Dear Senator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live in \_\_\_\_\_\_\_\_\_\_\_\_, NC, so I am a constituent of yours. My address is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NC. 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 to 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.”

Respiratory care professionals provide respiratory care services in hospitals and long-term care facilities like nursing homes, but also in homes and schools.  The care we provide as respiratory care practitioners cover 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.

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,

Sign Your Name and Provide a Contact Number.