THE SENATE
TWENTY-FIFTH LEGISLATURE, 2009
STATE OF HAWAII

JAN 28 2009

S.B. NO. 1632

A BILL FOR AN ACT

RELATING TO RESPIRATORY CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that the practice of respiratory care in Hawaii affects the public health, safety, and welfare of people in the State. Accordingly, the practice of respiratory care should be subject to regulation and control in order to protect the public from the unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care.

The legislature further finds that the practice of respiratory care is a dynamic and changing science, the practice of which continues to evolve with more sophisticated techniques and clinical modalities in patient care.

The purpose of this Act is to regulate the practice of respiratory care by establishing a state respiratory care board and licensure requirements.

SECTION 2. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

RESPIRATORY CARE

§ -1 **Definitions.** As used in this chapter:

"Approved school for respiratory practitioners", "approved training program for certified respiratory therapists", and "approved training program for registered respiratory therapists" mean a school or training program determined by the board to provide a course of instruction in respiratory care that is adequate to meet the purposes of this chapter.

"Board" means the respiratory care board.

"Department" means the department of health.

"Director" means the director of health.

"Licensed" means holding a license issued by the board when used in conjunction with the title "respiratory care practitioner", "registered respiratory care therapist", or "certified respiratory care therapist".

"Practice of respiratory care" means the assessment, diagnosis, intervention, and monitoring of patients requiring emergent and non-emergent respiratory intervention, including:

(1) Disaster preparedness and support;

(2) Emergency actions to correct life-threatening respiratory events for patients of all ages;

(3) The initiation of emergency procedures and protocols under the rules of the board pursuant to this chapter;

(4) The initiation and management of life-support ventilator equipment;

(5) The administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician;

(6) The transcription and implementation of the written, verbal, or telecommunicated orders of a physician relating to the practice of respiratory care;

(7) The observation and monitoring of signs and symptoms, general behavior, and general physical response to respiratory care treatment and diagnostic testing, including determination of whether signs, symptoms, reactions, behavior, or a general response exhibits abnormal characteristics; and

(8) The implementation, based on observed abnormalities, or appropriate reporting, or referral of respiratory care protocols or changes in treatment pursuant to the written, verbal, or telecommunicated orders of a

person licensed to practice medicine under the laws of the State.

The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling, or other place deemed appropriate or necessary by the board; in accordance with the written verbal or telecommunicated order of a physician, and shall be performed under physician supervision or orders.

"Respiratory care education program" means a program of respiratory care education which is accredited by the Committee on Accreditation for Respiratory Care or its equivalent.

"Respiratory care practitioner" means:

(1) A person duly licensed by the board;

(2) A person employed in the practice of respiratory care who has the knowledge and skill necessary to administer respiratory care as defined in pursuant to this chapter;

(3) A person who is capable of serving as a resource to the physician and other healthcare providers in relation to the clinical and technical aspects of respiratory care and as to the safe and effective methods for administering respiratory care modalities;

(4) A person who is able to function as a respiratory care practitioner in situations of unsupervised patient contact requiring great individual judgment; and

(5) A person capable of supervising, directing, or teaching less skilled personnel in the provision of respiratory therapy services.

"Respiratory care services" means services provided under physician supervision or under the order of a licensed physician, and in accordance with protocols established by a hospital or the board, that include:

(1) Assistance with cardiopulmonary resuscitation;

(2) Ventilation support, including the maintenance and management of life support systems;

(3) Administration of medications to the cardiopulmonary system;

(4) With specialized training acceptable to the board, administration of medications by routes other than the respiratory route under the direct supervision of a physician;

(5) Therapeutic and diagnostic use of pressurized medical gases and administration apparatus, and environmental control systems, humidification and aerosols;

(6) Use of therapeutics modalities to augment secretion management, lung inflation, bronchopulmonary drainage, and monitor breathing exercises;

(7) Respiratory rehabilitation and pulmonary disease education and prevention;

(8) Maintenance of natural airways, including the insertion of, and maintenance of, artificial airways;

(9) Disease management services, procedures and consulting, including but not limited to asthma, chronic obstructive pulmonary disease, and smoking cessation;

(10) Assistance with bronchoscopy procedures for diagnostic and therapeutic purposes;

(11) Invasive procedures, such as intravascular catheterization, and specimen collection and analysis; blood for gas transport, acid/base determinations, and indicators for metabolic processes; and sputum for diagnostic purposes;

(12) Pulmonary function testing and other related physiological monitoring of the cardiopulmonary systems;

(13) Hyperbaric oxygen therapy;

(14) Non-invasive metabolic monitoring;

(15) Capnography and hemodynamic monitoring and interpretation;

(16) Sleep diagnostic studies; and

(17) Air or ground ambulance transport.

"Supervision" means a licensed respiratory care practitioner or physician is immediately available for the purpose of communication, consultation, and assistance.

§ **-2 Respiratory care board; establishment; appointment.** (a) There is established within the department of health for administrative purposes, the respiratory care board. Members of the board shall be appointed and may be removed by the governor in the manner prescribed in section 26-34.

(b) The board shall consist of eleven members as follows:

(1) Two persons shall be physicians recommended by the Hawaii Society for Respiratory Care;

(2) Four persons, each shall be registered respiratory care practitioners, practicing in the State for a period of not less than one year immediately preceding their appointment to the board, and recommended by the state affiliate of the American Association for Respiratory Care;

(3) Two persons shall be representatives of the health care community from local hospitals;

(4) Two persons shall be representatives of the home health care community; and

(5) One person shall be from the general public.

(c) The terms of office of the board members shall be determined by the board.

(d) The board shall meet at least annually and shall elect a chairperson and vice chairperson from its physician members and from its respiratory care practitioner members. The board may convene at the request of the chairperson, or as determined by the board.

