Approved: February 5, 1998

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans, at 1:30 p.m. on January 27, 1998 in Room 423-S-of the State Capitol.

All members were present.

Committee staff present: Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Paul Matthews, Associate Professor of Respiratory Care, KU Medical Center School of Allied Health
Representative Cliff Franklin
Mark Aberle, M&E Medical Marketing Incorporated
R. Russell Babb, Director of Respiratory Care Services, Salina Regional Health Center
Don Richards, Kansas Respiratory Care Society
Tom Bell, Senior Vice President, Kansas Hospital Association
Larry Buening, Executive Director, Kansas Board of Healing Arts

Others attending: See Guest List (Attachment 1)

Chairperson Mayans asked if there was anyone present who wished to request introduction of a bill. No one came forward.

The Chairperson then opened the hearing on **SB 242** - Respiratory therapist licensure.

Paul Matthews, Associate Profession of Respiratory Care in the School of Allied Health, KU Medical Center, speaking on his own behalf, testified as to the importance of changing registration to licensure for Respiratory Therapists. (See testimony, Attachment 2.)

Representative Cliff Franklin spoke in strong support of **SB 242**. As a long-time asthmatic, he recounted his experiences of regular and emergency treatment, and his reliance on specially trained medical respiratory personnel.

Mark Aberle, M&E Medical Marketing Incorporated, testified in support of the bill stating it is necessary to protect and assure properly trained and educated respiratory care practitioners for the public through licensure. (See testimony, Attachment 3.)

R. Russell Babb, Director of Respiratory Care Services, Salina Regional Health Center, stated the only way to assure knowledge and expertise, and require competency testing of respiratory care practitioners, is to require licensure. (See Attachment 4.)

Don Richards, a registered Respiratory Therapist, testified that the Kansas Respiratory Care Society endorses **SB 242**. He stated no practitioners would lose their job, salaries would remain the same, and physician will continue to prescribe treatment. (See Attachment 5.) Mr. Richards stated the following individuals' written testimony in support of the bill has been given each member:

Anthony Kovac, KUMC Medical Director, Kansas Respiratory Care Society (Attachment 6)
Meg Draper, Director of Government Affairs, Kansas Medical Society (Attachment 7)
Curtis Pickert, Assistant Professor, Department of Pediatrics, KUMC-Wichita (Attachment 8)
Pat Munzer, Associate Professor, Washburn University School of Applied Science (Attachment 9)
Debbie Fox, President, Kanas Respiratory Care Society (Attachment 10)
Terry Lambert, Newman Memorial County Hospital (Attachment 11)
Daniel Doornbos, Medical Director of Respiratory Care, Via Christi Regional Medical Center (Attachment 12)
Lorrie Catlett, Respiratory Therapist, Emporia (Attachment 13)
Lavonne Frizzel, Emporia (Attachment 14)
Lucille Stovall, Emporia (Attachment 15)
American Society of Anesthesiologists: Park Ridge, Illinois; and Northbrook, Illinois (Attachment 16)

Chairperson Mayans opened the meeting for questions of conferees. Representative Morrison questioned if the health care professional is the only one seen in a patient's home. Mr. Richards responded that the personnel delivering oxygen equipment usually are the only ones seen there. The licensing act does not

restrict them in advising patients on the proper use of equipment. According to Mr. Richards, these companies have established protocols and presently are honorable in their activities. The possible licensure of these persons is outside the scope of **SB 242**. He said there is concern about untrained individuals in this health field, and as health care expands into homes and long-term care settings, it becomes more critical to have qualified individuals providing the care.

Representative Morrison asked Mr. Richards if he would support a bill amendment to regulate DNE companies, and Mr. Richards answered he had not considered that possibility. A question was raised about disciplined respiratory therapists who lost certification and then go to work for a company as oxygen set-up workers. Mr. Matthews indicated that was possible. He also stated, in terms of licensure versus registration, the bill is using the terms suggested by the Council of State Governments. He directed attention to Attachment 17, *Update - State Licensure 1998*. Mr. Matthews, on the matter of DNE company licensure, stated they are regulated federally through Medicare. The state differences of who is covered by licensure in this bill was decided by some of the members' colleagues.

Tom Bell, Senior Vice President, Kansas Hospital Association, offered testimony on **SB 242,** stating the assocation believes Section 12 of the bill alleviates many of the association's concerns with respiratory therapist licensure proposals. (See Attachment 18.)

Larry Buening, Executive Director, Kansas Board of Healing Arts, explained that the Board has not had an opportunity to review the amended **SB 242**, but he noted some of the board's previous concerns have been addressed. He offered some further issues that he believed should be addressed before the bill is passed. (See written testimony, Attachment 19.)

Representative Geringer recommended that committee members review the quarterly Board of Healing Arts report they receive, which includes a listing of disciplinary actions.

Representative Showalter asked Mr. Bell if this bill imposes increased costs to small hospitals. He answered it is a concern; but, as an example, if a hospital cannot get a respiratory therapist on staff, this bill will not preclude others who are trained to perform these procedures.

Chairperson Mayans directed attention to the written testimony of Lesa Bray, KDHE Occupations Credentialing, who registered opposition to **SB 242**. (See Attachment 20.)

Chairperson Mayans briefly reviewed the credentialing process, indicating some groups, who were not approved for licensure, came to the Legislature for it. Paul Matthews reviewed the 1988 experience of the respiratory therapist group, and the resulting KDHE's downgrading of their application from licensure to certification. The group was not agreeable to certification. Two years ago, the Legislature told the group to reapply to KDHE. KDHE denied the upgrade; and that brought the group back to the Legislature this year.

There being no others to testify on **SB 242**, the hearing was closed.

Chairperson Mayans announced that the meeting scheduled for January 28, 1998 has been cancelled due to the funeral of Representative Jim Long.

The meeting was adjourned at 3:05 p.m.

The next meeting is scheduled for January 29, 1998.

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES GUEST LIST JANUARY 27, 1998

NAME	REPRESENTING
Teresa Lesser	Ks. Respiratory Care Society
Serena Brewer	Ks. Respiratory Care Society
Paul Mathews	Ks Respiratory Care Society
Connie Crosby	KS Respiratory Care Society
Karen A. Schell	Kansa Respiratory Care Society
KEITH R LANDIS	CHRISTIAN SCIENCE COMM. ON PUBLICATION FOR K.S.
Susan anderson	Hein + Weir
Rich Gritton	Health Midwest
Larry Sisson	Kearney Law office
Debbie Fox	Ks Respiratory Care Society
Lynn Bragg	KS Respiratory Care Society
Linda Kidwell	KS Respiratory Care Society
Mark Aberle	Ks Resp Care Society
Russ Brown	Ks Resp Care Soc
Don Richards	KS Resp. Care Society
Lloyd Campbell	KSOS
Janet Stubbs	KRCS

HOUSE HHS COMMITTEE
Attachment 1-1
1-27-98

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
JANUARY 27, 1998

NAME	REPRESENTING
Harold Kuckelman	KAOA
Mark Stafford	BHA
LARRY BUENING	BD OF HEALING ARTS
Meg Draper	KS Medical Society
Tom Bell	KHA
Julie Thomas	DOB
Cliff Franklin	Legislator

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
JANUARY 27, 1998

NAME	REPRESENTING
Cathy Dinges	KDHE
Dawn Reed	KSNA

Written Testimony presented to the Committee on Health and Human Services on Senate Bill 242 – regarding the licensure of Respiratory Therapists
January 27, 1998

The Honorable Carlos Mayans, Chairman and Members of the Committee

My name is Paul Mathews, I have been a Respiratory Therapist for 32 years, I am a Past President and former Board member of the American Association for Respiratory Care. I chaired the Associations Licensure committee for several years and co-authored the Respiratory Care Model Practice Act.

I am a member of the American College of Chest Physicians (one of less than 100 Respiratory Care Practitioners selected for membership). I am also a member of the American Society of Critical Care Medicine (one of only 120 or so non-physicians elected to this body) and have been elected to Fellowship in the College of Critical Care Medicine (Only 4 Respiratory Therapists have been afforded this honor). I have been a consultant to The Food and Drug Administration, The National Institutes of Health, the US Public Health Service and to the governments of Costa Rica, Guatemala and Singapore.

I am an Associate Professor of Respiratory Care in the School of Allied Health at The KU Medical Center where I have been on faculty for 18 years. I am not speaking for the School of Allied health, the Medical Center or KU. I enter the proceeding information into the record to establish my credentials as an expert in Respiratory Care and its importance to the health and welfare of the citizens of Kansas.

1997 saw the 50th anniversary of Respiratory Therapy as a profession. Over that 50 year period the changes in duties, skills and knowledge base of the profession have been monumental. From delivering Oxygen cylinders (tanks) from the loading docks to the patient bedside Respiratory Care Practitioners now deliver life sustaining, life improving and life saving care to millions of patients each day.

From being "those guys with the monkey wrench" to being a full partner in the delivery of safe and effective care to our varied patient population. We have come along way (I was going to write "we've come a long way baby" but as you probably realize Respiratory Care Practitioners have lead the fight against tobacco use. In fact, it was our study that persuaded Congress to ban smoking on commercial aircraft in the US.)

Let me discuss our previously alluded to patient population with you for a moment. Our patients are the premature, low birth weight babies who suffer with what was known as Hyline Membrane Disease (which you may remember resulted in the death of President Kennedy's newborn son) now called Infant Respiratory Distress Syndrome (IRDS). We institute, monitor, adjust, and maintain the mechanical ventilators that support these

fragile lives. By obtaining and monitoring samples of arterial blood, exhaled gases, measuring pressures and volumes needed to provide adequate respiration we provide the time needed for these infant's lungs to mature.

