

STATEMENT OF SUPPORT FOR RESPIRATORY THERAPISTS (RTs)

Committee of Origin: Respiratory Care

(Approved by the ASA House of Delegates on October 17, 2001, and last amended on October 16, 2013)

Some health care organizations have sought to implement the use of substitute respiratory care providers. ASA is particularly concerned about this trend and its detrimental effect on patient care (MUSE Study).

Respiratory care is a highly specialized allied health profession with an Associate Degree required for entry into the field. Respiratory therapists (RTs) are trained to care for patients under the guidance of a qualified medical director and under medical direction in multiple clinical settings, including home care, subacute care and hospitalized patients. Patients under their care frequently include a disproportionately sicker population than is the case for most other allied health practitioners, and RTs have responsibility for the control of life support equipment in critically ill patients. RTs also play an indispensable role in the coordination and quality control of respiratory care services in these multiple settings.

RTs undergo unique and rigorous formalized training in respiratory programs adhering to the national Accreditation Standards for the Profession of Respiratory Care of the Commission on Accreditation for Respiratory Care (CoARC). Their competence is validated by a nationally accredited testing system of the National Board for Respiratory Care (NBRC).

ASA is deeply concerned about other caregivers delivering respiratory care services without validation of their competency. The standard of care for patients could be compromised unless these other individuals receive extensive education, training and competency testing similar to that required of credentialed respiratory therapists.

ASA strongly supports NBRC-credentialed respiratory therapists using physician-approved, patient-driven respiratory protocols to provide the highest quality, safest and most efficacious respiratory care under the direction of knowledgeable physicians. ASA further believes that respiratory care delivered in intensive care units, emergency rooms, skilled nursing facilities, patients' homes, outpatient departments and doctors' offices is best delivered by professional respiratory therapists who are graduates of the Commission on Accreditation for Respiratory Care (CoARC) approved respiratory programs and are competency tested by validated NBRC examinations. In addition, ASA does not support delegation of respiratory care to unlicensed assistive personnel.