

REVISED
DRAFT MINUTES
of the First Meeting of the
Respiratory Therapy Technical Review Committee
October 22, 2021
9:30 a.m. to Noon

Members on the call

Robert Synhorst
Su Eells
Larry Hardesty
Michael J. O'Hara, J.D., Ph.D.
Rebecca Docter, MA, ATC
Ryan Flugge, RP, PharmD, BCPS
Jeromy Warner, PsyD, LP

Staff persons on the call

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Synhorst called the meeting to order at 9:30 a.m. The roll was called; a quorum was present. Mr. Synhorst welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx> . The committee members unanimously approved the agenda for the first meeting.

II. Discussion on the Credentialing Review Process

Credentialing Review Program staff provided a brief overview of the credentialing review process and then asked if there were any questions about how the review process works. Program staff commented on the role and importance of the statutory criteria in the conduct of credentialing reviews by technical review committees.

III. Initial Questions and Discussion on the Proposal

Heather Nichols, RT, came forward to briefly summarize the Respiratory Therapy proposal. Ms. Nichols stated that after nearly forty years the RT licensure statute passed in 1986 contains definitions and provisions that are now out-of-date and that this statute is in great need of an update. Ms. Nichols cited examples of provisions in this statute that need to be updated such as terms pertinent to the management of the respiratory conditions of cardiopulmonary patients inclusive of oxygenation, inhalation, and the administration of medications needed to manage the respiratory conditions of cardiopulmonary patients.

Michael J. O'Hara commented that his reading of the proposal indicated to him that the applicant's proposal seems only to delete text from the current RT statute without adding anything to replace the deleted text, and asked the applicants for a clarification on this.

Heather Nichols responded by stating that what Mr. O'Hara observed in his review of the proposal reflects major changes in how RTs provide their services since the current statute was written in 1985. Ms. Nichols continued by stating that RTs do less technical work than they used to do, on

the one hand, while doing much more management of the technical aspects of providing respiratory care than they used to do, on the other hand. Ms. Nichols added that the current wording is too narrow to accurately characterize what RTs do today and that it implies that all RTs do is installation and aerosol. This isn't true anymore.

Ryan Flugge asked the applicants what other routes of administration RTs utilize now that are not yet identified in their current statute. Heather Nichols responded by stating that RTs now place fluid ECMO which is not recognized in their current statute, adding that this provision needs to be included in their statute.

Jeromy Warner asked the applicants to comment on what changes might occur as a result of their proposal if it were to pass. Heather Nichols responded by stating that the proposal might result in the creation of new duties and responsibilities, not just revisions pertinent to the way current duties and responsibilities are administered, for example, adding that there is no way to guess what exactly these might be at this point in time. Ms. Nichols added that, in addition to these kinds of changes, there could be significant changes in the kind of work settings wherein RTs might be allowed to provide their services, and that these might be in what is often referred to as "outreach-settings," for example.

Su Eells commented that there are relatively few RTs in remote rural areas of Nebraska and that the proposal might offer greater opportunities for rural out-reach by RTs if it were to pass.

Bridget Norton with Nebraska Children's Hospital commented that Nebraskans need expanded services from their RTs including expanded services vis-à-vis medications as well as expanded work site venues for remote rural areas.

Michael J. O'Hara commented that twenty-three Nebraska counties have no RTs at all, adding that what is needed is a "traveling-RT" concept to help these counties. Mr. O'Hara stated that the source of this information is figure 23 on page 29 of "The Status of Nebraska Healthcare Workforce: Update 2020" which can be found at https://www.unmc.edu/publichealth/chp/documents/Workforce_2020.pdf

Heather Nichols responded that the key RT service of concern vis-à-vis these kinds of access issues is the provision of ECMO services. Ms. Nichols continued by stating that the proposal would allow all licensed RTs to provide the key RT service of concern vis-à-vis these kinds of access issues which is the provision of ECMO. However, it is unclear whether or not hospital employers of RTs would allow all RTs to provide ECMO via outreach even if the proposal were to pass, given that not all RTs possess a specialty certification to do this and that hospitals use this specialty certification as the standard for determining full competency in this area of RT care.

Marcy Wyrens, RT, commented that updating the RT statute is critical to the continuance of ECMO in Nebraska, and that expanding the scope of RTs vis-à-vis ECMO is critical for RTs to be able to do their jobs in Nebraska. Ms. Wyrens commented that Iowa, Colorado, and South Dakota have already updated their RT scopes of practice along the same lines as the current Nebraska RT Credentialing Review proposal which shows that the issues under review in this proposal have also been concerns in other states as well.

Jeff Gonzalez, RT, briefly commented that RTs have been providing the expanded functions and services in question in the proposal for thirty-years and could not continue to provide services at all if they were suddenly disallowed to provide them.

Larry Hardesty asked the applicants if they have reached out to other professions and health care

organizations to clarify their stance on the issues under review. Ms. Nichols responded that her group has contacted NMA, NHA, NNA, NPA, and the Nebraska Perfusion Society regarding their stance on these issues and found no serious concerns with the RT proposal from any of these organizations.

Dexter Schrodt with NMA commented that NMA has no serious concerns with the RT proposal but continued by stating that NMA wants to meet with the RT applicant group as soon as possible to discuss some questions about the wording of some parts of the proposal. Ryan Flugge asked Dexter Schrodt what parts of the proposal are a concern to NMA.

IV. Public Comments

There were no public comments at this point in time.

V. Other Business and Adjournment

The committee members selected two dates and times for future meetings, which are as follows:

November 19, 2021 from 1:00 pm to 4:00 pm
January 11, 2022 from 9:30 to Noon

Agendas for both of these meetings are posted on the Program link.

There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:20 a.m.