

October 14, 2013
 Economic Affairs Interim Committee (EAIC)
 PO Box 201706
 Helena, MT 59620-1706

Dear members of the EAIC:

As a licensed Respiratory Therapist from (insert city), Montana, I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that that licensure provides. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to the same standards of education, credentialing, and continuing education. There is also a system for support and accountability for those therapists that may be practicing beyond the Montana State license scope of practice as well as for those that may be troubled by addictions or criminal offenses that are affecting their ability to conduct themselves safely in a patient care setting. I trust that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety. Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

Licensed Montana Respiratory Therapist

*The above letter was signed by the following who emailed or mailed the letters to the EAIC:
 (names listed alphabetically and based on interpretation of handwriting. Letters are on file. These were received as of 10/21/13)*

Stan Alkire - Livingston	Jennifer Engle - Bozeman	Fran Oberlander - Billings	John T. Wirsching - Great Falls
John P. Anderson - Great Falls	Dyana Fischer - Livingston	Leah Olson - Great Falls	Glenda Zachary - Whitefish
Robert Archer -	John Fenner - Great Falls	Merle Phipps - Bozeman	
C Benson - Billings	Portia Fox - Bozeman	Patricia Plant - Great Falls	
Nancy Bergersan - Sidney	Kaityln Frank - Billings	Stacy Ristar (?) - Billings	Alan xx - Bozeman
Michael Biggins - Billings	Lisa Guinn - Kalispell	Angie Roselli - Great Falls	A Mxx - Billings
SP Brockhausen - Billings	Charles Hoenig - Bozeman	Scott Simpson - Great Falls	B xx - Billings
Jonathan Bruce - Kalispell	Gia Holiway - Livingston (also submitted detailed #4)	Michael Smith - Great Falls	Dal Rxx - Billings
Cealie Brumwell - Bozeman	Erin Jones - Great Falls	Lori Spina - Billings	David Txx - Billings
Dave Bunkers - Billings	Stephannie Keegan - Billings	Christine Stanish - Billings	DML - Billings
Katherine Campbell - Great Falls	Diana Kingsbury - Billings	Tammy Stephen(?) - Billings	GA xx - Bozeman
Bill Carmichael - Great Falls	Brian Lunson - Livingston	Tiffinie Thares - Billings	J Axx - Billings
Julie Carpenter - Bozeman	John MacDonald - Bozeman	Ryan Van Hook - Billings	J xx - Billings
Brian Cayko - Great Falls	Christopher Malone - Kalispell	Barbara Vogel -	KM xx - Billings
Marcella Chiavaras - Billings	Mary Anne Moseley - Missoula	Angelina Watt - Billings	K xxx - Great Falls (not sure if first letter is "K")
Lena Cleveland - Billings	Natashia Murphy - Billings	Darrin Willard - Bozeman	Leanne xx - Bozeman
Kindra Degroot - Billings	Emil Myre - Great Falls	Amy Williams - Billings	
TaLoni DuBois - Plains	Justin Nelson - Great Falls	Elisha Williams - Missoula	R xx - Bozeman
Jim Ekstedt - Great Falls (also added a personal note)	Kayla Nelson - Billings	Michael Wilson - Livingston	R K - Great Falls (presumed to be Roy Kennedy based on licensee lookup system)
Kathryn Elam - Billings			

ECONOMIC AFFAIRS INTERIM
 COMMITTEE 2013-14

The following letter is a form letter for members of the public to send in to the EAIC regarding support for licensure of respiratory therapy practitioners, with signatures listed in the table below:

October 14, 2013
 Economic Affairs Interim Committee (EAIC)
 PO Box 201706
 Helena, MT 59620-1706

Dear members of the EAIC:

As a concerned citizen of the state of Montana I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that that licensure provides. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to the same standards of education, credentialing, and continuing education. There is also a system for support and accountability for those therapists that may be practicing beyond the Montana State license scope of practice as well as for those that may be troubled by addictions or criminal offenses that are affecting their ability to conduct themselves safely in a patient care setting. I trust that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety. Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

