



LINDA LINGLE
GOVERNOR
JAMES R. AIONA, JR.
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

LAWRENCE M. REIFURTH
DIRECTOR
RONALD BOYER
DEPUTY DIRECTOR

**PRESENTATION OF THE
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH STATE LEGISLATURE
REGULAR SESSION of 2009

Tuesday, March 17, 2009
8:30 a.m.

TESTIMONY ON SENATE BILL NO. 1332, S.D. 2, RELATING TO HEALTHCARE.

TO THE HONORABLE RYAN YAMANE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Noe Noe Tom, Licensing Administrator for the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs ("DCCA"). The DCCA appreciates the opportunity to present testimony in opposition to Senate Bill No. 1332, S.D. 2, relating to Healthcare.

This bill proposes to regulate the practice of respiratory care by requiring respiratory therapists be licensed. On the matter of whether to regulate this new profession, we oppose this proposal as it is contrary to the recommendations in the Legislative Auditor's analyses done in 1986 and again in 1995, that iterated regulation and licensure of respiratory therapists is **not** warranted.

However, should the Legislature consider this proposal, we need to bring to your attention, as we have in prior hearings in the Senate, that this bill has many problems substantively and technically. It lacks key provisions for a regulatory law and, as is, would be difficult to implement and enforce. In response to our concerns, the Senate Health and Commerce and Consumer Protection committees asked the department to propose a draft as a basis for further discussion. This draft is attached, labeled as a Proposed H.D. 1, for your Committee's consideration.

We have met with the representatives of the Hawaii Society of Respiratory Care ("HSRC"), presented our Proposed H.D. 1, explained differences with the S.B. 1332 S.D. 2, and provided the reasoning for our changes. As a group, we agreed that the Proposed H.D. 1 is only a starting point and that numerous questions that affect the bill, still need to be answered. These questions include: What level of respiratory therapist are we regulating?; What is the relevant scope of practice?; Should government employed respiratory therapists be exempt?; Is the list of those exempt from licensure comprehensive so that there are no inadvertent negative impacts on other practitioners?; and What are the requirements for licensure? Thus, while our Proposed H.D. 1 is the start of a reasonable approach to regulation, it is by no means to be considered a final product. As such we have retained the defective date as contained in S.B. 1332, S.D. 2.

We also bring to your attention that the Proposed H.D. 1 contains three placeholder provisions related to additional manpower and funding that the department foresees it will need should such a bill pass for the DCCA to implement. We understand

such provisions are for consideration by the Finance Committee but it is imperative these placeholder provisions remain in the Proposed H.D. 1, if the Proposed H.D. 1 is adopted by this Committee.

We also wish to mention that should the Legislature implement a measure to regulate respiratory therapists, the respiratory therapists will bear the burden of subsidizing through fees, the cost of the DCCA's resources to start-up, implement, and maintain this new program. There is difficulty at this time however, to determine the amount of fees to be paid due to the lack of firm information on the number of respiratory therapists that could be impacted by this bill. In 1995, the Auditor reported that there could be 450 respiratory therapists. However, in recently speaking with HSRC, it was indicated there could be only 250 respiratory therapists (and this included government employed respiratory therapists). This is a significant variance and in order for the department to determine fees as well as to insert text to fill the blank spaces in the placeholder provisions, this issue must be clarified.

Should your Committee wish to know more information on the attached Proposed H.D. 1, we would be pleased to answer any questions. We stress again however, that offering the Proposed H.D. 1 is not indicative of our support for such new regulation. It is only to stave off the possibility of very problematic legislation proceeding further in the legislative process.

Thank you for the opportunity to testify on S.B. No. 1332, S.D. 2.

A BILL FOR AN ACT

RELATING TO HEALTHCARE.

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

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

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

12 The purpose of this Act is to regulate the practice of
13 respiratory therapists by establishing licensure requirements.

14 SECTION 2. The Hawaii Revised Statutes is amended by
15 adding a new chapter to title 25 to be appropriately designated
16 and to read as follows:

1 "CHAPTER

2 RESPIRATORY THERAPISTS

3 § -1 Definitions. For the purposes of this chapter:

4 "Department" means the department of commerce and consumer
5 affairs.

6 "Director" means the director of commerce and consumer
7 affairs.

8 "Licensed respiratory therapist" means a person:

9 (1) Who engages in the practice of respiratory care and
10 uses the title of licensed respiratory therapist;

11 (2) Who has been issued a license under this chapter; and

12 (3) Whose license is in effect and not revoked, suspended,
13 or encumbered.

