

- 1 (1) Direct and indirect pulmonary care services that are
2 safe, aseptic, preventative, and restorative to the
3 patient;
- 4 (2) The teaching of techniques relating to respiratory
5 care;
- 6 (3) Direct and indirect respiratory care services,
7 including the administration of pharmacological,
8 diagnostic, and therapeutic care related to
9 respiratory care procedures necessary to implement
10 treatment, disease prevention, and pulmonary
11 rehabilitative or diagnostic regimen prescribed by a
12 physician or nurse;
- 13 (4) Observation and monitoring of signs, symptoms,
14 reactions, and physical responses to respiratory care
15 treatment and diagnostic testing;
- 16 (5) Diagnostic or therapeutic use of the following:
 - 17 (A) Administration of medical gases, excluding
18 general anesthesia;
 - 19 (B) Aerosols, humidification, environmental control
20 systems, or biomedical therapy;
 - 21 (C) Pharmacological care related to respiratory care
22 procedures;



1 (D) Mechanical or physiological ventilatory support,
2 including maintenance of natural airways and
3 insertion and maintenance of artificial airways;

4 (E) Cardiopulmonary resuscitation; or

5 (F) Respiratory protocol and evaluation, and
6 diagnostic and testing techniques required for
7 implementation of respiratory care protocols; and

8 (6) The transcription and implementation of the written
9 and verbal orders of a physician pertaining to the
10 practice of respiratory care.

11 § -2 **Limitations of respiratory care practitioner**

12 **license.** Nothing in this chapter shall be construed as
13 authorizing a respiratory care practitioner to practice medicine
14 or perform surgery or any other form of healing except as
15 authorized by the sections of this chapter.

16 § -3 **License required.** No person without a license as a
17 respiratory care practitioner shall use the title "respiratory
18 care practitioner," or like title, or perform the duties of a
19 respiratory care practitioner; provided that this chapter shall
20 not prohibit any practice of respiratory therapy that is an
21 integral part of a program of study for students enrolled in an
22 accredited respiratory therapy program.



1 § -4 Powers and duties of the director. In addition to
2 any other powers and duties authorized by law, the director
3 shall:

- 4 (1) Adopt rules pursuant to chapter 91 to develop
5 standards for licensure;
- 6 (2) Prepare and administer examinations sponsored by the
7 American Association for Respiratory Care;
- 8 (3) Issue, renew, suspend, and revoke licenses;
- 9 (4) Investigate and conduct hearings regarding any
10 violation of this chapter or any rules adopted to
11 implement this chapter; and
- 12 (5) Establish a fee schedule for the administration and
13 enforcement of this chapter, including but not limited
14 to fees for original licensure, renewal, and license
15 restoration.

16 § -5 Respiratory care practitioner board; established.

17 (a) There is established within the department of commerce and
18 consumer affairs for administrative purposes the state
19 respiratory care practitioner board.

20 (b) The director shall appoint five members to the board.
21 Three of these members shall have at least five years of
22 experience in the State in the practice of respiratory care.



1 (c) The director shall consider the recommendations of the
2 board on questions involving standards of professional conduct,
3 discipline, continuing education requirements, and
4 qualifications for licensure under this chapter.

5 (d) The board shall conduct investigations of allegations
6 of licensee misconduct pursuant to section 92-17, and shall keep
7 a record of all its proceedings and activities. The provisions
8 of chapter 92F shall prevail in the disclosure of information by
9 the board.

10 § -6 **Qualifications for license.** Notwithstanding any
11 other law to the contrary, an individual shall meet the
12 following requirements in order to qualify for a respiratory
13 care license:

- 14 (1) Apply in writing on a form prescribed by the
15 department and submit the fee set by the department
16 for application;
- 17 (2) Successfully complete a respiratory care training
18 program approved by the American Association for
19 Respiratory Care;
- 20 (3) Pass a background check that shall include a review of
21 the applicant's respiratory care practitioner
22 licensure history in other jurisdictions, including a



1 review of any alleged misconduct or neglect in the
2 practice of respiratory care on the part of the
3 applicant; and

4 (4) Pass an examination for the practice of respiratory
5 care within five years of making an application;
6 provided that individuals who have graduated from a
7 respiratory care practitioner education program prior
8 to January 1, 2002, shall not be required to take an
9 examination.

10 § -7 **Disciplinary actions.** (a) The director may
11 revoke, suspend, deny, or refuse to renew a license, place a
12 licensee on probation, or issue a letter of admonition upon
13 proof that the licensee:

- 14 (1) Has procured or attempted to procure a license by
15 fraud, deceit, misrepresentation, misleading omission,
16 or material misstatement of fact;
- 17 (2) Has been convicted of a felony as provided under
18 section 701-107;
- 19 (3) Has wilfully or negligently acted in a manner
20 inconsistent with the health or safety of persons
21 under the individual's care;



1 (4) Has had a license to practice respiratory care or any
2 other health care occupation suspended or revoked, or
3 has otherwise been subject to discipline relating to
4 the individual's practice of respiratory care, in any
5 other jurisdiction;

6 (5) Has committed a fraudulent insurance act;

7 (6) Excessively or habitually uses alcohol or drugs;
8 provided that the director shall not discipline an
9 individual under this paragraph if the individual is
10 enrolled in a substance abuse program approved by the
11 department; or

12 (7) Has a physical or mental disability that renders the
13 individual incapable of safely administering
14 respiratory care services.