Actual letters are on file under EAIC Letters Received, 2013-2014

Lisa B (Balfanz?) - Billings	A. Janskovitch - Billings	Judy Stolzenburg - Billings
Karen Costello - Billings	Arthur Kilwein - Billings	
Charlotte Fannon (dir of rehabilitation therapies – St. Vincent Healthcare)	Echo Konecki - Billings	Jeffrey Swanson (dir of facilities) St. Vincent Healthcare
Hilji E. Felix - Billings	Coleen Lee - Billings	
Lonnye F (dir. of pharmacy – St. Vincent Healthcare)	Amanda McKnight - Billings	Linda Varela (dir of vol & guest services) St. Vincent Healthcare
Eric Forseth - Billings	T(?) Petersen - Billings	Attorney – name unreadable -- Billings
Charles (?) H. (dir of food nutrition – St. Vincent Healthcare)	Bill R (dir. Biomedical Engineering) - Billings	Respiratory Therapy Class of 2014 and Class of 2015, Great Falls College - MSU

October 14, 2013
 Economic Affairs Interim Committee (EAIC)
 PO Box 201706
 Helena, MT 59620-1706

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Sincerely,

Licensed Montana Respiratory Therapist

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Kathryn Elam - Billings			

The following letter is a form letter for members of the public to send in to the EAIC regarding support for licensure of respiratory therapy practitioners, with signatures listed in the table below:

October 14, 2013
 Economic Affairs Interim Committee (EAIC)
 PO Box 201706
 Helena, MT 59620-1706

Dear members of the EAIC:

As a concerned citizen of the state of Montana I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that that licensure provides. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to the same standards of education, credentialing, and continuing education. There is also a system for support and accountability for those therapists that may be practicing beyond the Montana State license scope of practice as well as for those that may be troubled by addictions or criminal offenses that are affecting their ability to conduct themselves safely in a patient care setting. I trust that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety. Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

Actual letters are on file under EAIC Letters Received, 2013-2014

Lisa B (Balfanz?) - Billings	A. Janskovitch - Billings	Judy Stolzenburg - Billings
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Eric Forseth - Billings	T(?) Petersen - Billings	Attorney – name unreadable -- Billings
Charles (?) H. (dir of food nutrition – St. Vincent Healthcare)	Bill R (dir. Biomedical Engineering) - Billings	Respiratory Therapy Class of 2014 and Class of 2015, Great Falls College - MSU

Murdo, Patricia

Subject: FW: MT RC License up for Review!! *URGENT*
Attachments: PUBLIC support Letter to EAIC2.doc; RT support Letter to EAIC2.doc

From: Michele A. Anderson
Sent: Friday, October 18, 2013 12:39 PM
To: Murdo, Patricia; Campbell, Bart
Subject: FW: MT RC License up for Review!! *URGENT*

I would like to offer my support in favor of keeping RT's in the state of MT licensed. I have worked in the medical field for over 35 years. My back ground is primarily the NICU/NICU Flight Team. I have worked closely with many licensed and Registered RT's and it has been an awesome experience! The RT's I have had the priviledge of working with have been knowledgeable, up to date and comfortable with their skills, well trained and professional. There have been times in the past that I can remember that I could not have done my job without them.

Please keep our state's RT's licensed and recognize them for the skill and knowledge they bring to the people of MT.

Sincerely,

Michele Anderson RN
KRMC-NICU, SunnyView Pediatrics, Kalispell, MT

Murdo, Patricia

Subject: FW: Endorsement for Continuation of licensure for MT Respiratory Therapy Practitioners

From: Edward Meardon
Sent: Sunday, October 20, 2013 9:39 AM
To: Murdo, Patricia
Subject: Endorsement for Continuation of licensure for MT Respiratory Therapy Practitioners

October 14, 2013
Pat Murdo
Economic Affairs Interim Committee (EAIC)
PO Box 201706
Helena, MT 59620-1706

Dear Pat Murdo:

As a licensed Respiratory Therapist from Helena, Montana (of over 32 years), I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that that licensure provides. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to high standards of education, credentialing, and continuing education (the same as Registered Nurses and other health care professionals).

I believe that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety.

While Respiratory Therapy does not hold the same high visibility that Registered Nurses and Paramedics do, when you can't breathe, we loom large in your field of view, and the state should be interested in keeping Respiratory Therapists accountable.

Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

Edward A. Meardon, RRT
Helena, MT

Licensed Montana Respiratory Therapist



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

October 3, 2013
Economic Affairs Interim Committee (EAIC)
PO Box 201706
Helena, MT 59620-1706

Dear Members of the EAIC:

As President of the American Association for Respiratory Care (AARC) and on behalf of our 53,000 respiratory therapist members, I unequivocally endorse the continuation of state licensure for Montana respiratory therapist professionals.