(e) A majority of the members of the board, including the chairperson or vice chairperson, shall constitute a quorum at any meeting and a majority of the required quorum is sufficient for the board to take action by vote.

(f) The board may appoint and employ a qualified person who shall not be a member of the board to serve as the administrative secretary to the board, and define the duties of the administrative secretary.

(g) Members of the board shall serve without compensation, but shall be reimbursed for expenses, including travel expenses, necessary for the performance of their duties.

§ **-3 Powers and duties of the board.** (a) In addition to any other powers and duties authorized by law, the board shall:

(1) Determine the qualifications and fitness of applicants for licensure, renewal of licenses, temporary licenses, and reciprocal licenses to practice respiratory care;

(2) Examine, approve, issue, deny, revoke, suspend, and renew the licenses of duly qualified applicants to practice respiratory care;

(3) Establish standards of professional responsibility and practice for persons licensed by the board;

(4) Keep a record of all proceedings of the board that shall be made available to the public for inspection during reasonable business hours;

(5) Conduct investigations, subpoena individuals and records, and do all things necessary and proper to discipline persons licensed under this chapter and to enforce the provisions of this chapter. Conduct

hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license;

(6) Establish disciplinary criteria and procedures, including due process procedures regarding complaints;

(7) Adopt rules that are necessary to conduct its business and carry out the purposes of this chapter;

(8) Maintain public records of persons licensed by the board;

(9) Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading, or reporting the results of licensure examinations; provided that the organization shall be capable of meeting the standards of the National Commission for Health Certifying Agencies, or its equivalent. The licensure examinations shall be validated and nationally recognized as testing respiratory care competencies; and

(10) Establish continuing education requirements for renewal of a license.

§ **-4 Licenses required.** (a) No person shall practice or offer to practice as a respiratory care practitioner, respiratory care therapist, or respiratory care technician without an appropriate license previously obtained and maintained in good standing in compliance with this chapter and the rules of the board. It shall be unlawful for any person not appropriately licensed under this chapter to practice or offer to practice respiratory care.

(b) Every person licensed as a respiratory care practitioner shall be subject to a biennial license fee (initial and renewal) payable to the department. The failure of any licensee to pay the licensee's fee shall be grounds for revocation of the licensee's license.

After July 1, 2010, the license period shall be biennial. The biennial period shall begin thirty days after the end of the licensee's birth month.

§ **-5 Licensure requirements.** (a) Application for a license shall be made on an application form to be furnished by the board. An applicant shall provide the following information on the application form:

(1) The applicant's legal name;

(2) The applicant's current residence and business mailing addresses and phone numbers;

(3) The applicant's social security number;

(4) Proof that the applicant is a United States citizen, a United States national, or an alien authorized to work in the United States;

(5) Proof that the applicant has completed a board approved four year high school course of study or the equivalent;

(6) Proof that the applicant has successfully completed an accredited respiratory care educational program approved by the board;

(7) Proof that the applicant has passed an examination administered by the State or by a national agency approved by the board, except where otherwise provided in this chapter;

(8) The date and place of any conviction of a penal crime directly related to the profession or vocation in which the applicant is applying for licensure, unless the conviction has been expunged or annulled, or is otherwise precluded from consideration by section 831-3.1;

(9) Disclosure of similar licensure in any state or territory;

(10) Disclosure of disciplinary action by any state or territory against any license held by the applicant; and

(11) Any other information the licensing authority may require to investigate the applicant's qualifications for licensure.

(b) Failure to provide the above information and pay the required fees shall be grounds to deny the application for licensure.

§ **-6 Issuance of license.** Upon payment of the prescribed fees, the board shall issue a license to any individual who meets the requirements of this chapter.

§ **-7 Licensure by endorsement.** The board shall issue a license to practice respiratory care by endorsement; provided that:

(1) The applicant is currently licensed or registered to practice respiratory care under the laws of another state, territory, or country if the qualifications of the applicant are deemed by the board to be equivalent to those required in the State; or

(2) The applicant holds credentials, conferred by the National Board for Respiratory Care or its successor organization, as a certified respiratory therapist or as a registered respiratory therapist; provided that the credentials have not been suspended or revoked.

§ **-8 Fees; disposition.** (a) Application, examination, reexamination, license, renewal, late renewal penalty fees, inactive, and other reasonable and necessary fees relating to administration of this chapter shall be as provided in rules adopted by the board pursuant to chapter 91.

(b) Fees assessed shall defray all costs to be incurred by the board to support the operation of the respiratory care practitioner licensure program.

§ **-9 Exemptions.** (a) This chapter does not prohibit any persons legally regulated in the State by any other law from engaging in the practice for which they are authorized provided they do not represent themselves by the title of "respiratory practitioner", "licensed respiratory practitioner", "respiratory therapist", or "respiratory technician."

(b) This chapter does not prohibit:

(1) The practice of respiratory care that is an integral part of the program of study by students enrolled in

an accredited respiratory care education program approved by the board. Students enrolled in respiratory care education programs shall be identified as "student RT" and shall only provide respiratory care under the direct supervision of an appropriate clinical instructor recognized by the education program;

(2) Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold himself out to be a respiratory care practitioner;

(3) Respiratory care services rendered in the course of an emergency;

(4) Respiratory care administered in the course of assigned duties of persons in the military services; and

(5) The delivery, set-up, and monitoring of medical devices, gases and equipment, and the maintenance thereof by a non-licensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member. Any patient monitoring, assessment, or other procedures designed to evaluate the effectiveness of prescribed respiratory care shall

be performed by or pursuant to the delegation of a licensed respiratory care practitioner.

