.us/perfusionist/default.shtm>

Wisconsin

<http://online.drl.wi.gov/boards/BoardMembers.aspx?aid=40>

STATE LEGAL CREDENTIALING OF PERFUSIONISTS

**Non-Credentialed Perfusion States 2010
Requirement For Filing Sunrise Application**

State		Get Application From
Alabama	No	
Alaska	No	
Arizona	Yes	Office of the Auditor General
Colorado	Yes	DORA- Office Policy, Research & Regulatory Reform
Delaware	No	
Florida	No	
Hawaii	Yes	Legislative Reference Bureau
Idaho	No	
Indiana	No	
Iowa	No	
Kansas	Yes	
Kentucky	No	
Maine	Yes	Department of Audit/ Maine Sunrise Review Procedures
Maryland	No	
Michigan	No	
Minnesota	Yes	Legislative Auditor
Mississippi	No	
Montana	No	
New Hampshire	No	
New Mexico	No	
New York	No	
North Dakota	No	
Ohio	No	
Oregon	No	
Rhode Island	No	
South Carolina	No	
South Dakota	No	
Utah	No	
Vermont	Yes	State Auditor Sunrise Reports
Virginia	Yes	Board of Health Professions
Washington	Yes	State Auditor Department of Health Sunrise Reports
West Virginia	Yes	Performance Evaluation and Research Division Reports
Wyoming	No	
Dist. of Columbia	No	

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LEGAL CREDENTIALING OF PERFUSIONISTS

REGISTRATION

LOWEST LEVEL OF PROFESSIONAL CREDENTIALING
MINIMUM EDUCATIONAL AND EXAMINATION CRITERIA
NO MEDICAL SCOPE OF PRACTICE
NO RESTRICTIONS ON WHO CAN PERFORM MEDICAL DUTIES
NO ONGOING STATE OVERSIGHT

TITLING

A SECOND LEVEL OF PROFESSIONAL CREDENTIALING STATUS
REQUIRES MINIMUM EDUCATIONAL AND EXAMINATION CRITERIA
CONTINUING EDUCATION REQUIREMENTS MAY BE REQUIRED
HAS MEDICAL SCOPE OF PRACTICE TO DETERMINE MEDICAL DUTIES THE TITLED
PROFESSIONAL CAN PERFORM
NO ONGOING STATE OVERSIGHT

CERTIFICATION

A THIRD LEVEL OF PROFESSIONAL CREDENTIALING STATUS
MUST MEET MINIMUM EDUCATIONAL AND EXAMINATION REQUIREMENTS
HAS MEDICAL SCOPE OF PRACTICE TO DETERMINE MEDICAL DUTIES THE CERTIFIED
PROFESSIONAL CAN PERFORM
CONTINUING EDUCATION REQUIREMENTS ARE REQUIRED
MUST FILE AN APPLICATION AND PAY A FEE
ONGOING STATE OVERSIGHT

LICENSING

HIGHEST LEVEL OF PROFESSIONAL CREDENTIALING STATUS
MUST MEET MINIMUM EDUCATIONAL AND EXAMINATION REQUIREMENTS
CONTINUING EDUCATION REQUIREMENTS ARE REQUIRED
HAS MEDICAL SCOPE OF PRACTICE SPECIFIED IN LAW - MEDICAL DUTIES CAN ONLY
BE PERFORMED BY LICENSED PERSON OR OTHER LICENSED PROFESSIONALS
WITH ADEQUATE EDUCATION AND TRAINING
MUST FILE AN APPLICATION AND PAY A FEE
STATE RECOGNIZED STANDARDS OF PRACTICE
ONGOING STATE OVERSIGHT WITH PROFESSIONAL ROLE

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IF Perfusionists Are Licensed They.....

- ♥ Would have the **highest level of State legal credentialing** that can be granted
- ♥ Would have **State recognized standards of practice** governing the profession
- ♥ Would have **legal rights and privileges** that could enhance patient care
- ♥ Would have a **legal process to address performance of perfusion** by other licensed or unlicensed medical professionals
- ♥ Would have a **legal process to address the unsafe performance of perfusion** by perfusionists
- ♥ Would have more control over **how the profession is practiced** at their hospital
- ♥ Would have a **stronger role in hospital management decisions**
- ♥ Could be more assured that perfusion will be done by perfusionists as **changes occur within the profession and with how medical services are provided**
- ♥ Could be more assured that perfusion will be done by perfusionists as **changes in technology affect the profession**
- ♥ Could have some protection against insurers or employers **overriding professional judgments** affecting the use of clinical products and patient care
- ♥ Could benefit from **enhanced medical malpractice protection**
- ♥ Could have the opportunity for eligibility for **direct third-party reimbursement** from private insurers and the Federal government
- ♥ Could have a recognized role in **State health care system reform legislation and regulations** affecting the profession