Respiratory therapists are the only allied health professionals comprehensively educated and competency-tested in the full spectrum of cardiopulmonary services and procedures. Respiratory therapists treat patients of all ages who suffer from pulmonary disease: from newborns with undeveloped lungs, to children with asthma, to young adults with cystic fibrosis, to seniors with chronic obstructive pulmonary disease (COPD), to patients of all ages who require mechanical ventilation.

Respiratory therapists can:

- assess and/or triage the patient and determine if the patient needs physician intervention
- utilize protocols to adjust treatment of the patient or client
- manage the patient's disease by providing pulmonary rehabilitation or other interventions for such diagnoses as asthma, emphysema, (COPD) and tuberculosis (TB)
- provide prevention services such as tobacco cessation
- educate the patient on the proper use of respiratory medications as well as determine patient compliance on the proper usage
- respond in an emergency as an integral part of a disaster response or air or ground transport teams.

Moreover, respiratory therapists provide the full range of their clinical services across all care sites. As pulmonary medicine has advanced and as the health care system has continued to evolve to focus on health care being provided outside the hospital setting, respiratory therapists are no longer solely providing the care in an acute care or institutional venue. Respiratory therapists are delivering services in nursing homes, physician offices, clinics, urgent care facilities, rehabilitation settings and the patient's home. It is imperative that as the full spectrum of respiratory therapy services are being provided to Montana citizens in all these care sites that those who are providing these complex services – the respiratory therapists – have documented their knowledge and competency to do so.

State licensing assures the public and the patients they serve that the respiratory therapist has:

- graduated from an accredited respiratory therapy education program with a minimum of an associate's degree
- passed a valid competency exam
- met the additional requirements of licensure by providing sworn responses to previous employment, previous licensing, and any prior sanctions or legal rulings.

Forty-nine states, the District of Columbia and Puerto Rico require respiratory therapists to hold a state license. Only Alaska does not license the respiratory therapist and efforts are underway to enact licensure there.

Without mandatory respiratory therapy licensure, Montana will become a magnet for those individuals who have either lost their respiratory therapy license, or who had their license application denied. Without mandatory respiratory therapy licensure any individual, regardless of their qualifications, could come into Montana and simply state they are a "respiratory therapist" and be hired as such. They could provide the full scope of respiratory therapy services and it would be perfectly legal to do so. This scenario is especially concerning given the aforementioned migration of providing health care services and procedures outside of the hospital setting.

The American Association for Respiratory Care along with our state chapter affiliate, the Montana Society for Respiratory Care, urge in the strongest possible terms that the members of the Economic Affairs Interim Committee recommend to the Montana legislature that for the health and safety of the citizens of Montana respiratory therapy licensure must continue. Thank you for your time and consideration.

George Gaebler, MS Ed, RRT, FAARC

A handwritten signature in black ink, appearing to read "George Gaebler", with a long horizontal flourish extending to the right.

President

TO: Economic Affairs Interim Committee (EAIC)

From: Montana Society for Respiratory Care

RE: Review of the Respiratory Care Licensing Board per HB 525

The Montana society for Respiratory Care (MSRC) respectfully submits the following comments and responses on behalf of the nearly 600 licensed respiratory therapists in Montana.

The MSRC unequivocally supports state licensure of the profession of respiratory therapy and the respiratory therapist professional through mandated requirements for education, competency testing, continuing education and the required disciplinary attestations.

EAIC Information Request

The unregulated practice of the occupation or profession creates a direct, immediate hazard to the public health, safety, or welfare.

MSRC Response

Respiratory therapy is not just life enhancing, it is life sustaining. In the wrong hands, in the hands of those who have not documented education and competency, respiratory therapy can injure or kill. Respiratory therapist licensure requires the applicant and licensee to document their education and competency. Licensure provides scrutiny of individuals who provide the therapy and creates a level of safety and quality for the citizens of Montana.

Please review Attachments #1, #2, and #3, the National Board for Respiratory Care's (NBRC) Examination Content Outline.

As with all the other 48 states, District of Columbia and Puerto Rico that require state licensure for respiratory therapists, Montana has adopted the NBRC's Certified Respiratory Therapist (CRT) competency examination as the state licensure examination. The NBRC's examinations are deemed valid and reliable and are accredited by the National Commission for Certifying Agencies, the accreditation body of the Institute for Credentialing Excellence (ICE).