§ **-10 Revocation, suspension, denial, or condition of licenses; fines.** In addition to any other acts or conditions provided by law, the board may refuse to renew, reinstate, or restore, or may deny, revoke, suspend, fine, or condition in any manner any license for any one or more of the following acts or conditions on the part of the applicant or licensed respiratory care practitioner:

(1) Conviction by a court of competent jurisdiction of a crime that the board has determined to be of a nature that renders the individual convicted unfit to practice respiratory care;

(2) Failure to report in writing to the board any disciplinary decision or rejection of license application or renewal related to the practice of respiratory care issued against the licensed respiratory care practitioner or the applicant in any jurisdiction within thirty days of the disciplinary decision or within twenty days of rejection of licensure;

(3) Violation of recognized ethical standards for respiratory care practitioners as set by the National Board for Respiratory Care;

(4) Use of fraud, deception, or misrepresentation in obtaining a license;

(5) Revocation, suspension, or other disciplinary action by another state, territory, federal agency, or country against the respiratory care practitioner or applicant for any reason provided under this section; or

(6) Other just and sufficient cause that renders an individual unfit to practice respiratory care.

§ **-11 Hearings; appeals.** The board shall establish a hearing and appeals process for persons who wish to appeal their revocation, suspension, denial, or condition of license.

§ **-12 Prohibited acts; penalties.** (a) No individual shall:

(1) Use in connection with the person's name any designation tending to imply that the individual is a licensed respiratory care practitioner unless the individual is duly licensed and authorized under this chapter; or

(2) Make a representation that the individual is a licensed respiratory care practitioner during the time the person's license issued under this chapter is forfeited, inactive, terminated, suspended, or revoked.

(b) Any individual who violates this section shall be subject to a fine of not more than $1,000 and each day violation shall be deemed a separate offense.

§ **-13 Rules.** The department of health may adopt rules pursuant chapter 91 as necessary for the purpose of this chapter."

SECTION 3. This Act shall take effect on July 1, 2009.

INTRODUCED BY: _____

By Request

[redacted]

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Monday, February 09, 2009 1:11 PM
To: CPN Testimony
Subject: Testimony to support HR Bill 1632 and HR Bill 1332
Attachments: clip_image002.gif; clip_image004.jpg

Importance: High

American Association for Respiratory Care
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
http://www.aarc.org, E-mail: info@aarc.org

February 9, 2009

TO: COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

FROM: Timothy R. Myers, BS, RRT-NPS
President

RE: Hawaii Respiratory Therapy Licensure

I am writing on behalf of the American Association for Respiratory Care (AARC) to offer our association's full support and endorsement that legislation proceed forward during this session of the legislature to license respiratory therapists in the State of Hawaii.

The AARC is a professional organization representing over 48,000 respiratory therapists across the country. The AARC's goals are to advocate on behalf of pulmonary patients for appropriate access to respiratory services provided by qualified respiratory therapist professionals and to benefit respiratory health care providers.

Respiratory Therapists

Respiratory therapists are health care professionals whose work includes the diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. Respiratory therapists treat, across the health care site continuum, high-risk patients with both acute and chronic conditions. Respiratory therapists treat patients of all ages who require mechanical ventilation and those with other intensive care needs, as well as patients suffering from chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.

Respiratory therapists also provide the application of medical technology/equipment and the use of treatment protocols across all care sites including, but not limited to, the hospital, clinic, physician's office, rehabilitation facility, skilled nursing facility and the patient's home.

Respiratory Therapist as a Licensed Profession

The AARC unequivocally supports legislative action in the current session of the legislature that will finally license respiratory therapists in Hawaii. Currently, 48 states, the District of Columbia and Puerto Rico have licensure laws in place for the respiratory therapist. Today, Hawaii and Alaska are the only two states that have yet to recognize the critical need to protect the health and safety of their citizens by regulating both the practice and profession of respiratory therapy. The addition of Hawaii to the nationwide list of licensed states would be significant. Hawaii of course recognizes the importance of licensing many, many health professionals such as nurses and physical therapists. There should be nothing to preclude the Hawaii licensure of respiratory therapists, who provide not just life enhancing but life sustaining health services and procedures.

Reasons to License Respiratory Therapists in Hawaii

State legislatures undertake the process of requiring licensure of a health profession because there is a recognition that without mandated standards and criteria from those who provide the services, the health and safety of the citizens of the state is jeopardized.

Licensure of the respiratory therapist can ensure that respiratory therapy services provided to patients in any setting are performed by a respiratory therapist who meets standards of accredited education and competency that the state deems necessary to render such care. As individuals, we expect as much from professions performing services not nearly as technical, life-sustaining, or critical to the well-being of family and friends. We should expect the same from the respiratory therapist performing life-sustaining procedures, diagnostic evaluations and rendering interpretations of a patient's condition.

Traditionally, hospital control has been considered appropriate in regulating the services provided within its domain. But this view was developed at a time when the hospital was at the apex of medical care in the United States. It was a time when physicians made house calls and sicker patients were sent to hospitals for treatment.

Today, the health paradigm is quite different. The hospital is not the only alternative for medical care. More and more respiratory therapists are providing services as employees of durable medical equipment companies, home health care agencies, hospice centers, outpatient clinics and centers, physicians' offices, and as asthma disease managers and smoking cessation counselors. In such cases, without licensure laws, employers may take less time to provide the necessary oversight to determine whether the person who is providing respiratory therapy has the appropriate education and training or is competency tested. Further, with large numbers of patients being discharged "sicker and quicker" in today's cost containment environment, more fragile patients will need care by licensed and competent staff outside of the acute care arena.

Advantages to License Respiratory Therapists

Licensure for respiratory therapists in the State of Hawaii has numerous advantages. It provides the least restrictive regulation for public protection by requiring the individual to have successfully graduated from an accredited respiratory therapy education program and have passed a valid competency examination. Continuing education requirements help maintain and update a therapist's knowledge in the field. These requirements alone establish a baseline for competency in providing respiratory therapy services.

