COLORADO

Department of Regulatory Agencies

Colorado Office of Policy, Research & Regulatory Reform

2023 Sunset Review

Respiratory Therapy Practice Act

October 13, 2023

COLORADO
Department of
Regulatory Agencies
Executive Director's Office

October 13, 2023

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

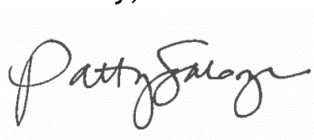
A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient, and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the Respiratory Therapy Practice Act. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2024 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 300 of Title 12, C.R.S. The report also discusses the effectiveness of the Director of the Division of Professions and Occupations in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit coprrr.colorado.gov.

Sincerely,



Patty Salazar
Executive Director

October 13, 2023

FACT SHEET

Sunset Review: Respiratory Therapy Practice Act

Background

What is regulated?

The Respiratory Therapy Practice Act (Act), which is administered by the Director of the Division of Professions and Occupations (Director) in the Department of Regulatory Agencies, provides regulatory oversight of respiratory therapists. Respiratory therapists are healthcare professionals who, among other things, provide treatment to patients who experience trouble breathing and patients who have respiratory illnesses.

Why is it regulated?

The Act was created to promote public health, safety and welfare by safeguarding Coloradans against unqualified or unprofessional practitioners and because the practice of respiratory therapy is a dynamic and continually evolving field.

Who is regulated?

During fiscal year 21-22, the Director licensed 5,204 respiratory therapists.

How is it regulated?

In order to obtain a respiratory therapist license, a candidate must be credentialed by a national respiratory therapy credentialing body as a certified or registered respiratory therapist, which requires the completion of an educational program and the passage of examinations.

What does it cost?

In fiscal year 21-22, the Director expended $79,886 and allotted 0.30 full-time equivalent employees to implement the respiratory therapy program.

What disciplinary activity is there?

During the period covered for this sunset review, fiscal years 17-18 through 21-22, there were 142 complaints filed and 31 disciplinary actions were taken against respiratory therapists.

Key Recommendations

- **Continue the Act for 11 years, until 2035.**
- **Authorize physician assistants to prescribe treatment plans to direct respiratory therapists.**
- **Clarify the exception regarding unregistered polysomnographic technologists.**

Table of Contents

Background

Sunset Criteria

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria[1] and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether the program under review is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To address the second sunset criterion--whether conditions that led to the initial creation of the program have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the fifth sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency or the agency's board performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the fourteenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

[1] Criteria may be found at § 24-34-104, C.R.S.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

Table 1
Application of Sunset Criteria

Sunset Criteria	Where Applied
(I) Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.	• Profile of the Profession • Legal Framework • Recommendation 1
(II) Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight.	• History of Regulation • Recommendations 1-2
(III) If the program is necessary, whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms.	• Legal Framework • Recommendation 2
(IV) If the program is necessary, whether agency rules enhance the public interest and are within the scope of legislative intent.	• Legal Framework • Program Description and Administration • Recommendation 3
(V) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.	• Legal Framework • Program Description and Administration
(VI) Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively.	• Program Description and Administration
(VII) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.	• Not Applicable
(VIII) Whether regulatory oversight can be achieved through a director model.	• Recommendation 1
(IX) The economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition.	• Profile of the Profession

Sunset Criteria	Where Applied
(X) If reviewing a regulatory program, whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.	• Disciplinary Activity • Recommendation 1
(XI) If reviewing a regulatory program, whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.	• Licensing • Examinations
(XII) Whether entry requirements encourage equity, diversity, and inclusivity.	• Not Available
(XIII) If reviewing a regulatory program, whether the agency, through its licensing, certification, or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses, certifications, or registrations that the agency denied based on the applicant's criminal history, the number of conditional licenses, certifications, or registrations issued based upon the applicant's criminal history, and the number of licenses, certifications, or registrations revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	• Collateral Consequences
(XIV) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	• Recommendations 1-4

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at coprrr.colorado.gov.

The functions of the Director of the Division of Professions and Occupations (Director and Division, respectively), as enumerated in Article 300 of Title 12, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2024, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the Board pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Director. During this review, the Director must demonstrate that the program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff interviewed Division staff, practitioners, and officials with state and national professional associations; conducted site visits; and reviewed complaint file summaries, Colorado statutes and rules, and the laws of other states.

