



Proponent Testimony for HB 102

June 6, 2023

Chairman Cutrona, Vice-Chair Gross, Ranking Member Somani, and esteemed members of the House Health Provider Services Committee, the Ohio Society for Respiratory Care appreciates the opportunity to testify today in support of HB 102 “License Advanced Practice Respiratory Therapists.” My name is Nancy Colletti, and I serve as the current President of the Ohio Society for Respiratory Care. The OSRC is a non-profit professional association for respiratory therapists, and our mission is to advise and promote the education, licensure, safety and quality of respiratory care services, issues and diseases.

Respiratory care professionals (RCPs) have been licensed in the State of Ohio since 1990. The scope of the RCP involves performing cardio-pulmonary diagnostics and providing treatment of cardiopulmonary disorders and conditions in inpatient, sub-acute, outpatient and homecare settings. Our bill today does not impact current scope of licensed RCPs in Ohio but adds an optional “clinical ladder” advancement for the RCP, just as the Advanced Practice Nurse is a “clinical ladder” advancement for the registered nurse.

The Advanced Practice Respiratory Therapist (APRT) is a new professional who is a non-physician advanced practice provider with at least a master’s degree completion of a curriculum equivalent to other advanced practice providers in Ohio, such as the Advanced Practice Nurse (APN) or Physician Assistant (PA). The APRT scope will consist of managing the care of patients with cardiopulmonary disorders and conditions under the supervision of physicians who are specialists in these cardio-pulmonary medicine. Management of acute and chronic pulmonary disease, sleep related breathing disorders, allergies and asthma, critical airways, and ventilation plus a variety of related diagnostic procedures in both inpatient and outpatient healthcare settings are among the APRT competencies.

It is our hope that you will pass this measure to address the current and future healthcare needs of Ohioans who will continue to require specialized care to treat the following ailments that will only increase with our aging population: COPD, Asthma, Occupational Lung Disease, Smoking Cessation, Pulmonary Fibrosis, Pulmonary Hypertension, Sleep-related disorders, Pneumonia, Respiratory Failure and COVID-related lung damage.

This measure is not an effort to intrude on other advanced practice providers’ scope. Our bill defines that we can only work with medical physicians in the specialties of pulmonary, critical care, sleep disorders and anesthesiology, in both pediatric and adult settings. This is the APRT’s niche. APRTs can enhance the care of physicians specifically trained in cardiopulmonary diagnostics and care, providing them with another specialized advanced practice provider to assist them in their office, outpatient clinics, and in acute and critical care. Including APRTs as part of the interprofessional collaborative practice team will improve equal access to safe, effective, and efficient care.

The APRT will not be able to work in general practice, as in family practice, urgent care, minute clinics, etc., as a general physician would not be able to supervise the APRT's specialty skill set, such as pulmonary diagnostics or airway and mechanical ventilation management.

An APRT could manage a chronic COPD patient after hospital discharge, assuring access to pulmonary rehab and smoking cessation services, adjusting medications to insurance specific formularies to improve drug availability and compliance, reducing the need to return to the ED for care. A child with asthma could be tested in the pulmonary diagnostic lab, have their pulmonary diagnostic test interpreted by the APRT, who then establishes an evidence-based plan of care with the family, for home and school, including an environmental assessment and a mitigation plan. All of this under the delegation and supervision of the supervising pulmonary physician.

We are not seeking, nor does this bill create "independent practice" for respiratory therapists.

On behalf of the OSRC, I am recommending that the House Health Services Provider Committee support HB 102 as introduced to license advanced practice respiratory therapists.

Thank you Chair Cutrona and members of the committee for the opportunity to provide testimony.

References:

¹Joyner RL, Strickland SL, et. al. Adequacy of the Provider Workforce for Persons with Cardiopulmonary Disease. CHEST (2019); 157(5): 1221-1229.

²Merritt Hawkins White Paper Series: Physician Supply Considerations: The Emerging Shortage of Medical Specialists" (2017)

³IHS Markit, The Complexities of Physician Supply and Demand 2020: Projections from 2018 to 2033. Prepared for the Association of American Medical Colleges, Washington, DC.

⁴Strickland SL, Varekojis SM, et.al. Physician Support for Non-Physician Advanced Practice Providers for Persons with Cardiopulmonary Disease. Resp Care (2020); 65(11) 1702-1711.

⁵ VA Reference: <https://www.aarc.org/an23-the-advanced-practice-respiratory-therapist-gets-a-big-boost-from-the-va-in-maryland/>