



Guidance Document Regarding RRT Entry to Licensure

Updated July, 2022

Introduction

The American Association for Respiratory Care's (AACRC) vision is to promote professional excellence, and advocate and advance the science and practice of the profession of respiratory care. A key element to achieving success is state licensure. This document is a resource for the state affiliates who are considering or starting to pursue raising the licensure entry-level to that of the RRT. As this practice change begins to gain momentum across the country, the AACRC will be taking the combined knowledge of its Government Affairs Department and what the association has learned from states that have completed RRT entry to licensure or states that currently have dual credential licensure for respiratory therapists. This is a dynamic document that will be updated as necessary. The AACRC asks states currently working on this effort to share what they have learned to help ensure each affiliate taking on this task can be successful.

Rationale

In addition to graduation from a Commission on Accreditation of Respiratory Care (CoARC) accredited Respiratory Care program, the Certified Respiratory Therapist (CRT) credential was initially adopted by all states as an indicator that an individual had demonstrated the minimum level of competency in respiratory care needed to be licensed as a respiratory therapist by state licensing authorities. The current educational requirement for respiratory therapists prepares all graduates with the knowledge and clinical expertise necessary to meet eligibility requirements for the examinations that lead to the Registered Respiratory Therapist (RRT) credential. The AACRC believes that as the complexity of the patients served by Respiratory Therapists increases, some state licensure boards/ advisory boards have been exploring the RRT as the minimum entry credential for licensure. The AACRC has long encouraged all respiratory therapists to obtain the RRT credential. Possessing the RRT credential exemplifies the dedication of a respiratory therapist to professional excellence and demonstrates a commitment to providing care at the highest possible level¹.

While advancing the entry-level licensure to a Registered Respiratory Therapist (RRT), a state should ensure that these actions do not inadvertently cause patient harm from associated workforce shortages.

The following steps are suggested to help assist the state affiliates to successfully navigate the process.

1. Research and Survey Period:

- a. It is imperative to determine if the state affiliate's constituents (members) are going to support a change in the entry-level licensure. For example, some states affiliates have added questions to surveys of their members to see how supportive the membership will be. The state affiliate will not want to get to the point where there is a bill in the legislature and there is significant opposition to the bill from its constituents.
- b. Evaluate the credential make-up of the state and the numbers of RRTs and CRTs therein. The state affiliate must consider what the licensure law or regulations change could do to those who hold the CRT credential and the impact of preventing new CRTs from entering the workforce.
- c. Those states that now require the RRT credential as an entry level entry-level to licensure, or have begun the work to move towards it, have made efforts to survey employers to make sure they currently require the RRT credential for employment. States that have successfully navigated this change tend to have employers that have not only moved to an RRT requirement for employment, and often have a pay differential that goes along with holding the RRT credential.

2. Crafting the Change: Legislation or Rule:

- a. The state affiliate needs to determine the most appropriate route to achieve the goal.
 - i. In most states, it is prudent to review the current practice act. If the state has a lobbyist, have them provide guidance to assist the state affiliate in developing the legislative language, if needed.
 - ii. In some states, there may be opportunities to make changes through regulation or rule change. Almost every state has an RT licensure board/committee/ council and the state affiliate should engage them at the start of the process to make sure they are supportive and, if possible, to make recommendations on how to proceed.
- b. Put together advocates:
 - i. Based on research, does the state affiliate have the support of the RTs in the state?
 - ii. Is there an opportunity to garner the support of the state medical society and/or the state hospital association?
 - iii. If there is a licensure board/committee/council, are they going to support the proposed change and in some cases lead the advocacy for this legislation?
 - iv. Is there a legislator within the state government who would be supportive and introduce the legislation?
 - v. Have you leveraged affiliate professional partners (for example: state thoracic societies) for the purposes of soliciting their support for the initiative?
- c. Set reasonable timeframes:
 - i. Give those involved ample time to digest the proposed changes.
 - ii. Plan to give individuals ample opportunity to conform to the new requirements. This is particularly important for graduates. They will need to take and pass all of the examinations required for the RRT credential prior to them being able to work.
- d. It is critical to consider the CRTs working as licensed therapists within the state and those outside the state who may come into the state in question to work.
 - i. The state's legislation or rule changes should allow in-state RTs licensed with the CRT credential prior to the implementation date of the RRT credential entry licensure requirement to continue to renew and hold their license as an RT in the state if all other licensure requirements continue to be met. In other words, ensure there is a "grandfather" clause to cover the situation.

- ii. A similar situation exists for those RTs who hold a CRT licensure credential in another state and who migrate to the state in question. The same rules above may apply.

3. Working towards successful passage of legislation/ rule change:

- a. Communication and Transparency are essential to prevent the opposition from factions within the RT community:
 - i. Update the state affiliate website to ensure this is a highlighted focus and there are items such as Frequently Asked Questions (FAQs) available to those who visit the site that answer questions as they arise. This document should be updated frequently to ensure all new questions are addressed.
 - ii. Hold public hearings or town hall meetings to allow questions to come up and be answered. It is recommended the state affiliate hold more than one and in geographically pertinent areas to allow their membership and other interested parties to provide input and ensure that their questions and concerns are addressed.
 - iii. Avoid misinformation or rumor – this is essential and will happen if it is perceived that the move to the RRT is a secretive process.
- b. Communication and transparency is essential to prevent opposition from fractions factions outside the RT community:
 - i. Make the website available to interested parties outside of membership and hold meetings that are open to more than just RTs.
 - ii. Utilize any state hospital association resources that will permit the state affiliate to provide hospitals with input and to ensure that their questions and concerns are heard and addressed.

4. After the passage of the legislation/ rule change:

- a. Build a long lead-time before implementation of the RRT credential entry to licensure. This means making sure the legislation or rule change sets a future date for enactment of the law or the start of the rule enforcement. This should ensure there is ample time for RTs in the state to adjust to the change.
- b. The state affiliate will need to communicate to the CRTs in the state the language of the new law or rule change.

The AARC encourages state societies to follow not only the guidance listed in this document, but to listen to their members to make sure the move is right for the state at the time of consideration. As state affiliates move to introduce legislation

or make rule changes, the AARC will provide support through the Government Affairs Department to provide information to help the affiliate be successful in this endeavor. “Letters of Support” by the AARC to State Legislative Members/Bodies can be requested and after a review of the language in the legislation/rule change, the AARC may forward such letter(s) of support to the appropriate persons as directed by the state affiliate leadership.

Additional Resources

State Society Resources: <http://www.aarc.org/advocacy/state-society-resources/states-rrt-entry-licensure/>

AARC - Government Affairs Department

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References

1. AARC Issue Paper: Entry to Respiratory Therapy Practice 2030

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