

Application for Credentialing Review

Proposed Revisions to Statutes Relating to Respiratory Therapy Practice Act

Submitted By:

Nebraska Society for Respiratory Care

1) Provide the following information for the applicant group:

- A) Name, address, telephone number, e-mail address and website of the applicant group in Nebraska and any national parenting organization.

Nebraska Society for Respiratory Care (NSRC)
President- Heather Nichols
15713 Craig Ave
Bennington, NE 68007
402-926-6699
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American Association of Respiratory Care
9425 N. MacArthur Blvd, Suite 100
Irving, TX 75063-4706
(972)-243-2272
info@aacrc.org

- B) Composition of the group and approximate number of members in Nebraska.

As of 6/1/2021, there are currently 1574 licensed respiratory therapist in the state of Nebraska of which 292 of those licensed respiratory therapists are members of the Nebraska Society of Respiratory Care.

- C) Relationship of the group to the occupation dealt with in the application.

The NSRC is the professional organization in Nebraska representing respiratory therapists, sleep therapists, and respiratory students in the profession of Respiratory Care.

2) Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

- A) Members of the same occupation or profession as that of the applicant group.

N/A

- B) Members of the occupation dealt with in the application.

Licensed respiratory therapists in the State of Nebraska are the members of the occupation dealt with in the application.

- C) Employers of the occupation dealt with in the application

Respiratory therapists work in a variety of settings in the state of Nebraska, which include, but are not limited to Hospital and clinic in both metropolitan and rural areas, Home Care settings, Rehabilitation facilities, Sleep Labs and colleges and universities.

- D) Practitioners of the occupations similar to or working closely with members of the occupation dealt with the application.

Respiratory Therapists work closely with physicians, physician assistants, nurse practitioners, nurses, and other licensed health care providers to care for patients.

Nebraska Hospital Association
3255 Salt Creek Circle, STE 100
Lincoln, NE 68504
402-742-8140
info@nebraskahospitals.org
[NHA Home page \(nebraskahospitals.org\)](http://nebraskahospitals.org)

Nebraska Medical Association
1045 Lincoln Mall
Suite 200
Lincoln, NE 68508-2966
(402)474-4472
<https://www.nebmed.org>

- E) Educators or trainers of prospective members of the occupation dealt with in the application.
Respiratory Care education is conducted at colleges and universities with an accredited respiratory therapy program. The Commission of Accreditation for Respiratory Care (CoARC) is currently the agency responsible for the accreditation of Respiratory Care programs. Below is a complete list of accredited Respiratory Care education programs in Nebraska.

Nebraska Methodist College
720 N. 87th Street.
Omaha, NE 68114
402-354-7000
<https://www.methodistcollege.edu/allied-health>

Metropolitan Community College
PO Box 3777
Omaha, NE 68103-0777
531-622-2400
<https://www.mccneb.edu/Academics/Programs-of-Study/Health-Sciences-and-Health-Technology/Respiratory-Therapy>

Southeast Community College

8800 O St.

Lincoln, NE 68520

402-471-3333

[Respiratory Care - Southeast Community College - Acalog ACMS™](#)

- F) Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient right groups, volunteer agencies for particular diseases or conditions, etc.).

American Lung Association in Nebraska

Our goals are big—defeat lung cancer, create a tobacco-free future, champion clean air for all, and improve the quality of life for those living with lung disease. Because when you can't breathe, nothing else matters.

American Lung Association in Nebraska

11225 Davenport Street Unit #101

Omaha, NE 68154

402-614-8500

[ALA — CHAD Nebraska](#)

<https://www.chadnebraska.org/ala>

<https://www.lung.org/research/sotc/state-grades/nebraska>

Nebraska Asthma Coalition

The Nebraska Asthma Coalition strives to improve health outcomes and quality of life for individuals affected by asthma in our state. We work to accomplish our mission through our core values of collaboration, inclusivity, data-driven decision making and a commitment to addressing health disparities.

Dr. Rachel Shirk

Chairperson

8200 Dodge Street • Omaha, NE 68114-4113

402.955.4648 • 402.955.5678 FAX

rshirk@ChildrensOmaha.org

<https://nebraskaasthmacoalition.org/>

Telehealth Coalition

The telehealth coalition is advocating for respiratory therapists as telehealth providers in legislation introduced in Congress as part of AARC's overall legislative agenda, AARC is a member of a Telehealth and Remote Patient Monitoring Coalition (Coalition) that includes

over 90 stakeholders from various health care and technology sectors supporting Medicare expansion of telehealth services and remote patient monitoring (RPM).

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Linda Nelson
Nebraska Political Advocacy Contact Team Member
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[Telehealth Coalition - AARC](#)

<https://www.aarc.org/advocacy/aarc-coalitions/telehealth-coalition/>

Tobacco Coalition

AARC is a member of the Tobacco Partners Coalition (Tobacco Partners) spearheaded by the Campaign for Tobacco-Free Kids, the American Lung Association, and the American Cancer Society/Cancer Network. More than 50 organizations whose goal is to protect public health and reduce the incidence of smoking in the US come together quarterly to discuss legislative and regulatory issues of common interest.

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[Tobacco Coalition - AARC](#)

<https://www.aarc.org/advocacy/aarc-coalitions/tobacco-partners/>

Cystic Fibrosis Foundation

The CF Foundation is the world's leader in the search for a cure for cystic fibrosis, and nearly every CF-specific drug available today was made possible with our financial support.

Cystic Fibrosis Foundation
2827 S 88th Street
Omaha, NE 68124

402-330-6164

Nebraska@cff.org

COPD Foundation

The COPD Foundation includes members from over 150 countries. We partner with international experts, researchers, members of industry and patient advocacy organizations around the world to advance our common mission of preventing COPD, improving the lives of those affected and stopping the progression of COPD and related lung conditions.

COPD Foundation

3300 Ponce De Leon Blvd

Miami, FL 33134

1-866-731-2673

info@copdfoundation.org

G) Any other group that would have an interest in the application

Nebraska Medical Association

233 S 13th, Ste 1200

Lincoln, NE 68508

402-474-4472

www.nebmed.org

Nebraska Hospital Association

3255 Salt Creek Cir, Ste 100

Lincoln, Ne 68504

402-742-8140

info@nebraskahospitals.org

Nebraska Pharmacist Association

6221 S 58th St. Ste A

Lincoln, Ne 68516

402-420-1500

info@npharm.org

Nebraska Perfusion Society

PO Box 6695

Lincoln, NE 68506

Nebraska Nurses Association

3340 American Avenue, Ste F

Jefferson City MO 65109

888-885-7025
info@nebraskanurses.org

Nebraska Nurse Practitioners
4941 S 91st St.
Omaha, Nebraska 68127
402-681-6187
wemaster@nebraskanp.com

Nebraska Academy of Physician Assistants
8700 Executive Woods Dr. #400
Lincoln, NE 68502
402-476-1528
infor@nebraskapa.org

Nebraska Association for Home Healthcare and Hospice
3901 Normal Blvd. Suite 100
Lincoln, Ne 68506-5200
402-423-0718
nebraskahomecare@assocoffice.net

Nebraska Physical Therapy Association
PO Box 24133
Omaha, NE 68124
402-260-5052

Nebraska Occupational Therapy Association
PO Box 540881
Omaha, Nebraska, 68154
402-871-8095

Nebraska Speech-Language-Hearing Association
3901 Normal Blvd.
Suite 100
Lincoln, Ne 68506
402-476-9573
info@NSLHA.org

Nebraska Emergency Medicine Services Association
PO Box 1858
Fremont, NE 68026-1858
402-719-0105
info@nemsas.org

- 3) If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.

Current Practice 38-3205. Respiratory care, defined.

Respiratory care means the health specialty responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. Respiratory care shall not be limited to a hospital setting and shall include the therapeutic and diagnostic use of medical gases, administering apparatus, humidification and aerosols, ventilatory assistance and ventilatory control, postural drainage, chest physiotherapy and breathing exercises, respiratory rehabilitation, cardiopulmonary resuscitation, and maintenance of nasal or oral endotracheal tubes. Respiratory care shall also include the administration of aerosol and inhalant medications to the cardiorespiratory system and specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research. Such techniques shall include, but not be limited to, measurement of ventilatory volumes, pressures, and flows, measurement of physiologic partial pressures, pulmonary function testing, and hemodynamic and other related physiological monitoring of the cardiopulmonary system.

Source: Laws 2007, LB463, § 1071.

Proposed Language Change for 38-3205 Respiratory care, defined.

Respiratory care is defined as ~~means~~ the health specialty responsible for the treatment, management, diagnostic testing, ~~control~~, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. Respiratory care shall not be limited to a hospital setting and shall include the therapeutic and diagnostic ~~use of~~ management and maintenance of medical gases, administering apparatus, humidification and aerosols, ventilatory ~~assistance and ventilatory control~~ management, postural drainage, chest physiotherapy and breathing exercises, ~~respiratory~~, cardiopulmonary resuscitation and rehabilitation, maintenance and insertion of lines, drains, and artificial and non-artificial airways without cutting tissues. ~~nasal or oral endotracheal tubes~~. Respiratory care shall also include the administration of aerosol and inhalant medications to the cardiorespiratory system and specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research of all pharmacologic, diagnostic and therapeutic agents for the treatment and diagnosis of cardiopulmonary disease which the Respiratory Care Practitioner has been professionally trained or has obtained advance education or certification. This includes specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research of how specific cardiopulmonary disease affect the patient. Such techniques shall include, but not be limited to, ~~measurement~~ management of ventilatory volumes, pressures, and flows, measurement of physiologic partial pressures, pulmonary function testing, and hemodynamic and insertion of lines ~~other~~ related to physiological monitoring of the cardiopulmonary system.

- 4) If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.**

This section is not applicable.

- 5) Describe in detail the functions typically performed by practitioners of this occupation and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why Legislature created these restrictions.**

The scope of services or functions typically performed by practitioners of the occupation is defined as the diagnosis and treatment of disease within the cardiopulmonary system. The practice of respiratory therapy includes, but is not limited to the following management, monitoring, diagnostic and therapeutic modalities:

- Arterial and venous blood gas collection and analysis
- Arterial cannulation for blood gas collection
- Non-invasive and invasive ventilation
- Therapeutic administration of medical gases and safety management
- Ventilator management
- Bronchopulmonary hygiene
- Airway access and airway care maintenance and care
- Secretion clearance
- Patient assessment
- Positional and trend oximetry
- Delivery of cardiopulmonary associated medications
- Volume expansion therapy
- Bronchial sample and sputum collection
- Patient ambulation
- Monitoring respiratory physiologic data (SpO₂, End Tidal CO₂, etc.)
- Cardiopulmonary Rehabilitation and exercise management
- Stress Testing
- Pulmonary Function Testing and lung mechanics
- Ground and air transportation of patients
- Education and Teaching
- Research
- Extracorporeal membrane oxygenation (ECMO)
- Emergency Care Management and Response Teams both within facility and community
- Discharge Planning
- Polysomnography testing and diagnostics

- Delivery of services in the home care setting
- Vaccine administration was approved most recently with the presence of COVID

The Respiratory Therapist will practice under the direction of the Medical Director and will coordinate patient care needs through continuous dialogue and consultation with physicians, advanced practice providers, nurses, and other medical personnel. ***The Current Statutes relating to Respiratory Practice Act – Nebraska*** state- # See **38-3215. Practice of respiratory care; limitations and 38-3216 Respiratory care practitioner; subject to facility rules and regulations;** <https://dhhs.ne.gov/licensure/Documents/Respiratory%20Care.pdf> outline the following limitations placed on some or more of these functions. **The limitations include the administration of medications associated with the cardiopulmonary system. Respiratory therapists receive the education and/or training associated to administer medications that are beyond inhaled, aerosolized and instilled. Administration of medications have evolved since the original scope of practice was defined and thus limits the respiratory therapist’s full capability to administer medications and utilize fluids to maintain circuits related to the cardiopulmonary system.**

6) Identify other occupations that perform some of the same functions or similar functions.

The other occupations that can perform same or similar functions include but not limited to are the following: Registered Nurses, Advanced Practice Registered Nurses, Paramedics and Perfusion. Registered Nurses can perform similar functions in areas of respiratory care. Paramedics can perform similar functions with limitations in the inability to perform patient education and location in which they can perform. Nurses and Paramedics do not have the extensive education in respiratory care functions, therapies, ventilator management and diagnostic procedures. Perfusion specialist can perform Extracorporeal member oxygenation (ECMO).

7) What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

The Respiratory Care profession is the only formally educated, clinically trained and competency tested profession in this specialty. Respiratory Therapists are unique in their expertise and ability to manage lung/breathing disorders and responding to emergency cardiopulmonary situations to stabilize and protect the airway. Respiratory Therapists are able to analyze, recommend and deliver therapies to patients along with educating patients on lung/breathing disorders.

8) Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Within organizations or businesses at the department level respiratory therapists are generally supervised by respiratory therapists who are leaders in the organization. These individuals are able to oversee clinical and quality care performed by the therapists. The leaders of the department may report to other professionals within the organization, and they may be either a clinician or non-clinician. The Respiratory Care Department is also advised by a Medical Director that has knowledge of respiratory care practices and can advise the therapist or department when necessary.

9) What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders?

When protocols are in place respiratory therapists perform actions, judgements and procedures under evidence-based guidelines established by licensed physicians. The American Association of Respiratory Care Clinical Practice Guidelines, <https://www.aarc.org/resources/clinical-resources/clinical-practice-guidelines/>, are available provides practice guidelines to standardize care for the patient by the respiratory therapist. Standard orders, guidelines, education and training provide the over ability for the respiratory therapist to function relatively autonomously in the performance of the skills identified with the current scope of practice.

10) Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

Per the DHHS Active Respiratory Therapy License list there are currently 1573 active Respiratory Therapists in the state of Nebraska. All licensed respiratory therapists with a license in the State of Nebraska have to have a minimum of a Certified Respiratory Therapist (CRT) credential.

11) Describe the general level of education and training possessed by the practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

The general level of education to sit for the National Board of Respiratory Care (NBRC) exam and to obtain a license in the state of Nebraska is an Applied Associate of Science in Respiratory Therapy/Technology and an Associate of Science in Respiratory Therapy. There is not a set number of clinical hours set by **Commission on Accreditation for Respiratory Care (CoARC)**, for credentialing. Respiratory programs use both paid adjunct faculty and faculty, as well as preceptors that are approved to take students at clinical sites. There is documentation whether it be electronic or in a journal of therapies, number of skills completed, minutes talking to healthcare providers, and special procedures are tracked. Clinical competencies must be met by students with performing designated skills in the lab setting and finally in the clinical setting. Clinical can take place depending on programs as major medical centers, sleep lab, PFT, surgery,

trauma, ICU, PICU, NICU and other specialty areas of healthcare systems. Once the requirement has been met the student can take the national board exam for respiratory care to receive their credential as a respiratory therapist.

School requirements are established and managed by the **Commission on Accreditation for Respiratory Care (CoARC)**. CoARC is a national accreditation agency that sets high quality and practices for respiratory schools to adhere to when educating future respiratory therapists. An annual report is compiled and submitted by all accredited respiratory therapy programs. See CoARC Accreditation Standards (2020). https://coarc.com/wp-content/uploads/2020/11/CoARC-Entry-Standards-7-1-2020_compressed.pdf Training of the Program Director and Director of Clinical Education requirements are on page 12 to 17 in the pdf. Both the Program Director and Director of Clinical Education, along with any clinical adjuncts must remain compliant with annual competencies garnered at the institution of which the respiratory therapist is practicing. (see attachment with Co ARC Student Threshold Outcomes)