The major contacts made during this review include, but are not limited to:

- American Association for Respiratory Care
- American Lung Association
- Colorado Division of Professions and Occupations
- Colorado Respiratory Care Society
- National Board for Respiratory Care

In July 2023, COPRRR staff conducted a survey of all licensed respiratory therapists. The survey was sent to 5,617 licensees and 9 emails were returned as undeliverable. The survey received 402 responses, which is a 7.6 percent response rate. Survey results may be found in Appendix A.

Profile of the Profession

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first criterion asks whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.

To understand the need for regulation, it is first necessary to recognize what the profession does, where they work, who they serve and any necessary qualifications.

Respiratory therapists are medical practitioners who provide treatment to patients that experience trouble breathing and patients that have respiratory illnesses.[2] Respiratory therapists treat a range of patients from premature infants who have not fully developed their lungs to older individuals with lung disease.[3] The type of treatment provided is often customized to the needs of the patient.

On any given day, a respiratory therapist can be found:[4]

- Administering diagnostic tests to patients with breathing issues,
- Performing breathing treatments,
- Consulting with physicians about conditions and treatment plans,
- Setting up and managing breathing devices such as ventilators, and
- Monitoring and recording a patient's progress.

An example of breathing treatments administered by respiratory therapists include pulmonary function tests. These tests are used to assess lung capacity by having patients breathe into an instrument that will measure the flow of oxygen when one inhales and exhales.[5] Another example is chest physiotherapy, a treatment that removes mucus from the lungs by tapping the patient's chest and encouraging them to cough.[6]

In emergency settings, respiratory therapists will connect patients that have trouble breathing to ventilators.[7] Ventilators are medical devices that deliver oxygen to the

[2] Mayo Clinic College of Medicine and Science. *Respiratory Therapist*. Retrieved August 23, 2023, from https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/respiratory-therapist/
[3] Mayo Clinic College of Medicine and Science. *Respiratory Therapist*. Retrieved August 23, 2023, from https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/respiratory-therapist/
[4] American Association for Respiratory Care. *What is an RT?* Retrieved August 23, 2023, from https://www.aarc.org/careers/what-is-an-rt/; and U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 23, 223, from www.bls.gov/ooh/healthcare/respiratory-terhapists.htm#tab-4
[5] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 23, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-2
[6] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 23, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-2
[7] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 23, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-2

lungs. Respiratory therapists will set up the machine, connect the patient, and remain in the room to ensure the patient is receiving the proper amount of oxygen at the correct rate.

Approximately 75 percent of respiratory therapists are employed by hospitals.[8] However, many respiratory therapists work in home care settings to teach patients how to use breathing equipment.[9] Some respiratory therapists are involved in similar fields, such as diagnosing breathing problems for individuals with sleep apnea and counseling people on how to quit smoking.[10]

In order to become a respiratory therapist, an individual must typically possess a two-year associate degree or a bachelor's degree in respiratory therapy.[11]In the United States, the Commission on Accreditation for Respiratory Care (CoARC) accredits respiratory care programs in universities throughout the country. Colorado is currently home to four CoARC-accredited programs:[12]

- Concorde Career College—Denver;
- Pickens Technical College in Aurora;
- Pima Medical Institute—Denver; and
- Pueblo Community College.

After education, candidates seek national certification from the National Board for Respiratory Care (NBRC), which certifies respiratory therapists nationwide. According to the NBRC, nearly 40,000 candidates test for one of the various NBRC credentials each year.[13] The two most common certifications for respiratory care are the Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT).[14]

In general, those holding the CRT credential have demonstrated sufficient clinical skills and knowledge to be deemed competent to enter into practice. Those holding the RRT credential are considered to have a higher level of proficiency.[15]

The requirements to obtain a CRT include:[16]

[8] Mayo Clinic. *Respiratory Therapist*. Retrieved August 23, 2023, from https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/respiratory-therapist/
[9] U.S. Bureau of Labor and Statistics. *Respiratory Therapists*. Retrieved August 23, 2023, from https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-2
[10] U.S. Bureau of Labor and Statistics. *Respiratory Therapists*. Retrieved August 23, 2023, from https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-2
[11] U.S. Bureau of Labor Statistics. *Respiratory Therapists*. Retrieved August 23, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-4
[12] Commission on Accreditation for Respiratory Care. *Find An Accredited Program*. Retrieved August 23, 2023, from https://coarc.com/students/find-an-accredited-program/#
[13] National Board for Respiratory Care. *About Us*. Retrieved August 23, 2023, from www.nbrc.org/about/
[14] National Board for Respiratory Care. *Examinations*. Retrieved August 23, 2023, from https://nbrc.org/examinations/
[15] *Candidate Handbook*, The National Board for Respiratory Care (June 2023), p. 2.
[16] National Board for Respiratory Care. *Certified Respiratory Therapist (CRT)*. Retrieved August 23, 2023, from https://nbrc.org/examinations/crt/