14 "Practice of respiratory care" means providing therapy,
15 management, rehabilitation, support services for diagnostic
16 evaluation, and care of patients with deficiencies and
17 abnormalities which affect the pulmonary system, including:

18 (1) The teaching of techniques relating to respiratory
19 care;

20 (2) Direct and indirect respiratory care services,

21 including the administration of pharmacological,

- 1 diagnostic, and therapeutic care related to
2 respiratory care procedures necessary to implement
3 treatment, disease prevention, and pulmonary
4 rehabilitative or diagnostic regimen prescribed by a
5 physician;
- 6 (3) Observation and monitoring of signs, symptoms,
7 reactions, and physical responses to respiratory care
8 treatment and diagnostic testing;
- 9 (4) Diagnostic or therapeutic use of the following:
- 10 (A) Medical gases, excluding general anesthesia;
- 11 (B) Aerosols, humidification, environmental control
12 systems, or biomedical therapy;
- 13 (C) Pharmacological care related to respiratory care
14 procedures;
- 15 (D) Mechanical or physiological ventilatory support,
16 including maintenance of natural airways and
17 insertion and maintenance of artificial airways;
- 18 (E) Cardiopulmonary resuscitation; or
- 19 (F) Respiratory protocol and evaluation, and
20 diagnostic and testing techniques required for
21 implementation of respiratory care protocols; and

1 (5) The transcription and implementation of the written
2 and verbal orders of a physician pertaining to the
3 practice of respiratory care, and prescribed medical
4 orders of a recognized advanced practice registered
5 nurse with prescriptive authority.

6 § -2 **Respiratory therapist licensing program.** There is
7 established a respiratory therapist licensing program within the
8 department to be administered by the director.

9 § -3 **Physician supervision required.** The practice of
10 respiratory care by a respiratory therapist shall be conducted
11 under the direction and supervision of a physician licensed
12 pursuant to chapter 453.

13 § -4 **Powers and duties of the director.** In addition to
14 any other powers and duties authorized by law, the director
15 shall have the power and duties to:

16 (1) Grant, deny, renew, refuse to renew, restore,
17 terminate, reinstate, condition, restrict, suspend, or
18 revoke licenses;

19 (2) Grant permission to a person to practice and use the
20 title of "licensed respiratory therapist" or a
21 description indicating one is a licensed respiratory

1 therapist in this State pursuant to this chapter and
2 the rules adopted pursuant thereto;

3 (3) Adopt, amend, or repeal rules pursuant to chapter 91
4 as the director finds necessary to carry out this
5 chapter;

6 (4) Administer, coordinate, and enforce this chapter;

7 (5) Prepare and administer examinations;

8 (6) Discipline a licensed respiratory therapist for any
9 due cause described by this chapter, chapter 436B, or
10 violation of the rules;

11 (7) Refuse to license a person for failure to meet
12 licensing requirements or on grounds sufficient to
13 discipline a licensed respiratory therapist; and

14 (8) Appoint an advisory committee consisting of licensed
15 respiratory therapists to assist with the
16 implementation of this chapter.

17 § -5 Fees; disposition. (a) Application fees shall not
18 be refundable. Examination, reexamination, license, renewal,
19 restoration, penalty, and any other fees relating to the
20 administration of this chapter shall be provided in rules
21 adopted by the director pursuant to chapter 91.

1 (b) Fees assessed shall defray costs incurred by the
2 department to support the operation of the respiratory therapist
3 licensing program. Fees collected shall be managed in
4 accordance with section 26-9(1).

5 § -6 **Exemptions.** This chapter shall not apply to:

- 6 (1) A person doing work within the scope of practice or
7 duties of the person's profession that overlaps with
8 the practice of respiratory care; provided that person
9 does not purport to be a respiratory therapist;
- 10 (2) Any student enrolled in an accredited respiratory
11 therapy program that is an integral part of a program
12 of study;
- 13 (3) A person rendering services in the case of an
14 emergency or in the domestic administration of family
15 remedies;
- 16 (4) Any person employed by a federal, state, or county
17 government agency in a respiratory therapist position,
18 but only at those times when the employee is carrying
19 out the duties and responsibilities as a respiratory
20 therapist in governmental employment; or
- 21 (5) A respiratory care technician.

