

SENATE BILL REPORT

SHB 1536

As Reported By Senate Committee On:
Health & Long-Term Care, March 27, 1997
Ways & Means, April 2, 1997

Title: An act relating to respiratory care.

Brief Description: Modifying regulation of respiratory care practitioners.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Backlund, Cody and Dyer).

Brief History:

Committee Activity: Health & Long-Term Care: 3/25/97, 3/27/97 [DPA].
Ways & Means: 4/2/97 [w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.
Signed by Senators Deccio, Chair; Wood, Vice Chair; Benton, Fairley, Franklin, Strannigan and Wojahn.

Staff: Rhoda Jones (786-7198)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Without recommendation.

Signed by Senators West, Chair; Deccio, Vice Chair; Strannigan, Vice Chair; Bauer, Fraser, Hochstatter, Kohl, Loveland, McDonald, Rossi, Schow, Sheldon, Snyder, Spanel, Swecker, Thibaudeau, Winsley and Zarelli.

Staff: Susan Lucas (786-7711)

Background: Currently, respiratory care practitioners are certified to practice by the Department of Health. The secretary acts as the disciplinary authority. An ad hoc advisory committee advises the secretary on the implementation and operation of the regulatory program.

Respiratory care practitioners work under the direct order and supervision of physicians, and are employed in the treatment, management, diagnostic testing, rehabilitation and care of patients with deficiencies and abnormalities affecting the cardiopulmonary system. In many circumstances, respiratory care practitioners practice under protocols, not direct supervision.

Summary of Amended Bill: A licensure program for respiratory care practitioners is established to be administered by the Secretary of Health, and only licensed respiratory care practitioners may practice in this state unless exempted by law.

The respiratory care scope of practice is modified to include the insertion of devices for drawing and analyzing venous blood, and the diagnostic monitoring of and therapeutic interventions for aiding a physician in diagnosis.

Exemptions from licensure are provided to other licensed practitioners, employees of the federal government, students and trainees in respiratory care, registered nurse employing the title, and for family members.

Applicants for licensure must have completed an approved school program with a two-year curriculum.

The secretary is authorized by rule to establish requirements for continuing education.

All currently certified respiratory care practitioners may apply for and receive licensure without complying with the two-year education requirement or taking the licensure exam within one year of the effective date of this bill.

The Department of Health has one year from the effective date of the bill to implement the licensure program.

Amended Bill Compared to Original Bill: The amendment grandfathered certified respiratory care practitioners and gives the Department of Health a year to implement the program.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect on July 1, 1997.

Testimony For: There is a trend resulting in more respiratory care practitioners working in independent settings. These people must be required to have credentials because they are unsupervised and use highly technical equipment.

Testimony Against: None.

Testified: Steve Boruchowitz, DOH; PRO: Jerry Luedke, RCSW; Dr. Robert Clark, Regional Care Center; Nick Federici, WSNA.