

HOUSE BILL REPORT

HB 1114

As Reported by House Committee On:
Postsecondary Education & Workforce
Appropriations

Title: An act relating to the respiratory care interstate compact.

Brief Description: Concerning the respiratory care interstate compact.

Sponsors: Representatives Leavitt, Ybarra, Schmidt, Ryu, Reed, Macri, Doglio, Simmons, Ormsby and Hill.

Brief History:

Committee Activity:

Postsecondary Education & Workforce: 1/15/25, 1/21/25 [DP];
Appropriations: 2/5/25, 2/10/25 [DP].

Brief Summary of Bill

- Enacts the Respiratory Care Interstate Compact.

HOUSE COMMITTEE ON POSTSECONDARY EDUCATION & WORKFORCE

Majority Report: Do pass. Signed by 17 members: Representatives Paul, Chair; Nance, Vice Chair; Ybarra, Ranking Minority Member; McEntire, Assistant Ranking Minority Member; Entenman, Graham, Keaton, Leavitt, Ley, Mendoza, Pollet, Reed, Richards, Rude, Salahuddin, Schmidt and Timmons.

Staff: Elizabeth Allison (786-7129).

Background:

Respiratory Care Practitioners.

A respiratory care practitioner is a person employed in the treatment, management,

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diagnostic testing, rehabilitation, disease prevention, and care of patients with deficiencies and abnormalities which affect the cardiopulmonary system, including the lungs and heart.

To be licensed as a respiratory care practitioner, an applicant must meet the following requirements:

- graduate from a school approved by the Secretary of Health (Secretary) or successful completion of alternate training established by the Secretary;
- for licenses issued prior to July 1, 2022, successful completion of an examination administered by the Secretary;
- for licenses issued on or after July 1, 2022, successful completion of both an examination and a clinical simulation examination administered or approved by the Secretary;
- successful completion of any experience requirement established by the Secretary; and
- good moral character.

Summary of Bill:

Respiratory Care Practitioner Compact Establishment.

The Respiratory Care Practitioner Compact (Compact) is established, which allows licensed respiratory care practitioners to practice across state lines in Compact states under a Compact privilege.

Respiratory Care Practitioner Compact Commission.

The Compact is administered by a Compact commission (Commission), which is a joint government agency whose membership consists of all member states that have enacted the Compact. Membership of the Commission consists of one commissioner selected by each participating state. The commissioner must be an administrator of the member state's respiratory therapy licensing authority or their designated staff.

Duties of the Commission include:

- establishing bylaws;
- establishing the fiscal year of the Commission;
- establishing rules;
- maintaining its financial records;
- taking actions consistent with the Compact's bylaws; and
- initiating and conducting legal proceedings on behalf of the Commission.

The Commission must establish an executive committee composed of up to nine members. The executive committee's duties include recommending changes to rules or bylaws, preparing and recommending a budget, monitoring Compact compliance, and other duties provided in the bylaws.

The Commission and executive committee must meet at least once every year. With limited exceptions, all meetings of the Commission and executive committee are open to the public. Notice shall be provided on the Commission's website at least 30 days prior to the meeting. The Commission must keep minutes of its meetings. The Commission may close meetings to the public to discuss certain matters, including noncompliance by participating states, employment matters, litigation, disclosure of trade secrets, law enforcement investigative records, and matters specifically exempt from disclosure by federal or state law.

The Commission may levy an annual assessment on Compact states and levy fees on licensees to cover the costs of operations and activities.

Other Compact provisions relating to the Commission include provisions relating to:

- financing the Commission; and
- qualified immunity, defense, and indemnification of Commission members.

Data System.

The Commission must establish a coordinated data and reporting system containing licensure, adverse action, and the presence of significant investigative information. Participating states must submit a uniform data set to the data system. Participating states may designate information that may not be shared without the states' permission. Any information that is subsequently required to be expunged by the laws of a participating state must be removed from the system.

State Membership Requirements.

To be eligible for Compact membership, a state must:

- enact the Compact;
- license respiratory care practitioners;
- participate in the Commission's data system;
- have a mechanism in place for receiving and investigating complaints against licensees and license applicants;
- notify the Commission of any significant investigative information regarding a licensee, a Compact privilege holder, or license applicants;
- comply with the rules of the Commission;
- grant the Compact privilege to a holder of a qualifying license in a participating state; and
- complete a criminal background check for each new licensee at the time of licensure.

Respiratory Care Practitioner Compact Privilege Requirements.

To exercise the Compact privilege, a licensee must:

- hold an active home state license as a respiratory care practitioner;
- hold an active credential from the National Board for Respiratory Care;
- have not had an adverse action against a license within the previous two years;
- notify the Commission that the licensee is seeking the Compact privilege within a

- remote state;
- pay any applicable fees;
- meet any jurisprudence requirements established by the remote state;
- report to the Commission adverse action taken by a nonmember state within 30 days from the date the adverse action was taken;
- report to the Commission the address of the licensee's home residence; and
- consent to accept service of process by mail at the licensee's home residence with respect to any action brought against the licensee by the Commission or a member state.

Adverse Action.

A member state in which a licensee is licensed has authority to impose adverse action against a license issued by that member state. A member state may take adverse action based on significant investigative information of a remote state or the home state, provided that the member state follows its own procedures for imposing adverse action. A remote state may take adverse action against a licensee's Compact privilege in that state. States may participate in joint investigations.

