



Breathing life into your career

Michigan Society for Respiratory Care

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April 25, 2012

The Honorable Rick Snyder
Governor
PO Box 30013
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Dear Governor Snyder:

Thank you for all you do to help protect and grow the State of Michigan. First of all, the Michigan Society for Respiratory Care (MSRC) applauds you for your efforts to reinvent Michigan government to help our state maintain its competitive edge across the country and help our state's healthcare system thrive.

However, it is discouraging to learn that the respiratory care profession is among those being recommended for deregulation by the Office of Regulatory Reinvention (ORR). As currently licensed health professionals, 4969 respiratory therapists across our state directly impact the health, safety and welfare of our fellow citizens on a daily basis.

In its recommendations, the ORR has established a set of criteria to evaluate the regulation of any profession/industry. On behalf of MSRC members from all across our state, I believe that the ORR has incorrectly evaluated our license. I can confidently confirm that our industry does meet these criteria:

Risk for Harm to the Consumer

Public health and safety remains our greatest concern. Because licensed respiratory therapists are an essential part of the health care team with direct patient care responsibilities there exists potential for great harm from a lack of training, education, and from incompetence. These potential injuries can be considerable including permanent disability, coma or death.

The risk of harm to the consumer is particularly relevant to respiratory therapists, because, in the case of respiratory care, the consumer is our patient. Patients trust they will receive the highest quality care from our healthcare system, and our profession seeks to meet that expectation with educated and licensed respiratory therapists. The lack of a formal state licensure process in Michigan would mean that respiratory therapists who are incompetent, engage in criminal behavior, or have lost their license to practice in another state can work in Michigan without any review or screening process to protect the citizens of Michigan.

Specialized Skills and Training

Licensed respiratory therapists must complete a specialized, college-based educational training program from an accredited college, and must successfully complete a national credentialing process consisting of rigorous examinations before they are eligible to apply for state licensure. The Indiana University Center for Survey Research published a health care curriculum report in which it was clearly demonstrated that

non-respiratory therapist training programs “provide little or no training in many respiratory care subject areas”. Students from non-respiratory care programs “will have had extremely limited didactic instruction in the 15 typical respiratory therapy procedures included in this survey.” Furthermore, clinical exposure of these students “to respiratory procedures may or may not occur, depending on patient availability. This situation creates another gap in the knowledge base”.

College curriculum for respiratory therapy is specifically designed to enable respiratory therapists to care for everyone from a premature neonate that may spend their first year of life on a mechanical ventilator to the geriatric patient that may spend their last years in a skilled nursing facility. The education is unique from other health care professions and prepares respiratory therapists to manage critically ill patient’s life support functions; operate mechanical ventilators for newborn babies, children and adults. In most hospitals, only respiratory therapists are allowed to manipulate these life support systems because of their specialized training and the ever changing sophistication of the technology. Respiratory therapists are also trained to perform patient assessments and adjust therapy based on their assessments.

Economic Impact

Regulation of respiratory care does not impose significant additional costs on patient care nor restrict access to the health care services we provide. Several studies suggest that respiratory therapists may help contain healthcare costs through patient assessment, aggressive modification of therapy, and applying important protocols. The original analysis of the Senate Fiscal Agency (SFA) in September 1992 concluded there would be no negative impact from licensure for respiratory therapy, and the fees placed on the profession would cover the costs for licensure. The MSRC believes this to remain the case today. In fact, based upon initial SFA estimates 10 years ago, there are more respiratory therapists in Michigan today than originally estimated. This demonstrates that Michigan citizens have more access to respiratory therapists and that licensure is not a deterrence for entrance into the respiratory care profession.

No Alternative to State Regulation

Among the recommendations made by the ORR was *Recommendation D#9* suggesting the National Board of Respiratory Care’s (NBRC) existing credentialing program become an adequate substitute for respiratory therapist licensure. Although the NBRC does serve as a credentialing entity for new respiratory therapist graduates and offers elective specialty examinations, it does not have a continuing education program for therapists. Instead, the NBRC accepts recognized continuing education credits from state programs, the American Association for Respiratory Care (AARC), and by other entities who offer them. More importantly, the NBRC does not have an ongoing monitoring process to protect the general public (patients) from inappropriate, unethical, and incompetent respiratory care. For example, without licensing and state oversight, a convicted felon could potentially obtain a credential through the NBRC and then seek employment in Michigan. In other words, the NBRC is simply a national, voluntary health certifying board that relies on the state for disciplinary actions and is not a substitute for state regulation to protect the public from harm. The NBRC lacks investigative and enforcement options to prevent an incompetent, fraudulent, or dangerous person from practicing in Michigan.