1 **§ -7 Prohibited acts.** Except as specifically provided
2 in this chapter, no person shall engage in the practice of
3 respiratory care or use the title of "licensed respiratory
4 therapist" or "respiratory therapist" without a valid license
5 issued under this chapter. Any person who violates this section
6 shall be subject to a fine of not more than \$1,000 for each
7 separate offense. Each day of each violation shall constitute a
8 separate offense. Any action taken to impose or collect the
9 fine imposed under this section shall be a civil action.

10 **§ -8 Application for license as a respiratory**
11 **therapist.** An applicant shall be issued a license by the
12 department if the applicant provides satisfactory evidence to
13 the department that the applicant is qualified for licensure
14 pursuant to the requirements of this chapter and meets the
15 following qualifications:

16 (1) Has graduated from an accredited educational
17 institution that includes a respiratory therapy
18 training program approved by the Committee on
19 Accreditation for Respiratory Care including its
20 predecessor and successor; and

1 (2) Has passed the Registered Respiratory Therapist
2 Examination of the National Board for Respiratory Care
3 within _____ of submission of an application.

4 **§ -9 Examination.** (a) The department shall conduct an
5 examination of licensing applicants at a time and place
6 designated by the department.

7 (b) An applicant shall be held to have passed an
8 examination by obtaining a passing score as determined by the
9 director.

10 **§ -10 Licensure; fees.** A license shall be issued to a
11 person deemed to be qualified under section § -8 upon the
12 payment of a license fee to be determined by the department and
13 shall be valid for three years. All renewal, restoration and
14 other required fees shall be determined by the department.

15 **§ -11 Renewal of license.** Licenses shall be renewed,
16 upon the payment of a renewal fee, triennially not earlier than
17 sixty days before June 30, with the first renewal deadline
18 occurring on June 30, _____. Failure to renew a license shall
19 result in a forfeiture of the license. Licenses that have been
20 forfeited may be restored within one year of the forfeiture date
21 upon payment of renewal and restoration fees. Failure to

1 restore a forfeited license within one year shall result in the
2 automatic termination of the license and the person shall be
3 required to reapply for licensure as a new applicant.

4 **§ -12 Grounds for refusal to renew, reinstate, or restore,**
5 **and for revocation, suspension, denial, or condition of,**
6 **licenses.** (a) In addition to any other acts or conditions
7 provided by law, the director may refuse to renew, reinstate, or
8 restore, and may deny, revoke, suspend, or condition in any
9 manner, any license for any one or more of the following acts or
10 conditions on the part of a licensee or license applicant:

- 11 (1) Failing to meet or maintain the conditions and
12 requirements necessary to qualify for the granting of
13 a license;
- 14 (2) Engaging in false, fraudulent, or deceptive
15 advertising, or making untruthful or improbable
16 statements;
- 17 (4) Practicing the licensed profession while impaired by
18 alcohol, drugs, physical disability, or mental
19 instability;
- 20 (5) Procuring a license through fraud, misrepresentation,
21 or deceit;

- 1 (6) Aiding and abetting an unlicensed person to directly
2 or indirectly perform activities requiring a license;
- 3 (7) Professional misconduct, incompetence, gross
4 negligence, or manifest incapacity, in the practice of
5 the licensed profession;
- 6 (8) Engaging in conduct or practice contrary to recognized
7 standards of ethics for the licensed profession;
- 8 (9) Violating any condition or limitation upon which a
9 conditional license was issued;
- 10 (10) Engaging in business under a past or present license
11 issued pursuant to the licensing laws, in a manner
12 causing injury to one or more members of the public;
- 13 (11) Failing to comply with, observe, or adhere to any law
14 in a manner such that the director deems the applicant
15 or holder to be an unfit or improper person to hold a
16 license;
- 17 (12) Having had a license revoked or suspended, or having
18 been the subject of other disciplinary action, by
19 another state or a federal agency for any reason
20 provided by the licensing laws or this section;

- 1 (13) Having been convicted of a crime, whether by nolo
2 contendere or otherwise, directly related to the
3 qualifications, functions, or duties of the licensed
4 profession;
- 5 (14) Failing to report in writing to the director any
6 disciplinary decision issued against the licensee or
7 applicant in another jurisdiction within thirty days
8 of the disciplinary decision;
- 9 (15) Employing, utilizing, or attempting to employ or
10 utilize, at any time, any person not licensed under
11 the licensing laws where licensure is required; or
- 12 (16) Violating this chapter, chapter 436B, or any rule or
13 order of the director.
- 14 (b) Any licensee or applicant who violates this section
15 may also be fined not more than \$1,000 per violation.