15 (b) If an allegation of conduct described in subsection
16 (a) is made against a licensee, the respiratory care
17 practitioner board shall conduct an investigation pursuant to
18 section 92-17.

19 (c) In addition to suspension, revocation, denial, or
20 refusal to renew a license, the director shall fine a person
21 found to have violated any provision of this chapter or any rule



1 adopted by the director under this chapter not less than \$100
2 nor more than \$1,000 for each violation."

3 SECTION 2. This Act shall take effect upon its approval.
4

INTRODUCED BY: Therese Chun Caldwell
Randy de Boken
David Ylge



Report Title:

Respiratory Care Practitioners; Licensing

Description:

Establishes licensing requirements for respiratory care practitioners.





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 SENATE COMMITTEE ON HEALTH
AND
TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH STATE LEGISLATURE
REGULAR SESSION of 2009

Tuesday, February 10, 2009
8:30 a.m.

TESTIMONY ON SENATE BILL NO. 1332, RELATING TO HEALTHCARE.

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND
TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is Celia Suzuki, Program Specialist of the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs ("Department"). The Department appreciates the opportunity to testify on Senate Bill No. 1332, Relating to Healthcare.

Senate Bill No. 1332 creates a new chapter to regulate respiratory care practitioners. Section 26H-6, Hawaii Revised Statutes, requires that new regulatory measures being considered for enactment be referred to the Auditor for a sunrise analysis. The statute further requires that the analysis shall set forth the probable effects of regulation, assess whether its enactment is consistent with the legislative

Testimony on S.B. No. 1332
Tuesday, February 10, 2009
Page 2

policies of the Hawaii Regulatory Licensing Reform Act, and assess alternative forms of regulation.

Therefore, the Department strongly supports a sunrise study on this measure, as mandated by law, before regulating respiratory care practitioners.

Thank you for the opportunity to testify on Senate Bill No. 1332.



Tuesday, February 10 2009
Conference Room 229
8:30am

The Senate Committee on Health

To: Senator David Ige, Chair
Senator Josh Green, MD – Vice Chair

The Senate Committee on Commerce & Consumer Protection

To: Senator Rosalyn Baker - Chair
Senator David Ige – Vice Chair

From: Jackie Scotka, RN -Manager, Respiratory Care
Kapi'olani Medical Center at Pali Momi

RE: Testimony in Strong Support of SB 1332: Respiratory Care Licensing

My name is Jackie Scotka, Manager of Respiratory Care at Kapi'olani Medical Center at Pali Momi. The Kapi'olani Medical Center at Pali Momi is an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

As a respiratory care practitioner for more than 28 years, I am writing in **strong support of SB 1332** which would establish licensing and regulatory requirements for the practice of respiratory care. Respiratory care is a growing and specialized field within healthcare and deals with the most essential function of the human body: the managing of a patient's breathing function. The practice of respiratory care is critical to the survival of patients across a broad range of medical care settings and largely determines a patient's survival and recovery rate.

Given the critical role respiratory therapists have in the delivery of saving a patient's life, it is essential that these practices are regulated and licensed to ensure that only the most qualified individuals are providing this level of care. Therefore, defining a scope of practice and setting standards of care will provide accountability to patients and the public and ensure patient safety. Since scope of practice for respiratory care practitioners (RCP) has expanded to include more invasive interventions and advanced technology, it is vital to maintain practitioner competence and ensure public safety in any setting. This need for licensing and regulation is a particular necessity given the high rate of adoption and introduction of new respiratory technologies (e.g. ventilators for life support), a person that is not an expert or lacks specialized training in the use of these machines could result in unnecessary complications or worse, death.

Because of the risks involved in this area of healthcare, I ask that you pass SB 1332 from this committee. Thank you for the opportunity to testify.

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Monday, February 09, 2009 5:24 AM
To: CPN Testimony
Cc: CPN Testimony
Subject: Testimony in support of SB1632 andm SB1332
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

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.

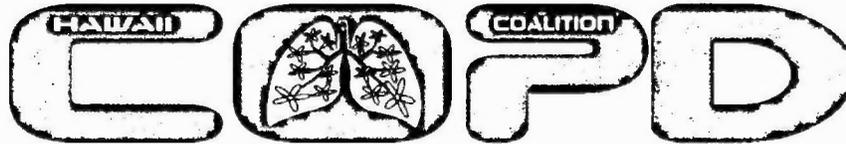
The critical element to be considered in licensing is patient care and access to qualified health professionals. That is the premise of the legislation which states that the practice of respiratory care should be regulated to “protect the public from the unqualified practice of respiratory care and from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

A handwritten signature in cursive script that reads "Timothy R. Myers". The signature is written in black ink and is positioned above the typed name.