- Passing the NBRC's entry-level CRT examination, which contains 160 computer-based, multiple-choice questions, within three hours;
- Possessing an associate's degree from a CoARC-accredited respiratory therapy program; and
- Having completed the science, general, academic and respiratory therapy coursework required of a CoARC program.

An RRT credential requires the following from candidates:[17]

- Passing the NBRC's entry-level CRT examination;
- Passing the Clinical Simulation Examination, containing 22 separate patient management questions simulating realistic situations within four hours;
- Possessing an associate's degree from a CoARC-accredited respiratory therapy program; and
- Having completed the science, general, academic and respiratory therapy coursework required of a CoARC program.

Professionals with a CRT can also apply for the RRT examination depending on how long they have practiced – usually two years for most candidates.[18] These candidates will not need to take the 160, multiple-choice portion of the examination.[19]

All states except Alaska require some form of licensure to practice respiratory therapy.[20] To obtain a license in Colorado, a respiratory therapist must possess either the CRT or an RRT.[21]

The ninth sunset criterion questions the economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition. One way this may be accomplished is to review the projected salary and growth of the profession.

As of May 2022, there were approximately 133,000 practicing respiratory therapists in the United States with an annual mean wage of $70,540.[22] National estimates indicate that employment of respiratory therapists will increase about 13 percent between 2022 and 2032, including an average of 8,600 openings for respiratory therapists each year.[23]

[17] National Board for Respiratory Care. *Registered Respiratory Therapist (RRT).* Retrieved August 23, 2023, from https://nbrc.org/examinations/rrt/
[18] National Board for Respiratory Care. *Admission Requirements.* Retrieved August 23, 2023, from www.nbrc.org/examinations/rrt/#admission-requirements
[19] National Board for Respiratory Care. *Admission Requirements.* Retrieved August 23, 2023, from www.nbrc.org/examinations/rrt/#admission-requirements
[20] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 23, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-4
[21] § 12-300-107(1), C.R.S.
[22] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved September 8, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-1
[23] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 8, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-1

This is much faster than the average for all occupations.[24] According to the Colorado Division of Professions and Occupations, there were approximately 5,204 actively licensed respiratory therapists in fiscal year 21-22.

[24] U.S. Bureau of Labor Statistics. *Respiratory Therapists.* Retrieved August 8, 2023, from www.bls.gov/ooh/healthcare/respiratory-therapists.htm#tab-1

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first sunset and second sunset criteria question:

> Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare; and
>
> Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less or the same degree of governmental oversight.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

Sunrise applications requesting the licensure of respiratory therapists were submitted in 1986, 1993, 1995 and 1999. In 1999, the sunrise review recommended in favor of regulating respiratory therapists based on potential for harm to patients. Subsequently, the Colorado General Assembly enacted the Respiratory Therapy Practice Act (Act) via House Bill 00-1294. It provided for the licensure of respiratory therapists by the Director of the Division of Professions and Occupations (Director and Division, respectively), and gave the Director disciplinary authority.

The Act's first sunset review took place in 2004. It recommended that the Act be sunset due, in part, to the fact that no instances physical harm to consumers occurred in cases where licensees faced discipline. The General Assembly disagreed with this recommendation and enacted Senate Bill 05-147, which continued the Act for 10 years. It also mandated that the Director take disciplinary action against licensees for practicing beyond the scope of the licensee's competence and made a mandatory violation for licensees that repeatedly making incorrect or falsified entries on patient records.

2014 saw the Act's second sunset review which recommended continuation of the Act for nine years and an expansion of the Director's disciplinary authority. The General Assembly agreed with these recommendations and subsequently passed Senate Bill 15-105 to continue the Act.

During the 2019 legislative session, the General Assembly recodified Title 12, C.R.S. At that time, the Act was repealed and reenacted as Article 300. Though there were changes in the manner in which the law reads, and many provisions of law were combined with common elements of other laws, none of those changes affected the implementation or enforcement of the Act.

