

HB299 INTRODUCED



1 HB299
2 XDIF5EE-1
3 By Representative Oliver
4 RFD: Health
5 First Read: 21-Jan-26



SYNOPSIS:

Under existing law, the Alabama State Board of Respiratory Therapy regulates the practice of respiratory therapy in this state.

This bill would authorize respiratory therapists to practice under the direction of an advanced practice healthcare provider in addition to a physician.

This bill would revise the requirements that must be satisfied by an individual to be licensed by the board.

This bill would add a member to the board.

This bill would further provide for the issuance and privileges of temporary licenses.

This bill would also provide criminal penalties for fraudulently obtaining a license or holding one's self out as a licensed respiratory therapist without a license.

A BILL

TO BE ENTITLED

AN ACT

Relating to the Alabama State Board of Respiratory



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Therapy; to amend Sections 34-27B-2, 34-27B-3, 34-27B-4, 34-27B-5, 34-27B-7, 34-27B-8, 34-27B-9, and 34-27B-11, Code of Alabama 1975, to authorize respiratory therapists to practice under certain advanced practice health care providers; to further provide for and revise requirements for licensure; to further provide for the duties and composition of the board; to further provide for temporary licenses; to add Section 34-27B-8.1 to the Code of Alabama 1975, to provide criminal penalties for certain actions; and to repeal Section 34-27B-12, Code of Alabama 1975, requiring the board to provide notice of regulations to respiratory therapists practicing on May 17, 2004.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Sections 34-27B-2, 34-27B-3, 34-27B-4, 34-27B-5, 34-27B-7, 34-27B-8, 34-27B-9, and 34-27B-11, Code of Alabama 1975, are amended to read as follows:

"§34-27B-2

As used in this chapter, the following terms~~shall~~ have the following meanings:

(1) BOARD. The Alabama State Board of Respiratory Therapy.

(2) DIRECT CLINICAL SUPERVISION. A situation where a licensed respiratory therapist or physician is available for the purpose of communication, consultation, and assistance.

(3) ~~HEALTHCARE~~ HEALTH CARE FACILITY. The~~definition shall be the~~ same meaning as in Section 22-21-260.

(4) LICENSED ADVANCED PRACTICE PROVIDER. A health care professional who undergoes specialized education, training,



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and certification to provide services such as medical diagnosis and treatment. The term includes a physician assistant, certified registered nurse practitioner, or certified registered nurse anesthetist with prescribing authority.

~~(4)~~ (5) MEDICALLY APPROVED PROTOCOL. A detailed plan for taking specific diagnostic or treatment actions, or both, authorized by the treating physician of the patient, ~~all of which actions shall be~~ which is:

a. In a hospital or other inpatient health care facility, approved by the supervising physician of the respiratory therapist or in an outpatient treatment setting approved by the supervising physician of the respiratory therapist~~;~~ ;

b. Except in cases of medical emergency, instituted following an evaluation of the patient by a physician or otherwise directed by the supervising physician of the respiratory therapist~~;~~ ; and

c. Consistent with the definition of the scope of practice of respiratory therapy, as established by this chapter.

~~(5)~~ (6) PHYSICIAN. ~~A person~~ An individual who is a doctor of medicine or a doctor of osteopathy licensed to practice in this state.

~~(6)~~ (7) RESPIRATORY THERAPIST. ~~A person~~ An individual licensed by the board to administer respiratory therapy and who has the knowledge and skills necessary to administer respiratory therapy, monitor patient responses, modify



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respiratory therapy based upon patient response, provide information and education to patients about deficiencies or disorders of the cardiopulmonary system, and supervise others in the delivery of appropriate respiratory therapy procedures.

~~(7)~~ (8) RESPIRATORY THERAPY OR CARE. Therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities of the cardiopulmonary system and associated aspects of other systems' functions, given by a ~~health care professional~~ respiratory therapist under the direction of a physician or licensed advanced practice provider. The term includes, ~~but is not limited to,~~ the following activities conducted upon written prescription, verbal order, or medically approved protocol:

a. Direct and indirect pulmonary care services that are safe, aseptic, preventive, or restorative to the patient.

b. Direct and indirect respiratory therapy services, including, ~~but not limited to,~~ the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory therapy procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician or a licensed advanced practice provider.

c. Observation and monitoring of signs and symptoms, general behavior, and general physical response to respiratory therapy treatment and diagnostic testing and determination of whether ~~such~~ these signs, symptoms, reactions, behavior, or general responses exhibit abnormal characteristics, and