Although respiratory therapists work at the direction of a physician, they often practice without direct supervision and exercise a great degree of independent judgment, especially outside of the hospital setting. A

high degree of specialized education and clinical skill is essential in treating serious respiratory illnesses. Without assurances as to the competency of the individual, injury and even death can result from even the most routine interventions (e.g., administration of medical gases) due to incompetent practice. Licensure adds a safety net for patients.

State respiratory therapy licensing boards across the nation participate in a consortium that submits disciplinary action activities to a clearinghouse administered by the National Board for Respiratory Care (NBRC). Respiratory therapy licensing boards may access this data bank when reviewing licensure applications. With licensing, Hawaii would have access to all the other respiratory therapy state licensing board disciplinary data bases to verify the status of the respiratory therapist applicant.

The critical element to be considered in licensing is patient care and access to qualified health professionals. That is the premise of the legislation which states that the practice of respiratory care should be regulated to "protect the public from the unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care."

We strongly encourage the legislature to move forward in this session and enact this long anticipated action and bring Hawaii in line with the rest of the country.

Sincerely,

Timothy R. Myers, BS, RRT-NPS
President

Dear Honorable Health Chair and Commerce and Consumer Protection Vice-Chair Senator David Ige, Honorable Commerce & Consumer Protection Chair Senator Rosalyn Baker, Honorable Health Vice-Chair Senator Josh Green, MD,

RE: **Strong Support for SB 1632 and SB 1332, regarding licensing & regulating respiratory care**

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Many, many more people in Hawaii suffer from asthma, tuberculosis, pneumonia and other respiratory conditions.

I strongly SUPPORT the prompt passage of legislation to establish licensing and regulatory requirements for practice of respiratory care and to create a board for respiratory care, as written in **SB 1632 and SB 1332**. Respiratory Therapists are a very important of the healthcare team for COPD patients and their loved ones. They help the patients get their medication, keep their lungs clear, and learn to manage their breathing conditions. As has been noted, only Hawaii and Alaska lack certification for respiratory therapists. Have a certification process in place and certifying the respiratory therapists will help to insure that all of our therapists meet appropriate standards and are providing quality care to our many people in Hawaii who need respiratory care.

My husband, children, and I have asthma and additionally, I have severe emphysema. We have all used the services of respiratory therapists to test how well our lungs are working. I have also been fortunate enough to have a respiratory therapist in Colorado help me develop a personalized exercise program which is safe and appropriate for my lung condition. Respiratory nurses and respiratory therapists have also provided me with education on how to live actively with asthma and emphysema.

I have also enjoyed working with many respiratory therapists with our Hawaii COPD Coalition where we have:
(1) Free breathing testing at Longs Drugs;
(2) Free support group (run by two respiratory therapists); and
(3) Free annual COPD education day.

To the extent there needs to be a study on this bill due to sunrise issues (as was raised at the hearing on a similar bill, HB 1832 on the hearing February 3, 2009, before the House Health Committee chaired by Representative Yamane), I respectfully request that a joint resolution be made, so that this matter can be expedited as it is a state and national priority. Please do not hesitate to contact me if I can provide any additional information.

Aloha,
Valerie Chang

Valerie Chang, JD
Executive Director
Hawaii COPD Coalition
Website: *http://hawaiicopd.org*, e-mail: *copd.hawaii@yahoo.com*
(808)699-9839
733 Bishop Street, Suite 1550
Honolulu, HI 96813

February 4, 2009

PLEASE DELIVER:
2/10/09
8:30 am
CR 229

To: SENATE COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, MD, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: SB1632 RELATING TO RESPIRATORY CARE

Chairs & Committee Members:

Hawaii Medical Association supports this measure as an important element in protecting patients from medical errors by providing assurance that educational requirements and qualifications are met for respiratory practitioners, who currently have no educational requirements by any government agency.

Forty-eight other states have oversight of respiratory care practitioners. This not only provides patient protection, but provides assurance to hospitals and medical professionals who contract with respiratory care practitioners that when they do there is some guarantee that the practitioners meet educational requirements of knowledge for their profession.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net

[redacted]

From: HTHTestimony
Sent: Monday, February 09, 2009 1:12 PM
To: CPN Testimony
Subject: FW: Testimony for SB1632 on 2/10/2009 8:30:00 AM

-----Original Message-----
From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Monday, February 09, 2009 1:11 PM
To: HTHTestimony
Cc: akoseki@hawaii.edu
Subject: Testimony for SB1632 on 2/10/2009 8:30:00 AM

Testimony for HTH-CPN 2/10/2009 8:30:00 AM SB1632

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Aaron Koseki
Organization: Individual
Address: 5315 Manauwea Street Honolulu, HI
Phone: 808 734-9270
E-mail: akoseki@hawaii.edu
Submitted on: 2/9/2009

Comments:
Testimony on SB 1632 & 1332
to: Senate Committees on Health and Commerce & Consumer Protection Tuesday, Feb. 10 @ 8:30 a.m. in Room 229

February 8, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Abegail Kopf, RRT, CPFT
Educator, Respiratory Care Program

Re: SB 1632 RELATING TO RESPIRATORY CARE

Honorable Chairs and Committee Members:

I support SB 1632 which would seek to provide licensing of respiratory care practitioners.