During COVID-19, a series of state executive orders were issued to address the pandemic. Executive Order D 2020 038 directed the Department of Regulatory Agencies to waive certain requirements and issue temporary licenses to new graduates of numerous medical related programs, including respiratory therapists. It also expanded the scope of respiratory therapists. The expanded authority allowed them to delegate and receive orders so long as they are deemed appropriate. The executive order was extended several times, then expired on May 4, 2023.

Executive Order D 2021 008 gave authority to certain medical professionals, including respiratory therapists, to administer the COVID-19 vaccine so long as they possess the knowledge, skill, or training to do so. Any administration of the vaccine must be delegated by a licensed physician, physician assistant, advanced practice registered nurse, certified registered nurse anesthetist, or professional nurse.

Legal Summary

The third, fourth and, fifth sunset criteria question:

> Whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms;
>
> Whether agency rules enhance the public interest and are within the scope of legislative intent;
>
> Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

Respiratory therapy is defined as providing therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities in their pulmonary system.[25] To practice respiratory therapy in Colorado, one must be licensed as a respiratory therapist, unless they meet an exception under the Act. Only licensed respiratory therapists may use the titles "licensed respiratory therapist" and "L.R.T."[26]

Respiratory therapists are licensed by the Director. Candidates for licensure must be certified by a national respiratory therapy credentialing body, [27] which, in practice is the National Board for Respiratory Care (NBRC). The NBRC has multiple certifications

[25] § 12-300-104(3), C.R.S.
[26] § 12-300-105, C.R.S.
[27] § 12-300-107(1), C.R.S.

available, however, one only needs to hold the basic Certified Respiratory Therapist (CRT) or the more-experienced Registered Respiratory Therapist (RRT) certification for licensure in Colorado.

Before the expiration date of the license, the licensee must complete the renewal form and return it to the Division.[28] Licenses are valid for a period of up to of two years, as they expire on August 31 of even-numbered years. The Director may take disciplinary action against a licensee if the Director finds that the person has represented themselves to be a licensed respiratory therapist after the expiration or suspension of their license.[29]

Violations of the Act include, but not limited to:[30]

- Procuring or attempting to procure a license by fraud, deceit, misrepresentation, misleading omission or material misstatement of fact;
- Having felony convictions or court pleas of guilty or *nolo contendere* to any felony or to any crime that relates to such person's employment as a respiratory therapist;
- Having willfully or negligently acted in a manner inconsistent with the health or safety of patients under their care;
- Having a license to practice respiratory therapy or any other health care occupation suspended, revoked, or otherwise subjected to discipline in another jurisdiction;
- Having violated or aiding or knowingly permitted any person to violate the article;
- Practiced respiratory therapy in a manner that failed to meet generally accepted standards;
- Violating an order or rule of the Director pertaining to the practice or licensure of respiratory therapy;
- Having a substance use disorder, or habitually using or abusing alcohol or habit-forming drugs;
- Failing to notify the Director of a physical condition, physical illness, or behavioral, mental health, or substance use disorder that affects the licensee's ability to practice respiratory therapy;
- Failing to act within the limitations created by a physical condition, physical illness, or behavioral, mental health, or substance use disorder that renders the person unable to practice respiratory therapy with reasonable skill and safety;
- Willfully repeating, without justification, demonstrably unnecessary laboratory tests or studies;
- Administering a treatment that is demonstrably unnecessary and without clinical justification;

[28] § 12-300-108(1), C.R.S.
[29] § 12-300-109(1), C.R.S.
[30] § 12-300-109(2), C.R.S.

- Failing to obtain consultations or perform referrals when failing to do so is inconsistent with the standard of care for the profession; and
- Ordering or performing, without clinical justification, a service, procedure or treatment that is contrary to recognized standards of the practice of respiratory therapy.

The Director may issue a letter of admonition if an investigation discloses an instance of misconduct that does not warrant formal action but that should not be dismissed.[31]

The Director could also issue a confidential letter of concern when an investigation discloses an instance of conduct that does not warrant formal action and should be dismissed, but the Director has noticed indications of possible errant conduct that could lead to serious consequences if not corrected.[32]

Lastly, the Director can take formal action including revoking or suspending licenses, denying licenses, and placing licensees on probation.[33]

There are two mandatory disciplinary measures enumerated in the Act. The Director must suspend, deny, or refuse to renew a license, place a licensee on probation, or issue a cease-and desist order or letter of admonition to a licensee that has either:[34]

- Falsified entries, or repeatedly made incorrect essential entries, or repeatedly failed to make essential entries on patient records; or
- Practiced outside of or beyond the person's area of training, experience, or competence.