Attachment #1 is the NBRC's Content Outline for the CRT examination. Simply put, respiratory therapists who have graduated from nationally accredited respiratory therapy education programs with a minimum of an associate degree are expected to know and be proficient in every one of content areas enumerated in the CRT Content Outline. What is outlined is respiratory therapy, and every clinical area covered could be asked on the CRT exam.

Moreover, the CRT exam is noted as the entry level examination into the profession of respiratory therapy. Please review Attachments #2 and #3. These are the Content Outlines for the advanced level respiratory therapist, the registered respiratory therapist or RRT. This level of the profession requires an additional written examination that builds from the content of the CRT knowledge basis, as well as an

additional testing requirement, completion of a clinical simulation examination. Passing the CRT examination is required before taking the two part RRT examination. This too is respiratory therapy.

At a minimum, respiratory therapy services, those clinical services and procedures enumerated in the NBRC's Content Outlines are today being delivered across the spectrum of care sites: the inpatient hospital, long term care hospitals, physician offices, nursing homes, hospice centers, physician offices, rural clinics and the patient's own home. It is imperative that individuals who provide respiratory therapy services to Montana citizens meet mandated licensure qualifications in order to safely provide these complex clinical services and procedures.

EAIC Information Request

The scope of practice is readily identifiable and distinguishable from the scope of practice of other professions and occupations.

MSRC Response

Respiratory therapists evolved from the physicians' need to have uniquely educated and competency-tested personnel to assess, treat, and advise the physicians on the cardio-pulmonary conditions of the physicians' patients. Respiratory therapists have been accepted by the medical community as unique allied health professionals for over 50 years.

Respiratory therapists are the only allied health professionals who are specifically educated and competency tested in all the aspects of cardio-respiratory care (again please review the attachments 1-3). Respiratory therapy is specifically focused on the assessment, treatment, management, control, diagnostic evaluation, education, and care of patients with deficiencies and abnormalities of the cardiopulmonary system as well as on the prevention of the development of these deficiencies. All respiratory therapists are educated and tested to perform the full scope of practice of respiratory therapy.

Respiratory therapists provide a variety of patient care services 24 hours a day, seven days a week, including areas of oxygenation, ventilation and bronchial hygiene, as well as serving as patient advocates and consultants to nurses, physicians, and other member of the health care team. Respiratory therapists also serve a full range of patients from geriatric to neonate. Other specialized services provided include: administration of specialty gases such as heliox and nitric oxide, hyperbaric therapy, extracorporeal membrane oxygenation (ECMO), high frequency ventilation, hemodynamic monitoring, pulmonary function testing, cardiopulmonary rehabilitation, and emergency transport.

EAIC Information Request

The occupation or profession requires a specialized skill or training for which nationally recognized standards of education and training exist;

MSRC Response

Montana respiratory therapy licensure requires applicants to have successfully passed at a minimum the CRT examination. Applicants cannot qualify to take the CRT examination unless they have first graduated from an accredited respiratory therapy education program.

In turn respiratory therapy education programs must meet specific and detailed programmatic standards and be successfully reviewed by trained personnel in order to be accredited by a nationally recognized education accrediting entity the Commission on Accreditation of Respiratory Care (CoARC). The CoARC establishes, maintains, and promotes educational standards of quality to prepare individuals for respiratory care practice. CoARC's mission is to provide consumer protection, advance and enhance the respiratory profession, and protects against compromise of educational quality.

Nationwide there are 439 CoARC accredited education programs. Great Falls College Montana State University and the University of Montana – Missoula are the two CoARC accredited programs in our state.

EAIC Information Request

Qualifications for licensure are justified;

MSRC Response

Montana licensure of the respiratory therapist professional assures the patient and employer that the respiratory therapists rendering the care are graduates of accredited and degree conferring respiratory therapy education program, and the individual has passed a valid competency exam. Moreover, Montana also requires the applicant to meet additional application requirements (Attachment #4). Please note the extensive mandatory questions that the applicant must answer in detail including past employment and licensing in other states, and most importantly specific questions regarding previous legal or disciplinary actions or sanctions.

Moreover, licensure renewal requires the licensee to complete and document twenty hours of approved continuing education for every renewal cycle. This requirement helps assure that the practitioner is maintaining clinical skills and knowledge.