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implementation, based on observed abnormalities, of appropriate reporting or referral practices or prescribed and medically approved respiratory therapy protocols or appropriate changes in a treatment regimen, pursuant to a prescription by a physician or a licensed advanced practice provider, or the initiation of emergency procedures.

d. The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician or a licensed advanced practice provider:

1. Administration of medical gases, ~~exclusive of~~ not including general anesthesia.
2. Aerosols.
3. Humidification.
4. Environmental control systems and hyperbaric therapy.
5. Pharmacologic agents related to respiratory therapy procedures.
6. Mechanical or physiological ventilatory support.
7. Bronchopulmonary hygiene.
8. Cardiopulmonary resuscitation.
9. Maintenance of the natural airways.
10. Insertion without cutting tissues and maintenance of artificial airways.
11. Diagnostic and testing techniques required for implementation of respiratory therapy protocols.
12. Collections of specimens of blood and other body fluids including specimens from the respiratory tract.
13. Collection of inspired and expired gas samples.



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14. Analysis of blood, gases, and respiratory secretions.

15. Measurements of ventilatory volumes, pressures, and flows.

16. Pulmonary function testing.

17. Hemodynamic and other related physiologic measurements of the cardiopulmonary system.

18. Respiratory telecommunications.

19. Cardiopulmonary disease management.

20. Tobacco cessation.

e. The transcription and implementation of the written and verbal orders of a physician or licensed advanced practice provider pertaining to the practice of respiratory therapy.

f. Institution of known and medically approved protocols relating to respiratory therapy in emergency situations in the absence of immediate direction by a physician or licensed advanced practice provider ~~and institution of specific procedures and diagnostic testing related to respiratory therapy as ordered by a physician~~ to assist in diagnosis, monitoring, treatment, and medical research.

g. Delivery of respiratory therapy procedures, instruction, and education of patients in the proper methods of self-care and prevention of cardiopulmonary diseases and other conditions requiring the use of respiratory therapy equipment or techniques."

"§34-27B-3

(a) Except as provided in Section 34-27B-7, no ~~person~~



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individual shall hold himself or herself out to be, or function as, a respiratory therapist in this state unless licensed in accordance with this chapter.

(b) In order to obtain a respiratory therapist license, an applicant shall demonstrate to the board that he or she: (i) is a citizen of the United States or, if not a citizen of the United States, ~~a person~~ an individual who is legally present in the United States with appropriate documentation from the federal government; (ii) is at least 18 years of age; (iii) is a high school graduate or has the equivalent of a high school diploma; (iv) demonstrates good moral character; and (v) meets one of the following requirements:

(1) Holds and maintains credentials as a registered respiratory therapist (RRT) or a certified respiratory therapist (CRT), as granted by the National Board for Respiratory Care or its successor organization.

(2) Holds a temporary license issued under ~~subsection (d) of~~ Section 34-27B-7 and passes the examination leading to the CRT or RRT credential.

(3) Has a valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States whose requirements for licensure are considered by the board as substantially similar to those of ~~Alabama~~ this state and who otherwise meets the reciprocity requirements established by the board.

~~(4) Meets the requirements of subdivision (2) of subsection (d) of Section 34-27B-7.~~

~~(5)~~ (4) Has been approved by the board as otherwise



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197 qualified by special training and has passed the licensure
198 examination established by the board in subsection (c).

199 (c) The board shall arrange for the administration of a
200 licensure examination administered by the state or a national
201 agency approved by the board. The examination shall be
202 validated and nationally recognized as testing respiratory
203 care competencies. The board may enter into agreements or
204 contracts, consistent with state law, with outside
205 organizations for the purpose of developing, administering,
206 grading, and reporting the results of licensure examinations.
207 ~~Such~~ These organizations shall be capable of meeting the
208 standards of the National Commission for Health Certifying
209 Agencies, or its equivalent or successor organization. The
210 board shall establish criteria for satisfactory performance on
211 the examination.

212 (d) The board may request a criminal history background
213 check of an applicant for the purpose of determining an
214 applicant's suitability for a license to practice respiratory
215 therapy. If requested by the board, the applicant shall submit
216 a full set of fingerprints to the board for the purpose of
217 obtaining a state and national criminal history background
218 check.

219 (2) Fingerprints obtained pursuant to subdivision (1)
220 may be exchanged by the board, the Alabama State Law
221 Enforcement Agency, or any successor entity thereof, or any
222 channeler approved by the board, with the Federal Bureau of
223 Investigation for the purpose of obtaining a state and
224 national criminal history background check.



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(3) The applicant shall be responsible for all costs associated with the submission of his or her fingerprints and obtaining a state and national criminal history background check. The board may incorporate those costs into the cost of licensing or may charge the applicant a separate fee, which may be payable to the board, the Alabama State Law Enforcement Agency, or any successor entity thereof, or the approved channeler, as appropriate.

(4) Information received by the board pursuant to a state and national criminal history background check shall be confidential and shall not be a public record, except that any information received by and relied upon by the board in denying the issuance of a license may be disclosed as necessary to support the denial."

"§34-27B-4

(a) The board shall perform all of the following functions:

(1) Set respiratory therapy licensure fees, including, ~~but not limited to,~~ application, initial, renewal, ~~and~~ reinstatement fees.

(2) Establish and publish minimum standards of continuing education of respiratory therapy in accordance with those standards developed and accepted by the profession.

(3) Examine for, approve, deny, revoke, suspend, and renew licensure of duly qualified applicants.

(4) ~~Promulgate~~ Adopt and publish rules in accordance with the Administrative Procedure Act to administer this chapter.



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(5) Conduct hearings on charges calling for the denial, suspension, revocation, or refusal to renew a license.

(6) Maintain an up-to-date list of every ~~person~~ individual licensed to practice respiratory therapy pursuant to this chapter. The list shall include the last known place of residence and the state license number of the licensee.

(7) Maintain an up-to-date list of ~~persons~~ individuals whose licenses have been suspended, revoked, or denied. The list shall include the name, Social Security number, type, date, and cause of action, penalty incurred, and the length of the penalty. The information on the list, except for Social Security numbers, shall be available for public inspection during reasonable business hours and the information may be shared with others as deemed necessary and acceptable by the board.

(b) The board, by rule, shall prorate fees as appropriate and shall provide applicants and licensees with verification of receipt of fees."

"§34-27B-5

(a) (1) The Alabama State Board of Respiratory Therapy is created to implement and administer this chapter and shall be composed of ~~six~~ seven members appointed by the Governor. ~~Three~~ Four of the members shall be respiratory therapists, one member shall be the chief executive officer of a hospital, one member shall be a physician, and one member shall be a consumer.

(2) The respiratory therapist members of the board appointed by the Governor shall be selected from a list of



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names submitted by the Alabama Society for Respiratory Care. The list shall include two names for each appointed position to be filled. The respiratory therapist members appointed to the board shall be registered or certified by the National Board for Respiratory Care or its successor organization. ~~Respiratory therapists appointed to the initial board must be eligible to obtain a license under this chapter. Respiratory therapists selected for subsequent appointments must~~ and be licensed by the ~~state~~ board.

(3) The hospital member shall be selected from a list of two names submitted by the Alabama Hospital Association.

(4) The physician member appointed shall be duly licensed to practice medicine in Alabama and shall be a member of at least one of the following: The American Thoracic Society, the American College of Chest Physicians, the American Society of Anesthesiologists, or the American Academy of Pediatrics. The physician member of the board appointed by the Governor shall be selected from a list of two names submitted by the Medical Association of the State of Alabama.

(5) The consumer member appointed by the Governor shall be selected from one of the names submitted by the American Lung Association in Alabama, the Alabama Chapter of the Cystic Fibrosis Foundation, and the Alabama Asthma Coalition. Each entity shall submit one name for consideration.

(b) All board members shall be residents of Alabama and all appointing authorities shall coordinate their appointments ~~so that diversity of gender, race, and geographical areas is reflective of the makeup~~ to assure the board's membership is



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309 inclusive and reflects the racial, gender, geographic, urban,
310 rural, and economic diversity of this state.

311 (c) The Governor shall make the appointments for all
312 positions for members of the board within 90 days of the date
313 the position becomes available, including initial
314 appointments, vacancies, and replacements at the end of the
315 term of service. All members shall continue to serve until a
316 successor is appointed.

317 (d) Members of the board shall have the same immunities
318 from personal liability as state employees for actions taken
319 in the performance of their official duties.

320 (e) The term of office of those members first appointed
321 shall be as follows: Two respiratory therapists and the
322 hospital member, as determined by the Governor, shall serve
323 for terms of two years, and one respiratory therapist and the
324 physician member shall serve for terms of four years. The
325 additional respiratory therapist member appointed after
326 October 1, 2026, shall serve an initial term of not more than
327 four years as determined by the Governor. Thereafter, the term
328 of all members, including the consumer member, shall be for
329 four years. No member shall be appointed for more than three
330 consecutive full terms. A vacancy in an unexpired term shall
331 be filled in the manner of the original appointment. The board
332 shall elect a chair and vice chair annually.

