



**REPORT OF THE NORTH CAROLINA RESPIRATORY CARE BOARD**  
**July 1, 2014 – June 30, 2015**

To: Attorney General Roy Cooper  
Secretary of State Elaine Marshall  
Office of State Budget and Management  
Joint Legislative Administrative Procedure Oversight Committee  
State Publications Clearinghouse

From: William L. Croft, PhD, RRT, RCP  
Executive Director  
North Carolina Respiratory Care Board

Re: Report of Activities of the North Carolina Respiratory Care Board  
July 1, 2014 – June 30, 2015

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**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. The Act is codified at N.C. 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 9, 2015, to fulfill its duty under N.C. Gen. Stat §93B-2 (a), to submit an annual report addressing the following 11 items, and to submit an annual financial report, (attached), under N.C. Gen. Stat §93B-2 (b).

**(1) The address of the Board, and the names of its members and officers**  
**[Current as of July 10, 2015]:**

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

**Chairman**

Larry Simpson, RCP (3)  
 Appointment Expires: October 31, 2015

**Vice Chairman**

Joseph Coyle, MD (3)  
 Appointment Expires: October 31, 2015

Lawrence Klima, MD (4)  
 Appointment Expires: October 31, 2016

Joe Hooks (5)  
 Appointment Expires: October 31, 2015

Bernard Nobles (3)  
 Appointment Expires: October 31, 2018

**Open Seats: One**

1) Appointing Authority: The Old North State Medical Society –Physician Member, 2) Appointing Authority: Governor –Public Member and 3) Appointing Authority: Governor –Public Member.

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

**Executive Director**

William L. Croft, PhD, RRT, RCP, RRT, RCP

**Secretary**

Robin Ross, RCP (2)  
 Appointment Expires: October 31, 2016

**Treasurer**

Kathy Short, RN, RCP (7)  
 Appointment Expires: October 31, 2015

Edward Bratzke, MD (2)  
 Appointment Expires: October 31, 2015

Albert Curseen, MD (6)  
 Appointment Expires: October 31, 2018

Open Seat: TBD (3)  
 Appointment Expires: TBD

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

As of June, 30, 2015, the North Carolina Respiratory Care Board was supervising 4699 Active and 65 Inactive licensees. This number will vary 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 NBRC, 276 persons who were residents of North Carolina applied between July 1, 2014 and June 30, 2015 to take the NBRC examination, but the Board does not have information to determine which of these persons applied for licensure in North Carolina.

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

As indicated above, 276 residents of North Carolina took the NBRC examination between July 1, 2014 and June 30, 2015. Of the 276 test takers, 198 passed the examination. A total of 392 persons applied for initial licensure in North Carolina between July 1, 2014 and June 30, 2015. Of the 392 applications, there are 65 pending licenses and 20 who failed to complete or withdrew their application.

- (5) The number to whom initial licenses were issued: 307  
(5a) The number who failed the examination. (new, added 2014-120, s.4): 68
- (6) The number who applied for license by reciprocity or comity: 0
- (7) The number who were granted licenses by reciprocity or comity: 0
- (7a) The number of official complaints received involving licensed or unlicensed activity: 50
- (7b) The number of disciplinary actions taken against licensees: 18  
The number of other actions taken against non-licensees: 1
- (8) The number of licenses suspended or revoked this fiscal year: 3
- (9) The number of licenses terminated this fiscal year for any reason other than failure to pay the required renewal fee: 1

### **(10) PROPOSED STATUTORY CHANGES**

Discussions at Board meetings and among respiratory care practitioners led to the introduction of House Bill 267 to amend the Respiratory Care Practice Act, which was filed on March 17, 2015 and has passed the House on the first reading and was referred to the House Finance Committee. A copy of the most current version of House Bill 267 is attached. Over the past 15 years, NCRCB has made strenuous efforts to enhance the practice of respiratory care in North Carolina. We have made regular presentations to classes at the North Carolina community college respiratory care programs to alert future practitioners to the role and mission of the Board. We have worked closely with the North Carolina Society for Respiratory Care, which is the state association of respiratory professionals, to keep them informed about the board's activities and to stay current with the challenges they face in their everyday practice. NCRCB also been actively involved in the national dialogue about the future development of respiratory care through our work with the National Board for Respiratory Care, the American Association of Respiratory Care, and the Commission on Accreditation for Respiratory Care

In keeping with our 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
- Increasing respiratory education levels
- Establishing a relationship with a counseling service that can provide treatment and support for practitioners facing psychological or chemical dependency issues.
- 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.

With House Bill 267, we are seeking to introduce a higher licensure level that would be attained with the Registry Examination System offered by the National Board for Respiratory Care. The Registry Examination System was developed objectively to measure essential knowledge, skills, and abilities required of advanced respiratory therapists, and to set uniform standards for measuring such knowledge. The examination system is in two parts.

The first part is the Therapist Multiple-Choice Examination objectively measures essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the second part of the exam, which is the Clinical Simulation Examination (CSE). The Clinical Simulation Examination consists of 22 problems (20 scored items and two pretest items). The clinical setting and patient situation for each problem are designed to simulate reality and be relevant to the clinical practice of respiratory care. Thus, a higher level of critical thinking is tested. For this reason, the RRT credential represents a higher level of skills testing to ensure the competency of licensed RCPs with greater certainty. Upon successful completion of the written and simulation exams, candidates are awarded the Registered Respiratory Therapy (RRT) credential.

To ensure credentialing success as they face the demands of increasingly complex therapeutic procedures and more potent medications, and the interpretation of detailed treatment protocols, respiratory care practitioners will need a broader educational base to support their work. As a first step, the bill also clearly states the minimal requirements for education as an associate degree in respiratory care.

