



HOUSE BILL 358: Modernize Respiratory Care Practice Act.

2017-2018 General Assembly

Committee:	House Health. If favorable, re-refer to Finance	Date:	March 30, 2017
Introduced by:	Reps. Burr, Goodman, Boles	Prepared by:	Jason Moran-Bates
Analysis of:	First Edition		Committee Co-Counsel

OVERVIEW: House Bill 358 would amend the Respiratory Care Practice Act by 1) making technical changes to the Definitions section; 2) adding several new definitions to the Definitions section; 3) replacing the Board member representing and appointed by the North Carolina Association of Medical Equipment Services with a member representing and appointed by the Atlantic Coast Medical Equipment Services Association; 4) changing the agency providing background check information on license applicants from the Department of Public Safety to the Department of Justice; 5) granting the Board the power to adopt rules defining education and credential requirements; 6) modifying some licensure requirements; and 7) repealing statutes allowing temporary and provisional licenses.

CURRENT LAW: Under current law, the North Carolina Respiratory Care Board administers the Respiratory Care Act, but does not have specific authority to adopt rules defining the education and credentialing requirements for applicants for a respiratory care license. There is no requirement that applicants have a specific degree. The North Carolina Association of Medical Equipment Services appoints one member to the Board, and background checks for the Board are carried out by the Department of Public Safety.

BILL ANALYSIS:

Section 1 of the bill would make several technical corrections to definitions in G.S. 90-648 as well as add definitions for "Advanced practice" and "Endorsement."

Sections 2 and 3 would replace the Board member appointed by and representing the North Carolina Association of Medical Equipment Services (NCAMES) with a member appointed by the Atlantic Coast Medical Equipment Services Association (ACMESA). This change is necessary because NCAMES voted to expand its membership to provide regional coverage in November 2016. As a result of that expansion, the association's name was changed to ACMESA.

Section 4 would require the Department of Justice, rather than the Department of Public Safety, to provide background check information to the Board. Section 4 would also grant the Board the authority to establish and adopt rules defining educational and credential requirements for license applicants.

Section 5 would require the Board to state the terms and conditions of use of a license to licensees, and re-codify the requirement that applicants consent to a criminal background check from G.S. 90-652 to G.S. 90-653. Section 5 would require applicants to submit proof of an associate's degree in respiratory

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care education approved by the Commission on Accreditation for Respiratory Health Care¹ as well as proof they passed the Therapist Multiple-Choice exam given by the National Board for Respiratory Care.²

Sections 6 and 7 would repeal the statutes allowing for temporary and provisional licenses and remove the fees for those licenses.

EFFECTIVE DATE: This act would be effective October 1, 2017.

¹ The Board has required an associate's degree since 2002 when the last one-year programs in respiratory care education were phased out. This change merely codifies the existing practice.

² In January 2015, the National Board for Respiratory Care changed the name and modified the format of the exam administered to applicants seeking the Registered Respiratory Therapist credential. The new name is the Therapist-Multiple Choice Exam, and its content is substantially similar to the old entry level exam.