REPORT OF THE NORTH CAROLINA RESPIRATORY CARE BOARD
July 1, 2019 – June 30, 2020

To: Attorney General Josh Stein
Secretary of State Elaine Marshall
Joint Legislative Administrative Procedure Oversight Committee
State Publications Clearinghouse

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

Re: Report of Activities of the North Carolina Respiratory Care Board
July 1, 2019 – June 30, 2020

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 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, 2020, 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

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
Kathy Short, RN, RCP (7)
Appointment Expires: October 31, 2021

Secretary
Mary Hooks, R. Ph. (5)
Appointment Expires: October 31, 2021

Vice Chair
Eric L. Olson, MD (3)
Appointment Expires: November 30, 2019

Treasurer
Nevius Toney (1)
Appointment Expires: October 31, 2021

Zack Phillips, RCP (3)
Appointment Expires: October 31, 2021

McNeil Cronin, MD (2)
Appointment Expires: August 31, 2021

John Reynolds, MD (4)
Appointment Expires: October 31, 2022

Bernard Nobles (1)
Appointment Expires: October 31, 2020

Vacant Board Position (6)
Appointment Expires: October 31, 2021

Beth Shane, RCP (2)
Appointment Expires: October 31, 2022

Open Seats: One seat vacated by Dr. Samuel Jones

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

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

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

As of June 30, 2020, the North Carolina Respiratory Care Board was supervising 5260 Active, 9 Inactive, and 38 Provisional licensees as well as 17 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 NBRC, 140 persons who were residents of North Carolina applied between July 1, 2019, and June 30, 2020, to take the NBRC examination, but the Board does not have information to determine which of these persons applied for licensure in North Carolina, but we received 140 licensee applications from N.C. Residents.

(3) The number who were refused examination: 0

(4) The number who took the examination:

A total of 517 persons applied for initial licensure in North Carolina between July 1, 2019, and June 30, 2020. Of the 517 applications, there are 76 pending licenses and 24 that failed to complete or withdrew their application. As indicated above, 140 applied for licensing who were residents of North Carolina. Of those N.C. residents, 150 took, and 124 passed the NBRC examination between July 1, 2019, and June 30, 2020. The remainder of the applicants were from out of state, and testing data was not available. The remaining applicants already held the required credential for licensing.

(5) The number to whom initial licenses were issued: 382

(5a) The number who failed the examination. (new, added S.L. 2014-Chapter 120, s.4): 26

(6) The number who applied for license by reciprocity or comity: 63

(7) The number who were granted licenses by reciprocity or comity: 63

(7a) The number of official complaints received involving licensed or unlicensed activity: 52

(7b) The number of disciplinary actions taken against licensees: 10; The number of other actions taken against non-licensees: 0

(8) The number of licenses suspended or revoked this fiscal year: 0

(9) The number of licenses terminated this fiscal year for any reason other than failure to pay the required renewal fee: 0

(9a) The number of applicants for a license: 518; The number granted a license: 382

(9b) The number of applicants with a conviction record: 27; The number of applicants with a conviction record granted a license: 27; Denied a license for any reason: 0; and Denied a license because of a conviction: 0.

(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 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 prescribing, ordering, procuring, dispensing, 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 will work with the NCGA to establish this emerging practitioner into legislation to help alleviate the shortage of NPAPP throughout North Carolina. The issues surrounding the COVID-19 response highlights the need to have NPAPP in our state.

(11) The number of applicants who applied for licensure pursuant to G.S. 93B-15.1(k): 5

(12) The number of licenses granted pursuant to G.S. 93B-15.1(k): 5

(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.

The following temporary rules were adopted during the 2019-2020 fiscal year and enacted June 1, 2020.

- 21 NCAC 61 .0901 RULE WAIVERS

SUMMARY OF COVID-19 ACTIVITIES

Over the past 20 years, NCRCB has made strenuous efforts to enhance the practice of respiratory care in North Carolina. The NCRCB has 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 (NBRC), the American Association of Respiratory Care (AARC), and the Commission on Accreditation for Respiratory Care (COARC).

In keeping with our mission, NCRCB has been involved in the following initiatives over the last 20 years:

- Ensuring that Respiratory Departments in health care organizations are staffed at levels to assure excellent care is being 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 for those procedures and skills requiring advanced training;
- Developing intervention policies to address psychological or chemical dependency issues;
- Establishing a relationship with a counseling service that can provide treatment and support for practitioners facing psychological or chemical dependency issues;
- Implementing procedures based on observed abnormalities of appropriate reporting or referral or respiratory care protocols, or changes in the treatment regimen, pursuant to a prescription by a physician;
- Improving Board efficiencies including enhanced complaint tracking and other enhancements to the website for greater public transparency;
- Utilizing technology to provide more effective and efficient service to the public and licensees to include a survey system for supervisory reports, complaint tracking, and continuing education monitoring and compliance program; and
- Developing a continuing education compliance mechanism to provide a convenient way for Respiratory Care Professionals licensed by the Board to comply with continuing education requirements.