### **(11) PROPOSED RULE CHANGES**

There were two amendments to the Respiratory Care Board Rules during the last fiscal year. The rules changed included 21 NCAC 61.0401 Continuing Education Requirements and 21 NCAC 61 .0102 Board Office. 21 NCAC 61 .0102 was a technical change to reflect the new office location as well as hours. The change to 21 NCAC 61.0401 partitioned the CE requirements between direct and indirect interaction. The change requires at least six hours be obtained via direct interaction. Direct interaction was redefined as “discourse given for instruction before an audience or through teleconference.” This allows for CE’s to be achieved in a live webinar or teleconference or traditional face-to-face environment. Web-based supplemental content when combined with direct interaction during a live teleconference or webinar with online assignments including but not limited to readings, chat rooms and examinations are considered blended or hybrid formats. It is our position that continuing education through a hybrid or blended format is acceptable form of educational activity to meet the new rules for direct interaction.

If the General Assembly enacts House Bill 267, the Board will review its rules based on ratified version of House Bill 267 and other considerations and consider proposing changes to its rules during the 2015-2016 fiscal year, including the following specific rules:

- 21 NCAC 61 .0201 APPLICATION PROCESS
- 21 NCAC 61 .0301 LICENSE NUMBER: DISPLAY OF LICENSE
- 21 NCAC 61 .0302 LICENSE RENEWAL
- 21 NCAC 61 .0303 LICENSE WITH PROVISIONAL ENDORSEMENT
- 21 NCAC 61 .0305 INACTIVE STATUS

- 21 NCAC 61 .0306 LICENSE BY RECIPROCITY
- 21 NCAC 61 .0701 APPLICABLE HEARING RULES
- 21 NCAC 61 .0702 RIGHT TO HEARING
- 21 NCAC 61 .0703 REQUEST FOR HEARING
- 21 NCAC 61 .0704 GRANTING OR DENYING HEARING REQUEST
- 21 NCAC 61 .0705 NOTICE OF HEARING
- 21 NCAC 61 .0706 CONTESTED CASES
- 21 NCAC 61 .0707 PREHEARING PROCEDURES
- 21 NCAC 61 .0708 PETITION FOR INTERVENTION
- 21 NCAC 61 .0709 TYPES OF INTERVENTION
- 21 NCAC 61 .0711 SUBPOENAS
- 21 NCAC 61 .0712 WITNESSES
- 21 NCAC 61 .0713 FINAL DECISION
- 21 NCAC 61 .0714 PROPOSALS FOR DECISION

Each of the above rules were reviewed in accordance with G.S. 150B-21.3A(c)(1). The Board approved the above rules for re-adoption on October 9, 2014 during the required Quarterly Board meeting and filed the report with the RCC on October 24, 2014. The comment period closed on December 31, 2014 with no comments received. The Rules Review Commission review and approved the rules on June 16, 2015.

The Board identified one rule which has substantive public interest, 21 NCAC .0202. The Board approved this rule for re-adoption on July 9, 2015 during the required Quarterly Board meeting. All of the Board's other rules were readopted or eliminated in accordance with G.S. 150B-21.3A(c) (1). See attached report.

## 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 5<sup>th</sup> day of October, 2015

A handwritten signature in black ink, appearing to read "William Croft", with a horizontal line drawn underneath it.

William Croft, PhD, RRT, RCP

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](mailto:bcroft@ncrcb.org)

Attachment: Financial Statement

**North Carolina Respiratory Care Board**  
**Financial Report**  
As of June 30, 2015

	<u>Jun 30, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Paragon Bank - Savings	162,266.43
Paragon Bank Operating Account	41,190.60
Total Checking/Savings	<u>203,457.03</u>
Accounts Receivable	
Accounts Receivable	3,330.00
Total Accounts Receivable	<u>3,330.00</u>
Other Current Assets	
Prepaid Insurance	7,654.99
Total Other Current Assets	<u>7,654.99</u>
<b>Total Current Assets</b>	214,442.02
<b>Fixed Assets</b>	
Board Room Furniture	
Accumulated Depreciation	-4,500.00
Cost	4,500.00
Total Board Room Furniture	<u>0.00</u>
Computers	
Accumulated Depreciation	-10,364.30
Cost	11,157.47
Total Computers	<u>793.17</u>
Office Furniture	
Accumulated Depreciation	-4,221.19
Cost	4,389.88
Office Furniture - Other	2,545.06
Total Office Furniture	<u>2,713.75</u>

**North Carolina Respiratory Care Board**  
**Financial Report**  
**As of June 30, 2015**

	<u><b>Jun 30, 15</b></u>
<b>Server Hardware</b>	
Accumulated Depreciation	-1,650.00
Cost	1,650.00
<b>Total Server Hardware</b>	<u>0.00</u>
 <b>Telephone Equipment</b>	 6,071.94
<b>Total Fixed Assets</b>	<u><u>9,578.86</u></u>
 <b>TOTAL ASSETS</b>	 <u><u><b>224,020.88</b></u></u>
 <b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
Accounts Payable	-2,556.20
<b>Total Accounts Payable</b>	<u>-2,556.20</u>
 <b>Other Current Liabilities</b>	
Accrued Vacation	26,681.01
<b>Total Other Current Liabilities</b>	<u><u>26,681.01</u></u>
 <b>Total Current Liabilities</b>	 <u><u>24,124.81</u></u>
 <b>Total Liabilities</b>	 24,124.81
 <b>Equity</b>	
Retained Earnings	202,642.33
Net Income	-2,746.26
<b>Total Equity</b>	<u><u>199,896.07</u></u>
 <b>TOTAL LIABILITIES &amp; EQUITY</b>	 <u><u><b>224,020.88</b></u></u>