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, 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



OFFICERS

Gary Okamoto, MD
President

Robert Marvit, MD
President Elect

Cynthia Jean Goto, MD
Immediate Past President

Thomas Kosasa, MD
Secretary

Jonathan Cho, MD
Treasurer

April Donahue
Executive Director

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: 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

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: Aaron Koseki, Ph.D., RRT, Health Sciences Department, Kapiolani Community College

Re: SB 1332 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 and to standardize the level of patient care by defining the educational requirements to become a Respiratory Care practitioner in the State of Hawaii.

I am a Registered Respiratory Therapist who served as a Respiratory Care department manager at the former St. Francis Medical Center West. I now teach Respiratory Care courses at Kapiolani Community College and serve as the department chair of Health Sciences . I am very familiar with the vital role that Respiratory Care Practitioners perform on multidisciplinary patient care teams. Respiratory Care Practitioners receive education in critical care skills to save lives during emergencies at Hawaii's hospitals and physicians and nurses 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.

I am troubled 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. During my service at Sr. Francis West, I know of at least three instances 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. I also receive calls from neighbor island hospitals on Maui and the Big Island recruiting KCC's graduates because of the same safety and educational concerns of employees hired from the mainland.

Respiratory Care 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 indispensable care to our patients, who deserve the best chance to recover from their illness.

I therefore enthusiastically support SB 1332 and ask for your consideration to support the regulation of Respiratory Care practices in the State of Hawaii.

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: YOUR NAME, CREDENTIALS
STAFF RESPIRATORY THERAPIST
DO NOT MENTION WHERE YOU WORK PER LOBBYIST

Re: SB 1332 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support SB 1332 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.
- YOU CAN ALSO TALK ABOUT THE SOPHISTICATION OF THE EQUIPMENT WE WORK WITH AND THE INVASIVE PROCEDURES WE DO AND THAT SPECIAL TRAINING IS NEEDED. REMEMBER – PATIENT SAFETY.

Thank you for this opportunity to testify.

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

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

RE: SB 1332 Relating to Respiratory Care for February 10, 2009 at 0830

Chairs & Committee Members:

We support the intent of SB 1332.

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 1332

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 1332. This ruling will regulate the practice of 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 always come "first". As a very passionate patient advocate and working health care provider, I am asking this committee to strongly consider protecting our residents and patients abroad in the State of Hawaii by supporting SB 1332.

Testimony on SB 1332 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 1332 RELATING TO RESPIRATORY CARE

Chairs & 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 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 1332 offers.

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

Sincerely,

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

Testimony on SB1332
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: SB1332 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.

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 1332 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support SB 1332 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 1332 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support the intent of SB1332 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 indispensable care to our patients, who deserve the best chance to recover from their illness.

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.

From: steve camara [stevecamara@hotmail.com]
Sent: Friday, February 06, 2009 8:05 AM
To: CPN Testimony
Subject: Testimony in support of SB 1332

Follow Up Flag: Follow up
Flag Status: Flagged

I support SB 1332. 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 Practitioner 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 Practitioners running from their past mistakes in the Mainland ; as those tools currently screen other important bedside healthcare professions. Thank you for listening.

Windows Live™: Keep your life in sync. [See how it works.](#)

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 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 Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By: *Synette 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

Synette 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

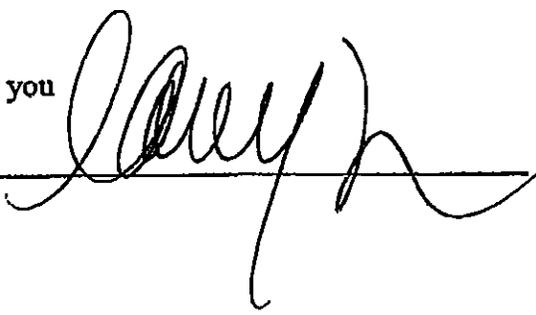
Chairs and Committee Members:

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 Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., 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 M. Mabe

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:

Brian Kusano

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

Brian Kusano

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:

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: David Choate

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

David Choate RCT 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:

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.

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

Cathleen A. Lee

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:

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.

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

Mario Chavez

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:

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

 , 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:

Leila 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:

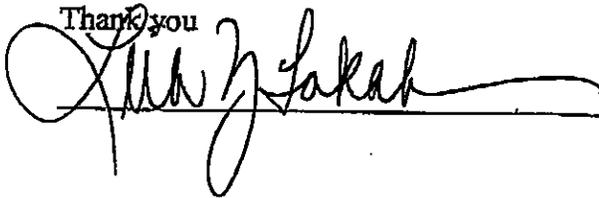
I support the intent of bills SB 1632 and SB 1332 which would license respiratory care practitioners in Hawaii.

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 Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

By:

NANCY TOLENTINO

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

Nancy 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:

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

Constance M. Aktasi CRTT Respiratory Care Practitioner

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

I support SB1332. 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.

CPN Testimony @ Capitol.hawaii.gov

To Senate Committee on Commerce and Consumer Protection for SB1632 for Tuesday, February 10, 2009 @ 8:30 am in Conference Room 229.

By: Stephen Kaya