- **Licensure ensures that a patient has a caregiver with adequate training in the respiratory field.** Advances in technology have made life-support machines and monitoring devices quite sophisticated compared to those utilized 10 to 15 years ago. Special training in these devices is necessary to ensure appropriate care for the patients. By defining a standard level of optimal care in cardiopulmonary health, accountability and patient safety is improved. As an educator, it is my responsibility to ensure that graduates are trained properly to be able to meet the health demands of the public. Anyone can push buttons on a machine but only those who have learned the theories and passed the competencies know what the implications of a push of a button are to a patient.
- **To protect the public, a respiratory care practitioner (RCP) is the best qualified person to assist a physician in managing patients with breathing disorders.** Students enrolled in the Respiratory Care program at KCC go through seven intense semesters of didactics and clinical rotations. This education is what qualifies the graduates over anybody else to be the eyes and ears of physicians with regards to breathing concerns at the patient's bedside. They rely on us to implement respiratory protocols that significantly improve patient outcomes.
- **Currently, there is nothing to prevent respiratory care practitioners who lose their license to practice in other states from securing employment in Hawaii.** We remain one of two states vulnerable to this possibility. All other states, except Alaska currently have licensure in place. This is a concern since it is sometimes impossible to find out the reason why someone lost his or her license in another state. It is risky to say the least to permit an RCP to take care of our loved-ones here because they are not allowed to do it elsewhere.
- Please consider that licensure for the protection of the public is our priority with this bill and not the establishment of a state respiratory care board.

Thank you for this opportunity to testify.

To: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green M.D., Vice Chair

By: Carol Agard RRT, RPFT, FAARC
Hawaii Society for Respiratory Care

RE: **SB 1632 Relating to Respiratory Care for February 10, 2009 at 0830**

Chairs & Committee Members:

We support the intent of SB 1632.
My name is Carol Agard and I am a Registered Respiratory Therapist, a Fellow with the American Association for Respiratory Care, currently Co-Chair of Legislative Affairs for Hawaii Society for Respiratory Care and the society's past president. I have over thirty years experience as a respiratory care practitioner and I am currently a manager of respiratory cares services.

I have witnessed the evolution of the profession and the expanded scope of practice that includes more invasive interventions and the application of advanced technology that require ongoing education and competency validation to ensure patient safety.

The 1995 Auditor's Report may have been accurate then, but evidence of negligence has caused at least one newborn to suffer severe brain damage leading to a vegetative state and more incidents go unreported. Medical professionals and patients need to be assured that when they require the services of a respiratory care practitioner, that there are government standards that allow them to provide the services and such standards do not exist currently. This addresses a major concern of the previous Auditor's Report.

This legislation will provide consumers, medical professionals and government institutions that utilize the services of respiratory care practitioners, protection that currently does not exist. Currently there are no government requirements for educational standards, sanctions for negligence, or license requirement.

As the local affiliate for the American Association for Respiratory Care, we are the patient's advocate facilitating processes to educate and ensure safety for patients and the public relating to the standards, practice and delivery of respiratory care in any setting.

Due to the urgent nature of this regulation, coupled with our desire to be fiscally responsible, we have submitted for your review a redraft of the legislation that proposes to eliminate the independent board and place the licensing for respiratory care under the DCCA with the support of an appropriate advisory committee. This change also addresses a major concern of the last Auditor's report.

TESTIMONY IN SUPPORT OF SB 1632
Relating to Respiratory Care
Tuesday, February 10, 2009 @ 8:30 a.m.

February 10, 2009

To: Senate Committee on Health: Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair
Senate Committee on Commerce: Senator Rosalyn H. Baker, Chair
& Consumer Protection: Senator David Y. Ige, Vice Chair

By: Delmar J. Bayang, RRT
Registered Respiratory Therapist

Re: SB 1332 RELATING TO RESPIRATORY CARE

Aloha Honorable Chair and Committee Members:

I am a supporter of SB 1632. This ruling will regulate the practice oo respiratory care that will help protect our residents and respiratory patients in the State of Hawaii.

- Hawaii and Alaska are the only 2 states that do not require licensing. The danger of hiring Respiratory Therapists who have been disciplined or fired from other states are still able to practice, especially here. Thereby, putting our patients in danger of either under-qualified or unfit Respiratory Therapist.
- Hawaii's population is aging faster than the rest of the country. Quality of care, safety, and service is all at risk. The demands for well-qualified and "better" workforce of Respiratory Therapists are needed.
- Where some medical care, rehabilitation, or long-term facilities have no 24-hour doctors or intensivist, patient care is at risk. Especially in critical care settings, calling and waiting to get a response from a patient's primary care physician to get timely decisions are highly putting our patient's in danger of death.

I have been a Respiratory Therapist for 4 years, graduating from a well-credentialed Respiratory Program at Kapiolani Community College. My experiences from giving the first breath of life to a newborn, helping a respiratory distressed asthmatic child with a breathing treatment, or even being the first medical responder to an emergency in the hospital, have only developed to a passion that I love doing to this day. I have previously worked from a business/retail background before getting into medicine, and learned that our consumers <u>always</u> come "first". As a very passionate patient advocate and working health care provider, I am asking this committee to strongly consider <u>protecting</u> our residents and patients abroad in the State of Hawaii by supporting SB 1632.

Testimony on SB 1632 for Tuesday, February 10, 2009 to Senate Committees on Health and Commerce & Consumer Protection Tuesday, Feb. 10 @ 8:30 a.m. in Room 229

Senate Committee on Health
Sen. David Ige, Chair
Sen. Josh Green, Vice Chair

By: Edmund J. Borza, BA, RRT-NPS, CPFT
Hawaii Society for Respiratory Care
President-Elect, co-chair Legislative committee

Re: SB 1632 RELATING TO RESPIRATORY CARE

Chairs & Committee Members:

I support SB 1632. The measure is necessary to protect the people of Hawaii from negligent, untrained or unscrupulous respiratory therapists. The scope of practice of respiratory care professionals (RCPs) includes many things that put our most vulnerable citizens at risk from incompetent or irresponsible practitioners. There is currently no laws or regulations that protect against such negligent or malicious behavior.

