STATEMENT REGARDING RESPIRATORY CARE PRACTITIONER CREDENTIALING

Committee of Origin: Respiratory Care

(Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 22, 2008)

Anesthesiology is the practice of medicine that, among other things, includes the medical direction of respiratory care. Respiratory care practitioners should provide respiratory care only under the medical direction of an anesthesiologist or other qualified physician. The American Society of Anesthesiologists believes that all personnel providing respiratory care directly to patients must demonstrate competencies and possess qualifications appropriate to his/her level of training. For this reason, the Society enthusiastically supports the efforts of the Committee on Accreditation for Respiratory Care (CoARC) and the Commission on Accreditation of Allied Health Education Professionals (CAAHEP) to provide outcomes-based accreditation of educational programs in respiratory care, and the National Board for Respiratory Care (NBRC) to provide a national credentialing system for respiratory care practitioners.

Many states have enacted, and more are considering legislation which credentials respiratory care practitioners by establishing state licensing systems. Any legislation relating to the credentialing of respiratory care practitioners, whether or not it provides for formal licensure, should be consistent with the following principles:

1. The scope of practice is defined.
2. Practice should be permitted only under the medical direction of an anesthesiologist or other qualified physician.
3. The minimum standards for education, training and competency required by the various states should be consistent and compatible with existing national (nongovernmental) standards for credentialing of these practitioners.

The American Society of Anesthesiologists supports state credentialing systems based upon these principles. When called upon to assist with proposed legislation involving the credentialing of respiratory care practitioners, Component Societies of this Society are urged to support through testimony and legislative advocacy any proposed credentialing statute that is consistent with the principles above. The document titled “A Model State Respiratory Care Practice Act,” as approved by the American Association for Respiratory Care Board of Directors in July 1994, is in conformity with this statement.