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**American Association
for Respiratory Care**

Model Advanced Practice Respiratory Therapist (APRT) Legislative Notes

This model legislation is intended solely as a state-neutral resource for policymakers and stakeholders. It should not be construed as endorsing any particular approach to physician supervision, prescriptive authority, reimbursement, liability, or regulatory oversight. States are encouraged to adapt the model to align with their existing laws, regulatory structures, workforce needs, and health care delivery systems.

The following Model Advanced Practice Respiratory Therapist (APRT) Act is based on Ohio H.B. 253 and is intended to provide a state-neutral framework that can be adapted for introduction in other states. Ohio-specific statutory references and conforming provisions have been removed while preserving the bill's core approach to APRT education, licensure, scope of practice, physician supervision, and prescriptive authority.

Certain provisions of H.B. 253 reflect requirements specific to Ohio law and should be considered policy options rather than necessary elements of an APRT practice model. Most notably, the Ohio bill requires on-site physician supervision, with the supervising physician physically present and continuously available; limits a physician to supervising no more than five APRTs at one time; and limits eligible supervising physicians to four medical specialties. The model legislation identifies these provisions separately so that each state can determine the supervision structure most appropriate for its existing laws, regulatory framework, and health care delivery system.

The model closely follows H.B. 253 with respect to core APRT clinical authority, including authority to order diagnostic and therapeutic services; order or refer patients for physical and occupational therapy; order, prescribe, and administer drugs and therapeutic devices when delegated by a supervising physician; and provide other services consistent with the APRT's education, training, and competency and the supervising physician's scope of practice. The model also preserves the requirement for graduate-level APRT education, including a master's or doctoral degree, advanced cardiopulmonary education, and demonstration of competency through an approved examination or credential.

Finally, several provisions related to prescriptive authority require state-specific consideration. H.B. 253 prohibits APRTs from prescribing controlled substances and requires APRTs with delegated prescriptive authority to complete 12 hours of pharmacology continuing education during each two-year licensure period. These provisions are identified in the model as policy decisions so that states may evaluate them in the context of their existing prescribing, controlled-substance, physician-delegation, and professional licensing laws.

The model is intended to serve as a starting point for state legislation, with final language tailored by state respiratory therapy leaders, policymakers, regulators, and legislative counsel to conform to each state's existing practice act and health-professional licensing structure. See the final section of the Model legislation which makes recommendations about State-specific conforming amendments which may be needed.

MODEL ADVANCED PRACTICE RESPIRATORY THERAPIST ACT

Section 1. Short Title

This Act may be cited as the “Advanced Practice Respiratory Therapist Act.”

Section 2. Legislative Purpose

The purpose of this Act is to establish licensure and standards of practice for Advanced Practice Respiratory Therapists and to authorize qualified respiratory therapists with advanced education, training, and certification to provide advanced respiratory and cardiopulmonary care under the supervision of a physician.

Nothing in this Act shall be construed to diminish or otherwise alter the existing scope of practice of a respiratory therapist or other health care professional authorized to practice under the laws of this State.

Section 3. Definitions

For purposes of this Act:

(A) “Advanced Practice Respiratory Therapist” or “APRT” means an individual who is licensed by the Board to practice advanced practice respiratory care under this Act.

(B) “Advanced practice respiratory care” means the provision of advanced diagnostic, therapeutic, disease-management, and other health care services related to cardiopulmonary disease and conditions, as authorized under this Act and pursuant to a supervision agreement with a supervising physician.

(C) “Board” means the state board or regulatory agency authorized under the laws of this State to license and regulate respiratory therapists and Advanced Practice Respiratory Therapists.

(D) “Health care facility” means a hospital or other health care facility authorized under the laws of this State and, as applicable, designated by the Board by rule.

(E) “Physician” means an individual authorized under the laws of this State to practice medicine and surgery or osteopathic medicine and surgery.

(F) “Physician-delegated prescriptive authority” means the authority granted by a supervising physician to an Advanced Practice Respiratory Therapist to order, prescribe, and administer drugs and therapeutic devices in accordance with this Act.

(G) "Respiratory therapist" means an individual licensed or otherwise authorized under the applicable respiratory care practice act of this State.

(H) "Supervising physician" means a physician who has entered into a supervision agreement with an Advanced Practice Respiratory Therapist pursuant to this Act.

(I) "Supervision agreement" means a written agreement between an Advanced Practice Respiratory Therapist and a supervising physician establishing the terms and conditions under which the Advanced Practice Respiratory Therapist practices.

