



Key Points

House Bill 102 - License Advanced Practice Respiratory Therapists

Why APRT Licensing Legislation is Needed in Ohio:

- **New license:** The APRT is a new professional who is a non-physician advanced practice provider with at least a master's degree completion of a curriculum equivalent to other advanced practice providers in Ohio, such as Advanced Practice Nurses (APNs) or Physician Assistants (PAs).
- **Advanced skills built on strong cardio-pulmonary foundation:** Respiratory care professionals (RCPs) have been licensed in the State of Ohio since 1990. This bill does not impact current scope of licensed RCPs in Ohio but adds an optional "clinical ladder" advancement for the RCP, just as the Advanced Practice Nurse is a "clinical ladder" advancement for the registered nurse. This new APRT role builds on current licensed RCP competencies to assess, recommend, and provide cardiopulmonary diagnostics and treatment.
- **Cardio-pulmonary niche:** The APRT scope will consist of managing the care of patients with cardiopulmonary disorders and conditions under the supervision of physicians who are trained in cardiopulmonary specialties: Pulmonary, Critical Care, Sleep Disorders and Anesthesiology.
- **Gap in care exists:** Research published in CHEST May 2020 demonstrated that gaps exist between the availability of providers and the needs of persons with cardiopulmonary disease across all clinical settings: ambulatory, critical care, and post-acute (chronic care) in the US.
- **Shortage of cardio-pulmonary specialists in the face of increased demand:** A white paper authored in 2017 by the physician recruiting firm Merritt Hawkins Associates, "Physician Supply Considerations: The Emerging Shortage of Medical Specialists" indicates pulmonologists are by far, the most in-demand medical specialists with the most job openings. A shortage of pulmonologists (who practice in pulmonary care, critical care, and sleep) is likely to become particularly acute given that 73% of pulmonologists were 55 or older in 2017. This alarming prediction becomes more concerning with the fact that the Institute of Health Metrics and Evaluation cites Ischemic Heart Disease, Lung Cancer, COPD and Stroke as the top four leading causes of death in the US (<http://www.healthdata.org/united-states>) and four of the top seven causes of disability in the US.
- **National survey support need:** In June 2020, the American Association for Respiratory Care's (AARC) journal *Respiratory Care* published: "Physician Support for Non-Physician Advanced Practice Providers for Persons with Cardiopulmonary Disease." This survey of 1401 physician specialists in sleep, pulmonology, critical care, allergy and immunology, pediatrics, and anesthesiology, demonstrated that 68% agreed or strongly agreed that there is a current need, and 74% agreed or strongly agreed that there is a future need for a non-physician advanced practice provider with cardiopulmonary expertise.
- **Accredited APRT Master's Program in Ohio:** In 2012, Ohio State University survey assessment of "the need for an APRT in Ohio" informed the development of a Masters of Respiratory Therapy (MRT) graduate program at OSU. This program received "Advanced Practice Respiratory Therapist" accreditation from the Commission for the Accreditation of Respiratory Care (CoARC) in 2019. The first student cohort was admitted to this program in January 2020. Students received clinical education under the mentorship of pulmonary and critical care physician faculty at The OSU Wexner Medical Center and Nationwide Children's Hospital. This first APRT cohort graduated in May 2021, the second in May 2022, and the third in May 2023.

- **Sound law:** The Ohio Society for Respiratory Care (OSRC) developed the APRT legislative language for this bill with the American Association for Respiratory Care's (AARC's) APRT scope of practice and qualifications, CoARC's APRT curriculum standards, the Ohio Respiratory Care Law ORC 4761 and pertinent sections of the Physician Assistant Law ORC 4730. (Note: RCPs and PAs are licensed under the State Medical Board of Ohio). The law's first 189 pages insert the "APRT" and/or ORC "4761" into all existing laws defining health care providers, prescribers, prescribing requirements, and liabilities. The Respiratory Care Law is expanded to include the definition of APRT practice, qualifications, licensing and renewal, and additional disciplinary circumstances. The current PA law language was used for physician supervision agreements, prescriptive authority, quality assurance expectations, continuing education and special practice circumstances, including disaster and emergency response. The scope of services and prescribing authority is determined by the APRT's supervising physician.
- **Addresses future demands:** This bill's passage will address the current and future healthcare needs of Ohioans who will continue to require access to specialized care to treat the following conditions that will increase with our aging population: COPD, asthma, occupational lung disease, lung cancer, pulmonary fibrosis, pulmonary hypertension, sleep-related disorders, pneumonia, respiratory failure and post-acute lung damage.

What HB 102 Does NOT Do:

- **This bill does not create "independent practice"** for APRTs. APRTs will practice only under the supervision, control, and direction of a physician who specializes in cardiopulmonary disease management.
- **This bill does not seek to infringe upon the practice of other advanced practice providers**, such as advanced practice nurses, certified nurse anesthetists, certified nurse mid-wives, or physician assistants. The APRT has a niche in pulmonary medicine, critical care, and sleep. The APRT will not be able to work in general practice, as in family practice, urgent care, minute clinics, etc., as a general physician could not supervise or delegate the APRT's specialty skill set. Only 1.5% of PAs work in critical care. Their AAPA does not report pulmonary as a specialty in their listings. APRTs can work alongside other advanced practice providers, using their specialty expertise to assist their supervising physician in pulmonary diagnostics and treatment.
- **This bill does not allow the APRT to prescribe home-going controlled substances.** On the advice of the State Medical Board of Ohio, this bill will not allow the APRT to prescribe controlled substances for any home-going use. Licensing APRTs will not increase the number of providers in Ohio who can prescribe home-going opioids.

What HB 102 DOES Do:

Improves access to cardio-pulmonary care: The use of non-physician advanced practice providers has become a common solution for expanding access to medical care in Ohio. There are currently 28,622 APNs and 5,227 PAs licensed in Ohio, per the 2022 annual reports of the Ohio Board of Nursing and the State Medical Board of Ohio. Many current advanced practice providers work in general care, emergency departments, urgent care, and surgical care as their training is more global in scope. The APRT offers a niche expertise that would support pulmonary, critical care, and sleep physicians in adult and pediatric settings. We believe APRTs can enhance the care of physicians specifically trained to care for cardiopulmonary patients, providing them with a specialized advanced practice provider to assist them in caring for their patients.