

HOUSE BILL REPORT

HB 1383

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to respiratory care practitioners.

Brief Description: Concerning respiratory care practitioners.

Sponsors: Representatives Taylor, Stonier, Dolan, Johnson, J., Leavitt, Simmons, Berry, Fitzgibbon, Sells, Ryu, Berg, Ormsby, Macri and Morgan.

Brief History:

Committee Activity:

Health Care & Wellness: 2/8/21, 2/11/21 [DPS].

Brief Summary of Substitute Bill

- Makes changes to the licensing, supervision, and scope of practice for respiratory care practitioners.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

Staff: Jim Morishima (786-7191).

Background:

A respiratory care practitioner (RCP) works with patients who have deficiencies and abnormalities affecting the cardiopulmonary system and associated systems.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

I. Licensing Requirements.

To be licensed as an RCP, an applicant must meet specified requirements, including:

- Education: The applicant must have graduated from a school approved by the Secretary of Health (Secretary) or have completed an alternate training meeting Secretary-approved criteria. The school must offer a two-year respiratory therapy educational program accredited by the Committee On Accreditation for Respiratory Care, the American Medical Association's Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Program.
- Examination: The applicant must successfully complete the entry-level examination administered by the National Board for Respiratory Care (NBRC). The NBRC also offers a Registered Respiratory Therapist credential, which requires passage of the entry-level examination and a clinical simulation examination. A person may practice as a respiratory care practitioner while awaiting the results of the examination.
- Experience: The applicant must complete any experience requirement established by the Secretary.
- Good Moral Character: The applicant must demonstrate good moral character to the Secretary's satisfaction.

II. Scope of Practice.

An RCP is employed in the treatment, management, diagnostic testing, rehabilitation, and care of patients with deficiencies and abnormalities which affect the cardiopulmonary system and associated aspects of other systems. The practice of respiratory care covers a variety of procedures, including:

- the administration of prescribed medical gases exclusive of general anesthesia;
- the administration, to the extent of training determined by the Secretary, of prescribed pharmacologic agents related to respiratory care; and
- postural drainage, chest percussion, and vibration.

III. Practice Settings.

Settings in which an RCP may provide services to a patient include licensed health facilities, clinics, home care, home health agencies, physician offices, and public or community health services.

IV. Supervision.

An RCP must be under the order and qualified medical direction of a health care practitioner, including physicians, osteopathic physicians, podiatric physicians, advanced registered nurse practitioners, naturopaths, and physician assistants.

Summary of Substitute Bill:

I. Licensing Requirements.

For licenses issued on or after January 1, 2022, an applicant for licensure as a respiratory care practitioner (RCP) must complete both an examination and a clinical simulation examination approved by the Secretary of Health (Secretary). The Secretary may deem an applicant in compliance with the examination requirement if the applicant possesses an active credential in good standing as a Registered Respiratory Therapist issued by a national organization, such as the National Board of Respiratory Care, if one of the requirements for possessing the credential is passage of the two examinations.

The required education program must be at least two years in length, instead of exactly two years in length.

The authorization for a person to practice as a respiratory care practitioner while awaiting the results of the examination is eliminated.

II. Scope of Practice.

The scope of practice for an RCP is altered to specifically include:

- disease prevention;
- the administration of nitrous oxide for analgesia. The Secretary may define training requirements and hospital protocols for nitrous oxide administration;
- medications administered via nebulizer;
- extracorporeal life support and extracorporeal membrane oxygenation; and
- cardiopulmonary stress testing, including the administration of medications used during such testing.

The type of pharmacologic agents that an RCP may administer is changed to those related to cardiopulmonary care, instead of respiratory care.

III. Practice Settings.

An RCP may provide services through telemedicine.

IV. Supervision.

The orders of a health care practitioner to an RCP may be written, verbal, or telephonic.

An RCP may administer nitrous oxide only under the direct supervision of a health care practitioner, which means the practitioner is physically present in the treatment operatory while the procedures are performed by the RCP.

Substitute Bill Compared to Original Bill:

The substitute bill:

- requires the administration of nitrous oxide to be under the direct supervision of a health care practitioner;
- defines direct supervision as when a health care practitioner is continuously on-site and physically present in the treatment operatory while the procedures are performed by the respiratory care practitioner;
- gives the Secretary of Health the authority to define training requirements and hospital protocols for the administration of nitrous oxide;
- requires license applicants to pass both an entry-level examination and a clinical examination, instead of being credentialed by the National Board for Respiratory Care; and
- allows applicants to be deemed in compliance with the examination requirement if the applicants are credentialed by a national organization that requires both examinations, like the National Board for Respiratory Care.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect on January 1, 2022, except for section 3, which, because of a double amendment, takes effect July 1, 2022.

Staff Summary of Public Testimony:

(In support) It is essential to deploy more respiratory care practitioners (RCPs) in underserved communities, including rural communities. These communities were hard-hit by COVID-19 and include many people who are at high risk for the disease. Respiratory care practitioners are key in the battle against COVID-19. The training and education for the RCPs has evolved over time. This bill brings the statutes up to date with current practice and does not expand the scope of practice for the RCPs. The services in this bill are already being provided around the state. Respiratory care practitioners work in partnership, and under the direction of, other health care practitioners and are trained to provide these services. This bill will increase patient safety and access to care and will help save lives. The current examination reflects clinical practice.

(Opposed) None.

(Other) The administration of nitrous oxide is different than other gases. There can be life-threatening consequences. To administer nitrous oxide, RCPs need to have adequate training, protocols, and supervision. This bill needs more patient safety sideboards. Supervision standards for nitrous oxide administration need to be clarified.

Persons Testifying: (In support) Representative Taylor, prime sponsor; Nick Federici, Respiratory Care Society of Washington; Gary Wickman; Carl Hinkson, Providence Regional Medical Center; and Stephen Wehrman, University of Hawaii.

(Other) Amy Brackenbury, Washington State Society of Anesthesiologists; Melissa Johnson, Washington Association of Nurse Anesthetists; and Sean Graham, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.