

SENATE BILL REPORT

SHB 1383

As Reported by Senate Committee On:
Health & Long Term Care, March 15, 2021

Title: An act relating to respiratory care practitioners.

Brief Description: Concerning respiratory care practitioners.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Taylor, Stonier, Dolan, Johnson, J., Leavitt, Simmons, Berry, Fitzgibbon, Sells, Ryu, Berg, Ormsby, Macri and Morgan).

Brief History: Passed House: 2/24/21, 98-0.

Committee Activity: Health & Long Term Care: 3/12/21, 3/15/21 [DPA].

Brief Summary of Amended Bill

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

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Muzzall, Ranking Member; Conway, Holy, Keiser, Padden, Randall, Rivers, Robinson, Van De Wege and Wilson, J.

Staff: Ricci Crinzi (786-7253)

Background: A respiratory care practitioner works with patients who have deficiencies and abnormalities affecting the cardiopulmonary system and associated systems.

Licensing Requirements. To be licensed as a respiratory care practitioner, an applicant must meet specified requirements.

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.

Education. The applicant must have graduated from a school approved by the Secretary of Health (secretary) or 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 Programs.

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.

Scope of Practice. A respiratory care practitioner 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.

Practice Settings. Respiratory care practitioners may provide services to patients in licensed health facilities, clinics, home care, home health agencies, physician offices, and public or community health services.

Supervision. Respiratory care practitioners 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 Amended Bill: Licensing Requirements. For licenses issued on or after January 1, 2022, an applicant for licensure as a respiratory care practitioner must complete both an examination and a clinical simulation examination approved by the 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 long, instead of exactly two years.

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

Scope of Practice. The scope of practice for a respiratory care practitioner includes:

- 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;
- acting as an extracorporeal membrane oxygenation (ECMO) specialist for the purposes of extracorporeal life support and extracorporeal membrane oxygenation in all critical areas, including the operating room, only if a respiratory therapist has obtained specialized education and training as determined by the secretary;
- ECMO specialist duties do not include the conduct and management of cardiopulmonary bypass, the incorporation of venous reservoirs, or cardiotomy suction during extracorporeal membrane oxygenation therapy; and
- cardiopulmonary stress testing, including the administration of medications used during such testing.

The type of pharmacologic agents a respiratory care practitioner may administer is changed to those related to cardiopulmonary care, instead of respiratory care.

Programs meeting the extracorporeal life support organization guidelines for training and continuing education of ECMO specialists are considered sufficient to meet the specialized education requirement.

Practice Settings. A respiratory care practitioner may provide services through telemedicine.

Supervision. A respiratory care practitioner is under the direct written, verbal, or telephonic order from a health care practitioner.

A respiratory care practitioner 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 procedure is performed by the respiratory care practitioner.

EFFECT OF HEALTH & LONG TERM CARE COMMITTEE AMENDMENT(S):

- Clarifies what training requirements a respiratory therapist must obtain before acting as an extracorporeal membrane oxygenation specialist.

- Allows programs meeting the extracorporeal life support organization guidelines to fulfill the extracorporeal membrane oxygenation educational requirements.
- Clarifies that a respiratory care therapist may not provide treatment that includes cardiopulmonary bypass, the incorporation of venous reservoirs, or cardiotomy suction during extracorporeal membrane oxygenation therapy.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Substitute House Bill: *The committee recommended a different version of the bill than what was heard.* PRO: There is agreement with the perfusionists to include them in this bill. This bill was drafted to update the respiratory care practitioner statute with scope of practice and educational training requirements. The Department of Health was consulted when drafting these changes. Respiratory therapists already receive extra training for extracorporeal life support and extracorporeal membrane oxygenation treatments. There is support for more education and more safety training for respiratory therapists.

CON: This bill would be supported if extra educational requirements were established for extracorporeal life support and extracorporeal membrane oxygenation. Patients who need extracorporeal treatment need extra care which means the need for additional medical training. Supports an amendment to add additional training requirements for extracorporeal training.

OTHER: There would be support for this bill if respiratory care practitioners received additional training for extracorporeal life support and extracorporeal membrane oxygenation. There is concern about patient care and patient safety without additional training requirements.

Persons Testifying: PRO: Representative Jamila Taylor, Prime Sponsor; Nick Federici, Respiratory Care Society of Washington; Gary Wickman, Retired Respiratory Care Manager; Carl Hinkson, Providence Regional Medical Center; Stephen Wehrman, Professor Emeritus, University of Hawaii.

CON: Renee Axdorff-Dickey, Washington State Perfusion Society; Navriti Sharma, Seattle Children's Hospital.

OTHER: Chelsea Starrett, Mary Bridge Children's Hospital/MHS/Pulse Heart Hospital.

Persons Signed In To Testify But Not Testifying: No one.