Oversight, Dispute Resolution, and Enforcement.

The executive and judicial branches of the participating states must enforce the Compact. If the Commission determines a state is in default, it must provide written notice to that state and provide it with remedial training and specific technical assistance regarding the default. If a state fails to cure the default, and after all other means of securing compliance have been exhausted, a defaulting state may be terminated from the Compact through a vote of the majority of Commission members.

Joining and Withdrawing.

The Compact comes into effect on the date when the seventh state joins. States that enact the Compact before the Compact comes into effect are subject to review after the effective date of the Compact. A state may withdraw from the Compact by repealing its enacting statute, but the withdrawal is not effective until 180 days after the statute's repeal.

Severability.

State laws in conflict with the Compact are superseded to the extent of the Compact. The Compact does not prevent the enforcement of any other law of a participating state that is not inconsistent with the Compact. Permissible agreements between the Commission and the participating states are binding. If the Compact conflicts with the constitution of a participating state, the Compact is ineffective to the extent of that conflict. If the constitutional provision in question is a material departure from the Compact, the state may be terminated from the Compact.

Active Military Members and Their Spouses.

An active military member or their spouse must designate a home state where the individual has a current license in good standing. An active military member and their spouse must

not be required to pay any fee to the Commission for a Compact privilege. A remote state may choose to charge a reduced fee or no fee to an active military member and their spouse if the remote state charges a fee for a Compact privilege.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Compacts are a great opportunity for military spouses. One in five Washington military families is food insecure. The average unemployment rate is 6.3 percent, but the national percentage of military spouses who are unemployed is around 21 percent. Military spouses have listed licensing and childcare as the top challenges in getting to work. This respiratory compact is agreed upon by the respiratory therapists and is a good vehicle to ensure that respiratory therapists can quickly get to work. Being part of a compact increases public safety for Washington residents as it provides an opportunity to find out what is happening with licensees through the public database and ensures that Washington can take action against licensees in the state. President Biden instituted an executive order requiring states to accept licenses from military spouses, but this executive order exempts states who are part of a compact. There is a need for healthcare providers across the state and this compact will address the workforce shortage. This compact was finalized after years of stakeholder work with the Council of Governments. This compact is a transformative opportunity to address systemic workforce challenges. As healthcare systems increasingly operate across state lines, state license requirements impede workers serving in other states. COVID-19 and recent natural disasters highlight the need for this compact. The compact will also benefit patients by allowing them to have seamless care across state lines.

(Opposed) None.

(Other) The model legislation for this compact was just finalized in October. Becoming part of this compact would address Washington's worker shortages. COVID-19 underscored how vital respiratory care is. State licensing laws makes it unnecessarily difficult to work across state lines. Washington should broaden its licensing to a universal licensing recognition. Washington needs more job access. Participation in the compact does not lead to increase in disciplinary action, but the ability to protect the public's health is enhanced with required information sharing. This compact is structured similarly to other compacts Washington has joined. The compact is needed because while reciprocity allows respiratory therapists to practice in Washington, it does not allow Washington's respiratory therapists to practice in other states.

Persons Testifying: (In support) Representative Mari Leavitt, prime sponsor; Emily Wittman, AWB; Miriam O'Day, American Association for Respiratory Care; Tammie Perreault, Department of Defense; John Moyer, MultiCare Health System; Gary Wickman, Respiratory Care Society of Washington, RCSW; Brian Newberry, Forward Fairchild; and Carl Hinkson, Respiratory Care Society of Washington.

(Other) Elizabeth New, Washington Policy Center; and Grant Minix, The Council of State Governments.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 31 members: Representatives Ormsby, Chair; Gregerson, Vice Chair; Macri, Vice Chair; Couture, Ranking Minority Member; Connors, Assistant Ranking Minority Member; Penner, Assistant Ranking Minority Member; Schmick, Assistant Ranking Minority Member; Berg, Bergquist, Burnett, Caldier, Callan, Corry, Cortes, Doglio, Dye, Fitzgibbon, Keaton, Leavitt, Lekanoff, Manjarrez, Marshall, Peterson, Pollet, Rude, Ryu, Springer, Stonier, Street, Thai and Tharinger.

Staff: Emily Stephens (786-7157).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Postsecondary Education & Workforce:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will address Washington's workforce shortage. Many people need respiratory care because they live in areas with poor air quality. This compact is important for military families. Washington already participates in 11 interstate compacts. Staffing is a key issue for respiratory therapy departments. The idea of compact licensure was driven by staffing needs during COVID, and will be a benefit to professionals and spouses in the armed forces. Compacts are critical for occupational licensures for military spouses. This will also reduce the administrative burden to manage out-of-state licenses. This legislation has far-reaching benefits for Washington. There will be increased access to qualified

respiratory care providers. This bill strengthens the health care system by improving access to therapists.

(Opposed) None.

(Other) This compact works similarly to other active compacts in Washington. This bill will reduce the administrative burden to expedite out-of-state licenses. Washington's credentialing requirements are already similar to other states.

Persons Testifying: (In support) Representative Mari Leavitt, prime sponsor; Gary Wickman, Respiratory Care Society of Washington; Tammie Perreault, Department of Defense; and Miriam O'Day, American Association for Respiratory Care.

(Other) Grant Minix, The Council of State Governments.

Persons Signed In To Testify But Not Testifying: None.