[31] § 12-300-109(12), C.R.S.
[32] § 12-300-109(13), C.R.S.
[33] §§ 12-300-109(2) and 12-20-404(1)(b and d), C.R.S.
[34] § 12-300-109(3), C.R.S.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The fifth sunset criteria questions:

> Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Director of the Division of Professions and Occupations (Director and Division, respectively), located in the Department of Regulatory Agencies (DORA), oversees licensure and regulation of respiratory therapists in Colorado as specified in the Respiratory Therapy Practice Act (Act). Staff in the Division oversee day-to-day operations.

Table 2 highlights the total program expenditures and the number of full-time equivalent (FTE) employees dedicated to the program for fiscal year 17-18 through fiscal year 21-22.

Table 2
Program Expenditures and FTE

Fiscal Year	Program Expenditures	FTE
17-18	$78,991	0.35
18-19	$94,987	0.35
19-20	$86,199	0.36
20-21	$94,850	0.30
21-22	$79,886	0.30

While program expenditures have fluctuated slightly over the five-year period, staffing has remained consistent. In fiscal year 20-21, the increase in expenditures was a result of legal expenses for cases related to disciplinary action sought.

The number of FTE reflected in Table 2 above does not include employees in the centralized offices of the Division that provide management, licensing, administrative, technical, and investigative support to the Director. However, the cost of those FTE is reflected in the total program expenditures.

In October 2019, the respiratory therapy program was combined into a unit along with 16 other director-led programs. The following staff positions were dedicated to the respiratory therapy program in fiscal year 21-22.

- Program Management II - 0.05 FTE - Involved with the overall management of the program. This includes personnel management, performance management, engagement, outreach and education, and implementation of legislative bills.
- Tech IV - 0.05 FTE - Duties include case management, case summary preparation, case follow-up, initial decision follow-up, and referrals.
- Enforcement Manager - 0.05 FTE. – The enforcement manager is involved with compliance monitoring and probation monitoring for various health-related professions.
- Administrative Assistant III - 0.15 FTE – Administrative assistants perform complaint intake, correspondence, case summary preparation, final action processing, cease-and-desist issuance, and posting of disciplinary actions.

The program is cash funded through fees paid by licensees. Table 3 depicts the costs of initial and renewal license fees for fiscal year 17-18 through fiscal year 21-22.

Table 3
Respiratory Therapy License Fees

Fiscal Year	Initial	Renewal
17-18	$85	$20
18-19	$85	$20
19-20	$85	$20
20-21	$85	$20
21-22	$21	$5

Fee setting is completed and adjusted based on actual expenditures, including operating and legal budgets. Fees remained stable until fiscal year 21-22, as the Division of Professions and Occupations reduced fees as a result of the COVID-19 pandemic.

Licensing

The eleventh sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Director is tasked with the issuance of initial respiratory therapy licenses and is further required to establish an application process for license renewal and reinstatement. To practice in Colorado, an individual must first obtain a license from the Director.

To obtain a license, an individual must hold one of two credentials issued by the National Board for Respiratory Care (NBRC): Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT).

In general, those holding the CRT credential have demonstrated sufficient clinical skills and knowledge to be deemed competent to enter into practice. Those holding the RRT credential are considered to have a higher level of proficiency.[35]

Table 4 provides the number of initial, endorsement, and renewal licenses, regardless of whether the pathway to licensure was as a CRT or RRT, as well as the total number of active licenses for fiscal year 17-18 through fiscal year 21-22.

Table 4
Licensing Information by License Type

Fiscal Year	Initial	Endorsement	Renewal	Total
17-18	106	219	Not applicable	3,265
18-19	123	262	2736	3,197
19-20	134	308	Not applicable	3,699
20-21	105	434	2952	3,626
21-22	165	1,336	Not applicable	5,204

License renewal takes place on a two-year cycle, which is demonstrated by the lack of renewal data every other fiscal year. Numbers remained relatively stable until fiscal year 21-22. This year, endorsement numbers were likely high as many hospitals were hiring respiratory therapists to help address the surge of patients during the COVID-19 pandemic. Respiratory therapists were in high demand as they are experts in operating ventilators and dealing with symptoms related to breathing and respiratory related conditions.