Section 4. Advanced Practice Respiratory Therapist License

(A) No individual shall:

1. Practice or offer to practice as an Advanced Practice Respiratory Therapist;
2. Hold oneself out as an Advanced Practice Respiratory Therapist; or
3. Use the title "Advanced Practice Respiratory Therapist," the abbreviation "APRT," or any title or designation indicating or implying authorization to practice advanced practice respiratory care,

unless the individual holds a current and valid license issued by the Board under this Act.

(B) An APRT license shall be separate from, and in addition to, the individual's license to practice respiratory care.

(C) An APRT shall maintain an active license to practice respiratory care as a condition of maintaining an APRT license.

Section 5. Qualifications for Licensure

(A) An applicant for initial licensure as an Advanced Practice Respiratory Therapist shall submit an application and applicable fee to the Board in the manner prescribed by the Board.

(B) To qualify for licensure, an applicant shall demonstrate to the satisfaction of the Board that the applicant:

1. Holds a current and unrestricted license to practice respiratory care in this State;
2. Has successfully completed a master's or doctoral educational program approved or recognized by the Board that includes advanced instruction relating to cardiopulmonary disease, including:
 - a. Pathophysiology;
 - b. Symptomatology;

- c. Patient assessment;
 - d. Differential diagnosis;
 - e. Disease management;
 - f. Pharmacologic and nonpharmacologic interventions;
 - g. Health promotion; and
 - h. Disease prevention;
3. Has successfully passed an examination approved or recognized by the Board that evaluates competency in advanced respiratory therapy theory and practice, biomedical and clinical sciences, professional skills, patient assessment, disease management, and follow-up for cardiopulmonary disease;
 4. Holds and maintains an active advanced practice respiratory therapy credential, certification, or other professional qualification issued by an organization recognized by the Board; and
 5. Meets any additional requirements established by the Board by rule that are reasonably necessary to ensure competency and patient safety.

(C) An APRT shall notify the Board within fourteen days, or within another period established by the Board, if a credential or qualification required for APRT licensure becomes inactive, expires, is suspended, or is revoked.

Section 6. Scope of Practice

(A) An Advanced Practice Respiratory Therapist may provide services authorized by the supervising physician that are within the normal course of practice and expertise of both the supervising physician and the APRT.

(B) Such services may include:

1. Performing advanced patient assessment and evaluation relating to cardiopulmonary disease and conditions;
2. Ordering diagnostic, therapeutic, and other medical services;
3. Developing, implementing, and modifying cardiopulmonary treatment and disease-management plans;
4. Ordering or referring a patient for physical therapy;
5. Ordering or referring a patient for occupational therapy;
6. Ordering, prescribing, and administering drugs and therapeutic or medical devices when the APRT has been granted physician-delegated prescriptive authority;
7. Providing health promotion, disease prevention, patient education, and chronic disease-management services;

8. Providing respiratory and cardiopulmonary services through telehealth when permitted by applicable law; and
9. Performing other health care services authorized by the supervising physician that are within the education, training, competence, and professional qualifications of the APRT and within the supervising physician's lawful scope of practice.

(C) An APRT practicing in a health care facility shall comply with the credentialing, privileging, and practice policies of that facility.

(D) A health care facility may establish reasonable limitations on services performed by an APRT within the facility.

(E) A supervising physician may establish limitations on an APRT's practice in addition to those established by law, rule, or facility policy.

(F) An APRT shall not perform a service that is outside the APRT's education, training, competence, or professional qualification or outside the supervising physician's scope of practice and expertise.

Section 7. Supervising Physician Agreement

(A) Before beginning practice as an APRT, the APRT and a physician shall enter into a written supervision agreement.

(B) The supervising physician shall be licensed and in good standing in this State and shall possess education, training, and experience appropriate to the clinical services delegated to the APRT.

Model Option Based on Ohio H.B. 253: A state may limit eligible supervising physicians to physicians specializing in pulmonology, anesthesiology, critical care, or sleep medicine.

(C) The supervision agreement shall:

1. State that the physician agrees to supervise the APRT and that the APRT agrees to practice under the physician's supervision;
2. Describe the clinical duties and services the APRT is authorized to perform;
3. Identify any limitations on the APRT's responsibilities;
4. Establish circumstances requiring consultation with or referral to the supervising physician or another appropriate health care professional;
5. Identify any physician-delegated prescriptive authority granted to the APRT;
6. Establish procedures for physician availability and consultation;
7. Identify alternate supervising physicians, if applicable;
8. Require compliance with applicable health care facility policies; and
9. Include any additional requirements established by the Board.

(D) The supervision agreement shall be signed by both the supervising physician and APRT.

