



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

POSITION STATEMENT ON COMPACT LICENSURE

The North Carolina Respiratory Care Board (the "Board") issues this Position Statement to clarify its position regarding licensure of Respiratory Care Practitioners (RCPs) by reciprocity rather than the alternative use of interstate compact licensure models.

This guidance is provided in response to ongoing discussions at the state and national level concerning workforce mobility and licensure portability.

THE FUNDAMENTAL PURPOSE OF LICENSURE

In 2000, the North Carolina General Assembly passed the Respiratory Care Practice Act ("RCPA"), which is codified in **Article 38 of Chapter 90 of the North Carolina General Statutes**. The General Assembly concluded that it should protect the public health, safety, and welfare by enacting mandatory licensure for RCPs, to ensure that only qualified individuals engage in the practice of respiratory care in North Carolina; and it created this Board to fulfill that mission. See **N.C. Gen. Stat. § 90-648** and § 90-649.

Over the past 25 years, the Board has administered and enforced the RCPA, issuing licenses and overseeing professional conduct. As key part of its mission, it has adopted procedures for many years to process license applications efficiently, both from new graduates and out-of-state practitioners, with minimal delay. Having these established procedures was essential in responding to the demands placed on the profession by the COVID-19 Pandemic. The Board described its success in meeting the demands of the Pandemic in a previous statement, a copy of which is attached.

THE ROLE OF NATIONAL CREDENTIALING STANDARDS IN LICENSURE

Respiratory care competency is established through nationally recognized credentials issued by the National Board for Respiratory Care (NBRC), as required under **N.C. Gen. Stat. § 90-653(a)(5)**. These NBRC credentials are issued based on a practitioner's graduation from a program accredited by the Commission on Accreditation for Respiratory Care (COARC), as required under **N.C. Gen. Stat. § 90-653(a)(3)**.

These qualifications are standardized, formally recognized in the RCPA, and recognized across all states. They provide a firm common baseline for efficient verification of a practitioner's competency and licensure without compromising the Board's mission to protect public safety.



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RECIPROCITY HAS BEEN A VERY EFFECTIVE LICENSING MODEL

North Carolina law expressly authorizes licensure by reciprocity (endorsement). Under **N.C. Gen. Stat. § 90-655**, the Board may issue a license to an applicant who holds a valid license in another jurisdiction, provided the applicant meets substantially equivalent requirements and demonstrates appropriate qualifications. To date, the Board has issued thousands of licenses by reciprocity, and the typical processing time for a reciprocity license is 24-48 hours. The Board is also authorized under a companion law to grant licenses to military-trained RCPs and to RCP spouses of military members who qualify, and those applications are handled on a similar processing cycle. Finally, **N.C. Gen. Stat. § 90-664 (3)** exempts RCPs who are employed in federal positions, while providing respiratory care in those positions, from licensure by the Board.

The reciprocity model facilitates rapid licensure for out-of-state practitioners, including those who are military-trained RCPs, military spouses, and federal government employees, and provides exemptions for federal government employees, thereby supporting workforce mobility, minimizing delays, and supporting continuity of care:

- It provides **timely licensure**, often within 24–48 hours;
- It utilizes real-time licensing data available from other licensing agencies;
- It utilizes national credentialing verification through the NBRC; and
- It maintains full **state oversight and regulatory authority, as mandated by the General Assembly.**

As demonstrated during the COVID-19 public health emergency, the Board effectively utilized its statutory authority under **N.C. Gen. Stat. § 90-655** to expedite licensure while maintaining professional standards. To summarize, reciprocity is working well to fulfill the Board's mission to maintain professional standards while being responsive to the needs of a mobile workforce that has met the NBRC's nationally recognized practice standards.

COMPACT LICENSURE IS NOT NEEDED

The Board recognizes that interstate compact licensure models have been proposed as a mechanism to improve workforce mobility. But it is clear that:

- Compact licensure is **not necessary** to achieve timely and efficient licensure under existing statutory authority; and
- Reciprocity under **N.C. Gen. Stat. § 90-655** already provides **rapid workforce entry.**



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COMPACT LICENSURE CAN HAMPER THE BOARD'S MISSION

- Compact licensure may limit the Board's ability to exercise **independent regulatory authority** granted under the RCPA; and
- Compact licensure would restrict the Board's **flexibility and adaptability in the future**, because changes to Board procedures NOW may be implemented through administrative rules (**21 NCAC 61 .0202**) or Board policy, rather than requiring adherence to multi-state agreements or legislative adoption of changes under a compact system.

The Board's experience demonstrates that reciprocity can deliver the same operational benefits attributed to compact licensure while preserving North Carolina's authority to regulate the practice of respiratory care within the State.

ADMINISTRATIVE EFFICIENCY AND COST CONSIDERATIONS

The Board's experience demonstrates that licensure by reciprocity can achieve the principal workforce mobility goals often attributed to compact licensure without creating an additional multistate administrative structure or incurring additional costs.

The Board issues approximately 400 to 500 new licenses annually and renews more than 6,000 licenses through its existing system. Of the Board's 6,048 active licensees, 1,777 have been granted licensure by reciprocity, demonstrating that reciprocity already serves as a substantial and effective pathway for interstate workforce entry.