During the COVID-19 crisis, 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 especially during this public health emergency. In addition, we have been in contact regular with healthcare facilities, respiratory care managers, leadership teams, and hospital administrators to keep them informed of the Board's actions. Since the National Emergency Declaration and Emergency Declaration by Governor Cooper, the NCRCB accelerated the Covid-19 response by taking the following actions:

Since March 18, 2020, the activity around the COVID-19 crisis has been extensive. Emergency rule waivers were submitted on Friday, March 20, 2020, and approved by the N.C. Rules Commission Rules Codifier. Officially, these waivers took effect on March 30, 2020. Temporary rules were also submitted following the emergency rule submission to extend these waivers for the full duration of the National Emergency Declaration. This necessitated pulling back on the rules approved on January 9, 2020. As a result, licensing time was reduced to 2 days in some cases as opposed to 30-45 days for those individuals applying by reciprocity with current license in another state and active NBRC credentials. All licensees and applicants for licensing must have and maintain active NBRC credentials.

As part of this effort, the N.C. Respiratory Care Board established a Covid-19 Task Force Adhoc Committee to coordinate with the Department of Health and Human Services. The goal was to help patients stay in the home while ensuring they receive the supplies they need. We discussed with DHHS to suspend all prior authorizations for the Medicaid and Medicare patients receiving respiratory support at home. We discussed the possibility of increasing Medicaid supplies to match those received by Medicare, at least on an emergency basis. On this matter, the decision for increased supplies to Medicaid recipients reside with the NCDHHS Administration.

During an Emergency Board meeting on March 18, 2020, the Board approved the following emergency rules that expire in 60 days during an emergency meeting:

1) The Board waived the requirements for continuing education requirements.

2) The Board waived the requirements for random audits and proof of compliance with the Board's requirements for continuing education. Audits will not occur for at least 60 days. Those under current auditing rules will not be assessed until their next renewal.

3) The Board waived the requirements for each applicant for renewal or initial licensure to provide a copy of current certification in Basic Life Support (BLS).

4) The Board waived the requirements for twelve hours of continuing education hours for all renewals and initial licensure.

5) The Board waived the $ 75.00 late renewal fee of any license, but the RCP must maintain a license to work.

6) The Board waived the late fee, educational requirements, and life support certification for individuals with a lapsed license up to five years.

7) The Board waived the requirements for individuals on inactive status; There will be no requirement to convert the license to active status by submission of a renewal application and payment of any late fee. They may renew without penalty, BLS, or C.E. requirements.

The rule waivers were submitted on Friday, March 20, 2020, and approved by the N.C. Rules Commission Rules Codifier and took effect on March 30, 2020. Temporary rules were approved by the RRC for the full duration of the National Emergency Declaration which took effect June 1, 2020.

These waivers allowed licensing time to be reduced to 2 days in some cases as opposed to 30-45 days for those individuals applying by reciprocity as long as they have a current license in another state and active NBRC credentials. All licensees and applicants for licensing must have and maintain active NBRC credentials.

The Board also passed a ruling and a position statement:

a. The Respiratory Care Assistant Declaratory Ruling allows senior students to work for up to 12 months or until licensed by the Board.

b. Pandemic Flu: Covid-19 Response Position Statement states in part:

> "In light of the current Covid-19 pandemic, the Board wishes to emphasize that all flu-related procedures fall within the scope to include surveillance and mitigation strategies, assessment, diagnostic testing, and vaccinations. As experts in mechanical ventilation and aerosolized medicine, the Board encourages licensees to use the AARC Practice Guidelines and guidance documents and Centers Disease Control Guidelines, specifically "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings."

Fourteen newsletter updates have been sent to all licensees during this time. We participated in a manager's survey and SHEPS Workforce study to mitigate staffing issues. Our efforts were highlighted in workforce studies in at least one other state as well as in USA Today and twice on WTVD Channel 11. On April 23, 2020, the Executive Director participated in a podcast for Syneos Health regarding the NCRCB response to the crisis. In response to emerging issues, the Board also issued press releases, guidance documents, and emails to help guide the profession forward which included:

a. Bilevel Ventilation Alternatives
b. Support of the Joint Statement on Multiple Patients Per Ventilator
c. Staffing Issues
d. Ventilator Suppliers
e. Telehealth and the Respiratory Therapy Scope
f. Telehealth Codes for Respiratory Therapy
g. Weekly Manager Check-ins
h. Monthly Manager Surveys

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 anticipates introducing legislation in 2021 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 target date for licensing will be October 1, 2021.

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 9th day of July 2020,

William Croft, Ed.D. Ph.D., 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