The recommendation also suggests that prior to licensure in Michigan, the NBRC served as the professional standard for employers when hiring respiratory therapists, and that this practice continues to be the standard today. All respiratory therapists must obtain minimal credentialing through the NBRC in order to apply for a license in Michigan, and a current state license is required by all employers when hiring respiratory therapists. It is the *licensing* process, not the *credentialing* process that ensures patient safety.

Distinguishable Scope of Practice

Respiratory therapists are direct patient care providers in a profession where extensive specialized skills and training are required and a significant potential risk of harm to the public exists. The scope of practice

of respiratory therapy is quite distinct from other professions. The need for regulation of respiratory therapists in Michigan was recognized over 20 years ago in a report by the former Health Occupations Council organized under the Michigan Public Health Code. Throughout our state, respiratory therapists:

- directly manage highly technical mechanical ventilators providing necessary life support for patients that are unable to sustain life on their own;
- routinely administer prescription medications, including bronchodilators, antibiotics, analgesics, and opioids;
- perform diagnostic testing, including monitoring the signs, symptoms, reactions, behavior or general responses that exhibit abnormal characteristics;
- routinely make independent and unsupervised treatment decisions based on therapist driven protocols;
- perform CPR in all types of health care facilities and on patient of all ages;
- administer medical gases such as, oxygen, nitric oxide, helium and carbon dioxide
- provide counseling and rehabilitation to patients with cardio-pulmonary disease;
- function as members of Extracorporeal Life Support teams;
- work with critically ill patients in all intensive care units (ICUs); and,
- serve as invaluable members of land and air transport teams, including those that cross state lines, and are part of disaster response teams, such as those that were instrumental in the aftermath of Hurricane Katrina.

While other healthcare professionals may perform some of the basic functions that respiratory therapists practice, hospital and other healthcare facilities rely on respiratory therapists for the respiratory management of most patients.

Autonomous Practice

Respiratory therapists provide services under the direction of a physician, although they usually practice without *direct* supervision. Respiratory therapists utilize Therapist Driven Protocols (TDP) and exercise a great degree of independent judgment. Respiratory therapists routinely make independent and unsupervised treatment decisions based on these protocols which have been well studied and have been found to reduce health care costs and result in better patient outcomes.

Respiratory therapists are also subject to the provisions on the Michigan Do-Not-Resuscitate Procedures Act. Respiratory therapists are authorized to assess a person's vital signs, care, and are authorized to independently execute the DNR order. Given the wide range of patients respiratory therapists treat, clearly a licensed and properly trained respiratory therapist is vital to our state healthcare system.

Applicable State & National Standards

Over a quarter of a century ago the American Association of Respiratory Care (AARC) developed a model respiratory care practice act with input from the respiratory therapy and pulmonary physician communities throughout the country. This model legislative template has been used as the basis for state licensure laws in 49 states, the District of Columbia and Puerto Rico. Each state respiratory therapy licensure law has adopted, with virtually no changes, the scope of practice that is part of the model practice act. This standardized scope of practice has been incorporated into the various state licensure laws for the purpose of promoting patient safety and consistency in the quality and scope of respiratory therapy services provided nationwide.

Recommendation #A-1: Self-supporting Regulation of Occupations

As professionals, respiratory therapists offered, implemented, and now carry the burden of actions that streamline the cost of managing the licensure of respiratory care in a proactive and progressive fashion.

The profession fully accepts the responsibility of paying for their licenses so that Michigan taxpayers are not responsible for any costs associated with the professional licensure.

Recommendation #A-8: Licensing Reciprocity

With 49 other states licensing respiratory care, patients, hospitals and other healthcare facilities have a level of assurance that a respiratory therapist coming into their state from another state is qualified to provide care. Deregulation of the respiratory care license removes that assurance.

As licensed professionals, respiratory therapists have the ability to transport patients to other states and assist with disaster responses. Without a license, Michigan respiratory therapists would lose the ability to transport patients to neighboring states as only licensed professionals are able to do so. If a disaster strikes another state, Michigan respiratory therapists would be prevented from traveling there to assist and perform their job functions simply because they are unlicensed. Licensure is what ensures reciprocity, not credentialing.

Conclusion

While the respiratory care is a relatively new license in Michigan, it is a vital license within our state's healthcare system. The MSRC supports efforts to make Michigan a healthier state with a world class healthcare system. In order for Michigan residents to maintain a safe and trustworthy healthcare system, Michigan needs to rely on licensed, professional respiratory therapists. Therefore, the MSRC respectfully requests the deregulation of the respiratory care profession be removed from further consideration and excluded from any legislation related to the ORR report.

Respectfully submitted,

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