

# Significant Legislative Rule Analysis

## Amending WAC 246-928-442 and Repealing WAC 246-928-441

### Continuing Education Requirements for Respiratory Care Practitioners

**Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.**

Currently, respiratory care practitioners report thirty hours of continuing education every two years. Some licensees and stakeholders have found the current requirements to be unclear and vague. The Department of Health (department), based on input from stakeholders, is proposing restructure of the continuing education requirements. The proposed rule will clarify acceptable continuing education, which identifies additional approved providers, specific hour limits, and different ways that respiratory care practitioners can satisfy the requirements (i.e. formal courses and conferences, video and online formats, and including credit for passing additional examinations). The proposal, however, does not increase the total overall number of hours required.

This rule project was started in August 2010. Due to then-Governor Gregoire's Executive Order 10-06, this project was placed on hold (a moratorium) through December 31, 2011. Executive Order 11-03 extended the hold through December 31, 2012. Once the moratorium expired, this project was revived and additional stakeholder work was done.

The intent of the proposed rule is to keep licensed respiratory care practitioners abreast of current and forecasted developments in a rapidly changing field. Input from stakeholders during the rule-making process resulted in the current proposal.

**Is a Significant Analysis required for this rule?**

Yes, as defined in RCW 34.05.328 the proposed rule require a significant analysis.

**Clearly state in detail the general goals and specific objectives of the statute that the rule implements.**

RCW 18.89.140 establishes mandatory continuing education requirements that must be met by persons applying for license renewal. The purpose of the statute is to allow the secretary to adopt rules that set forth specific requirements which will protect the public through clearly stated standards of practice. The intent of the proposed rule is to protect the public by keeping licensed respiratory care practitioners abreast of current and forecasted developments in a rapidly changing field.

**Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.**

Continuing education is required for respiratory care practitioners renewing their license. Clarifying acceptable continuing education activities will provide a better opportunity for

licensed respiratory care practitioners to complete courses that offer updated information on advances in the field of respiratory care as they occur.

**Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.**

The department held several meetings with stakeholders that included representatives from the Respiratory Care Society of Washington and several respiratory care practitioners. In addition, the department also requested input from several continuing education (CE) providers.

The proposed rule makes some extensive changes; however, it does not change the number of hours of required CE. The proposed changes add very little additional compliance costs for licensed respiratory care practitioners. The following describes the proposed changes (for additional detail, please see the crosswalk matrix in the [appendix](#)):

- Continuing education providers
  - The proposal adds 12 new providers not previously identified.
- New ways to satisfy CE requirements
  - Examinations (practitioners get credit hours when they have passed specified examinations); and
  - Adds additional providers that can offer formal courses and conferences.
- Credit hour limits
  - Limits credit hours to certain categories of CE (e.g., puts 10 credit hour limits on on-line and video format);
  - Puts credit hour limits on existing certifications (e.g., 10 credit hours for initial or renewal certification in Advanced Cardiac Life Support, ACLS); and
  - Limits self-study to 10 credit hours (previously had no limits).
- Repeal
  - The proposal repeals WAC 246-928-441 as it contains obsolete content, and requirements of this rule are now added to WAC 246-928-442.

#### Cost Benefit Summary

Feedback from stakeholders indicates that the identified courses, corresponding sponsors, various modalities, and credit hour limits are appropriate. Respiratory care practitioners will receive a more comprehensive CE experience.

The proposed rule does not increase the number of continuing education hours – respiratory care practitioners are already required to obtain thirty hours of continuing education every two years. The proposed rule does not impose more than minor additional compliance costs on licensed respiratory care practitioners, as mentioned above. Based on this analysis, the total probable benefits of the proposed rule exceed the total probable costs.

**Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.**

Department staff considered making no changes to the existing respiratory care practitioner continuing education rule. This alternate version, however, would have continued to create confusion. The proposed rule is the least burdensome in the long term as it clearly identifies acceptable mandatory and optional respiratory care coursework.

**Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.**

The proposed rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

**Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.**

The proposed rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

**Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.**

The proposed rule does not differ from any federal regulation or statute applicable to the same activity or subject matter.

**Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.**

The proposed rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

## APPENDIX

	Original	Proposed	Comments
AARC requirement	Required to complete 10 credit hours of AARC approved courses	Same as original	
Remaining 20 hours			
AARC	Additional AARC courses	Same as original	
AARC Category 1	Category 1 in-service approved by AARC	Not included	AARC no longer approves in-service education (i.e. general responsibilities, institutional policies and procedures, and annual evaluations). They state that while employer-based education is important to the quality of care delivered, it isn't specific to respiratory care and as such doesn't qualify for accreditation.
American Medical Association (AMA) and American Nursing Association (ANA)	Offerings accepted	Same as original, except with additional acceptable organizations identified	A number of additional organizations were suggested at various public workshops. Program also polled other states for suggestions. Some suggestions were not included because they do not allow non-physicians to take their offerings and one organization was not included because it no longer exists. Some other offerings were determined to be of value but not to the same extent as those listed in section (2)(b) and so were added to the "optional limited" section in (2)(c), which has a total limit of 10 credits per report cycle. Any organization not specifically listed in (2)(b)

			would fall into the (2)(c) section. A process was not included for organizations to ask to be moved from the (2)(c) section to the (2)(b) section because the rule will be regularly re-evaluated based on the 5-year review cycle required by RCW 43.70.041.
ACLS, PALS, NRP	Accepted initial and renewal certification	Same as original, except number of credits assigned at 10 credits each	The original rule did not designate the number of credits; previous program correspondence shows that anywhere from 5 to 10 credits were accepted for each of these. Program also polled other states and found a similar spread of credits (including 2 states that designate 15 credits each). 10 credits were chosen as this was the most common designation.
Examinations	Not addressed	2 advanced practitioner examinations and 3 other examinations added (see below for NBRC self-assessment examination; added to other examinations for a total of 4)	Program polled other states regarding the acceptance of examinations for CE. Washington is only one of 5 states that do not designate CE credits for exams. The number of credits designated run between 5 and 20. 10 credits were chosen for the advanced exams and 5 credits were chosen for entry level exams as these were the most common designations.
Education	Courses in respiratory care at any accredited college	Same as original, except accreditation is defined and credit designation added	Calculations are included with examples
Self-study	Could fulfill all 20 non-mandatory credits	Limited to 10 credits	Because self-study has little to no structure, program chose to impose a limit of 10 credits. This compels the

			licensee to get a variety of learning experiences to strengthen and expand their knowledge and skills in respiratory care. While this may increase costs to licensees, there are a number of little to no cost offerings through those listed in (2)(b) (for example <a href="http://www.freecme.com">www.freecme.com</a> whose offerings are accredited for AMA Category 1 credits)
NBRC self-assessment competency exam	Limited to 3 credits	Same as original, except this was included in the examination section and increased the number of credits	Program polled other states and the most common number of credits designated was 5 so program chose to increase the number of credits to be consistent.
Educational offerings	Hospitals and health organizations	Same as original	
Educational offerings	Instructors	Same as original, except instructor settings identified and the limitations moved from a separate section into this section	
Documentation	Requirements identified	Same as original, except one housekeeping edit	
Limitations on instructors	Sets limits to serving as an instructor	Incorporated to section regarding serving as an instructor	