16 SECTION 3. Section 26H-4, Hawaii Revised Statutes, is
17 amended to read as follows:

18 **§26H-4 Repeal dates for newly enacted professional and**
19 **vocational regulatory programs.** (a) Any professional or
20 vocational regulatory program enacted after January 1, 1994, and
21 listed in this section shall be repealed on December 31, 2008.

1 The auditor shall perform an evaluation of the program, pursuant
2 to section 26H-5, prior to its repeal date.

3 (b) Chapter (respiratory therapists) shall be repealed on
4 June 30, _____."

5 SECTION 4. The department of commerce and consumer affairs
6 may employ necessary personnel, without regard to chapter 76,
7 Hawaii Revised Statutes, to assist with the activities of the
8 respiratory therapists licensing program.

9 SECTION 5. Upon the issuance of a new license and at each
10 license renewal period, each respiratory therapist shall pay an
11 additional fee of \$_____, which shall be maintained in a
12 separate account within the compliance resolution fund
13 established pursuant to section 26-9(o), Hawaii Revised
14 Statutes. At the end of each quarter, the moneys contained in
15 the separate account established pursuant to this section shall
16 be transferred to the general fund until such time that the
17 total transferred amounts equal the amount appropriated in
18 section 6 of this Act. Thereafter, no surcharge shall be
19 assessed, and any funds in excess of the amount appropriated in
20 section 6 of this Act shall be deposited in the compliance
21 resolution fund.

1 SECTION 6. There is appropriated out of the general
2 revenues of this State of Hawaii the sum of \$_____, or so much
3 thereof as may be necessary for fiscal year _____, to
4 implement the respiratory therapists licensure program.

5 The sum appropriated shall be expended by the department of
6 commerce and consumer affairs for the purposes of this Act.

7 SECTION 7. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 8. This Act shall take effect on July 1, 2090.



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Tuesday, March 17, 2009, 8:30am, CR 329

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, 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: SB 1332 RELATING TO HEALTHCARE.

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

Testimony in support of SB 1332 SD2

For March 17, 2009 @ 8:30 a.m. in Room 329

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

By: Carol Agard RRT, RPFT, FAARC
Past President and Co-Chair Legislative Affairs
Hawaii Society for Respiratory Care

Chair Yamane, Vice Chair Nishimoto, and Members of the Committee

The HSRC strongly supports the intent of SB 1332 SD2 to regulate the practice of respiratory care in Hawaii.

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

We support this legislation as being a necessary tool for both government and healthcare professionals to assure that respiratory practitioners are in fact trained to do what they claim to do.

Hawaii is only one of two states that do not have oversight over this profession, allowing respiratory practitioners from other states to practice here without a license. We do have concerns with establishing a Board in these tough economic times. For Hawaii, immediate oversight is the goal, while avoiding increased costs to both the healthcare professionals and the state.

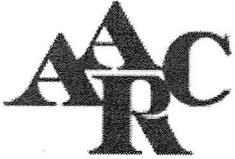
Due to the urgent nature of this regulation, coupled with our desire to be fiscally responsible, we have proposed to eliminate the independent board and place the licensing for respiratory care under the DCCA with the support of an appropriate advisory committee. We are currently working with DCCA to come up with something that will meet the goals of everyone, with the ultimate goal of providing consumers with the protection they deserve.

Our best estimate of the number of individuals currently practicing respiratory care is near 300 statewide. We believe the number is sufficient to allow for a reasonable license fee that will support the program in being budget neutral.

The passage of this legislation has the potential to attract federal dollars to our state as Medicare is reformed and rules added allowing licensed respiratory care practitioners to work in expanded roles in the out-patient setting. This can favorably impact communities on the neighbor islands and all other areas where access to physicians and pulmonary specialists is limited.

yamane2-Ho'onani

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Monday, March 16, 2009 9:57 AM
To: HLTtestimony
Subject: *****SPAM***** Fw: Testimony in support of SB1332 and SD2
Attachments: clip_image002.gif; clip_image004.jpg



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

Testimony for:

March 17, 2009 @ 0830 in Room 329

House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Re: SB1332, SD2 Relating to Healthcare

Testimony in support.

Please forward to the Committee for consideration.

Mahalo,

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,

A handwritten signature in cursive script that reads "Timothy R. Myers".