All of these Montana licensure requirements establish a standard that must be met for individuals who will provide the full range of the respiratory therapy scope of practice. The Montana licensure requirements are fully in line with the respiratory therapy licensure requirements of the other states, thus defacto establishing a nationwide standard for respiratory therapy licensure qualifications.

EAIC Information Request

A public benefit is provided by licensure;

MSRC Response

Respiratory therapy licensure was enacted in 1991, and included the statement of purpose that still holds true to this day..

" 37-28-101. Findings -- purpose. The legislature finds and declares that the practice of respiratory care in the state affects the public health, safety, and welfare. To protect the public from the unqualified practice of respiratory care or unprofessional conduct by qualified practitioners, respiratory care is subject to regulation and control"

This 1991 finding by the legislature resonates more so 23 years after enactment as the provision of respiratory therapy services have become greatly more complex and the sites of care where respiratory therapy is provided has become more diverse.

If the EAIC were to recommend repeal of the respiratory care practitioner licensing statute, Montana would become a refuge as the only state in the contiguous United States without respiratory therapy licensure. Montana would become a magnet for individuals who either did not meet the qualifications of education or have documented competency required for licensure in the other states. Montana would become a haven for those who have had their license rescinded or attract those who had committed an act that would render them ineligible for licensure in other states.

And these very real possibilities describe what could happen with those individuals who *are* respiratory therapists and decide to come to Montana to work. Consider the individuals who are *not* respiratory therapists. The consequences of how a repeal of Montana's respiratory therapist licensure will impact the actual patients must be taken into consideration beyond the direct effect on professional respiratory therapist.

EAIC Information Request

Licensure significantly increases the cost of service to the public.

MSRC Response

The Montana Annotated Code 2013 states the following:

37-1-134. Fees commensurate with costs. *Each board allocated to the department shall set board fees related to the respective program area that are commensurate with costs for licensing, including fees for initial licensing, reciprocity, renewals, applications, inspections, and audits."*

By statute, the costs incurred by the Montana Respiratory Care Licensure Board in administering and executing the statutory requirements of respiratory therapist licensure is borne by the practitioners themselves through the licensing fees assessed on the profession. General revenues and the Montana taxpayers do not have to assume this cost.

Moreover, in the 30 years during which the profession of respiratory therapy has, state by state, gained licensure there has never been any documented studies, valid research in Montana or nationwide that can support, conclude or in any way verify that licensing respiratory therapists increases the cost to employers or the public.

EAIC Information Request

Public support exists for licensure.

MSRC Response

The Montana Society for Respiratory Care which represents the interests of the profession unequivocally supports the continuation of respiratory therapy licensure.

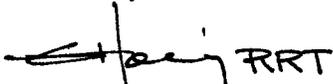
The American Association for Respiratory Care (AARC) the national professional association unequivocally supports the continuation of Montana respiratory therapy licensure (Attachment #5).

The respiratory therapists of Montana want their profession licensed and are willing to meet licensure criteria.

Conclusion:

The complexities of respiratory therapy are such that the public is at risk of injury, and health care institutions are at risk of liability when respiratory therapy is provided by inadequately educated and unqualified health care providers rather than by licensed practitioners appropriately educated, competency tested and licensed in the specialty of respiratory therapy.

Sincerely,

A handwritten signature in black ink, appearing to read "Gia Holiway", followed by the letters "RRT" in a larger, bold font.

Gia Holiway, RRT
President
Montana Society for Respiratory Care

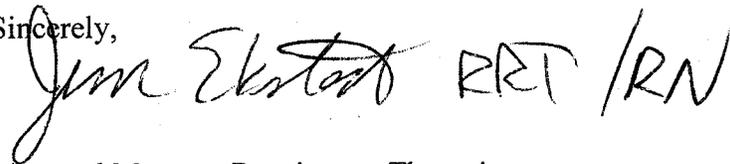
October 14, 2013
Economic Affairs Interim Committee (EAIC)
PO Box 201706
Helena, MT 59620-1706

Dear members of the EAIC:

As a licensed Respiratory Therapist from Great Falls, Montana, I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that licensure provides. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to the same standards of education, credentialing, and continuing education. There is also a system for support and accountability for those therapists that may be practicing beyond the Montana State license scope of practice as well as for those that may be troubled by addictions or criminal offenses that are affecting their ability to conduct themselves safely in a patient care setting. I trust that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety. Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

 RRT / RN

Licensed Montana Respiratory Therapist

Respiratory practitioners operate life support systems on some of our youngest & oldest Montanans. From preemie's, to young trauma patients, to elderly patients struggling w/ COPD / pneumonia; our technical support is LIFE SAVING. 6 RT's SERVED on MARY'S Flight here in Great Falls. Operating in the emergency transport & life support of critically ill Montanans.

