



REPORT OF THE NORTH CAROLINA RESPIRATORY CARE BOARD

October 8, 2020

To: Virginia Barlow
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From: William L. Croft, Ed.D. Ph.D., RRT, RCP
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Re: Report for HB 1105 Section 3.20

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 Board's direction to fulfill its duty under HB 1105 SECTION 3.20(c) to submit a report on its specific efforts to exercise regulatory flexibility under this section.

During the COVID-19 crisis, the Board 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. We have also been in contact regularly 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 NC. 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 National Emergency Declaration's full duration, which necessitated pulling back on the rules approved on January 9, 2020. As a result, licensing time was reduced to 2 days in some cases instead of 30-45 days for those 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 NC 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 each applicant's requirements 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 of 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 submitting a renewal application and payment of any late fee. They may renew without penalty, BLS, or CE requirements.

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

These waivers allowed licensing time to be reduced to 2 days in some cases instead of 30-45 days for those 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 to aid the hospitals in staffing and procedural workload:

- 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."

The Board maintained a high level of communication with all facilities and practitioners to ensure the public's health and welfare. Sixteen newsletter updates were sent to all licensees during this time. We participated in a manager's survey and SHEPS Workforce study to mitigate staffing issues. The Board's efforts were highlighted in workforce studies in at least one other state and USA Today and twice on WTVD Channel 11. On April 23, 2020, the Executive Director participated in a podcast for Syneos Health regarding the crisis's NCRCB response.

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

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 enacting 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 are protected and providing for 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 8th day of October 2020,

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