(E) The supervising physician and APRT shall each maintain a copy of the supervision agreement and shall make the agreement available to the Board upon request.

(F) An APRT may enter into supervision agreements with more than one physician.

Model Option Based on Ohio H.B. 253: A physician may enter into supervision agreements with any number of APRTs but may not supervise more than five APRTs at any one time.

Section 8. Prescriptive Authority

(A) An APRT may be granted physician-delegated prescriptive authority by a supervising physician.

(B) An APRT exercising physician-delegated prescriptive authority may order, prescribe, and administer drugs and therapeutic devices to the extent authorized by:

1. This Act;
2. Rules adopted by the Board;
3. The supervision agreement;
4. The supervising physician;
5. Applicable health care facility policies; and
6. State and federal law.

(C) The Board may issue a prescriber number or other prescriptive authorization to each APRT who meets the requirements for physician-delegated prescriptive authority.

(D) The supervising physician may place conditions or limitations on an APRT's prescriptive authority and shall maintain a written record of those conditions or limitations.

Such conditions may include:

1. Classes or specific drugs and therapeutic devices that may or may not be prescribed;
2. Limitations on dosage, quantity, or refills;
3. Circumstances requiring physician consultation or referral; and
4. Additional responsibilities of the supervising physician or APRT relating to prescribing.

Section 9. Standards and Limitations on Prescribing

(A) An APRT shall prescribe only within the APRT's education, training, competency, scope of practice, and physician-delegated prescriptive authority.

(B) An APRT shall comply with all applicable state and federal laws governing prescribing, dispensing, administration, documentation, prescription monitoring, and medication safety.

(C) Controlled Substances — State Policy Option.

The Ohio-based model prohibits an APRT from prescribing a controlled substance.

A state adopting this Act shall determine whether to:

1. Prohibit APRTs from prescribing controlled substances; or
2. Permit prescribing of specified schedules of controlled substances subject to the State's controlled-substance law, prescription-monitoring requirements, federal registration requirements, and limitations established by the Board.

(D) An APRT shall not personally furnish or dispense drugs except as expressly authorized by the laws of this State.

(E) The Board shall adopt rules establishing minimum pharmacology education and competency requirements for APRTs exercising prescriptive authority.

Section 10. Renewal and Continuing Education

(A) An APRT license shall be valid for a period of two years unless suspended, revoked, surrendered, or otherwise restricted by the Board.

(B) An APRT seeking renewal shall:

1. Maintain an active license to practice respiratory care;
2. Maintain any advanced practice credential or qualification required by the Board;
3. Complete continuing education required by the Board;
4. Submit a renewal application and applicable fee; and
5. Meet any additional requirements established by rule.

(C) An APRT who has been granted physician-delegated prescriptive authority shall complete at least twelve hours of continuing education in pharmacology during each two-year licensure period.

(D) The pharmacology education shall be obtained through a program or course approved by the Board or an organization recognized by the Board.

(E) The Board may establish reasonable exemptions, extensions, or prorated continuing education requirements for illness, disability, military service, absence from the country, or other circumstances determined appropriate by the Board.

Section 11. Regulatory Board Authority and Rulemaking

(A) The Board shall administer and enforce this Act.

(B) The Board may adopt rules necessary to implement this Act, including rules governing:

1. APRT education and educational programs;
2. Approved examinations;
3. Recognition of APRT credentials and credentialing organizations;
4. Applications, licensing, and renewal;
5. Fees;
6. Continuing education;
7. Supervision agreements;
8. Standards for physician supervision;
9. Prescriptive authority;
10. Pharmacology education;
11. Quality assurance;
12. Telehealth practice;
13. Professional conduct;
14. Recordkeeping; and
15. Discipline and enforcement.

(C) In developing rules relating to advanced practice respiratory care, the Board should consult individuals with expertise in respiratory care, advanced practice respiratory therapy, pulmonary medicine, critical care, anesthesiology, sleep medicine, pharmacology, and other relevant areas of health care.

Section 12. Discipline and Enforcement

(A) The Board may deny, suspend, revoke, restrict, place conditions upon, or refuse to renew an APRT license for conduct that constitutes grounds for disciplinary action under the applicable respiratory care practice act or other applicable health-professional licensing law of this State.

(B) Grounds for discipline include, but are not limited to:

1. Fraud or material misrepresentation in obtaining or renewing a license;
2. Practicing without a current APRT license;
3. Practicing outside the APRT's lawful scope of practice;
4. Practicing outside the terms of a supervision agreement;
5. Practicing without required physician supervision;

6. Prescribing outside delegated prescriptive authority;
7. Failure to maintain required respiratory therapy or advanced practice credentials;
8. Failure to meet continuing education requirements;
9. Failure to comply with applicable facility policies;
10. Unprofessional conduct;
11. Incompetence, negligence, or impairment affecting safe practice;
12. Violation of state or federal drug laws; or
13. Violation of this Act or rules adopted pursuant to this Act.