Our patients are also the old elderly with emphysema and Chronic Obstructive Lung Disease (COLD). Due in part to the aging process, better medical care with increased longevity, and exposure to environmental toxins the numerically expanding "older" population has need of our knowledge and skills in several forms. We see these patients in the hospital wards and clinics, in sub-acute and long term care centers and in their homes. We may even see them during transport from one of these sites to another. As more and more of the population ages, we see more and more of the population as patients.

Our services span not only the life cycle but also the range of medical and surgical conditions that affect the cardio-respiratory systems. From your neighbor with congestive heart failure to Mrs. Jones who lives around the corner and her heart transplant to your nephew Bob and his asthma we provide high quality and efficacious services. From Ralph the postal carrier who was hit by a car, causing head and chest injuries to Ms. Ralston, your high school art teacher, who needs supplemental oxygen to breathe comfortably we are there providing competent and timely care.

Respiratory Care is practiced under a level of direction and supervision comparable to that of pharmacists and Registered nurses – under or through the prescription of a licensed physician. Respiratory Therapists typically report directly to physicians while keeping the nursing staff informed. Respiratory Therapists commonly administer extremely potent drugs, perform invasive procedures, assess and modify therapies, consult with physicians and recommend approaches to therapy. We exercise independent judgment and decision making in the care of our patients. We teach physicians, nurses, patients and families about the care and treatment of respiratory diseases and conditions. Many of us provide sophisticated diagnostic services in Sleep Diagnosis centers, Pulmonary Physiology and cardio-respiratory laboratories. Others work in Hyperbaric Medicine facilities.

The current legal status of "Registration" is simply not enough protection for the citizens of Kansas. Over the past 8 to 10 years the practice of Respiratory Care has moved from a mainly hospital based practice to a situation where perhaps as many as 40% of our practitioners now practice in alternate sites. In many of these sites the Respiratory Therapist is the eyes, ears, and hands of the physician. The question at hand is, simply put, "Do you want to take a chance that you and your loved ones will receive less than the best care possible because someone with a title which is different than Respiratory Therapist (Respiratory Care Practitioner) is permitted by law to deliver or administer that procedure?" The only way to assure that safe and efficacious care is the rule in Kansas is to approve the change of Registration to Licensure for Respiratory Therapists. The State of Kansas Board of Healing Arts reported 2 RCP disciplinary actions in their last reporting period – 1 resulted in termination of the certificate of registration the other in denial of Registration. This does not sound like a large number of actions but when you

consider that the state registers only 998 RCPs it is significant. Of further importance is the fact that both these individuals may be delivering care in Kansas under another title.

We are not asking you for pioneering legislation; currently 35 states, The District of Columbia and Puerto Rico have Licensure laws in place. Another 8 states including Kansas have enacted Certification/Registration statutes and several of these rare currently in the process of revising these to licensure.

Finally, it is important to note that this proposed legislation is both beneficial to the citizens of Kansas **and** cost neutral. The effect to state budget is the same as if the change did not occur. The system is already in place and working as a self-supporting entity. The cost to employers and consumers is also neutral. We are not creating a new class of workers, we are not asking for increases in pay based on the legal credentials and we are not disenfranchising either current RCPs or other health care professionals from doing tasks that they are trained to do.

Thank you for your kind attention to this matter;

Paul J Mathews, EdS, RRT, FCCM
Associate Professor
Respiratory Care Education
Physical Therapy Education
School of Allied Health
University of Kansas Medical Center

M&E MEDICAL MARKETING
INCORPORATED

January 27, 1998

TO: HEALTH AND HUMAN SERVICES COMMITTEE
HOUSE OF REPRESENTATIVES

FROM: Mark Aberle, B.B.A., R.R.T., November 1996 to present, Independent Medical Sales Representative; prior, Account Executive, Apria Healthcare, prior, Clinical Director, Respiratory Services, Total HomeCare/Columbia Wesley Medical Center. Respiratory Care Practitioner since 1967, involved in homecare since 1975.

SUBJECT: INCREASED NEED FOR COMPETENT, PROPERLY CREDENTIALED (LICENSED), RESPIRATORY CARE PRACTITIONERS OUTSIDE OF THE ACUTE CARE HOSPITAL.

Respiratory care is an allied health specialty performed for the diagnostic evaluation and assessment, treatment, care, and ongoing management of patients with diseases, deficiencies, and abnormalities, of the cardiopulmonary system. Respiratory Care Practitioners, (RCPs), care for patients ranging from the premature infant whose lungs are underdeveloped to the elderly patient whose hearts and lungs are diseased. Individuals who suffer from such diseases as emphysema, bronchitis, lung cancer, sleep apnea, and cardiovascular disease; children who suffer from asthma or are afflicted with cystic fibrosis: and patients of all ages who require the use of medications, oxygen, and a ventilator to breath; they are all cared for by the respiratory care practitioner. RCPs regularly set-up, instruct, and, on an ongoing basis, care for and treat patients on a variety of oxygen systems, breathing apparatus, related equipment, and ventilators in the home. They evaluate patients' needs, survey home environments, case manage by bringing together resources and making recommendations based on good medical practice and reimbursement guidelines, administer medications, perform diagnostic procedures, and even adjust or modify systems to meet individual patient needs. They are an integral component in the complex hospital discharge planning process of high risk and ventilator dependent patients. RCPs are frequently the clinical resource for physicians in managing patients, and keeping physicians informed on the status of these patients at home.

Home care services have proven to be an integral part of the health care delivery system and a cost-effective alternative to hospital stays. With the dramatic increase in managed care, and capitated reimbursement, patients are leaving the acute care setting sooner (and sicker), going into subacute and homecare environments requiring skilled care. And this trend continues to increase.

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The aging population, the spread of AIDS and tuberculosis, the increasing incidence of asthma, and advances in medical technology allowing technology-dependent patients to lead more productive lives outside the institutional setting are increasing the need for the services of properly educated and trained RCPs. Respiratory patients are increasingly being discharged from the hospital still requiring skilled care, thereby increasing the demand for respiratory care services in alternate sites such as the home. These patients are presently left vulnerable, and at risk, to those that lack proper training, and education, and simply jump into the durable medical equipment business by obtaining a delivery van, and a Medicare Part B provider number (fill out the form, and not have a prior conviction of Medicare fraud).

Presently, Kansas registration only protects the title name of the Respiratory Care Practitioner. What is necessary is to protect the public through the protection of the actual practice of respiratory care with licensure. Most of our surrounding states, thirty something at present, and growing in number, currently require state licensure for RCPs. It would be most unfortunate if Kansas becomes a haven for poorly or non-trained practitioners that are no longer able to practice respiratory care in their own states because of those states licensure acts requiring basic competency.

The scope of respiratory care services, and the responsibilities of respiratory care practitioners, has developed significantly beyond what it was a few years ago. It has also expanded well outside the supervised hospital setting. The RCP is frequently the ONLY health care professional seeing the patient in the home. I am asking for your support in upgrading the RCP credential to protect the public by assuring the practice of Respiratory Care will be performed by properly educated, and trained, THAT IS LICENSED, RCPs. Licensed RCPs are needed to meet the ever increasing demand to care for more acutely ill patients at home as a result of our ongoing health care reform. The people of Kansas absolutely require PROPERLY EDUCATED, TRAINED and CREDENTIALED respiratory care practitioners so that the life supporting care they require does not become life threatening when given from the wrong hands.

January 27, 1998

Testimony on SB242
Committee on Health & Human Services

Mr. Chairman
Members of the Committee:

Thank you for allowing me the opportunity to address you concerning SB 242, regarding licensure requirements for Respiratory Care Practitioners.

Please allow me to make a few points about what the licensing of Respiratory Care Practitioners does and does not accomplish:

1. **DOES NOT** allow individuals to work without supervision of qualified medical direction.

2. **DOES NOT** legislate individuals out of a job who are currently working under qualified medical direction, and have been employed continuously since the inception of the RC Practice Act of 1986.

3. **DOES NOT** increase the costs to the State as the mechanism is already in place. Revenues generated from the current Registration provides ample funding, with excess for the State General Fund.

4. **DOES NOT** prevent other licensed and formally trained health care personnel from providing respiratory care. **This is not a "turf" issue.**

5. **DOES NOT** grant billing capabilities to Respiratory Care Practitioners, as RCP's cannot practice without the order of, and under the direction of a physician.

6. **DOES PROTECT THE HEALTH AND SAFETY OF THE PUBLIC** by ensuring that the providers of respiratory care meet standards of education and competency.

7. **DOES** prevent untrained individuals from attempting to practice the profession either in health care institutions or the patient's home. We have serious concerns about the ability of untrained individuals to operate in the area of Home Health Care.

8. **DOES** prevent Kansas from becoming a dumping ground for unqualified practitioners. Kansas is surrounded by licensure states (The only exception being Colorado to our West).

As the law is written now, as long as you do not call yourself a Respiratory Therapist; there is nothing legally preventing you from administering medications, or participating in patient interactions. We feel the people of Kansas need to be assured that the person who is entrusted with their respiratory health; their ability to breathe, should have to prove he/she is capable of taking on this tremendous responsibility. We feel the only way to assure this is through competency testing and protecting the practice not just the title of Respiratory Care. Surely, the education and competency of individuals we intrust with our ability to breathe warrants as much scrutiny as those individuals the State of Kansas "license" to cut and style our hair, do our nails or draw our tattoos.