333 (f) The board shall meet at least twice each year at a
334 time and place determined by the chair. A majority of the
335 members of the board shall constitute a quorum for the



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336 transaction of business.

337 (g) Each member shall serve without compensation, but
338 shall be reimbursed for travel expenses incurred in attendance
339 at meetings of the board and any other expenses incurred on
340 business of the board at its discretion. Board members shall
341 also receive a per diem allowance following the guidelines for
342 state employees. The reimbursement for expenses and per diem
343 shall be paid from funds derived from the Alabama State Board
344 of Respiratory Therapy Fund."

345 "§34-27B-7

346 (a) The board shall issue a respiratory therapist
347 license to any ~~person~~ individual who meets the qualifications
348 required by this chapter and who pays the license fee
349 ~~established herein~~.

350 (b) Any ~~person~~ individual who is issued a regular or
351 temporary respiratory therapy license ~~as a respiratory~~
352 ~~therapist~~ under this chapter may use the words "licensed
353 respiratory therapist" or the letters "L.R.T." in connection
354 with his or her name to denote his or her license.

355 (c) A license issued under this chapter shall be
356 subject to ~~biennial~~ renewal every two years.

357 (d) ~~(1)~~ The board may issue a six-month temporary
358 license as a respiratory therapist to ~~persons~~ individuals who
359 have graduated from a respiratory therapy educational program
360 accredited by the Council on Allied Health Education Programs
361 (CAHEP) in collaboration with the Committee on Accreditation
362 for Respiratory Care (CoARC), or their successor
363 organizations, and who have applied for and are awaiting



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competency examination. ~~The temporary license shall be renewable only once for an additional six-month period if the applicant fails the examination. Exceptions may be made at the discretion of the board based upon an appeal identifying extenuating circumstances.~~ The holder of a temporary license may only provide respiratory therapy or care activities, services, and procedures as defined in Section 34-27B-2 under the direct clinical supervision of a licensed onsite respiratory therapist ~~or physician.~~

~~(2) The board shall grant a license as a respiratory therapist to other persons who do not meet the qualifications for licensure pursuant to Section 34-27B-3, but who, on the effective date of the adoption of the rules and regulations of the board, are currently employed in the administration of respiratory therapy under the direction of a physician in the State of Alabama. The opportunity to apply for a respiratory therapy license issued under this subdivision shall expire 365 days after implementation of the rules of the board. Holders of these licenses shall be eligible to renew their licenses as are any other licensed respiratory therapists under this chapter."~~

"§34-27B-8

(a) The board may refuse to renew a license, may suspend or revoke a license, may impose probationary conditions, or may impose an administrative fine not to exceed five hundred dollars (\$500) per violation, as disciplinary actions if a licensee or applicant for licensure has been found guilty of unprofessional conduct that has endangered, or



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is likely to endanger, the health, welfare, or safety of the public. Unprofessional conduct includes, ~~but is not limited to,~~ each of the following:

(1) Obtaining a license by means of fraud, misrepresentation, or concealment of material facts.

(2) Being found guilty of unprofessional conduct as defined by the rules established by the board, or violating the code of ethics adopted and published by the American Association for Respiratory Care or its successor organization.

(3) Conviction of a crime, other than a minor offense, in any court if the offense has a direct bearing on whether the person should be entrusted to serve the public in the capacity of a respiratory therapist.

(b) The board, after a hearing, may exercise the disciplinary actions authorized in subsection (a). The board shall adopt policies for the conduct of the hearings. One year after the date of the revocation of a license, application may be made to the board for reinstatement. The board shall hold a hearing to consider any application for reinstatement.

(c) The board may ~~establish~~ adopt rules regarding the disciplinary actions authorized in subsection (a) in accordance with the Administrative Procedure Act.

(d) A suspended license is subject to expiration during the suspension period.

(e) The board may subpoena any person or document and take testimony to carry out this chapter.

(f) The board shall promote the early identification,



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intervention, treatment, and rehabilitation of respiratory therapy licensees who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances, or as a result of any physical or mental condition. If the board has reasonable cause to believe that a respiratory therapy licensee is impaired, the board may refer that licensee to a treatment program."

