Governor Andy Beshear released on March 6, 2020, an Executive Order, 2020-215, declaring a state of emergency based on the COVID-19 pandemic. The Governor subsequently issued, on March 18, 2020, Executive Order 2020-243, “State of Emergency Relating to Social Distancing.” This Executive Order has direct implications on the operations, and statutes and regulations, under which the Kentucky Board of Respiratory Care (“Board”) is governed. Executive Order 2020-243 specifically orders all citizens of the Commonwealth to take all feasible steps to practice safe and appropriate social distancing to reduce the risks of the spread of COVID-19. The Order further directs all Boards and agencies of the Commonwealth to likewise facilitate appropriate social distancing, and that to the extent any statute or regulation conflicts with this mandate, they are to be suspended. Senate Bill 150 thereafter codified many of the provisions of the Executive Orders.

THESE CHANGES ONLY REMAIN IN EFFECT FOR THE DURATION OF THE STATE OF EMERGENCY AS IT IS DECLARED BY THE GOVERNOR’S OFFICE.

Executive Order 2020-243, Senate Bill 150, and Kentucky’s Emergency Management law, KRS Chapter 39A do, however, give state agencies the authority to extend deadlines and modify licensure and continuing education requirements to implement their provisions.
It should also be noted that the Cabinet for Health and Family Services has directed this Board to “accept and review licenses for volunteer health practitioners in the field of respiratory care and confirm that they are licensed and in good standing to perform health services during the duration of this emergency.”

The Board has reviewed its statutes and regulations, in addition to the numerous questions it has received from Licensees and Applicants, and has determined that the following laws and regulations are affected by the above statutes and executive orders, and shall be adjusted or suspended as indicated below:

1. The Board requires certain continuing education for purposes of reinstatement or reactivation of a mandatory certificate to practice respiratory therapy under KRS 314A.110, .112, .115, and 220, and 201 KAR 29.050 and 060. For the duration of the state of emergency, continuing education requirements for reinstatement or reactivation of a mandatory certificate to practice respiratory therapy shall be waived. Any mandatory certificate reinstated or reactivated pursuant to this waiver shall no longer be effective for the practice of respiratory therapy in Kentucky thirty (30) days following the Governor’s declaration that the state of emergency has ended.

2. The Board requires payment of certain fees, under 201 KAR 29:015, with an application for licensure. For the duration of the state of emergency, the fee paid for a student license shall be credited against the fee due with an application for a temporary license, and the temporary license fee shall be credited against the fee due with an application for a mandatory certificate.

3. The Board has reviewed statistical projections for COVID-19 patients and the anticipated need for respiratory care practitioners in Kentucky, and has determined that it is a necessity to prepare and implement a contingency plan to meet those needs as soon as they arise. Under the CHFS order that this Board shall “accept and review licenses for volunteer health practitioners in the field of respiratory care and confirm that they are licensed and in good standing to perform health services during the duration of this emergency,” the Board has determined that it will review and approve volunteer health practitioners for provision of respiratory care, and maintain a registry of such individuals for healthcare facilities to consult and obtain. The Board will receive and review information from individuals seeking to serve as volunteer health
practitioners, and will issue a letter to such individuals indicating that they have been approved or such service and will be placed on the registry list.

These volunteer health practitioners will be required to work under the supervision of:

(a) the physician group (attendings, fellows, residents, advanced practice providers, and physician assistants), and

(b) the licensed Respiratory Therapist. The respiratory therapist must have passed a NBRC examination and be licensed by this Board as a respiratory care provider. The respiratory therapist operates under the direction of the physician group, and under the standards and guidelines of this Board.

The volunteer health practitioners shall then come within two (2) groups, Phase 1 and Phase 2. Phase 1 shall be the initial volunteer health practitioners utilized by healthcare facilities, upon determination by the facility of need. Phase 2 shall only be utilized if sufficient Phase 1 individuals are not available to meet needs of service.

(a) Phase 1: These volunteer health practitioners may include retired respiratory therapists, senior respiratory therapy students, active and retired nurses, or paramedics. Practice guidelines:

1) Can set up monitor, and adjust settings on respiratory equipment (ventilators, C-PAP, and other non-invasive units) under the supervision of a Respiratory Therapist;
2) Administer respiratory medications via nebulizer or MDI under the supervision of a respiratory therapist; and
3) Set up and monitor oxygen therapy devices under the supervision of a respiratory therapist.

(b) Phase 2: These volunteer health practitioners may include healthcare providers with a minimum of an Associate Degree and a state-issued license, in good standing, as a healthcare provider. Examples might include physical therapists, occupational therapists, dental hygienists, medical assistants, or speech therapists. Practice guidelines:

1) Administer respiratory medications via nebulizer or MDI under the supervision of a respiratory therapist; and
2) Set up and monitor oxygen therapy devices under the supervision of a respiratory therapist.

THOMAS BAXTER, RRT
BOARD CHAIR

The below diagram illustrates the hierarchy for provision of respiratory care services with the use of volunteer health practitioners: