



# Process for Change in Scope of Practice

Respiratory Care

The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

- The wording “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.”
  - This statement is limiting the respiratory therapist to medication to aerosol an inhaled form of medications.

Enactment of the proposed changed in scope of practice would benefit the health, safety or welfare of the public.

- Respiratory care shall also include the administration 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.
- The proposed change will enhances care and provides a service to the citizens of Nebraska.

The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

- No, this does not create a significant new danger to the health and safety to the public.

The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

- 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.

There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.

- 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.

There are adequate measures to assess whether practitioners are competently performing the new skill or services and to take appropriate action if they are not performing competently.

- 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.