In 1985, when the Respiratory Care Practice Act was first introduced, the recommendation of the Director of Health & Environment was that of licensure. The then Chairman of Public Health and Welfare very late in the process changed it to registration, which is to say a "title protection act" which would protect the title of Respiratory Care Practitioner but not the practice of the Art & Science of Respiratory Care. We are seeking a change in this level of credentialing to licensure, because we feel the person who is charged with administering therapy, medications and instructions to patients with respiratory problems; such as, asthma, bronchitis, emphysema, cystic fibrosis and pneumonia, just to name a few, should possess the knowledge and expertise to assure the effective outcomes of these interventions. The only way

to assure this is to have these people competency tested which would be required by licensure. Respiratory therapists of today must complete an extensive education to understand these and many other diseases, and more importantly, how to use the very technical equipment that is needed to treat these problems. We are concerned that in the changing world of health care, and the now common practice of early release of patients from hospitals, allows a very vulnerable portion of our society to be placed in danger under the present "title protection" registration system.

Some have stated that if the Legislature upgrades respiratory care practitioners from Registration to Licensure they might have to consider the same for other professions. We believe that legislators have the responsibility of acting on each issue based upon the individual merit of the situation presented.

It may be difficult in today's world to believe that the member of the Respiratory Care profession in Kansas are only concerned with the protection of the health and safety of the people of our great state; however, that is exactly what we are concerned about, and we believe the members of the Kansas Legislature share in the responsibility for the health and safety of the citizens of Kansas.

Thank you for your time and attention.

Sincerely,

R. Russell Babb, BA, RRT
Director of Respiratory Care Services
Salina Regional Health Center
Salina, Kansas
Director at Large
Licensure Committee Chair
Kansas Respiratory Care Society

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TESTIMONY ON SENATE BILL 242
BEFORE THE HEALTH AND HUMAN SERVICES COMMITTEE
JANUARY 27, 1998

Mister Chairman,
Members of the Committee,

My name is Don Richards, I am a Registered Respiratory Therapist with over twenty five years experience in Respiratory Care and a member of the Kansas Respiratory Care Society (KRCS). I wish to speak in favor of upgrading the Respiratory Therapist's credential to licensure.

The goal of any healthcare credentialing process is to establish a minimum standard of achieved competency on the part of a provider in order to protect the public from harm from unqualified individuals.

To better understand the seriousness of this issue, one has to have an understanding of the vast scope of responsibility and services that Respiratory Therapists provide. Respiratory Therapists are unique in that we deal with patients in virtually all patient care settings because our area of expertise is the respiratory system, which can be immediately life-threatening regardless of where the patient may be. As respiratory system specialists, Respiratory Therapists receive special training in emergency airway management, mechanical life support, and the treatment of both sudden and chronic respiratory problems. Respiratory Therapists are critical members of hospital wide and emergency room resuscitation teams, critical care teams, trauma teams, and any other response developed to deal with airway problems. We deal with all patients, from the moment of delivery of premature infants to long term home care for individuals suffering from chronic pulmonary diseases such as emphysema and chronic bronchitis. When a sudden asthma attack strikes, it is the emergency room physician and the respiratory therapist that are most needed to provide appropriate, corrective care. Respiratory Therapists are also recognized experts in very complex pulmonary function diagnostic laboratory procedures that detect hidden lung disease and give the physician a very accurate description of both the nature and the severity of the disease. Respiratory Therapists obtain arterial blood for oxygen.and chemical analysis, they perform diagnostic sleep apnea studies and recommend appropriate therapy, they assess and recommend on-going therapy to physicians on all types of patients, from infants to the elderly, that suffer from some type of respiratory disease, and they provide home care to countless individuals providing everything from supplemental oxygen to home mechanical ventilation. Routinely a Respiratory Therapist must make quick decisions given certain patient circumstances, and many times these decisions are life-saving in nature, requiring instant and appropriate responses with no time for consultation. Ladies and gentlemen, Respiratory Therapists are nationally recognized health care professionals specializing in the delivery of very sophisticated and life-saving services.

To date, thirty five (35) states, the District of Columbia, and Puerto Rico have full licensure of Respiratory Therapists. The states surrounding Kansas except Colorado have licensure, and Colorado is in the process of putting a bill together.

The existing credential for Respiratory Therapists is Registration. Quite simply, this is title protection only. As long as one does not call oneself a Respiratory Therapist, one can be placed into a position to provide these services. The consumer, thus, has no assurance that a trained and competent individual is providing for their care. In life threatening situations this could prove to be fatal, and in lesser circumstances this would prove to be very expensive due to improper, unsafe, or the very least, ineffective therapy thus prolonging a patient's stay in a hospital.

Some individuals may take the assumption that applicants requesting a change in their respective credentialing or scope of practice are doing this to reflect an enhanced economic benefit subsequent to their requested change. This simply is not true in this case. Consider the following: A system already exists to regulate the credential (the Board of Healing Arts), and is fully funded by Respiratory Therapist fees. The boards' Executive Director, Mr. Larry Beuning , noted to the Respiratory Therapists that they "need to be licensed" to keep out unqualified individuals. Not one therapist would be legislated out of a job because a grandfather clause in the bill will allow these individuals that have been working since the original registration act to continue to work. Salaries will not go up as licensure vs. registration will not affect wages as the criteria for legally qualified Respiratory Therapists will remain the same, the passing of a national board exam. Respiratory Therapists can only provide care under the express prescription of a physician, and this will not change. Finally, the bill recognizes other credentialed health care providers and allows these individuals to perform respiratory care procedures if it is in their scope of practice and they were appropriately trained. This takes us back to our original premise, we seek a change in our credential because we want to enhance the quality of caregivers and protect the public from unqualified practitioners. It is up to the state to ensure it's citizens are protected, and if a profession seeks to upgrade it's professional standards, one should not automatically assume it is for economic gain.. This is simply a patient protection issue. The gain to our profession is identical to the gain to the consumer, one of eliminating unscrupulous and untrained individuals. As healthcare expands more into the home and long term care settings, it is more critical than ever that only qualified individuals are allowed to provide this care.

The Kansas Respiratory Care Society endorses a health care delivery system that meets the criteria of reduced cost, access to qualified practitioners, and the elimination of "turf" boundaries for other qualified practitioners. We feel our bill accomplishes this.

Thank you for allowing us to provide you with this testimony.

Don Richards, MS,RRT

WRITTEN TESTIMONY PRESENTED TO THE COMMITTEE ON HEALTH AND HUMAN SERVICES REGARDING LICENSURE OF RESPIRATORY THERAPISTS--SB 242 JANUARY 27, 1998

The Honorable Carlos Mayans, Chairman and
Members of the Committee,

My name is Dr. Anthony Kovac. I have been an associate professor in the Department of Anesthesiology on staff at the University of Kansas Medical Center for the last 17 years. I served as Medical Director of the Respiratory Therapy Services department of the University of Kansas Medical Center from 1992 to 1997 and have been Medical Director for the Kansas Respiratory Care Society (KRCS) for the last six years. I meet and work with Respiratory Therapists on a daily basis, and I wish to speak in favor of upgrading the Respiratory Therapist's credential to licensure.

The goal of any healthcare credentialing process is to establish a minimum standard of achieved competency on the part of a provider in order to protect the public from harm from unqualified individuals.

To better understand the seriousness of this issue, one has to have an understanding of the vast scope of responsibility and services that Respiratory Therapists provide. Respiratory Therapists are unique in that they deal with patients in virtually all patient care settings because their area of expertise is the respiratory system, which can be immediately life-threatening regardless of where the patient may be. As respiratory system specialists, Respiratory Therapists receive special training in emergency airway management, mechanical life support, and the treatment of both sudden and chronic respiratory problems, such as asthma and chronic obstructive pulmonary disease. Respiratory Therapists are critical members of hospital wide and emergency room resuscitation teams, critical care teams, trauma teams, and any other system team developed to deal with airway problems. They deal with all types of patients, from the moment of delivery of premature infants to long-term home care for individuals suffering from chronic pulmonary diseases, such as emphysema and chronic bronchitis. When a sudden asthma attack strikes, it is the emergency room physician and the respiratory therapist who are most needed to provide appropriate, corrective care. Respiratory Therapists are also recognized experts in very complex pulmonary function diagnostic laboratory procedures, such as pulmonary function testing, that detect hidden lung disease and give the physician an accurate description of both the nature and the severity of the disease. Respiratory Therapists obtain samples of arterial blood for oxygen and chemical analysis and perform diagnostic sleep apnea studies.

They administer respiratory medications under the prescription of a physician. They provide home care to countless individuals, providing everything from supplemental oxygen to home mechanical ventilation. They assess and recommend ongoing respiratory therapy to physicians on all types of patients, from infants to the elderly, who suffer from some type of respiratory disease. Routinely a Respiratory Therapist must make quick decisions given certain patient circumstances, and many times these decision are life-saving in nature, requiring instant and appropriate responses with no time for consultation. Ladies and gentlemen, Respiratory Therapists are nationally recognized health care professionals specializing in the delivery of very sophisticated and life-saving services.

To date, thirty-eight (38) states have full licensure of Respiratory Therapists. The states surrounding Kansas, except Colorado, have licensure, and Colorado is in the process of putting a bill together.

The existing credential for Respiratory Therapists is Registration. Quite simply, this is title protection only. As long as one does not call oneself a Respiratory Therapist, one can be placed into a position to provide these services. Thus, consumers have no assurance that a trained and competent individual is providing for their care. In life-threatening situations, this could prove to be fatal, and in lesser circumstances this would prove to be very expensive due to improper, unsafe, or the very least, ineffective therapy, thus prolonging a patient's stay in a hospital.