[35] *Candidate Handbook*, The National Board for Respiratory Care (June 2023), p. 2.

Examinations

The eleventh sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

To be licensed, professionals must pass either the CRT, or the more-advanced RRT examination. Both are administered by the NBRC. The CRT examination consists of 160 computer-based, multiple-choice questions that must be completed within three hours.[36]

Once the CRT examination is passed, a candidate can take the RRT examination, which has 22 separate Clinical Simulation questions.[37] These intensive questions are designed to simulate real-life situations and must be completed within four hours.[38]

Table 5 provides examination data for first-time test takers for calendar years 2018 through 2022, including the number of examinations administered nationally per year as well as the average pass rate.

Table 5
National Examination Information

Calendar Year	CRT Examinations Administered	Pass Rate (%)	RRT Examinations Administered	Pass Rate (%)
2018	13,759	79%	11,432	61.4%
2019	15,078	76.8%	11,040	62.3%
2020	11,739	80.5%	8,788	67.2%
2021	11,362	75.2%	9,008	62.3%
2022	11,984	77.4%	9,329	63.5%

The number of examinations administered had been relatively stable until 2020, when the COVID-19 pandemic and related restrictions caused a dip in the numbers.

[36] National Board for Respiratory Care. *Certified Respiratory Therapist (CRT)*. Retrieved August 23, 2023, from www.nbrc.org/examinations/crt
[37] National Board for Respiratory Care. *Registered Respiratory Therapist (RRT)*. Retrieved August 23, 2023, from www.nbrc.org/examinations/rrt
[38] National Board for Respiratory Care. *Registered Respiratory Therapist (RRT)*. Retrieved August 23, 2023, from www.nbrc.org/examinations/rrt

Complaints

The tenth sunset criterion directs COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Director reviews complaints and takes disciplinary actions resulting from violations of the Act. Table 6 details the number of alleged violations and the nature of complaints for fiscal year 17-18 through fiscal year 21-22.

Table 6
Complaint Information

Nature of Complaints	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Practicing w/o a License	7	1	1	3	4
Standard of Practice	3	4	9	1	10
Unprofessional Conduct	10	6	4	5	9
Outside Scope of Practice	3	0	0	1	0
Failure to Report	0	0	0	1	0
Violation of Order	3	1	1	0	0
Physical/Mental Disability	0	1	1	0	2
False Advertising	0	0	0	0	1
Drug and Alcohol Abuse	4	2	6	5	8
Criminal Conviction	1	4	8	6	3
Continuing Education Violation	0	1	1	0	1
Total	**31**	**20**	**31**	**22**	**38**

The majority of complaints were related to standard of practice, unprofessional conduct, and drug and alcohol abuse. Complaints related to standard of practice often include instances of practitioners failing to follow a physician's order and ultimately placing patients at risk. Complaints related to drug and alcohol abuse include instances of practitioners arriving to work intoxicated or acquiring and using controlled substances while on shift. Instances of unprofessional conduct in fiscal year 21-22 included:

- Yelling and cursing at patients and being aggressive;
- Failing to monitor and failing to report patient condition on the National Practitioner Database; and
- Posting incorrect statements about the COVID-19 pandemic on social platforms.

Disciplinary Activity

The tenth sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

In terms of disciplinary authority, the Director may issue a letter of admonition if an investigation discloses an instance of misconduct that does not warrant formal action but that should not be dismissed.[39] The Director could also issue a confidential letter of concern (LOC) when an investigation discloses an instance of conduct that does not warrant formal action and should be dismissed, but the Director noticed indications of possible errant conduct that could lead to serious consequences if not corrected.[40] Lastly, the Director can take formal action including revoking or suspending licenses, denying licenses, and placing licensees on probation.[41]

Table 7 summarizes disciplinary actions taken by the Director for fiscal year 17-18 through fiscal year 21-22.

[39] § 12-300-109(12), C.R.S.
[40] § 12-300-109(13), C.R.S.
[41] §§ 12-300-109(2) and 12-20-404(1)(b and d), C.R.S.