I have practiced the art and science of respiratory care in Hawaii for 25 years, my entire adult life. I have worked as a clinician specializing in the care of infants and children as well as a clinical manager and as an educator. I am keenly aware of how the practice of respiratory care has changed over the last 25 years. In the 1980's and before, RCPs largely followed the direct orders of a physician and worked with mechanical devices with few controls. Today, RCPs work under protocols, often assessing patients' needs and treating without direct physician supervision. The modern ventilators and life support equipment the RCP works with are far more complex and sophisticated than the simple mechanical devices of previous decades and the dangers of improper use can cause the patient harm or even death.

As a leader of the RCP community, I am aware of examples of respiratory care being provided by "therapists" without national credentials or RCP's who have falsified credentials. I am also aware of therapists coming to Hawaii from mainland states, who it was later discovered, had lost their license in the other state due to disciplinary action. As one of only 2 states left in the union without RCP license laws, our state has become a target for RCPs who can't work elsewhere. It is for this reason that we urge that the committee move forward and recommend licensing the profession rather than waiting for further auditor's reports. In addition to patient safety, there is also a concern that CMS and other Federal agencies may look more favorably on the profession if all states, including Hawaii, license RCPs.

I know the legislature has looked at this issue in the past and decided that the respiratory care profession did not require regulation, but I feel the profession and environment have changed considerably over the last 10-15 years and that the State of Hawaii owes it's citizens the protection that SB 1632offers.

Thank you for your thoughtful consideration and vote in favor of SB 1632.

Sincerely,

Edmund J. Borza, BA, RRT-NPS, CPFT

Testimony on SB1632
Senate Committees on Health and Commerce & Consumer Protection
Tuesday, February 10, 2009 at 0830 in Room 229

Date: February 9 2009
To: **Committee on Health**
Senator David Y. Ige, Chair
Senator Josh Green, MD, Vice Chair

Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Jo Ann Ikehara, BS, RRT, CPFT, CRTT

RE: SB1632 Relating to Respiratory Care

Honorable Chairs and Committee Members:

I support of the intent of SB1632 to regulate the practice of respiratory care in the interest of patient/consumer health, safety and welfare. Respiratory care has evolved over the past 55+ years from the administration of oxygen and aerosol therapies via simple devices to include those that are more technologically sophisticated to mechanically support and monitor the breathing of patients who because of illness or disease can't do so for themselves. Along side doctors, nurses, physical therapists, occupational therapists, speech therapists and other specialists, respiratory therapists assess, treat and care for patients in critical care units of hospitals, in-flight during transport emergently or simply returning them to their homes across the ocean, in skilled and intermediate care nursing facilities, and in patients' homes.

Since taking three separate and different National Board for Respiratory Care (NBRC) exams recognized by my professional organization, the American Association for Respiratory Care, in 1975, 1980 and 1991, nothing requires me to retest and re-demonstrate my competence to practice. Since 2004, the NBRC now requires continuing education units in order to maintain one's credential. I do not have to comply with that mandate. Yet testing and re-demonstrating competency should be just as important for me, as the art and science of respiratory care has become more technologically complex. If I am to work in settings where additional expertise is needed, I need to be qualified by training and demonstration that I am able to safely provide the quality care that patients deserve and expect. Depending on my work setting and how I present or misrepresent myself, my employer and the workplace orientation process may or may not satisfactorily assess this, potentially putting those in my care in jeopardy.

Over the past 30+ years I have worked in a variety of settings on Oahu, those mentioned above and including a pulmonary specialist's office. I care deeply about the work I do and the patients that are in my care. Forty eight states, the District of Columbia and Puerto Rico have acted to protect their publics by enacting licensure. I ask that you do the same and support the intent of this bill to regulate the practice of respiratory care in Hawaii. Mahalo for the opportunity to testify and share my perspective.

[redacted]

From: catnap@hawaii.rr.com
Sent: Friday, February 06, 2009 3:50 PM
To: CPN Testimony
Subject: Fwd: Fwd: Fwd: Testimony in support of SB1632 and SB1332 -RELicensing Respiratory Therapists

Follow Up Flag: Follow up
Flag Status: Flagged

> Date: Fri, 6 Feb 2009 12:43:09 -1000
> From: <catnap@hawaii.rr.com>
> To: sendige@Capitol.hawaii.gov, sengreen@Capitol.hawaii.gov,
senbaker@Capitol.hawaii.gov
> Subject: Fwd: Fwd: Testimony in support of SB1632 and SB1332
> -RELicensing
Respiratory Therapists
>
>
> > Date: Fri, 6 Feb 2009 20:38:27 +0000
> > From: <catnap@hawaii.rr.com>
> > To: testimony@capitol.hawaii.gov
> > Subject: Fwd: Testimony in support of SB1632 and SB1332 -RELicensing
> Respiratory Therapists
> >
> >
> > > Date: Fri, 6 Feb 2009 19:38:16 +0000
> > > From: <catnap@hawaii.rr.com>
> > > To: testimony@capitol.hawaii.gov
> > > Subject:
> > >
> > > Dear Honorable Health Chair and Commerce and Consumer Protection
> > > Vice Chair Senator David Ige, Honorable Commerce and Consumer
> > > Protection Chair Senator Rosalyn Baker, Honorable Health
> > > Vice-Chair Senator Josh Green, MD
> > >
> > >
> > > My name is Joan Loke. Uncle Joe referred to me as Joan of Arc. I work as Respiratory Therapist for 16 years. I served as the President of HSRC in 2001. I am now the PACT Representative in the American Association for Respiratory Care. The PACT team lobbies for respiratory issues in Washington D.C. I would like to present testimony in support of HB 1823, which seeks to establish licensing and regulatory requirements for practice of respiratory care and to create a board of respiratory care.
> > >
> > > Ø The trend nationwide is to move patient care outside the hospital. This will be a cost saving move for the hospital and Medicare. At this time, patients cannot gain access to respiratory therapy services outside the hospital. The wording of the Medicare Bill Part B needs to be changed from “direct” to “general” supervision from the doctor. The Ways and Means committee in Washington D.C. would like to be assured that all States are licensed before they approve of the change. Hawaii and Alaska is stalling the process.
> > > Ø We are not recognized by the Federal Government as part of the health team. The Federal Government only recognize licensed professionals such as physicians and nurses on their list. The respiratory patients missed out on grants and funding since our professional is invisible.