Some individuals may make the assumption that applicants requesting a change in their respective credentialing or scope of practice are doing this to reflect an enhanced economic benefit subsequent to their requested change. I believe that this simply is not true in this case. Consider the following: A system already exists to regulate the credential (the Board of Healing Arts), and is fully funded by Respiratory Therapist fees. Not one therapist would be legislated out of a job because a grandfather clause in the bill will allow these individuals who have been working since the original registration act to continue to work. Salaries will not go up as licensure vs. Registration will not affect wages because the criteria for legally qualified Respiratory Therapists will remain the same: the passing of a national board exam. Respiratory Therapists can only provide care under the express prescription of a physician, and this will not change. Finally, the bill recognizes other credentialed health care providers and allows these individuals to perform respiratory care procedures if it is in their scope of practice and they were appropriately trained. This takes us back to the original premise. Respiratory Therapists seek a change in their credential because they want to enhance the quality of caregivers and protect the public from unqualified practitioners. It is up to the state to ensure its citizens are protected, and if a profession seeks to upgrade its professional standards, one should not automatically assume it is for economic gain. This is simply a patient

protection issue. The gain to their profession is identical to the gain to the consumer, one of eliminating unscrupulous and untrained individuals. As healthcare expands more into the home and long-term care settings, it is more critical than ever that only qualified individuals are allowed to provide this care.

The Kansas Respiratory Care Society endorses a healthcare delivery system that meets the criteria of reduced cost, access to qualified practitioners, and the elimination of "turf" boundaries for other qualified practitioners. We feel that this bill accomplishes this goal.

Thank you for allowing me to provide you with this written testimony.

Anthony L. Kovac MD

Anthony L. Kovac, MD
Medical Director, Kansas Respiratory Care Society
Associate Professor of Anesthesiology
University of Kansas Medical Center

KANSAS MEDICAL SOCIETY

January 27, 1998

To: House Health and Human Services committee

From: Meg Draper
Director of Government Affairs

Subj: SB 242 - Respiratory Therapy

The Kansas Medical Society appreciates the opportunity to provide written comments today in support of SB 242 relating to respiratory therapists. The bill would change the level of credentialing for RTs from registration to licensure.

Respiratory therapists play an important role in the health care system, working closely with physicians in a number of different settings including hospitals, clinics and nursing homes to provide respiratory care services. They perform complex tasks which, in many cases, are critical to the overall well-being of patients. Many physicians rely on RTs to provide appropriate and safe care to their patients in these settings. KMS believes that licensure of RTs would help to ensure that patients receive these services from individuals with the requisite education and training necessary to provide safe and effective care.

Respiratory therapists work under the supervision of physicians, and it critical that this relationship be preserved if RTs become a licensed group. KMS is satisfied that the language of this bill preserves this physician-supervised relationship. The definition of "respiratory therapy" plainly states that it is a profession whose members practice under the supervision of and with the prescription of a physician. The bill also includes a definition of "qualified medical director" and states that he or she is responsible for the quality of RT services, and is responsible for ensuring that RT care is ordered by a physician.

Thank you for considering our comments on this issue.

HOUSE HHS COMMITTEE
Attachment 7
1 - 27 - 98

623 SW 10th Ave. • Topeka KS 66612-1627 • 785.235.2383 • 800.332.0156 • FAX 785.235.5114
Western Kansas office • 108 E 12th St. • Hays KS 67601 • 785.625.8215 • 800.293.2363 • FAX 785.625.8234

COLUMBIA Wesley
Medical Center

550 North Hillside
Wichita, Kansas 67214-4976
Telephone 316/688-2468
COLUMBIA'S home page is *http://www.columbia.net*

January 23, 1998

Health and Human Services Committee
House of Representatives
State of Kansas

To Whom It May Concern:

This letter is in reference to BILL #SB 242. I'm writing to express my strong support for the need for licensure for respiratory therapists in hospitals throughout the state of Kansas. I am closely allied with respiratory therapists in a hospital setting, and know first-hand the critical role that they play in the provision of care to ill and injured patients. It is the nature of my work to be extensively involved with patients with respiratory illnesses, and I understand that often the physician only initiates the plan of care, while individuals such as the respiratory therapists are the ones who actually deliver that care. Licensure will provide and maintain a level of quality which otherwise will be in jeopardy. Please take this into consideration as you evaluate the merit of this Bill.

Respectfully,

Curtis B. Pickert, M.D.
Pediatric Critical Care
Medical Director, Pediatric ICU/Pediatrics
Wesley Medical Center
Assistant Professor, Department of Pediatrics
University of Kansas School of Medicine-Wichita

CBP/sp

HOUSE HHS COMMITTEE
Attachment 8
1 - 27 - 98

WASHBURN UNIVERSITY
School of Applied Studies

DATE: January 27, 1998

TO: Representative Carlos Mayans
Committee Members

FROM: Pat Munzer, MS, RRT
Program Director/Associate Professor

RE: **SENATE BILL 242**

Thought questions:

1. Do you know the reason why we use oxygen?
2. Do you know how to evaluate a person to determine if they need oxygen?
3. Did you know that for every therapeutic/diagnostic procedure that we, Respiratory Therapist, perform there is not only reason to use it, but there are hazards associated with them?
4. Did you know that giving too much oxygen in a premature infant may lead to blindness?
5. Did you know that giving high concentrations of oxygen to a patient with a history of respiratory disease could cause that patient to stop breathing?
6. Did you know that breathing high concentrations of oxygen could lead to damage of the lung tissue?
7. Do you know how to evaluate a person to determine if these bad effects that I just mentioned are occurring?
8. Would you know what to do if these effects were happening with your family member?

My name is Pat Munzer and I am program director for Washburn University's Respiratory Therapy program. I am providing written support for Senate Bill 242.

I started in respiratory therapy in 1976. I graduated with an Associate of Science degree from Quinnipiac College in Hamden Connecticut. I've worked 8 years in the hospital setting specializing in pediatric/neonatal respiratory care and emergency room care at the University of Kansas Medical Center. I have worked the past 13 years in education. I currently serve on the Respiratory Care Council for the State Board of Healing Arts.

HOUSE HHS COMMITTEE
Attachment 9-1
1-27-98

1700 SW College Avenue • Topeka, Kansas 66621 • 913•231•1010, Extension 1619
FAX 913•231•1027

Licensure is necessary to ensure the protection of public health and safety by setting a minimum education level and competency standards for persons providing respiratory care services. Education is the key to obtaining the knowledge, theory skills, and competencies in respiratory care. In order to develop this knowledge, theory and skills, students in Washburn University's program must complete:

1. 77 credit hours of didactic course work.
2. approximately 150 hours of scheduled laboratory course work, plus countless hours of laboratory practice on their own.
3. over 1200 hours of clinical training in hospitals and home care settings.
4. the type of curriculum that is taught at Washburn is listed under curriculum" at the end of this testimony.

Licensure assures that the persons providing respiratory care continually meet minimum standards of education and competency through continuing education. Major difficulties in education are: (1) the constant changes in health care and technology and (2) being able to make the changes in our curriculum to keep pace with those health care and technology changes. Once a student graduates they must keep abreast of current health care and technological advances.

There are two classifications for Respiratory Care practitioners as defined by the Joint Review Committee for Respiratory Therapy Education.

Respiratory Therapy Technician (15 month program)

The respiratory therapy technician administers general respiratory care. The knowledge and skills of the technician are acquired through formal programs of didactic, laboratory and clinical preparation. Technicians may assume clinical responsibility for specified respiratory care modalities involving the application of well defined therapeutic techniques under the supervision of a respiratory therapist.

Respiratory Therapist (Associate or Baccalaureate degree)

The respiratory therapist applies scientific knowledge and theory to practical clinical problems of respiratory care. Knowledge and skill for performing these functions are achieved through formal programs of didactic, laboratory, and clinical preparation. The respiratory therapist is qualified to assume primary responsibility for all respiratory care modalities, including the supervision of respiratory therapy technicians. Under the supervision of a physician the respiratory therapist is able to exercise considerable independent, clinical judgement in the respiratory care of patients.

Curriculum

As outlined by the Joint Review Committee for Respiratory Therapy Education instruction should be based on a structured curriculum which clearly delineates the competencies to be developed and the methods whereby they are achieved.

The following units, modules, and/or courses of instruction are included in the program:

1. Basic Sciences
   - Biology
   - Cardiopulmonary anatomy and physiology
   - Chemistry
   - Computer Science
   - Human anatomy and physiology
   - Mathematics
   - Microbiology
   - Pharmacology
   - Physics
   - Psychology

2. Clinical Sciences
   - Cardiopulmonary diseases
   - General medical and surgical specialties
   - Pathology
   - Pediatrics and perinatology

3. Respiratory Care Content Areas
   - Aerosol therapy
   - Airway management
   - Assessment of patients' cardiopulmonary status
   - Cardiopulmonary diagnostics and interpretation
   - Cardiopulmonary monitoring and interpretation
   - Cardiopulmonary rehabilitation and home care
   - Cardiopulmonary resuscitation
   - Chest physiotherapy
   - Ethics of respiratory care and medical care
   - Gas therapy
   - General patient care
   - Humidity therapy
   - Hyperinflation therapy
   - Mechanical ventilation management
   - Oxygen therapy
   - Pediatrics and perinatology

I would like to leave you with this thought: "**any profession that is life supporting can be life threatening in the wrong hands**".

Thank you for allowing me the opportunity to provide written comments on behalf of Senate Bill 242.

/home/zzdpah/rt/pat/SB242

Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

Executive Offices
4300 Drury Lane
Topeka, Kansas 66604-2419
(913) 272-1971

January 22, 1998

Representative Carlos Mayans
State Capitol 115 S
Topeka, Kansas 66612

Dear Representative Mayans,

On Wednesday, January 21st members of the Kansas Respiratory Care Society visited the State Capitol. You may have spoken personally with one of the respiratory therapists or had some written information left for you.

