NORTH CAROLINA RESPIRATORY CARE BOARD
POSITION STATEMENT

PROVISION OF RESPIRATORY CARE SERVICES OUTSIDE THE HOSPITAL OR SKILLED NURSING FACILITY

The North Carolina Respiratory Care Board is issuing this position statement to provide guidance to its licensees and to other health care providers, both individuals and organizations, concerning the Board's interpretation of the Respiratory Care Practice Act and the Board's Rules, as they relate to the provision of respiratory care services in non-institutional settings. The Board is issuing this position statement to provide advance guidance to reduce confusion and save interested parties from having to prepare and present a specific request to the Board. This position statement will be posted on the Board's website, but the Board may change or supplement this position statement based on future developments or situations that come to its attention.

With increasing frequency, patients' homes, schools and other settings outside a hospital, skilled facility or other institution, are becoming the venue for the management of patients who require the full array of Respiratory Care Services, from oxygen therapy and inhalation medication management to pulmonary rehabilitation, pulmonary function testing, spirometry, cardio-pulmonary diagnostic testing, patient and caregiver education, and even ventilator support. The Board is aware that a number of factors and pressures come to bear in determinations about the credentialing and qualifications of individuals who deliver these services. However, the determination of the individuals who may be qualified to provide these services already has been made by the North Carolina General Assembly. Under the Respiratory Care Practice Act "the Practice of Respiratory Care" is defined irrespective of the setting where it is delivered, and includes all of the following services, among others:

> Observing and monitoring of signs and symptoms, general behavior, and general physical response to respiratory care treatment and diagnostic testing, including the determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics, and the performance of diagnostic testing and therapeutic application of:
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> a. Medical gases, humidity, and aerosols including the maintenance of associated apparatus, except for the purpose of anesthesia.

b. Pharmacologic agents related to respiratory care procedures, including those agents necessary to perform hemodynamic monitoring.
c. Mechanical or physiological ventilatory support.
d. Cardiopulmonary resuscitation and maintenance of natural airways, the insertion maintenance of artificial airways under the direct supervision of a recognized medical director in a health care environment which identifies these services within the scope of practice by the facility's governing board.
e. Hyperbaric oxygen therapy.

N.C. Gen. Stat. § 90-648 (10) Thus, any service which constitutes the practice of respiratory care, when delivered in a home, school, or other non-institutional setting, must be provided by a respiratory care practitioner, or by some other professional who meets the standards in N.C. Gen. Stat. § 90-664 (1) to be exempted from the Act by virtue of holding another appropriate license or credential.

In summary, the mere fact that a service is delivered in a non-institutional setting does not remove it from the scope of respiratory care and the purview of this or other professional licensing boards whose licensees may deliver these services. Like all such agencies, the Board is charged with the responsibility of maintaining the integrity of the profession which it regulates, and the conduct of the individuals whom they supervise. Therefore, it has been and will continue to be the position of this Board that the practice of respiratory care in every setting may only be conducted by licensees of this Board and by other professionals who are qualified under N.C. Gen. Stat. § 90-664 (1) due to a license or credential from another board or agency. The Board already has determined that physicians and registered nurses who are licensed in North Carolina and who are trained and competent in respiratory care procedures do meet the standard in N.C. Gen. Stat. § 90-664 (1). The Board will make determinations on this issue as to other health care professionals when it receives specific requests.

As it relates to Asthma Education, the Board recommends that health care providers be certified by the National Asthma Educator Certification Board (NAECB) as an Asthma Educator (AE-C) to provide this service in North Carolina.

Adopted this 14th day of April, 2011, Revised July 14, 2011