



**REPORT OF THE NORTH CAROLINA RESPIRATORY CARE BOARD
July 1, 2024 – June 30, 2025**

To: Attorney General Jeff Jackson
Secretary of State Elaine Marshall
Joint Legislative Administrative Procedure Oversight Committee
State Publications Clearinghouse
Secretary of the Department of Military and Veterans Affairs

From: William L. Croft, Ed.D. Ph.D., RRT-NPS, RCP, FAARC
Executive Director
North Carolina Respiratory Care Board

Re: Report of Activities of the North Carolina Respiratory Care Board
July 1, 2024 – June 30, 2025

INTRODUCTION

The North Carolina Respiratory Care Board was established by Act of the General Assembly during its 2000 session, with the passage of the North Carolina Respiratory Care Practice Act (*RCPA*). The Act is codified at NC. Gen. Stat. § 90-646 *et seq.* This report is being submitted at the direction of the Board, and after being approved by the Board at its regular quarterly meeting on July 10, 2025, to fulfill its duty under NC. Gen. Stat. §93B-2 (a), to submit an annual report addressing the following 11 items, and to submit an annual financial report, (attached), under NC. Gen. Stat §93B-2 (b).

(1) The address of the Board, and the names of its members and officers

North Carolina Respiratory Care Board
125 Edinburgh South Drive, Suite 100
Cary, NC 27511
www.ncrcb.org
Phone (919) 878-5595
FAX (919) 878-5565

Chair

Myra Stearns RCP (7)
Appointment Expires: October 31, 2027

Vice Chair

Jason Thomason, MD (4)
Appointment Expires: November 1, 2027

Secretary

Ms. Madie Ash (1)
Appointment Expires: October 31, 2026

Treasurer

Ms. Tina Lovings, RCP (3)
Appointment Expires: October 31, 2027

Dr. Donald Brescia, MD (2)
Appointment Expires: November 1, 2027

Dr. James F. Davidson (3)
Appointment Expires: November 1, 2027

Open (6)
Appointment Expires: October 31, 2024

Dr. Lanny Inabnit, RCP (2)
Appointment Expires: October 31, 2025

Mr. Dwayne Weitzel, RCP (5)
Appointment Expires: October 31, 2027

Ms. Felita Livingston (1)
Appointment Expires: October 31, 2028

Open Seats: 1

Appointments Code: (1) Governor (2) President Pro Tem of the Senate (3) Speaker of the House (4) N.C. Medical Society (5) NC. Medical Equipment Association (6) Old North State Medical Society (7) NC. Hospital Association

Executive Director: William L. Croft, Ed.D., Ph.D., RRT, RCP, FAARC

(1a) The total number of licensees supervised by the Board. (new, added 2014-120, s.4)

As of June 30, 2025, the North Carolina Respiratory Care Board supervised 6116 Active, 44 Inactive, 16 Provisional licensees, and 62 Respiratory Care Assistants. This number varies throughout the year.

(2) The number of persons who applied to the Board for examination:

The North Carolina Respiratory Care Board utilizes the services of the National Board for Respiratory Care (NBRC) to conduct examinations of candidates for the Respiratory Care Practitioner License, and candidates pay their fees directly to NBRC. Based on data obtained from the NCRCB database, 549 applied for licensure and 265 individuals were residents of North Carolina who applied for licensure between July 1, 2024, and June 30, 2025. Of the individuals applying, 171 passed the NBRC examination required for licensure.

(3) The number who were refused examination: 0**(4) The number who took the examination:**

As indicated above, 549 applied for licensing and 188 took or applied to take the NBRC examination, and 171 passed the NBRC examination between July 1, 2024, and June 30, 2025.

- (5) The number to whom initial licenses were issued: 549**
 - (5a) The number who failed the examination. (new, added SL 2014-Chapter 120, s.4): 17**
- (6) The number who applied for license by reciprocity or comity: 224**
- (7) The number who were granted licenses by reciprocity or comity: 224**
 - (7a) The number of official complaints received involving licensed or unlicensed activity: 46**
 - (7b) The number of disciplinary actions taken against licensees: 19; The number of other actions taken against non-licensees: 0**
- (8) The number of licenses suspended or revoked this fiscal year: 4**
- (9) The number of licenses terminated this fiscal year for any reason other than failure to pay the required renewal fee: 4**
 - (9a) The number of applicants for a license: 549; The number granted a license: 517**
 - (9b) The number of applicants with a conviction record: 35; The number of applicants with a conviction record granted a license: 35; Denied a license for any reason: 0; and Denied a license because of a conviction: 0.**
 - (9c) The number of applicants with military training: 15, the number granted a license: 15; the number denied a license for any reason: 0; summary of the reasons for denial; NA.**
 - (9d) The number of applicants who are military spouses: 8; number granted a license: 8; number denied a license for any reason: 0; and summary of the reasons for denial: NA.**
- (10) The substance of any anticipated request by the occupational licensing Board to the General Assembly to amend statutes related to the occupational licensing Board:**