Respiratory Care is a highly specialized allied health profession. Respiratory therapists care for all age groups, ranging from the premature infants in neonatal intensive care units, children with asthma in emergency rooms, to the elderly. Respiratory therapists work in many settings, including hospitals, skilled nursing facilities, patients' homes, or other locations, always under the direction of a physician. We feel it is important that individuals providing Respiratory Care to the citizens of Kansas be educated, trained and competent.

We ask for your support of SB 242 regarding upgrading the credentialing status of respiratory therapists from registration to licensure. During this legislative process, the KRCS has worked diligently with the Kansas Medical Society, the Kansas Hospital Association, the Kansas State Board of Healing Arts, and other health professions to assure all issues have been addressed. The bill passed the Senate last session with a vote of 40-0.

If you have any questions or concerns, please feel free to contact me or the therapists listed on the enclosed brochure.

Sincerely,

Debbie Fox

Debbie Fox, MBA, RRT
President

W (316) 688-2992
H (316) 733-4351
649 North 159th East
Wichita, KS 67230

HOUSE HHS COMMITTEE
Attachment 10
1 - 27 - 98

NEWMAN
MEMORIAL COUNTY
HOSPITAL

1201 W. 12th Ave. • Emporia, Kansas 66801-2597 • 316-343-6800

January 26, 1998

Health and Human Services Committee
House of Representatives

Dear Sir or Madam:

This Letter is written with the intended purpose to support licensure of Respiratory Therapists within the State of Kansas.

Hospitals today, including those in Kansas, are under a great deal of pressure to provide the best health care in the most cost-effective manner. Shrinking health care dollars has catapulted managed care and hospital restructuring into reality. One of the most common methods used by hospitals to achieve this difficult goal, is multiskilling of the allied health work force. This is particularly evident in hospital Respiratory Care Departments. In Fact, Respiratory Care Departments are more than twice as likely to be involved in multiskilling than other allied health professions. Today almost 80% of Respiratory Care Departments provide clinical procedures other than the traditional tasks of respiratory therapy.

Respiratory Care licensure will ensure that the individuals that are practicing in the respiratory care department has met a certain academic competency. This allows administrators and physicians to develop a multiskilled professional that can provide quality health care in a cost effective manner. Simply put, physicians and administrators are unlikely to develop a multiskilled allied health work force unless they can be assured of competency.

Like other allied health professions, Respiratory Therapists contribute to the health and welfare of the patient. Additionally, they help control cost by working with the physicians to ensure the most effective therapy is administered. They are able to provide care in a specialized manner that helps lead to the rapid recovery of the patient with respiratory illnesses and, they provide multiskilled health care in a cost-effective manner.

When you evaluate whether or not Respiratory Therapist should move from state registration to state licensure, you must ask yourself; is the individual who is practicing the functions of a Respiratory Therapist contributing anything to the care of the patient. Will that person deliver therapy that is ineffective, or cause an increase in illness recovery, or worse?

The quality of a health care service is only as good as the weakest link.

Sincerely,

NEWMAN MEMORIAL COUNTY HOSPITAL

Terry Lambert

Terry Lambert, CEO

HOUSE HHS COMMITTEE
Attachment 11
1 - 27 - 98

WICHITA
CLINIC

January 26, 1998

Health and Human Services Committee
Kansas State Board of Healing Arts

To Whom It May Concern:

I am the Medical Director of Respiratory Care at Via Christi Regional Medical Center, St. Francis Campus, in Wichita. I am a pulmonologist and have been in practice since 1988. I am writing to support the changes proposed in SB 242 regarding licensing of Respiratory Therapists.

As you are aware, the field of Respiratory Therapy is a complex and rapidly changing area where new technologies abound. It also involves giving care to the sickest patients, sometimes under adverse conditions. It is manifestly not a profession where anything less than the very highest standards of care can be tolerated, since in many cases people's lives depend on getting the right treatments at the right time by capable personnel. In my opinion, the changes proposed will help to ensure that only those whose qualifications have been established (by licensure) and who are under competent medical direction will be allowed to provide care in this manner.

Sincerely,

Daniel C. Doornbos

Daniel C. Doornbos, M.D., F.C.C.P.

HOUSE HHS COMMITTEE
Attachment 12
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Wichita Clinic P.A. • 3311 E. Murdock • Wichita, KS 67208 • 316-689-9111
Toll free: 1-800-876-5111

LORRIE CATLETT, LBSW, MS
405 EXCHANGE ST
EMPORIA KS 66801

January 26, 1998

To Whom It May Concern:

I feel that licensure for respiratory therapists is essential. I have been a patient several times and respiratory therapists have always been involved.

I strongly feel that it was the respiratory therapy department that kept me alive on 2 or 3 occasions. Without their education and training, lives would be lost.

It is essential that their education and training be kept current and licensure would ensure this.

From a thankful, acute asthmatic.

Sincerely,

Lorrie Catlett

Lorrie Catlett, LBSW, MS

COMMITTEE MEMBERS:

My name is Lavonne Frizell, I live in Emporia Kansas.

I have a lung disease called Bronchiectasis. With this disease there is a destruction to the muscle and elastic tissue of the bronchial wall caused by the formation of small pockets. These pockets then become infected with germs that gather and stay there. When infections become worse, the situation can become very serious.

Over the past 35 years the progression of my disease has affected every day of my life. Anyone who has never had trouble breathing cannot understand how day to day tasks are centered around my breathing. Much of my quality of life depends on the daily respiratory treatments I must take to maintain clearance of mucous from my airways.

Over the last 25 years I have been hospitalized at least twice a year due to my condition and recurring infections. When I am sick and we have done everything we can do at home, my husband takes me to the hospital and lets the hospital and Respiratory Therapists take over, his worries are over and he knows that I am on my way to recovery. The Respiratory Therapist's knowledge of the pulmonary system, correct assessment of my condition and aggressive therapy helps me make it through my crisis. I am aware of their continued interest in my well being not only with their aggressive treatments but with their continuing education and follow-up. They make sure I understand the seriousness of my disease through continued education through a Pulmonary Rehabilitation class which focuses on how to maintain with proper diet, exercise, recognition of warning signals, and much more.

Respiratory Therapists are pulmonary specialists and there expertise in assessment and treatment of my disease and I believe has helped me to better manage my disease and maintain my independence. In my experience they are something more. Their caring attitude and concern in my well being is a positive influence in my recovery and day to day life.

Just knowing someone cares and understands my condition makes it easier to cope with my disease.

When I found out that anyone could perform Respiratory Therapy, I was SHOCKED! How can anyone without the knowledge and background that Respiratory Therapists have be qualified to treat patients like myself even the more seriously ill. Would this not cause more harm than good? When I am sick, I want to have the very best care available and I believe a qualified professional such as Respiratory Therapists should perform my care. Licensed Respiratory Therapists would ensure that I receive qualified care in the hospital but also opens the door for me to receive that care at home. With Health Care Reform this becomes more apparent and is also important to my maintaining a healthier lifestyle outside of the hospital.

Most people take breathing for granted, I don't! You must understand the role Respiratory Therapists have in helping people like myself. They hold life and breath in their hands, their experience, knowledge, and understanding are an important part of health care team and my well being. It is time that we ensure the best care available to all those in need of Respiratory Care by making all Respiratory Therapists licensed in the State of Kansas.

Thank you for your time and appreciate your ability to breathe well.

N. LaVonne Frizell

Lucille Stovall
Emporia, Kansas

To Whom it May Concern:

Over the past three months, I have had four different experiences with the Cardiopulmonary department (Respiratory Dept.) of Newman Hospital.

My first experience was as an inpatient when my doctor ordered breathing treatments for me several times every day.

Also during my stay in the hospital I had an EEG and pulmonary function test. After my discharge I had two sleep studies as an outpatient.

In all my experiences with Respiratory Therapy, I was treated with courtesy and professionalism in all respects. It was obvious that the therapists were not only competent but caring with regard to my anxieties and fears. They were able to answer my questions and make me comfortable as they worked with me.

I know that the people who did by tests during my hospital stay and as an outpatient are certified therapists with special training for the work they do.

It is my belief that anyone who works in Respiratory Therapy should be board certified. It gives a patient confidence that they know what they are doing. Trust is very important when you are ill and depending on tests to be done right.

Yours truly,
Lucille Stovall

AMERICAN SOCIETY
OF ANESTHESIOLOGISTS

STATEMENT OF SUPPORT
FOR
RESPIRATORY CARE PRACTITIONERS
OCTOBER 1996

Health care organizations have sought to implement the use of substitute caregivers. The American Society of Anesthesiologists is particularly concerned about this trend in the area of respiratory care.

Respiratory care is a highly specialized allied health profession. Respiratory Care Practitioners (RCPs) are trained to care for patients under the supervision of a qualified medical director in multiple clinical settings including home care, subacute care and hospitalized patients. The patients under their care frequently include a disproportionately sicker population than is the case for most other allied health practitioners and RCPs have responsibility for the control of life support equipment in critically-ill patients. RCPs also play an indispensable role in the coordination and utilization of respiratory care services in these multiple settings.

RCPs undergo unique and rigorous formalized training, the programs of which are nationally accredited. They are qualified by a valid and reliable national testing system. They work under the leadership and guidance of a qualified medical director and have done so for many years.

ASA is deeply concerned about the use of other practitioners delivering respiratory care services. The standard of care to patients could be compromised unless these other individuals received the same extensive education, training and competency testing as required of RCPs.

ASA strongly supports the continued use of nationally credentialed Respiratory Care Practitioners working under the supervision of a qualified medical director as they are the most highly qualified health care personnel to deliver respiratory care services to patients.