- 12) Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?**

Functions typically performed by a licensed respiratory therapist. A variety of care settings serve as practice sites for respiratory care including, but not limited to: • Acute care hospitals • Emergency departments • Urgent care settings • Sleep disorder centers and diagnostic laboratories • Long term acute care facilities • Rehabilitation facilities • Skilled nursing facilities • Home health • Patient transport systems • Physician offices and clinics • Convalescent and retirement centers • Educational institutions • Medical equipment companies and suppliers • Wellness centers • Telehealth providers • Research • Insurance companies. Typical work settings would be hospital based, private physician offices and clinics along with home and home health care settings to include those that work in the DME and affiliates. **Respiratory Therapists are educated and trained via accredited programs specific for Respiratory Care with certification and credentialing via testing and clinical simulations exams by the National Board of Respiratory Care (NBRC) leading to licensure for Certified and Registered Respiratory Therapists.**

- 13) Do practitioners routinely serve members of the general population: Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.**

Respiratory Therapists serve a wide range of patients from newborn to geriatric with no restrictions on patient age or population. Services provided are only restricted by the age of the patient. For example, there are adult specific therapeutic modalities and procedures such as pulmonary diagnostic testing, that are not provided to a newborn infant.

- 14) Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions, or situations that would be likely to require the services of a practitioner? If so, please specify.**

Respiratory Therapists provide care specialized and enhanced care for chronic and acute conditions of the Cardiopulmonary system. For example, Chronic Obstructive Pulmonary Disease (COPD), requires assessment, diagnostic testing, education, treatment and life sustaining care provided by the respiratory therapist.

- 15) Identify typical referral patterns to and from members of this occupational group. What are the most common reasons of referral?**

Typical referral patterns for specialized treatment or diagnostic testing with a Respiratory Therapist are generally from a physician or licensed/ credentialed PA-C or APRN. The most common reason for referral to a Respiratory Therapist is for the assessment, diagnostic testing, education, and treatment of chronic or acute conditions of the Cardiopulmonary system.

- 16) Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?**

Respiratory Care practitioners are not independent practitioners, they practice under the direction of a provider with provider orders. Once the therapist establishes the needed therapy, the order is written and sent to the provider or their constituent for sign off. In the latter instance an order is still needed for delivery of services but is obtained by means of evaluation by the therapist.

- 17) How is continuing competence of credentialed practitioners evaluated?**

Hospitals require continuing education for all disciplines in order to continue employment. Individual departments require continuing education on a yearly basis at least for evaluation of the competence of each therapist, these are competencies for skills specific to the respiratory therapy profession and services. Individuals with specialty training are generally required to do the same for these specific skill sets.

Competency to maintain licensure in the State of Nebraska is for the individual to obtain 20 Continuing Education Unit (CEU). Each unit is one hour in length and the must attend the recognized event and generally answer questions about the educational information provided. In many of these instances these CEU's have been vetted by professional organizations such as the American Association for Respiratory Care to assure they meet guidelines.

The above process continues to be in place since competency for Respiratory Care was reviewed during the Nebraska Health and Human Services System's - Periodic Regulatory Evaluation Process (PREP) for Respiratory Care.

18) What requirements must the practitioner meet before his or her credentials may be renewed?

The state of Nebraska requires 20 hours of continuing education units every 2 years in order to renew the license with random audits performed during each renewal period.

Practitioners that entered the profession after July 1, 2002 are required to participate in the National Board for Respiratory Care (NBRC) Credential Maintenance Program (CMP). The CMP has three options to maintain credentials: 1) take quarterly assessments and/or document up to 30 continuing education (CE) credits, 2) earn another NBRC credential, or 3) pass the same credentialing examination again.

Beginning January 1, 2020, all practitioners holding credentials with an expiration date will participate in the CMP regardless of their certification cycle. The quarterly assessment option is an effective and convenient way to demonstrate competency and knowledge. Performance on the assessments will determine if CE needs to be documented with the NBRC. Practitioners may choose to continue to document 30 hours of CE rather than participate in the assessments.

19) Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

The practice of Respiratory Care is currently regulated by the government and practitioners licensed as follows:

- A.) 49 of 50 states have licensure, the one exception is Alaska, and they are in the process of licensure.
- B.) The District of Columbia has licensure
- C.) Puerto Rico is the only territory that has licensure in place.

