

Perfusionist Licensing

The Pros and Cons

Advantages

- ❖ Perfusionists have a large patient impact in the state. Data collected by the State shows that 8,000 or more CPB cases alone are done each year and that 7-8 people may suffer serious post-operative injury or death.
- ❖ If Virginia perfusionists were licensed, they would join 53% percent of their colleagues in having this level of professional recognition.
- ❖ Perfusionists administer drugs, blood, and anesthetic agents in the OR under the supervision of a surgeon or anesthesiologist. Supervision and authority to administer are separate medical/legal principles, but are linked. Perfusion allied licensed professions have state granted authority to perform services. Unlicensed perfusionists do not. Licensing would correct this situation.
- ❖ Perfusionists participate in ECMO cases with licensed Respiratory Therapists (RTs). The VA RT licensing law stipulates (18 VAC85-40-70) that RT practice includes functions shared with other health licensed professionals including specific techniques required to diagnosis and treat patients, and invasive and noninvasive cardiopulmonary monitoring. Technically, an unlicensed perfusionist doing an ECMO case, or other cases, alongside an RT could be interpreted as the perfusionist performing licensed medical functions without a license to do so. Licensing would correct this situation.
- ❖ Portable extracorporeal cardiopulmonary life support (ECLS) devices are gaining the attention of hospital administration. Device manufacturers realize the untapped market for these advanced products and pursue bringing mechanical circulatory support (MCS) devices into the mainstream. There is a great risk that the future operators of these devices may not include perfusionists who are unlicensed and have no state recognized clinical responsibility. This devalues the role of the perfusionist and could jeopardize patients. The unlicensed status of perfusionists in Virginia gives them no leverage with hospital administrative decisions on who should be involved with the daily use of such devices. Licensing would correct this situation.
- ❖ A June 2011 federal Government Accountability Office (GAO) report on the FDA and medical devices and device recalls between 2005 and 2009 has found that the category of heart devices had the highest rate of device malfunctions and recalls. Licensing would not correct this industry track record of professional and public safety, but this helps demonstrate the practice risks faced by perfusionists and the malpractice protection that is afforded with professional licensing.
- ❖ Licensed professions in Virginia have a limit on medical malpractice jury damage awards. In cases, the rule of the road is "sue all". Hospital employed and contract company employed perfusionists are most likely covered under malpractice umbrella policies. However, the malpractice limit applies institutionally or corporately and not necessarily personally to a perfusionist. Being sued for perfusion malpractice may never occur, but without protection, it only takes once to wipe out accumulated financial resources.
- ❖ Licensing establishes minimum state recognized professional standards for education and training, and professional certification. Holding ABCP certification and a license is analogous to having a "two gold star" professional recognition status. However, once licensed, it is not necessarily the case that continued ABCP certification would be required.

Perceived Disadvantages

- ❖ Being licensed includes paying a biannual licensing fee. In Virginia, RTs pay \$67.50 every year, as do PAs. In the recently enacted Maryland Perfusionist Act, the annual licensing fee is \$75 dollars. On average, in the 18 licensed states, the yearly licensing fee is \$100 dollars. Most of the perfusion related licensed professions in Virginia pay \$135 dollars every two years to renew their license. What an actual license fee amount would be cannot be predicted before a fiscal analysis of legislation is done by the state.
- ❖ Licensing is more money to be paid to practice the profession; It would be. Based on licensing fee data for Virginia, is \$67.50 every year worth the clinical practice protections licensing would grant? Professional peer recognition in the OR, leverage with hospital administration, secure medical malpractice protections, a state recognized medical scope of practice that allows licensed perfusionists to legally perform other functions of licensed OR professions, the ability to transfer a Virginia license to another licensed state, and minimum entry to practice standards are major benefits.
- ❖ Perfusionists could not remain "board eligible" for an indefinite time period. Taking and passing the ABCP certification examination would be required to practice. If unsuccessful in passing the examination, a graduate would have to relocate to an unlicensed State to practice until the examinations were passed.
- ❖ Virginia does not permit the issuance of a temporary license or a "provisional license" to accommodate graduate students. However, there are other ways to address this issue. In the recently enacted Maryland Perfusion Practice Act/licensing law, a graduate will receive an initial 2 year license during which time they will have to sit for and pass the ABCP certification examinations.
- ❖ The some one else/government will govern how I practice perceived disadvantage. As a practical matter this already happens. Without licensing, a hospital can fire a perfusionist with internal decision making only. With licensing, such an event would have to be reported to a Perfusion Advisory Committee with stated reason(s) for the removal from clinical practice. A Perfusion Advisory Committee would issue licenses, review license renewals, and adjudicate public complaints filed with the state. This body would be composed of a majority of perfusionists. Complaints could be filed by citizens, or by hospitals. An administrative review process would be followed. Behavior or actions in the OR deemed to be misconduct carry different sanctions - from temporary suspension to practice to full license revocation.
- ❖ Maintaining ABCP certification is voluntary and is recommended, but is not a requirement to renew a license. Four of the 18 licensed perfusionist states do have this requirement.

2011 Licensed States	License Fee	Maintaining ABCP Certification For License Renewal
Pennsylvania	\$ 40	No
Georgia	\$ 100	No
Arkansas	\$ 100	No
Nebraska	\$ 110	No
Louisiana	\$ 150	No
Maryland	\$ 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