520 N. Northwest Highway · Park Ridge, IL 60068-2573
Telephone: (847) 825-5586 Fax: (847) 825-1692

AMERICAN COLLEGE OF CHEST PHYSICIANS

American College of Chest Physicians
Section on Respiratory Care

RESOLUTION

Role of Respiratory Care Practitioners in the Delivery of
Respiratory Care Services

In today's ever-changing health-care field, efforts have been made to decrease costs by having a variety of health-care providers deliver respiratory care services. We are concerned that the quality of these services may be inferior if the health-care provider has not had adequate training and experience. Respiratory care practitioners (RCPs) are particularly qualified to assess patients with respiratory problems and to deliver the various modalities of respiratory care because of their unique educational background and training. Their profession has assured practitioner competence by requiring national accreditation of all training programs. This is supplemented by a national credentialing mechanism, often linked with state licensure. Continued competence is bolstered in almost every state by the legal requirement for continuing education in respiratory care. Further, RCPs provide these services under the direction of a qualified medical director.

Because RCPs have specialized training and experience, they play a vital role in the coordination and utilization of respiratory care services. This role is particularly pertinent in this era of managed care, which has resulted in an increased severity of illness in hospitalized patients, as well as in those cared for in their homes and other out-of-hospital sites. Although other health-care providers may possess the necessary training and experience to deliver simple modalities of respiratory care, the RCP is uniquely qualified to assist the physician in assessing the overall respiratory needs of patients, and in recommending and delivering the necessary care. Respiratory care modalities can be most beneficial and cost-effective when the RCP functions within the guidelines of physician-approved respiratory care protocols.

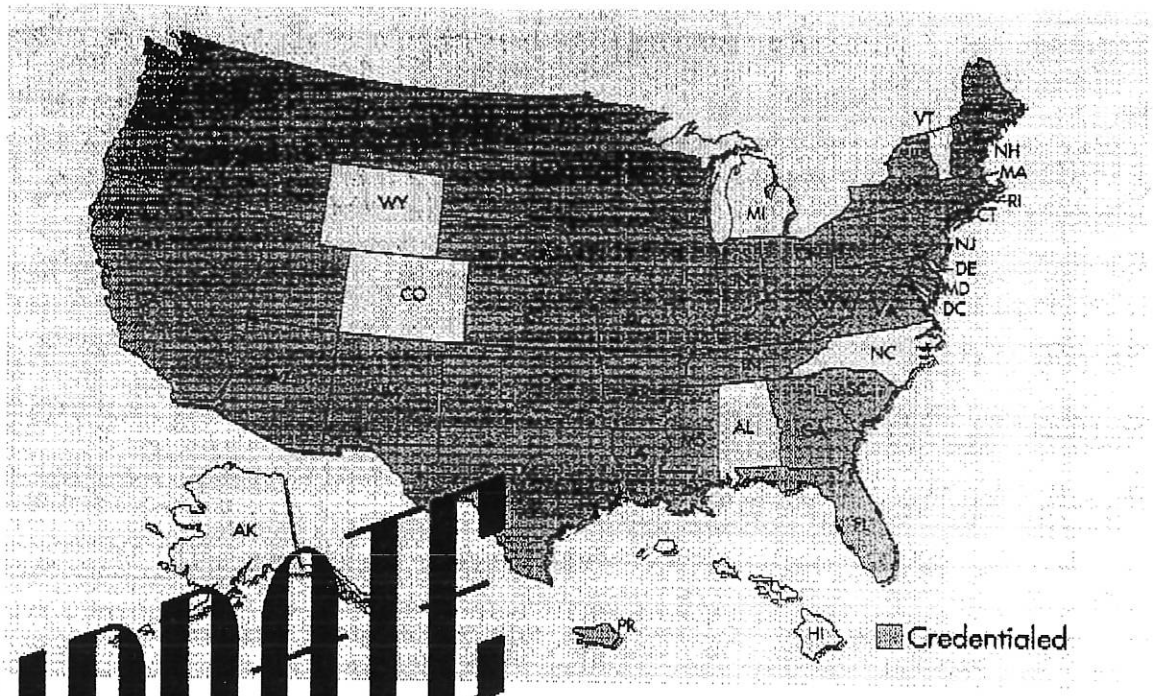
In order to assure the safety, quality, and appropriateness of respiratory care services delivered to the patients in need, the American College of Chest Physicians strongly endorses the essential role of the competent RCP in providing respiratory care under the direction of a qualified medical director.

July, 1997

3300 Dundee Road Northbrook, Illinois 60062-2348 USA
E-mail: chestp@aol.com Homepage: http://www.chestnet.org
Voice: 847/498-1400 Fax: 847/498-5460

16-2

SB 242



UPDATE State Licensure 1998

The American Association for Respiratory Care continues to pursue its goal of enacting respiratory care licensure laws in all 50 states. In 1997 Washington state successfully upgraded its certification law to licensure. Currently, 35 states, the District of Columbia, and Puerto Rico have respiratory care licensure laws; and seven states — Illinois, Indiana, Kansas, Minnesota, Nevada, South Carolina, and Virginia — have certification laws. Eight states — Alabama, Alaska, Colorado, Hawaii, Michigan, North Carolina, Vermont, and Wyoming — have no laws. Several of these states are expected to introduce licensure legislation this year.

To assist states in their licensure efforts, the AARC is updating the 1992 Arthur Andersen reports on the impact of state regulation on the respiratory care profession. Also, human resources data on salaries and vacancies are being analyzed by researchers at the School of Health Related Professions at the University of Alabama at Birmingham. An updated report should be available to members early this year.

The National Respiratory Care Disciplinary Database, developed by the AARC and the National Board for Respiratory Care (NBRC), is in operation; and 27 states are currently participating in the data base.

The disciplinary data base houses disciplinary actions in one central location at NBRC headquarters. The information is free of charge to state boards and advisory committees for respiratory care. The AARC urges chartered affiliates to encourage their state board/advisory committee to consistently supply information to this data bank so that the information is always up to date.

The AARC requested updated information directly from state respiratory care boards and advisory committees across the country to compile the chart appearing on the following pages. If you have questions about licensure issues this year, please contact:

Jill Eicher, MPA
AARC Director of State Government Affairs
1225 King St.,
Second Floor
Alexandria, VA 22314
(703) 548-8538
Fax: (703) 548-8499 ●

Affiliate	Board Name	Contact	Address
Alabama *No Act*	ASRC Licensure Committee	Becky Brooks	Baptist Medical Center, Dept. of Respiratory Care 2105 E. South Blvd., Montgomery, AL 36198
Alaska *No Act*	ASRC Licensure Committee	Al Garcia	Alaska Native Medical Center 250 Gambell, Anchorage, AK 99501
Arizona *Licensure*	Board of Respiratory Care Examiners	Mary Hauf Martin	1400 W. Washington, Suite 200 Phoenix, AZ 85007
Arkansas *Licensure*	Respiratory Care Examining Committee	Bonnie Davis	State Medical Board 12304 Shawnee Forrest, Little Rock, AR 72212
California *Licensure*	Respiratory Care Board	Cathleen McCoy	1426 Howe Ave., Suite 48 Sacramento, CA 95825-3234
Colorado *No Act*	CSRC Licensure Committee	Ken Draper	Montrose Memorial Hospital 800 S. 3rd, Montrose, CO 81401
Connecticut *Licensure*	RCP Licensure Committee	Norma Shea	Dept. of Public Health, RCP Licensure, 410 Capitol Ave. MS#12APP, P.O. Box 340308, Hartford, CT 06134
Delaware *Licensure*	DSRC Licensure Committee	Robert Long	School of Respiratory Care Medical Ctr. of Delaware P.O. Box 1668, Wilmington, DE 19899
District of Columbia *Licensure*	MD/DC Licensure Committee	Elgloria Harrison	323 Tennessee Ave., NE Washington, DC 20002
Florida *Licensure*	Advisory Council on Respiratory Care	Kay Howerton Robin Williams	Department of Health 1940 N. Monroe St., Tallahassee, FL 32399-0789
Georgia *Licensure*	Respiratory Therapy Committee	Judy Sprouse	Composite State Board of Medical Examiners 166 Pryor St. S.W., Atlanta, GA 30303
Hawaii *No Act*	HSRC Licensure Committee	Aaron K. Koseki	Health Science Dept., Kapiolani Community College 4303 Diamond Head Rd., Honolulu, HI 96816
Idaho *Licensure*	Respiratory Care Licensure Board	Sharon Dinger	Board of Medicine 280 N. 8th St., #202, State House Mail Boise, ID 83720
Illinois *Certification*	Respiratory Therapy Committee	Amy Rademaker	Dept. of Professional Regulations, 320 W. Washington Springfield, IL 62786
Indiana *Certification*	Respiratory Care Committee	Frances L. Kelly	Health Professions Bureau 402 W. Washington St., Indianapolis, IN 46204
Iowa *Licensure*	Respiratory Care Advisory Committee	Harriet L. Meyer	Lucas State Office Bldg., 4th Floor Des Moines, IA 50319-0075
Kansas *Certification*	Respiratory Care Advisory Committee	Rhonda Bohannon	State Board of Healing Arts 235 S. Topeka, Topeka, KS 66603
Kentucky *Licensure*	KY Board of Respiratory Care	David Nicholas	Office of Occupations & Professions P.O. Box 456, Frankfort, KY 40602
Louisiana *Licensure*	Advisory Committee on Respiratory Care	Susan Barthe	Board of Medical Examiners 630 Camp St., New Orleans, LA 70130
Maine *Licensure*	Board of Respiratory Care Practitioners	Mary Breton	Dept. of Professional & Financial Regulation Division of Licensing & Enforcement State House, Station 35, Augusta, ME 04333
Maryland *Licensure*	Board of Physician Quality Assurance	Barbara Felderauer	Dept. of Health/Mental Hygiene Physicians Board for Quality Assurance 4201 Patterson Ave., 3rd Floor, P.O. Box 2571 Baltimore, MD 21215-0095
Massachusetts *Licensure*	Board of Respiratory Care	Michelle Keaton	Div. of Registration, Saltonstall Bldg., Room #1513 100 Cambridge St., Boston, MA 02202
Michigan *No Act*	MSRC Licensure Committee	John Darin	Cardiopulmonary Services, Heritage Hospital 10000 Telegraph Rd., Taylor, MI 48180
Minnesota *Certification*	Respiratory Care Advisory Council	Jeanne Haffman	Board of Medical Practice 2829 University Ave. S.E., Suite 400 Minneapolis, MN 55414-3246