By contrast, compact licensure would require participation in an interstate framework that may impose additional administrative obligations, ongoing coordination requirements, and **increased costs** associated with multistate governance. In addition, the Board could **lose the autonomy** to address the public needs and requirements of the licensees. The Board's current reciprocity process achieves rapid licensure, efficient credential verification, and continued state oversight without the added complexity of a compact structure. For these reasons, reciprocity represents the more efficient and cost-effective regulatory approach for North Carolina.

PUBLIC PROTECTION AND REGULATORY AUTHORITY

Maintaining state-based licensure ensures that the Board can fulfill its statutory responsibilities, including:

- Investigating complaints and enforcing disciplinary provisions under **N.C. Gen. Stat. § 90-656**;
- Ensuring compliance with the scope of practice defined in **N.C. Gen. Stat. § 90-648**;
- Verifying applicant qualifications pursuant to **N.C. Gen. Stat. § 90-653**; and
- Protecting the public through consistent application of the Respiratory Care Practice Act.



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CONCLUSION

The Board supports licensure by reciprocity as an efficient, effective, and legally sound approach to facilitating workforce mobility while maintaining high standards of professional practice.

Based on its experience and authority under **N.C. Gen. Stat. § 90-655**, the Board concludes that a properly structured reciprocity framework provides the appropriate balance between access to care and public protection, and that adoption of interstate compact licensure is not necessary to achieve these objectives.

Approved this 9th day of April, 2026

A Robust Reciprocity Solution to Compact Licensure

The COVID-19 Experience of the North Carolina Respiratory Care Board

The COVID-19 pandemic significantly impacted the profession of respiratory care, particularly regarding licensing time and expense, which impeded interstate mobility. In response, the North Carolina Respiratory Care Board (NCRCB) acted decisively on March 30, 2020, by implementing emergency rules to expedite licensing. The Board leveraged its existing reciprocity statute, G.S. 90--655, to reduce the licensing time from 30 days to 48 hours. This streamlined approach demonstrated that a well-designed reciprocity system can eliminate unnecessary barriers without requiring universal or compact licensing. It was so successful that the Board voted to continue this reciprocity process after the pandemic ended rather than pursue compact licensing.

A Robust Reciprocity Policy is the Solution

Under the NCRCB's reciprocity model, qualified professionals from other states can obtain licensure quickly without redundant testing or prolonged bureaucratic delays. The Board's digital transformation, begun in 2022, further reduced licensing times, often allowing out-of-state professionals to start work the same day they apply. This ability is made possible through the use of the National Board for Respiratory Care verification portal and each state's licensing verification system.

The National Board for Respiratory Care (NBRC) determines respiratory therapists' competency through testing. The NBRC recognizes this competency by awarding accredited national credentials upon an applicant's graduation from a college or university program accredited by the Commission on Accreditation for Respiratory Care (COARC). Either the NBRC CRT or the RRT credentials qualify therapists in all 50 states for a license, making it portable. Each state uses the credentialing verification system to verify competency before issuing a license. Nearly all U.S. states that license respiratory therapists offer some form of endorsement, even if they do not use the term "reciprocity." When used in combination to issue a license, a compact licensure system is unnecessary.

When structured effectively, states can balance efficiency with appropriate oversight, ensuring high standards of care remain intact. In most cases, states could amend their rules rather than legislation. Of course, the Board took several steps to make this process work so rapidly. Those steps included a major overhaul of the licensing database and website.

Efficiency Gains Without Compact Licensure

The NCRCB's transition to a digital licensing system between 2021 and 2024 cost approximately \$100,000 but resulted in significant efficiency gains. The database overhaul created a fully online digital application, which took a year to complete. It took another year to fully digitize the existing hard-copy files. By the end of 2024, the entire process was completed. As a result, all paperwork for the initial license delivered by mail was eliminated, resulting in tremendous time and cost savings. A year later, the Board invested an additional \$50,000 to enhance the website and streamline the process.

Today, the Board issues 400-500 new licenses annually and renews over 6,000 licenses through this system. Of the 6,048 active licensees, 1,777 have been granted licensure by reciprocity, proving that a targeted policy can facilitate workforce mobility while maintaining North Carolina's ability to uphold professional standards.

North Carolina's reciprocity model delivers the benefits commonly attributed to compact licensure:

- **Fast licensing** without redundant testing within 24 hours.
- **Efficient verification** of credentials, identity, and background.
- **State oversight is preserved**, ensuring safety and timely responses to scope or disciplinary issues.
- **Flexibility** to adjust requirements through rules or policy changes rather than full legislation.
- **Lower administrative burden** without adding a multistate commission.

These benefits underscore the fact that Compact Licensure is not necessary to eliminate delays. In fact, the fees are likely lower when using this approach. For this reason, other states should consider refining their reciprocity frameworks to ensure a smooth process for qualified professionals without sacrificing quality control.

Conclusion

The NCRCB experience underscores that Compact Licensure is not a necessary solution when a well-structured reciprocity system is in place. The Board has successfully removed barriers, accelerated licensing, and ensured workforce flexibility while maintaining rigorous professional standards. Rather than adopting Compact Licensure, North Carolina refined its reciprocity rules and policies. A similar approach by other state boards could be accomplished, and they could tailor their licensing processes to the unique needs of each profession. This approach preserves efficiency while safeguarding public trust and professional integrity.

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