Timothy R. Myers, BS, RRT-NPS
President

TESTIMONY IN SUPPORT OF SB1332, SD2

Relating to Respiratory Care

Testimony for:

March 17, 2009 @ 0830 in Room 329

Chariman Ryan Yamane, Vice- Chariman Scott Nishimoto and Members of the Committee, my name is Joan Loke. Uncle Joe referred to me as Joan of Arc. I am a Respiratory Therapist at Kaiser Permanente Moanalua. I am 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 1332 and SD2, which seeks to establish licensing and regulatory requirements for practice of respiratory care and to create a board of respiratory care.

- 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 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.
- 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 patients missed out on grants and programs since our professional is invisible.
- 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.
- In a Federal disaster, only licensed personal can cross the line and 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.
- 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

Testimony in support of SB1332 SD2 RELATING TO HEALTHCARE

March 16, 2009

To: House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair

By: Mark Sappington, RRT
Kapolei, Oahu

RE: SB1332, SD2 Relating to Healthcare

Chairs and Members of the Committee:

I strongly support the intent of SB1332 SD2 to regulate the practice of Respiratory Care in Hawaii.

- Without this legislation, our Hawaii residents could be denied access to federally approve health care programs. Medicare is close to allowing licensed Respiratory Care Practitioners (RT's) to work in expanded roles in out-patient settings. This can favorably impact communities on the neighbor islands where access to physicians and pulmonary specialists is limited. Licensed RCPs could service patients with breathing abnormalities and chronic respiratory conditions under physician direction via care protocols and tele-medicine communications.
- I believe that there is no longer a question as to whether or not our profession should be licensed. Respiratory Care is technically complex and yet very patient oriented in its practice. RT's who have lost licenses in other states can still practice in Hawaii. There are no requirements for continuing education for RT's in Hawaii and anyone can assume the role and or identity of an RT in Hawaii. Our states medical patients should be guaranteed care from safe practitioners who have met a high standard of licensing requirements.
- While licensure is important for the protection of patients, it should not be necessary to create a formal "Board for Respiratory Care". An appointed volunteer "Advisory Board" would be sufficient for case review. This would decrease the financial impact of this legislation.
- As professionals, we understand there will be a cost for this initiative. There are about 300 Respiratory Therapists statewide. This number is will allow for a reasonable license fee that will support the program and be cost-neutral.
- We are presently working for the DCCA to meet the needs of all involved with the ultimate goal of providing protection to the consumers of medical care in Hawaii.
Thank you for the opportunity to provide testimony.

yamane2-Ho'onani

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Monday, March 16, 2009 10:02 AM
To: HLTtestimony
Subject: Fw: Testimony in support of SB1632 and SB1332 - Re-Licensing Respiraory Therapists

March 17, 2009 @ 0830 in Room 329

House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Re: SB1332, SD2 Relating to Healthcare

Testimony in support.

Please forward to the Committee for consideration.

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 SD 1332 and SD2.

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.

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Monday, March 16, 2009 9:52 AM
To: HLTtestimony
Subject: TESTIMONY IN SUPPORT OF SD2 and SB1332

**TESTIMONY IN SUPPORT OF SB 1332,SD2
Relating to Respiratory Care**

March 17, 2009 @ 0830 in Room 329

Dear Honorable Health Chair Ryan I. Yamane, Vice Chair Rep. Scott Y. Nishimoto, My name is Christopher Johnson, MD. I am a physician who is trained in Critical Care Medicine, Pulmonary Medicine and Internal Medicine and am the Director of the Critical Care Unit at the Kaiser Moanaloa Hospital. I would like to present testimony in support of SB1332 and SD2, which seeks to establish licensing and regulatory requirements for practice of respiratory care and to create a board of respiratory care.

- Respiratory Therapists are an integral part of the Health Care Team caring for our patient's here in Hawaii.
- To ensure consistent standards, licensure and regulatory requirements as well as a Board of Respiratory Care are important so the people of Hawaii can be assured those Respiratory Therapists caring for them are trained to the highest standards and are providing the finest of care.
- Respiratory Therapists deserve the stature and recognition that licensure brings and the ability to work with general rather than direct physician supervision to help in more effectively meeting our patient's health care needs.

Respectfully submitted,

Christopher Johnson, MD
Director, Critical Care Medicine
Kaiser Foundation Hospital
Honolulu, HI

Testimony in support of SB 1332 for House Committee on Health. Hearing Tuesday
March 17, 2009, 8:30 AM, Conference room 329

House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

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

Re: In support of SB 1332, SD2 RELATING TO RESPIRATORY CARE

Mr. Chair & Committee Members:

I support SB 1332. 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 are 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.