17-2

Phone/Fax	# of Licenses	Renewal Period	C.E. Hours	Fees
Ph: 334-262-2763				
Ph: 907-279-6681 Fax: 907-257-1781				
Ph: 602-542-5995 Fax: 602-542-5900	4,100	Biennial	20	$100 — Initial $85 — Renewal
Ph: 501-296-1082 Fax: 501-296-1085	350	Annual	15 (every 2 yrs.)	$150 — Initial $5 — Renewal
Ph: 916-263-2626 Fax: 916-263-2630	19,100	Biennial	15	Contact Board Directly
Ph: 303-249-2211 Fax: 303-240-7350				
Ph: 860-509-7562	1,284	Annual	Pending	$150 — Initial $50 — Renewal
Ph: 302-428-2678 Fax: 302-428-2328				
Ph: 410-578-8600 ext. 211				
Ph: 850-487-2098 Fax: 850-921-7865	8,528	Biennial	24 (40 for grandfathered)	$125 — Initial $75 — Renewal
Ph: 404-656-3913 Fax: 404-651-9532	946	Biennial	40	$50 — Initial $50 — Renewal
Ph: 808-734-9224 Fax: 808-734-9455				
Ph: 208-334-2822 Fax: 208-334-2801	422	Annual	12	$80 — Initial $40 — Renewal
Ph: 217-785-0800			24 beginning 4/30/01	
Ph: 317-232-2960 Fax: 317-266-4236	3,637	Biennial	15	$30 — Initial $20 — Renewal
Ph: 515-281-4406 Fax: 515-281-4958	528	Biennial	30	$25 — Initial $50 — Renewal
Ph: 913-296-7413 Fax: 913-296-0852	986	Annual	30	$40 — Initial $30 — Renewal
Ph: 502-564-3296, ext. 221 Fax: 502-564-4818	2,701	Biennial	24	$100 — Initial $50 — Renewal
Ph: 504-568-8566 Fax: 504-568-8893	1,311 therapists 2,373 technicians	Annual	10	$75 — Initial (therapist) $50 — Initial (technician) $25 — Renewal (therapist) $17 — Renewal (technician)
Ph: 207-624-8603 Fax: 207-624-8637	555	Biennial	30	$160 — Initial $135 — Renewal
Ph: 410-764-4777 Fax: 410-764-2478		Biennial	16	$75 — Initial $60 — Renewal
Ph: 617-727-1747	3,086	Biennial	15	$200 — Initial $75 — Renewal
Ph: 313-295-5155 Fax: 313-295-5154				
Ph: 612-642-0538 Fax: 612-642-0393	968	Annual	24 (every 2 yrs.)	$78 — Initial $78 — Renewal

17-3

Affiliate	Board Name	Contact	Address	Ph
Mississippi *Licensure*	Respiratory Care Advisory Council	David Kweller	State Dept. of Health, Professional Licensure – Respiratory Care, P.O. Box 1700, Jackson, MS 39215	
Missouri *Licensure*	Missouri Board for Respiratory Care	Terry Lynn Davis	Office of Health Care Providers, 3605 Missouri Blvd. P.O. Box 1335, Jefferson City, MO 65102-1335	
Montana *Licensure*	Board of Respiratory Care Practitioners	Helena Lee	Board of Respiratory Care Practitioners 111 N. Jackson, Helena, MT 59620	
Nebraska *Licensure*	Board of Examiners in Respiratory Care Practice	Diane Hansmeyer	Prof. & Occupational Licensure Div., Dept. of Health, 301 Centennial Mall S., P.O. Box 95007, Lincoln, NE 68509-5007	
Nevada *Certification*	No board	Leigh Parker	Washoe M.C. 77 Pringle Way, Reno, NV 89520	
New Hampshire *Licensure*	Respiratory Care Advisory Committee	Karen Lamoureux	Board of Medicine, 2 Industrial Park Dr., Suite 8 Concord, NH 03301	
New Jersey *Licensure*	State Board of Respiratory Care	Dorcas K. O'Neal	Dept. of Law & Public Safety, Div. of Consumer Affairs P.O. Box 45031, Newark, NJ 07101	
New Mexico *Licensure*	Respiratory Care Advisory Board	Carmen E. Payno	New Mexico Registration & Licensing Dept. 725 St. Michaels, P.O. Box 25101, Santa Fe, NM 87504	
New York *Licensure*	State Board of Respiratory Therapy	Milene Sower	SBRT, State Education Department, Office of the Professions, Div. of Professional License Services, Cultural Education Center, Albany, NY 12230	
North Carolina *No Act*	NCSRC Licensure Committee	Jim Whitley	Central Piedmont College Health Technologies P.O. Box 35009, Charlotte, NC 28235	
North Dakota *Licensure*	ND State Board of Respiratory Care	Duane Flick	ND State Board of Respiratory Care P.O. Box 2223, Bismarck, ND 58502	
Ohio *Licensure*	Ohio Board of Respiratory Care	Christopher H. Logsdon	Ohio Respiratory Care Board 77 S. High St., 18th Floor, Columbus, OH 43266-0777	
Oklahoma *Licensure*	Respiratory Care Advisory Committee	Carole A. Smith	Oklahoma State Board of Medical Licensure P.O. Box 18256, Oklahoma City, OK 73154-0256	
Oregon *Licensure*	Respiratory Care Practitioners Committee	Susan Erickson	Board of Medical Examiners, 620 Crown Plaza 1500 S.W. First Ave., Portland, OR 97201-5826	
Pennsylvania *Licensure*	State Board of Medicine		State Board of Medicine P.O. Box 2649, Harrisburg, PA 17105	
Puerto Rico *Licensure*	State Examining Board for Respiratory Care Technicians	Samuel Gomez	P.O. Box 10200 Santurce, PR 00908-0200	
Rhode Island *Licensure*	Respiratory Care Practitioners Board	Peter J. Petrone	Rhode Island Dept. of Professional Regulation 3 Capitol Hill, Room 104, Providence, RI 02908-5097	
South Carolina *Certification*	Respiratory Care Committee	Brenda Williams	Board of Medical Examiners, P.O. Box 11289, Columbia, SC 29221-1289	
South Dakota *Licensure*	SDSRC Licensure Committee	June Schulz	SD State Medical Examiners 1323 S. Minn Ave., Sioux Falls, SD 57105	
Tennessee *Licensure*	Council for Respiratory Care	Lea Phelps	Tennessee Medical Examiners, 426 5th Ave. N. 1st Floor, Cordell Hall Bldg., Nashville, TN 37247	
Texas *Licensure*	Respiratory Care Practitioners Advisory Committee	Jeanette Heisobeck	Texas Dept. of Health, Respiratory Care 1100 W. 49th St., Austin, TX 78756	
Utah *Licensure*	Respiratory Care Licensing Board	Karen McCall, Board Secretary	Division of Occupational & Professional Licensing State of Utah, Box 146741, Salt Lake City, UT 84111-6741	
Vermont *No Act*	VT/NH SRC Licensure Committee	Greg Ward, Chair	Respiratory Care Services Medical Center Hospital of VT, Burlington, VT 05401	
Virginia *Certification*	Advisory Board on Respiratory Therapy	Cookie Ergens	Dept. of Health Professions, State Board of Medicine 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717	
Washington *Certification*	Respiratory Care Advisory Committee	Beth Blakley	Dept. of Health, Respiratory Care Section P.O. Box 47866, Olympia, WA 98504	
West Virginia *Licensure*	West Virginia Board of Respiratory Care	Anna Parkman	University of Charleston 2300 MacCorkle Ave. S.E., Charleston, WV 25304	
Wisconsin *Licensure*	Respiratory Care Examining Council	Susan Schmidt	Medical Examining Board P.O. Box 8935, Madison, WI 53708	
Wyoming *No Act*	WSRC Licensure Committee	Peter Hoppa	Wyoming Medical Center 110 N. Washington St., Casper, WY 82601	

