January 17, 2017

Department of Health and Human Services
Bureau of Health Professions Licensure
Board of Registration of Respiratory Care
239 Causeway Street
Suite 500
Boston, MA 02114

To the members of the BORRC,

As a licensed and current practicing Respiratory Therapist and having concern for the health and welfare for our patients in the Commonwealth of Massachusetts, I am providing this testimony in response to the proposed revisions to 261 CMR.

I do have concerns with some of the proposed changes to the regulations:

* 261 CMR 2.02 Definitions of Respiratory Care
	+ This definition should include insertion, maintenance, and removal of esophageal catheters for either measuring ventilator pressures and volumes, or to be used as an interface for signaling a mechanical ventilator.
	+ In conjunction with extracorporeal membrane oxygenation (ECMO), the process of extracorporeal carbon dioxide removal (ECCO2R) should also be added.
	+ I suggest that the following sentence be rephrased:

“*Respiratory Care is a changing and evolving profession and shall also include procedures described by the Clinical Practice Guidelines of the AARC, and duties consistent with the training and education of the respiratory care personnel or related to the practice of respiratory care, as approved by the Board.”*

To the following:

*Respiratory Care is a changing and evolving profession and shall also include procedures described by the Clinical Practice Guidelines of the AARC and***/or those procedures identified and described in the Journal Respiratory Care,** *and duties consistent with the training and education of the respiratory care personnel or related to the practice of respiratory care, as approved by the Board.”*

* + The definition of what a respiratory therapist is has been removed, it should be reinstated:

“Respiratory Therapist: A person licensed in accordance with M.G.L. c. 112 §§ 23R through 23BB, who may thereby practice respiratory care and render respiratory care services as defined in M.G.L. c. 112, § 23R.

* 261 CMR 2.02 Definitions
	+ Licensure Examination should be restated to reflect the changing attitude and level of examinations provided by the NBRC

“Licensure examination means the National Board for Respiratory Care Certification Examination for Entry-Level Respiratory Therapy Practitioners or CRT.”

Should be worded to reflect the changing education requirements of both NBRC and CoARC

“*Licensure examination means successfully passing the Entry-Level portion of the Respiratory Therapist credentialing examination as designed by the NBRC.”*

* 261 CMR 5.02: CONTINUING Education Requirement
	+ Suggest that the Board change the minimum requirement for continuing education to 25 contacts hours every 2 years from the current 15 contact hours. This increase is reflecting the increasing complexity of Respiratory Care.

Please note that in 261 CMR 5.02

(5) Up to four contact hours per renewal period may be satisfied through recredentialing examinations that meet the criteria in 261 CMR 5.04(3)c.

The values for the recredentialing exams are given in the following section 261 CMR 5.04(3)c Recredentialing Examination. The contact hour values stated contradict 261 CMR 5.02(5) which could be confusing to therapists during license renewal. Also, there is a need to include contact hour values for the newer, advanced practice examinations such as RRT-NPS, and RRT-ACCS.

 Respectfully Submitted,

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