(C) The Board may impose civil penalties or other sanctions authorized under the laws governing health-professional licensing in this State.

(D) Disciplinary proceedings shall be conducted in accordance with the State's applicable administrative procedure and due-process requirements.

Section 13. Existing Respiratory Therapist Practice

(A) Nothing in this Act shall reduce, restrict, or otherwise alter the scope of practice of a respiratory therapist under the respiratory care practice act of this State.

(B) A respiratory therapist shall not be required to obtain an APRT license to perform services already authorized within the respiratory therapist's existing lawful scope of practice.

(C) Nothing in this Act shall prohibit a respiratory therapist from performing services pursuant to a physician's order, protocol, standing order, or other authority otherwise permitted under state law.

(D) The creation of APRT licensure shall constitute an additional advanced practice pathway and shall not replace or diminish existing respiratory therapy licensure.

Section 14. Other Health Professionals; Construction

(A) Nothing in this Act shall be construed to:

1. Prohibit or restrict the lawful practice of a physician, physician assistant, advanced practice registered nurse, nurse, respiratory therapist, pharmacist, physical therapist, occupational therapist, or other health care professional acting within that professional's lawful scope of practice;
2. Expand or restrict the lawful scope of practice of another licensed health care profession;
3. Require a health care facility to employ, credential, or grant clinical privileges to an APRT;
4. Require a physician to enter into a supervision agreement with an APRT; or
5. Supersede applicable health care facility credentialing, privileging, quality assurance, or patient-safety requirements.

(B) An APRT shall be considered a licensed health care professional for purposes of state laws generally applicable to health care professionals to the extent consistent with the APRT's authorized scope of practice.

Section 15. Severability

If any provision of this Act or its application to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the Act that can be given effect without the invalid provision or application.

The provisions of this Act are severable.

Section 16. Effective Date

This Act shall take effect on [DATE].

The Board shall adopt rules necessary to implement this Act not later than [NUMBER] months after the effective date.

The Board may begin accepting applications for licensure as an Advanced Practice Respiratory Therapist upon adoption of the rules required to implement this Act.

STATE-SPECIFIC CONFORMING AMENDMENTS

A state introducing this model legislation should review its existing statutes and make conforming amendments as necessary to recognize Advanced Practice Respiratory Therapists in provisions governing:

- Respiratory care licensure and professional definitions;
- Health care professional definitions;
- Physician delegation and supervision;
- Prescribing and pharmacy law;
- Controlled substances;
- Prescription drug monitoring programs;
- Telehealth;
- Hospitals and health care facilities;
- Professional liability and malpractice;
- Insurance and reimbursement;
- Medicaid;
- Workers' compensation;
- Public health and emergency response;
- Professional discipline; and
- Other statutes in which health care professionals are specifically enumerated.

Key State Policy Decisions

Before introduction, legislative counsel and stakeholders should determine the state's policy on the following issues:

Supervision. The Ohio legislation requires physician supervision and generally requires the supervising physician to be physically present at the location where the APRT practices. A state may retain this approach or establish a different supervision standard consistent with its existing health-professional laws.

Eligible Supervising Physicians. The Ohio legislation limits supervising physicians to pulmonology, anesthesiology, critical care, or sleep medicine. A state should determine whether to retain those specialties or use a broader competency-based standard.

Supervision Ratio. The Ohio legislation generally limits a physician to supervising no more than five APRTs at one time. A state should determine whether a numerical ratio is necessary.

Prescriptive Authority. The model retains physician-delegated prescriptive authority. Each state must conform the provision to its pharmacy, prescribing, and practitioner laws.

Controlled Substances. The Ohio legislation does not authorize APRTs to prescribe controlled substances. A state must affirmatively determine whether to retain that restriction or authorize specified schedules consistent with state and federal law.

Board Structure. “Board” should be replaced with the name of the state agency that regulates respiratory care or other health professions.

Professional Credential. The legislation should recognize the appropriate national APRT examination, credential, or qualification once established or identified by the state regulatory authority.

Liability. The Ohio legislation expressly addresses the supervising physician's legal responsibility for services provided by the APRT. Because professional liability laws vary significantly among states, this provision should be reviewed by legislative counsel before introduction.

Conforming Amendments. Legislative counsel should identify existing statutes in which APRTs must be added to definitions or enumerated lists of licensed health professionals.