Scope of practice varies somewhat but with the advent of COVID and the ever-present nursing shortage scope has been expanding as the training and skillset of the respiratory therapist fills voids that are necessary to provide patient care. As advances in Cardiopulmonary Care and technology used to treat lung disease have progressed most jurisdictions have updated the scope of the profession; Nebraska has not made changes since 1986.

Additional Questions an Applicant Group Must Answer about their Proposal

1) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

Technology has changed, new technology has emerged, research has led health professionals to rethink how patients are cared for, health care professions are experiencing shortages now more than ever, and finally the emergence of COVID-19. Combine these items with a Respiratory practice scope that has not been updated since 1986, the practice

act is 35 years old with virtually no one available to understand the original intention of the practice act or who can speak to the verbiage. Without updating the practice act there becomes a void in how patients in the State will be cared for. Our goal continues to be to maintain patient safety and access to care for the residents of the State of Nebraska.

Organizations throughout the country and in Nebraska continue to search for these highly skilled professionals. Respiratory therapists have always been vital members of the healthcare team, taking care of patients with a variety of cardiopulmonary conditions caring for individuals across the age continuum. The pandemic has demonstrated how important skilled individuals are in the delivery of high-quality care during the last 18 months of COVID.

The respiratory therapy profession will continue to be a very dynamic profession. In just the last 18 months the profession has helped develop models on how patients are cared for with COVID. With the shortage of bedside clinicians, respiratory therapists are trained to assume more advanced roles in cardiopulmonary resuscitation, extracorporeal membrane oxygenation (ECMO), the administration of all pharmacologic, diagnostic and therapeutic agent for the assessment and treatment of patients.

- 2) If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public. a) Inspection requirements b) Injunctive relief c) Regulating the business enterprise rather than individual providers d) Regulating or modifying the regulation of those who supervise the providers under review e) Registering the providers under review f) Certifying the providers under review by the State of Nebraska g) Licensing the providers under review.**

Not applicable. Respiratory Therapists are already a licensed health professional group.

- 3) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

The proposed wording defines what a respiratory therapist is currently trained to do. The current wording is easily misinterpreted and could limit the therapists' ability to care for the critically ill cardio/pulmonary patient in Nebraska. The proposed wording allows the respiratory therapist to practice to the fullest scope of their education and training and provide safe and optimal care for all patients.

- 4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?**

The lack of change to the current definition could cause a harm to the public. The main purpose for the proposed change is to update the wording in the practice act to provide access to the public in Nebraska to advance the care for critical ill cardiopulmonary patients. With the shortage of nurses and allied health professionals is it important to have clarity around the definition of respiratory therapy to ensure there is no confusion with the advancement of the profession over the last 30 years.

5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

Department of Health and Human Services Renewal (DHHS) requires respiratory therapist completion of 20 hours of continuing education during the preceding 24-month period. Department of Health and Human Services has strict guidelines on what and what does not constitute continuing education. Hospitals and other organizations also require education and training for all disciplines in order to continue employment. Individual departments require continuing education on a yearly basis at least for evaluation of the competency of each therapist, for skills specific to the respiratory therapy profession and services.

Because of the wide range of venues, an individual may choose to focus a majority of his or her Continuing Education on their specialty. Sleep therapists may focus on sleep, Critical Care therapists may focus on Critical Care, Neonatal therapists will focus on the care of the newborn, Homecare therapists will focus on post-acute education, Diagnostic therapists will address their continued education in some part to pulmonary function testing.

The American Association for Respiratory Care works extremely hard to develop and approve programs to assure that the most up to date education is available.

6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

Respiratory therapy currently has the ability to bill for respiratory care services provided in Nebraska. The current proposal does not change current processes.

7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

There have been no state disciplinary actions taken against respiratory therapist in regard to the change in the definition of respiratory care. In reviewing all other state practice acts, we do not foresee this regulation change having an any change in disciplinary cases.

- 8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?**

The Nebraska DHHS already regulates the licensure for Respiratory Care; therefore, these would add no additional expected costs.

- 9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?**

The NSRC has taken steps to ensure its membership and key stakeholders have had the opportunity to review the proposed scope of practice changes included in the application.