"§34-27B-9

~~(a) A person~~ An individual who does not hold a license or a temporary license as a respiratory therapist or whose license or temporary license has been suspended or revoked may not do any of the following:

(1) Use in connection with the ~~person's~~ individual's practice the words "respiratory care professional," "respiratory therapist," "respiratory care practitioner," "certified respiratory care practitioner," "licensed respiratory therapist," "inhalation therapist," or "respiratory therapy technician"; or use the letters "R.C.P." or "L.R.T."; or use any other words, letters, abbreviations, or insignia indicating or implying that the ~~person~~ individual is a respiratory therapist.

(2) Directly or by implication represent in any way that the ~~person~~ individual is a respiratory therapist.

~~(b) A person who holds a license or a temporary license to practice respiratory therapy under this chapter may use the title "respiratory therapist" and the abbreviation "L.R.T."~~

"§34-27B-11

Nothing in this chapter shall be construed as



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preventing or restricting the practice, services, or activities of any of the following:

(1) Any ~~person~~ individual who is licensed in ~~Alabama~~ this state or certified by an organization accredited by the National Commission for Certifying Agencies and acceptable to the state from engaging in the profession or occupation for which the ~~person~~ individual is licensed or certified.

(2) Any ~~person~~ individual employed by the United States government who provides respiratory therapy solely under the direction or control of the United States government agency or organization.

(3) Any ~~person~~ individual receiving clinical training while pursuing a course of study leading to registry or certification in a respiratory therapy educational program accredited by the Council on Allied Health Education Programs in collaboration with the Committee on Accreditation for Respiratory Care or their successor organizations. This ~~person~~ individual shall be under direct supervision and be designated by a title clearly indicating his or her status as a student or trainee.

(4) Any emergency medical technician licensed by the Alabama ~~State Board~~ Department of Public Health who is providing care to a patient at the scene of an emergency, or during transport of the patient in a licensed ground ambulance, provided that such care may not exceed the scope of care permissible under the rules of the Alabama ~~State Board~~ Department of Public Health.

(5) The delivery of respiratory therapy of sick or



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disabled ~~persons~~ individuals by family members or domestic servants or the care of ~~non-institutionalized persons~~ noninstitutionalized individuals by a surrogate family member as long as the ~~persons~~ individuals do not represent themselves as, or hold themselves out to be, respiratory therapists.

(6) Any individual who has demonstrated competency in one or more areas covered by this chapter as long as the individual performs only those functions that he or she is qualified by examination to perform. The standards of the National Commission for Certifying Agencies, or its equivalent, shall serve as a standard with which to evaluate those examinations and examining organizations.

(7) Any ~~person~~ individual performing respiratory services or care not licensed as a respiratory therapist in accordance with this chapter who is employed in a diagnostic laboratory, physician's office, clinic, or outpatient treatment facility and whose function is to administer treatment or perform diagnostic procedures confined to that laboratory, office, clinic, or outpatient facility under the direction of a licensed physician.

(8) Any respiratory therapy student who performs limited respiratory therapy procedures as an employee of ~~any~~ a health care provider organization while enrolled in a respiratory therapy educational program accredited by the Council on Allied Health Education Programs in collaboration with the Committee on Accreditation for Respiratory Care or their successor organizations, provided any procedure performed by a respiratory therapy student is a procedure that



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the student has previously studied and completed in clinical training. The employee shall be designated by title as a student or trainee and shall work under direct supervision of a licensed respiratory therapist. The board shall maintain a list of all such students.

(9) Any individual employed by a durable medical equipment or home medical equipment company who delivers, sets up, or maintains respiratory equipment, but not including assessment, treatment, or evaluation of the patient.

(10) Any individual employed as a polysomnographic technologist working in a sleep center or diagnostic sleep clinic.

(11) Any licensed respiratory therapist performing advances in the art and techniques of respiratory therapy learned through special training acceptable to the board."

Section 2. Section 34-27B-8.1 is added to the Code of Alabama 1975, to read as follows:

An individual shall be guilty of a Class B misdemeanor if he or she does any of the following:

(1) Sells or fraudulently obtains or furnishes, or aids or abets in selling or fraudulently obtaining, any license issued pursuant to this chapter.

(2) Practices respiratory therapy, uses the title respiratory therapist, or uses in connection with his or her name any designation tending to imply that he or she is a respiratory therapist without a valid and active license issued pursuant to this chapter.

Section 3. Section 34-27B-12, Code of Alabama 1975,



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532 requiring the Alabama State Board of Respiratory Therapy to
533 provide notice of regulations to respiratory therapists
534 practicing on May 17, 2004, is repealed.

535 Section 4. This act shall become effective on October
536 1, 2026.

537