> > > Ø Hawaii and Alaska are the only States that are not licensed. Respiratory therapists who have problems getting licensed in other States will apply for jobs in Hawaii. We will get the therapists that other States do not want in order to protect their patients.
> > > Ø In a Bio-terrorist attack,only licensed personal can participate
> > > in federal disaster relief efforts to help disaster victims. Respiratory therapists have no license. We are the first to response in the hospital setting. We cannot do the same outside of the hospital when disaster strikes Ø We are left out on the decision making process in Federal disaster relief effort. I was terrified when I saw relief personal not wearing mask working at the scene for days on 9/11. Any respiratory therapist knows it is essential to issue mask to protect the lung from harm.
> > > Ø Your decision to grant us our license in Hawaii will affect the outcome of the Bills in the Federal Government.
> > >
> > > Respectfully submitted,
> > >
> > >
> > > Joan Loke PACT Team Representative for AARC HSRC member
> > >
> > >

February 9, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Raymond Greene, RRT

Re: SB 1632 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support SB 1632 which would seek to provide licensing of respiratory care practitioners.

- Licensure protects the public from individuals who lose their license elsewhere. Hawaii is only one of two States that does not have oversight over the profession. Because of this, we are in a situation where practitioners who are not licensed or are stripped of their license in other states can come to Hawaii and practice here, without a license.
- Licensing assures that all respiratory care therapy is done by practitioners who have fulfilled certain education standards and competencies. There is no standard that exists at this time.
- Respiratory care requires specific training skills and knowledge that enable a practitioner to implement respiratory protocols that significantly improve patient outcomes. Without an RT available, there is no assurance that the safest, most effective treatment protocols will be utilized.
- Proper care for the most critical of patients, whom are on ventilators, require competent therapist. To do so properly and safely will take proper education. This will be assured with the advent of licensure here in Hawaii.

Thank you for this opportunity to testify.

February 10, 2009

Testimony to: Senate Committee on Health: Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Senate Committee on Commerce: Senator Rosalyn H. Baker, Chair
& Consumer Protection : Senator David Y. Ige, Vice Chair

By: Reid Ikeda, MD, Critical Care Medicine, Internal Medicine, Pulmonary, Honolulu

Re: SB 1632 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support the intent of SB1632 for the regulation of respiratory care in Hawaii in the interests of patient safety. I am a Pulmonary/Critical Care Physician and the Medical Director of a Respiratory Care Department at a hospital in Honolulu, and I am very familiar with the vital role that Respiratory Care Practitioners perform on multidisciplinary patient care teams. Respiratory Care Practitioners have saved lives during emergencies at our hospital, and we depend on their expertise to guide important clinical decisions, particularly for those clinicians with less experience with respiratory problems. There are few things more troubling than watching a patient struggle to breathe, something that most of us take for granted, and these are just a few of the vital services that Respiratory Care Practitioners perform:

- -Identifying at-risk patients who may decompensate and even die without more aggressive treatment and closer monitoring
- -Coaching patients with breathing problems during useful exercises to help them rehabilitate, and better cope with their illness
- -Developing and complying with evidence-based protocols based on the best medical literature to ensure that all patients receive the best available care
- -Educating nurses, physicians, resident physicians, and medical and nursing students on which respiratory treatments to order and the most effective way to deliver them
- -Serving as experts for adjusting the ventilators of critically-ill patients with respiratory failure to improve their comfort and gas exchange while breathing on the machine
- -At some hospitals, Respiratory Care Practitioners insert breathing tubes, often in emergent conditions, and placing the tube in the wrong place can lead to death in a critically-ill patient.

When we have reviewed the care of patients who have had poor outcomes, in some instances, Respiratory Care Practitioners have failed to identify patients in trouble, and they have made incorrect decisions with tenuous patients who did not survive. I am surprised and concerned that Hawaii is one of only two states in the nation that does not license Respiratory Care Practitioners. Unsafe Respiratory Care Practitioners who lose their license another state can turn to Hawaii as a potential place of employment, since licensing information on unsafe practitioners is not shared with us if we do not license our practitioners. I know of at least one instance when a practitioner who lost his license in another state due to unprofessional conduct in the workplace was hired here and had the same problems, but we had no access to this information ahead of time. This can lead to patient safety problems, as unsafe practitioners without proper credentialing may be employed to care for our loved ones.

Respiratory Care is both an art and a science, and these practitioners need to be critical thinkers who can escalate care and deliver appropriate therapies to compromised patients. By licensing our practitioners, we can ensure that they have the proper training, credentials, and expertise to deliver indispensible care to our patients, who deserve the best chance to recover from their illness.

[redacted]

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Friday, February 06, 2009 3:59 PM
To: CPN Testimony
Subject: Fw: Testimony in support of SB1632 and SB1332 - Re-Licensing Respiraory Therapists

Follow Up Flag: Follow up
Flag Status: Flagged

----- Original Message -----
From: Joan Loke
To: sendige@Capitol.hawaii.gov ; sengreen@Capitol.hawaii.gov ; senbaker@Capitol.hawaii.gov
Sent: Friday, February 06, 2009 12:37 PM
Subject: Testimony in support of SB1632 and SB1332 - Re-Licensing Respiraory Therapists

Dear Honorable Health Chair and Commerce and Consumer Protection vice-chair Senator David Ige, Honorable commerce and Consumer protection Chair Senator Rosalyn Baker, Honorable Health vice-Chair Senator Josh Green, MD,
1. My name is Renwick V.I. Tassill also known as Uncle Joe to most of you, the former Hawaii State Capitol Coordinator for 18 years now retired.

2. I am here to present myself.

3. I am involved with this effort to properly recognize and officially license respiratory practitioners for the protection, health and welfare of the people of the State of Hawaii.

4. I have asked other legislators to introduce other bills that would support the effort of passage. There are a total of three Senate Bills, four House Bills and two House Concurrent Resolutions all of which I am in favor of. The following are the Bill numbers in both the Senate and House of Representatives.

Senate Bills 1332, 1400 and 1632
House Bills 1555, 1563 and 1770
House Concurrent Resolutions 47 and 48

I was a patient at Kaiser Hospital during the month of December with a number of health problems, a strep and staph infection pneumonia, low heart beat and a blockage with my breathing. I spent a total of fifteen days, my first three days in isolation, the next three in intensive care and the last nine back at isolation.
When I was moved from isolation to the intensive care unit, I met Joan Loke. She was my respiratory therapist. She told me what to expect and what was needed to be done to improve my condition. In the meantime, the doctor contacted my wife (Aunty June). They let her know what was happening. He told her that they were moving me to ICU. They told her that they were going to attach a BIPAP to my face to help me breathe. If that didn't work, they would send a tube down my throat. The BIPAP force me to breathe, it didn't breathe for me. During my three day stay in ICU, when ever Joan set the bar, I rang the bell. When she put up a hurdle, I cleared it with room to spare. When she built the wall, I tore it down. Three days later on Saturday, I was back at my room in isolation. Then Joan returned to work on Monday was when we bonded. It was then I found out how important her roll was when it came to my recovery. With all the doctors, nurses, therapist and technician in the hospital, the most important person is the respiratory therapist. If I stop breathing there is no one else in the hospital that will keep me alive. It is for these reasons that I am here to support the effort of the Hawaii Society for Respiratory Care (HSRC).
I urge you as the lawmakers of Hawaii to do what is right and lend your support in passing this House Bill or any of the other bills introduced to meet their request.

Mr. Chairman and the members of the house Health Committee, I thank you for giving me the time to express myself on this and important subject. If there are any questions, I would be happy to address them.

[redacted]

From: steve camara [stevecamara@hotmail.com]
Sent: Friday, February 06, 2009 8:03 AM
To: CPN Testimony
Subject: Testimony in support of SB 1632

Follow Up Flag: Follow up
Flag Status: Flagged

I support SB 1632. My name is Steve Camara and I have been a Respiratory Care Practitioner for over a decade at many hospitals in Honolulu. I know first hand the need for action on this Bill. I befriended a Respiratory Practioner from the Mainland that shared with me some disturbing news. He told me that his California license was pulled after a Domestic Violence Complaint had been lodged against him by his live in girlfriend. He told me that he had two options for work; Alaska and Hawaii, the only two states that do not have Licensure. He said the choice to freeze or work in Paradise was a no brainer. A few months later, his temper issues flared in the workplace at co-workers. Maybe he is working in Alaska now. I can't help but wonder how scary it was that this guy was running life support equipment. In Hawaii, you need a license to cut hair, but not run life support. Please give us the tools to protect our Aina from bottom tier Respiratory Practioners running from their past mistakes in the Mainland ; as those tools currently screen other important bedside healthcare professions. Thank you for listening.

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

I support SB1632. There are only two states remaining where the Respiratory Care Practitioner is not licensed, Hawaii being one of them and Alaska being the other. This puts Hawaii in a dubious position where Respiratory Care Practitioners (RCPs) that are not able to become licensed in other states or have lost their license to pursue employment here in Hawaii if they chose to do so.

I'm sure the people of Hawaii deserve to have their Respiratory needs taken care of by competent and upstanding citizens. I personally wouldn't want anyone caring for my family members or myself, who may have a background which could potentially place my health or life in danger.

By: Stephen Kaya, Manager Respiratory Care Services

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Cortney Oldani RRT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills SB 1632 and SB 1332 which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Cortney K Oldani Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Everett Bransford

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is only one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Manager QMC Resp. Dept
Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Lynette Agcaoili

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Lynette Agcaoili Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Ho, Nancy RRT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: April M. Mabe

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

April Mabe Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Beirad Kusmdo

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

B. J. Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Wesley Carter RRT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you
Wesley Carter Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Kenneth Ng

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

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What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: David Chee Jr

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

RRT

Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Cathleen A. Lee

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

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What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Cathleen A. Lee Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Mario Chavez

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

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What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Mario Chavez Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: SHELLEY NAGAFUCHI, RRT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

I support the intent of bills **SB 1632 and SB 1332** which would license respiratory care practitioners in Hawaii.

Because Hawaii is **only** one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you

Shelley Nagafuchi, RRT Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Lela Y. Takahama, RRT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

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Thank you

Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Commerce & Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

By: Nancy Tolentino

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
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Thank you

Tolentino, RRT Respiratory Care Practitioner

February 10, 2009

Testimony to: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: Constance M. Aktasi CRTT

Re: **SB 1632 RELATING TO RESPIRATORY CARE**
and
SB 1332 RELATING TO HEALTH CARE – Establish licensing requirements for Respiratory Care Practitioners

Chairs and Committee Members:

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Constance M. Aktasi CRTT Respiratory Care Practitioner