According to a recent study (Strickland et al., 2020), the use of non-physician advanced practice providers (NPAPP) has increased in the United States to offset shortages in the physician workforce. Yet there are still gaps in some locations where there is little to no access to quality health care. This study sought to identify whether physicians perceived a workforce gap and their level of interest in hiring an NPAPP with cardiopulmonary expertise to fill the perceived gap. The American Association for Respiratory Care (AARC)-led workgroup surveyed 1,401 physicians in 6 different specialties. The survey instrument contained 32 closed-ended questions and 4 open-ended questions. RESULTS: 74% of the 1,401 physician respondents agreed or strongly agreed that there will be a future need for an NPAPP with cardiopulmonary expertise. Respondents from sleep, pediatrics, pulmonary, and critical care were most likely to indicate that there is a current need for an NPAPP. A majority of respondents perceived that the specialized NPAPP would improve efficiency and productivity (74%), patient experience (73%), and patient outcomes (72%). Interest in adding this NPAPP did not increase when participants were told to presume authority for hiring, budget, and reimbursement. CONCLUSIONS: These results indicate that there is both a need for and an interest in hiring an NPAPP with cardiopulmonary expertise. Having an NPAPP would boost physician efficiency and productivity, improve the

patient care experience, and provide benefits that other clinicians are not trained to provide to persons with cardiopulmonary disease. Results suggest there should be continued efforts to develop the NPAPP role to add value for physicians and patients alike.

Source: Strickland, S. L., Varekojis, S. M., Goodfellow, L. T., Wilgis, J., Hayashi, S. W., Nolan, L. M., & Burton, G. G. (2020). Physician Support for Non-Physician Advanced Practice Providers for Persons With Cardiopulmonary Disease. *Respiratory Care*. <https://doi.org/10.4187/respcare.07387>

The NCRCB worked closely with the AARC on this issue since 2016 to establish credentialing and education standards as well as a scope of practice for the advanced practice respiratory therapist (APRT). The Board anticipates submitting changes to the practice act that establishes the graduate-level advanced level respiratory care practitioner as a non-physician advanced practice provider. The legislation will include a rigorous educational and credentialing standard similar to the Nurse Practitioner and Physician Assistant. These standards have been established by the AARC and the Commission on Accreditation for Respiratory Care.

According to the AARC Scope of Practice (2020), An advanced practice respiratory therapist (APRT) is a skilled person, qualified by academic and clinical education to provide diagnosis and treatment of respiratory diseases and disorders to patients under the supervision and responsibility of a licensed doctor of medicine or osteopathy. The APRT may perform medical acts, tasks, or functions in accordance with state licensing laws that are:

1. Related to the care of persons with problems affecting the cardiovascular and/or cardiopulmonary systems;
2. Delegated by a supervising physician to an APRT;
3. Within the scope of practice identified in collaboration with the supervising physician;
4. Appropriate to the APRT's education, experience, and level of competence; and
5. Related to the ordering and administering of drugs, medical care, and medical devices related to the cardiovascular and/or cardiopulmonary systems.

The supervising physician is responsible for the performance of the APRT. An APRT may perform any services authorized by the supervising physician that are within the normal course of practice and expertise of the supervising physician. The APRT may be involved in care of the patients of the supervising physician in any medical setting for which the physician is responsible. The APRT's scope of practice is determined primarily by physicians and the APRT at the practice level which allows for a flexible and customized team function based on the needs of the practice setting.

For this reason, the Board introduced HB 71 and S160 sponsored by Representatives Moss and Huneycutt, and SB160 sponsored by Senator Burgin to establish this emerging practitioner into legislation to help alleviate the shortage of NPAPPs throughout North Carolina. HB71 passed the House on April 1, 2025, and passed the Senate on the first reading. Both bills reside in the Rules and Operations Committee of the Senate.

(11) The number of applicants who applied for licensure pursuant to GS 93B-15.1: 23

(12) The number of licenses granted pursuant to GS 93B-15.1: 23

- (13) **The substance of any anticipated change in rules adopted by the occupational licensing Board or the substance of any anticipated adoption of new rules by the occupational licensing Board.**

Upon passage of HB 71 in 2025, the Board plans to adopt new rules for 2025-2026 in accordance with the statutory requirements. These rules will be a substantial addition to the Board rules.

Given the required response for COVID-19, the Board identified a greater need for advanced level practitioners to better manage patients in the healthcare system. For these reasons, the Board introduced legislation in February 2025 to amend Article 38 in order to create a licensee designation known as the Advanced Practice Respiratory Therapist. The amended language will include the educational and credentialing requirements, and scope of practice as set forth by the AARC, COARC, and NBRC.

The UNC-Charlotte Advisory Committee for the BSRT and MSRC programs announced a new MSRC- Advanced Practice Respiratory Therapist curriculum because of this proposed legislation. The program was approved by UNCC in January 2023. The program submitted their letter intent to COARC for a launch date of Fall 2026.

CONCLUSION

The North Carolina Respiratory Care Board appreciates the opportunity to make this report, highlighting our activities and achievements over the past 12 months and identifying additional issues to be addressed in the future. The Board is committed to carrying out the charge given it by the enactment of the Respiratory Care Practice Act. We look forward to working with the Governor, General Assembly, and all interested parties in ensuring that the health, safety, and welfare of the citizens of North Carolina is protected, and providing for an effective and efficient regulation of the practice of Respiratory Care.

Copies of Board Minutes and other materials will be made available on request. Please direct any comments or questions to the Board at the address shown below.

Respectfully submitted, this 10th day of July 2025,

William Croft, Ed.D. Ph.D., RRT, RCP, FAARC
Executive Director
The North Carolina Respiratory Care Board
125 Edinburgh South, Suite 100 in
Cary, NC 27511
Phone: (919) 878-5595
Fax: (919) 878-5565
E-mail: bcroft@ncrcb.org