Dear Senator or Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am writing you for your support regarding House Bill 358, Modernize Respiratory Care Practice Act. In 2000, the General Assembly decided the practice of respiratory care affects the public health, safety and welfare and that licensing the persons who provide respiratory care is necessary to ensure competency and quality of care.  According N.C. Gen. Stat. § 90-647, the primary purpose of licensing is “to protect the public from the unqualified practice of respiratory care and unprofessional conduct by persons licensed pursuant to this Article.”

***The Range of Respiratory Care Services***

The respiratory care professionals licensed by NC Respiratory Care Board (NCRCB) are active in providing respiratory care in hospitals and long-term care facilities like nursing homes, but also in homes and schools.  The care they provide covers a broad range of services, including some critical, life-sustaining procedures which all require significant assessment, observing, and monitoring:

* Treating ventilator patients who depend on a life-sustaining machine to help them breathe.
* Participating in emergency responses to treat problems with patients’ airways.
* Treating chronic conditions involving the lungs like asthma and emphysema.
* Educating patients on issues such as smoking cessation, asthma and COPD.
* Administering advanced diagnostic and therapeutic agents to treat patients.

Over the past 16 years, NCRCB has made significant efforts to enhance the practice of respiratory care in North Carolina.  NCRCB has been actively involved in the state and national dialogue about the future development of respiratory care through work with the National Board for Respiratory Care, the Commission on Accreditation for Respiratory Care, the American Association of Respiratory Care, the North Carolina Society for Respiratory Care, the North Carolina Association of Respiratory Educators, and the North Carolina Respiratory Care Managers Group.

In keeping with their mission, NCRCB has been involved in the following initiatives:

* Ensuring that Respiratory Departments in health care organizations are staffed at levels that permit good care to be provided to patients.
* Issuing Declaratory Rulings and Position Statements to guide practitioners in administering increasingly complex procedures in new work environments.
* Addressing licensure issues affecting current and former military personnel.
* Increased respiratory education levels.
* Implementation of procedures based on observed abnormalities of appropriate reporting or referral or respiratory care protocols, or changes in treatment regimen, pursuant to a prescription by a physician.

Most notability, House Bill 358 seeks to introduce an endorsement process that would allow the Board to define educational and credentialing requirements for advance practices in respiratory care. The demands of increasingly complex therapeutic procedures, more potent medications, and the interpretation of detailed treatment protocols in respiratory care requires a broader educational base, training, and credentialing to perform these advanced modalities that did not exist in 2000. As a first step, the bill clearly states the minimal requirements for education as an associate degree in respiratory care to ensure the public is protected to ensure in accordance with General Statute § 90-647. This AAS requirement has been in place since 2002 when the credentialing body changed their educational requirements. As a result, H358 will not impede new graduates from entering the profession. For these reasons, please support House Bill 358.

Sincerely,