	Phone/Fax	# of Licenses	Renewal Period	C.E. Hours	Fees
	Ph: 601-987-3780 Fax: 601-960-7948	1,530	Biennial	20	$75 — Initial $100 — Renewal/2 yrs.
	Ph: 314-751-0877 Fax: 314-751-4176		Annual		
	Ph: 406-444-3091 Fax: 406-444-1667	390	Annual	12	$60 — Initial $40 — Renewal
Cen- 17	Ph: 402-471-2299 Fax: 402-471-3577	795 practitioners 38 temporary permits	Biennial	20	$181 — Initial $92 — Renewal
	Ph: 702-328-4648 Fax: 702-328-4668				
	Ph: 603-271-1203 Fax: 603-271-6702	400	Annual	10	$60 — Initial $35 — Renewal
	Ph: 201-504-6485 Fax: 201-648-3536	2,763	Biennial	None	$180 — Initial $180 — Renewal
	Ph: 505-827-7170 Fax: 505-827-7095	616	Biennial	20	$125 — Initial $105 — Renewal
ns,	Ph: 518-474-3845 Fax: 518-473-0578	4,398 therapists 1,578 technicians	Triennial	None	$270 — Initial (therapist) $140 — Initial (technician) $155 — Renewal (therapist) $90 — Renewal (technician)
	Ph: 704-342-6795 Fax: 704-342-5930				
	Ph: 701-222-1564	350	Annual	10	
	Ph: 614-752-9218 Fax: 614-644-8112	4,819 full, 663 limited 247 temporary	Annual	18 hours/ 3 years	$50 — Initial $35 — Renewal
	Ph: 405-848-6841 Fax: 405-848-8240	1,222	Biennial	12	$40 — Initial $40 — Renewal
	Ph: 503-229-5770 Fax: 503-229-6543	983	Biennial	15	$75 — Initial $75 — Renewal
	Ph: 717-783-1400 Fax: 717-787-7769		Biennial	None	$250 — Initial $200 — Renewal
	Ph: 809-725-8161, ext. 218		Biennial	30	$30 — Initial $25 — Renewal
	Ph: 401-277-2827 Fax: 401-277-1272	415	Biennial	None	$110 — Initial $50 — Renewal
	Ph: 803-737-9300 Fax: 803-737-9314	1,350	Annual	15	$100 — Initial $80 — Renewal
	Ph: 605-333-6505 Fax: 605-333-4402	318	Biennial	20	$80 — Initial $40 — Renewal
	Ph: 615-532-4364 Fax: 615-532-5164	1,465 therapists 1,522 technicians 67 assistants	Biennial	6	$75 — Initial $60 — Renewal
	Ph: 512-834-6632	9,000	Annual	6	$120 — Initial $40 — Renewal
41	Ph: 801-530-6632 Fax: 801-530-6511	770	Biennial	None	$30 — Initial $30 — Renewal
	Ph: 802-656-4700 Fax: 802-656-5312				$60 — Initial $30 — Renewal
7	Ph: 804-662-7636 Fax: 804-662-9943	1,707	Biennial	None	
	Ph: 206-664-3230 Fax: 206-753-0657	1,167	Biennial	None	$100 — Initial $50 — Renewal
	Ph: 304-357-4837 Fax: 304-357-4965		Annual	Pending	$85 — Initial $100 — Renewal
	Ph: 608-266-1396 Fax: 608-267-0644	1,620	Biennial	None	Pending
	Ph: 307-777-2266 Fax: 307-777-5018				$74 — Initial $38 — Renewal/2 yrs.

KANSAS HOSPITAL ASSOCIATION

Memorandum

Donald A. Wilson
President

TO: House Health and Human Services Committee

FROM: Kansas Hospital Association; Tom Bell, Senior Vice President/Legal Counsel

RE: Senate Bill 242

DATE: January 27, 1998

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 242, which would grant licensure status to "respiratory care practitioners". This is not a new issue to come before state policymakers. In 1984 the Kansas Respiratory Care Society submitted an application to the Kansas Department of Health and Environment requesting they be licensed by the state. Subsequently, the 1985 Kansas Legislature passed a registration law. Then in 1993, the same group submitted an application to KDHE requesting licensure again. After consideration, the Secretary of that agency found that the current registration law is the appropriate level of credentialing and recommended that no legislative action be taken.

Before discussing the provisions of SB 242, it is appropriate to review the statutory criteria that is to be applied when a particular health care provider group seeks credentialing by the state. Our statutes state that credentialing by the state is only appropriate when the following findings are made:

(1) The unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public, and the potential for such harm is recognizable and not remote;

(2) the practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability;

(3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing

HOUSE HHS COMMITTEE
Attachment 18-1
1-27-98

215 S.E. 8th • P.O. Box 2308 • Topeka, Kansas 66601-2308 • (785) 233-7436 • FAX (785) 233-6955

health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures;

(4) the public is not effectively protected from harm by certification of members of the occupation or profession or by means other than credentialing;

(5) the effect of credentialing of the occupation or profession on the cost of health care to the public is minimal;

(6) the effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal;

(7) the scope of practice of the occupation or profession is identifiable;

(8) the effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal; and

(9) nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.

Previously, KHA has presented testimony in opposition to respiratory therapy licensure legislation, focusing on the potential detrimental impact on cost and access, especially in the more rural areas of the state. Like it or not, there are simply not enough respiratory therapists to provide all the services that fall into the bill's definition of respiratory therapy. Legislators must continue to recognize this fact. We also pointed out that prior versions of this bill would have had a substantial impact on other health care personnel in the state. Previous proposals established a broad scope of practice for respiratory therapists, as does SB 242, without providing much in the way of recognizing other providers' scope of practice.

While access and cost must remain important in the discussion of any licensure proposal, Senate Bill 242 is more sensitive to these issues. Although Section (b) does establish a wide-ranging scope of practice for respiratory therapists, the current proposal goes much further in recognizing the fact that other providers may often perform tasks crossing over into the defined respiratory therapy area. Section 12 of Senate Bill 242 contains numerous examples of other types of health care providers who may, under the proper circumstances, be allowed to perform certain overlapping functions. While it does not address all the statutory criteria for credentialing, the inclusion of Section 12 alleviates many of our concerns with respiratory therapy licensure proposals. Thank you for your consideration of our comments.

KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor

235 S. Topeka Blvd.
Topeka, KS 66603-3068
(785) 296-7413
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(785) 368-7102

MEMORANDUM

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: January 27, 1998

RE: SENATE BILL NO. 242

Chairman Mayans and members of the Committee, thank you for the opportunity to appear before you and provide information on Senate Bill No. 242.

On February 15, 1997, the State Board of Healing Arts as a whole reviewed Senate Bill No. 242 as originally introduced and voted to oppose the bill. On February 20, 1997, I appeared before the Senate Committee on Public Health and Welfare and noted the Board's opposition to the bill and several reasons therefor. The Senate Committee adopted several amendments to the bill that addressed at least two of the Board's concerns. On January 7, 1998, a Legislative Committee of the Board met and discussed Senate Bill No. 242. The Committee acknowledged that several amendments made by the Senate addressed the prior concerns of the Board. However, since the Board as a whole had opposed the original bill, the Committee did not feel it should change the Board's prior position. The next meeting of the Board as a whole will not occur until February 14, 1998, when the Board will again have the opportunity to review Senate Bill No. 242 as amended and to determine whether to change its position.

There remains concern which should be addressed if the Committee determines to recommend this bill favorably for passage. In Section 3 on page 3 of the amended version I believe there is a question as to who is responsible for appointing the two members from the public sector to the Respiratory Care Council. The first sentence of Section 5(b) on page 4, lines 24-27, is not a sentence that forms a complete thought.

Senate Bill No. 246 was enacted by the 1997 Legislature and amended K.S.A. 65-5508. Therefore, Section 7 at page 6, lines 12-14, needs to be amended to delete the phrase "without the majority approval of the members of the board".

Section 7(e) on page 6 of Senate Bill No. 242 needs to be amended to modify and change the dates from 1998 to 1999.

Senate Bill No. 244 enacted by the 1997 Legislature amended K.S.A. 65-5509. Section 8 of Senate Bill No. 242 at page 6 of the bill needs to be modified to reflect the amendments previously enacted.

The amendments made by the Senate Committee have addressed the Board's concerns by incorporating "qualified medical director" into the definition of respiratory therapy on page 1 of the bill. Further, Sections 13-20 was added to the bill to address the concern that licensure of respiratory care practitioners would conflict with other statutes that refer to individuals licensed by the Board of Healing Arts, but was intended to be limited to one or more of the branches of the healing arts.

Again, thank you for the opportunity to appear before you and provide these comments. I apologize that as of this time the Board has not had a chance to review Senate Bill No. 242 since it was amended by the Senate. I hope if you determine to recommend this bill favorably for passage that you address the above issues. I would be happy to respond to any questions.

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

WRITTEN TESTIMONY PRESENTED TO

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

Tuesday, January 27, 1998

BY

Lesa Bray, Director, Health Occupations Credentialing,BACC
Kansas Department of Health and Environment

SENATE BILL 242

Thank you for the opportunity to provide this written informational testimony concerning Senate Bill 242, a carry-over bill from the 1997 Legislative Session.

KDHE does not support this bill for the following reasons:

1. In 1983 applications for credentialing of health care personnel in Kansas was the responsibility of the Statewide Health Coordinating Council (SHCC). Under that body's jurisdiction, an application for the licensure of the practice of respiratory care in Kansas was first submitted January 11, 1983. During the subsequent months, a technical review committee was convened and evidence was gathered through hearings and applicant-supplied materials and testimony in accordance with the criteria recognized at that time. The result of these deliberations was a recommendation for denial of credentialing by the technical committee and the SHCC. In 1985, the legislature passed a registration law for the respiratory therapists in Kansas.

2. In 1993 the Kansas Respiratory Care Society applied for a change in the level of credentialing; another technical review committee conducted its responsibilities in accordance with the Credentialing Act (Kansas Statutes Annotated 65-5001 et seq.). The result of the review indicated that the applicant group did not meet the criteria necessary to be recommended for licensure. At issue was the determination by the review committee that there was not evidence to convince the committee that licensure would prohibit the 'harm' to the public that was identified by the applicant group, which was one of the licensing criteria. The Secretary of Health and Environment concurred with the committee's decision. Notwithstanding these findings, the Kansas Respiratory Care Society introduced House Bill 2765 to the 1996 Legislature which was not approved. Senate Bill 242 is substantially the same as the 1996 proposed bill and has been carried over from the 1997 legislative session.