The intent of this bill is to establish licensing requirements for respiratory therapists. I and other members of the HSRC have been working with the legislature and the DCCA to develop amendments to the bill that will both protect the healthcare consumers of our state and meet the needs of the profession. For instance, we recognize that a Board of respiratory care is impractical and have agreed to being included under the vocational licensing division of DCCA.

Thank you for your thoughtful consideration and vote in favor of SB 1332.

Sincerely,

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

March 17, 2009

House Committee on Health:
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

By:
Delmar Bayang,
Registered Respiratory Therapist
Kapiolani Medical Center

Re: SB 1332, SD2 RELATING TO HEALTHCARE

Honorable Chairs & Committee Members:

We support SB 1332, SD2 as being a necessary tool for both government and healthcare professionals to assure that respiratory practitioners are in fact skilled and qualified to do what we specialize in.

Hawaii is only one of two states that do not have oversight over this profession, allowing respiratory practitioners from other states to practice here without a license, thus putting the patient's safety at risk. In fact, each of you could make the claim that you are qualified.

We do have concerns with establishing a Board in these tough economic times, and suggest that licensing at this time would be more appropriate. In time, if the need exists, a board can be established. According to some states, they are completely split on this issue. For Hawaii, immediate oversight is the goal, while avoiding increased costs to both the healthcare professionals and the state.

We are willing to work with the DCCA to come up with something that will meet the goals of everyone, with the ultimate goal of providing consumers with the protection they deserve. Please support SB1332, SD2 to protect our consumers in the State of Hawaii.

Testimony in support of SB1332, SD2 Relating to Healthcare
House Committee on Health
Hearing scheduled for Tuesday, March 17, 2009 @ 0830, in Room 329

March 17, 2009

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

By: Jo Ann Ikehara, BS, RRT, CPFT
Kalihi, Oahu

Re: SB 1332, SD2 Relating to Healthcare

Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

I support the intent of SB1332 SD2 to regulate the practice of respiratory care in the interest of patient/consumer health, safety and welfare.

- Currently, no mechanism exists to ensure that only those individuals qualified by training and examination practice respiratory care in Hawaii.
- Additionally, there exists no mechanism for reporting incompetence or professional misconduct because this allied health profession is not recognized. With Hawaii and Alaska being the last two states without licensing statutes, they are attractive to those who have lost their license to practice elsewhere.
- At this juncture in the legislative process, there does not appear to be a question of whether or not we should be licensed. Rather, can we afford not to, given the role and responsibilities we have in providing appropriate and safe patient care? As Medicare is reformed and its rules changed, licensed respiratory care practitioners will be allowed to work in expanded roles in out-patient settings thereby increasing the public's access to respiratory care services. This will be hindered in Hawaii without licensure. Not good, at a time when the incidence of respiratory diseases such as COPD (Chronic Obstructive Pulmonary Disease) are on the rise.
- In our financially strapped economy, how can we make regulation and licensure happen? My colleagues and I understand that we will have to pay fees associated with the application process, the license and its maintenance; which we trust will be reasonable and manageable for us; and as cost neutral as possible for the state.
- The Hawaii Society for Respiratory Care's Legislative Affairs leaders have begun discussion with the Department of Commerce and Consumer Affairs representatives to better understand the regulation process, identify ways in which cost can be contained and resources expended wisely so that the recipients of respiratory care services are provided with the protection of legislation that they deserve.

Mahalo for the opportunity to testify.

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 15, 2009 9:47 PM
To: HLTtestimony
Cc: tig2androo@aol.com
Subject: Testimony for SB1332 on 3/17/2009 8:30:00 AM

Testimony for HLT 3/17/2009 8:30:00 AM SB1332

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Jeannie Borza, RN
Organization: Individual
Address: 1531 Uluhao Street Kailua, Hi
Phone: 808-263-6069
E-mail: tig2androo@aol.com
Submitted on: 3/15/2009

Comments:

I am a Registered Nurse who works along side Respiratory Therapists and I would like to testify in support of sb1332.

I see on a regular basis the skill and critical knowledge that is required of the Respiratory Therapist in all settings in the hospital. I feel that licensure would ensure that the patients would be receiving safe, competent and knowledgeable care.

When I need assistance with respiratory issues concerning my patients, it is the Respiratory Therapist that I look to for answers, guidance and support. As a licensed professional myself I feel that licensure provides and ensures for safe care, standards of competency and a sound knowledge base.

For these reasons stated I stand in support of sb1332.

Jeannie Borza, RN