PLEASE keep our profession licensed & accountable
 RRT RN

Murdo, Patricia

From: Campbell, Bart
Sent: Thursday, October 17, 2013 10:00 AM
To: Murdo, Patricia
Subject: FW: Montana Licensure for Respiratory Care Practitioners

From: Draper, Kenneth [<mailto:Kenneth.Draper@sclhs.net>]
Sent: Thursday, October 17, 2013 9:34 AM
To: Campbell, Bart; Murdo, Patricia
Subject: Montana Licensure for Respiratory Care Practitioners

October 17, 2013
Economic Affairs Interim Committee (EAIC)
PO Box 201706
Helena, MT 59620-1706

Dear members of the EAIC:

As a licensed Respiratory Care Practitioner from Miles City, Montana, I want to express my endorsement for the continuation of state licensure for Montana respiratory therapy practitioners.

I appreciate the oversight that that licensure provides. Respiratory Care is a health profession that specializes in diagnosis, management, and education of patients with life-threatening cardiac and pulmonary disorders. Licensed professionals must have extensive education and credentialing to provide these services. Licensure and the MBRC governing board offers the profession of respiratory therapy the ability to ensure that each licensed professional is held to the same standards of education, credentialing, and continuing education. There is also a system for support and accountability for those therapists that may be practicing beyond the Montana State license scope of practice as well as for those that may be troubled by addictions or criminal offenses that are affecting their ability to conduct themselves safely in a patient care setting. All other states have a licensure requirement. If Montana would become an exception, those claiming to be practitioners will migrate here and place patients at great risk. Liability, length of hospital stays, and overall medical costs would skyrocket. Our hospital relies on the licensing process to assure that all applicants for positions here are qualified and safe to practice. So there is a huge cost incentive to continuation of licensure for our profession.

There is no cost savings to be gained from maintaining licensure. All of the Montana Board for Respiratory Care members are non-paid so no cost savings are generated by disbanding the Board. Further, state fees received for licenses do not go into this Board. I want to also say that a reasonable license fee attracts qualified applicants whereas a high fee only puts Montana out of competition with other states for qualified practitioners and creates a manpower shortage that jeopardizes patient care and increases costs.

I trust that the Montana Board of Respiratory Care (MBRC) will advocate protecting our patients from unsafe practice. Licensure for respiratory therapy practitioners offers the ultimate system of checks and balances for patient safety. Please accept my endorsement for the continuation of licensure and recommend to the Montana legislature that licensure must continue.

Sincerely,

Ken Draper, BS, RRT, RPFT, Licensed Montana Respiratory Care Practitioner
Supervisor, Cardiopulmonary/EEG/Sleep

Murdo, Patricia

From: Scott Anderson <sanderson@krmc.org>
Sent: Thursday, October 17, 2013 10:31 AM
To: Murdo, Patricia
Subject: Respiratory Therapy Licensure

Greetings,

I am a Respiratory Therapist in this great state of Montana and have been for almost 25 years. I attended the Great Falls Vo-Tech back in the late 80's and graduated as a Certified Respiratory Therapy Technician. I went on to pass my board test to become a Registered Respiratory Therapist, the highest credential there is for my profession. I also achieved the certification for Neonatal Pediatric Specialist too. I and the hospital I work for (KRMC) hold myself and my profession to the highest standard of care that can be achieved. By having licensure, that is exactly what my hospital gets, a therapist who is educated, who continues bi-yearly to get education credit hours, who attends state conferences, national conferences, works to attain additional certifications, and who uses that knowledge to serve and help the patients who come to the hospital looking for the best care they can possibly get. In a nutshell, would a patient or hospital or physicians office or home health agency prefer to hire a person who has all this experience, or one who has no schooling, very little knowledge but just wants a job to work with sick people? The choice is clear, and to keep it clear, I ask that the EAI Committee of the State of Montana, continue to make sure that the profession of Respiratory Care keeps being licensed!!!

Thank you,

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