Table 7
Disciplinary Actions

Type of Action	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Revocation / Surrender / Voluntary Relinquishment	1	0	1	0	2
Suspension	0	1	0	0	0
Probation / Practice Limitation	4	1	0	3	0
Letter of Admonition	4	2	2	0	5
License Denied	0	0	0	1	0
Other	2	1	0	0	1
Total Disciplinary Actions	**11**	**5**	**3**	**4**	**8**
Dismiss	13	13	18	6	7
Letter of Concern	4	7	4	8	16
Total Dismissals	**17**	**20**	**22**	**14**	**23**

Letters of admonition made up the majority of disciplinary actions in fiscal year 21-22. For dismissals, fiscal year 21-22 saw a larger number of letters of concern. The increase of 8 more LOCs from the 2021 fiscal year is attributable to more complaints against respiratory therapists that warranted cautioning those health care professionals about conduct that violates the law around patient care especially during the COVID-19 pandemic and recovering from the pandemic.

Other actions included the following:

- One cease and desist order and one final agency order in fiscal year 17-18,
- One final agency order in fiscal year 18-19, and
- One cease and desist order in fiscal year 21-22.

A final agency order is a disciplinary action issued by the Director after receiving an initial decision by an Administrative Law Judge. In fiscal years 17-18 and 18-19, both final agency orders resulted in revocation of the respiratory therapy licenses of two Respondents.

The table below shows the average number of days, for each fiscal year, that it takes to close a jurisdictional complaint, as calculated from the date the complaint is received until the date of the final agency action.

Table 8
Average Case Processing Time

Fiscal Year	Number of Days
17-18	136
18-19	107
19-20	155
20-21	108
21-22	61

The processing time of cases dropped in fiscal year 21-22 due to organization restructuring of all director model programs around case management.

Collateral Consequences – Criminal Convictions

The thirteenth sunset criterion requires COPRRR to examine whether the agency, through its licensing, certification or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests.

COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Director has the authority to take disciplinary action against a licensee upon proof that the person has been convicted of or has entered or had accepted by a court a plea of guilty or *nolo contendere* for:[42]

- A felony, or
- Any crime as defined in Title 18 that relates to the person's employment as a respiratory therapist.

In fiscal years 17-18 through 21-22, there were no denials or discipline made based on prior criminal history.

In fiscal year 21-22, there were two applications that disclosed a DUI and use or abuse of alcohol. In the first application, the applicant asked to complete a monitoring program but did not complete it, hence their application expired. In the second application, the applicant disclosed discipline in another state for use or abuse of alcohol. When staff requested additional information, it was repeatedly not provided, and the application expired. All applications expire one year from date it is received.

[42] § 12-300-109(2)(b), C.R.S.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 — Continue the Respiratory Therapy Practice Act for 11 years, until 2035.

The Colorado Respiratory Therapy Practice Act (Act) provides oversight of individuals who practice respiratory therapy. Respiratory therapy is defined as providing therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities in their pulmonary system.[43] Respiratory therapists can be found working in a variety of settings, but most commonly in hospitals.

The Director of the Division of Occupations (Director) provides regulatory oversight of respiratory therapists. This includes maintaining the system of licensure and verifying that candidates possess the proper certifications from the National Board of Respiratory Care (NBRC). In fiscal year 21-22, there were 5,204 respiratory therapists licensed under the Act.

More importantly, the Director can impose discipline on respiratory therapists for violations of the Act. Despite the low number of disciplinary actions, the Director demonstrated that there is a significant potential for harm should respiratory therapists be unregulated. The legislative intent of the Act specifically states that it was enacted to protect the public from instances of unprofessional conduct,[44] which is the largest amount complaints that the Director receives.

The respiratory therapy profession, along with most healthcare professions, has a high potential for substance abuse given practitioner's close access to controlled substances. This may pose a public safety issue should an individual be practicing while intoxicated. Substance abuse-related complaints were the third-highest type of complaint received in fiscal year 21-22.

Staff of the Colorado Office of Policy, Research, and Regulatory Reform (COPRRR) conducted site visits during the course of the sunset review. During these visits, COPRRR staff was able to observe licensed respiratory therapists practicing in multiple hospital settings. Staff was able to see firsthand the knowledge and skills possessed by respiratory therapists, the degree to which they practice independently, along with the degree to which other health care practitioners consult and even defer to them.

[43] § 12-300-104(3), C.R.S.
[44] § 12-300-102, C.R.S.

Finally, respiratory therapists are expected to be the experts on ventilatory systems, including all aspects of mechanical ventilators. Hence, respiratory therapists were in high demand during the COVID-19 pandemic, signifying their importance. Respiratory therapists should be licensed to ensure the state continues to retain the most qualified professionals who can effectively address respiratory illnesses and conditions.

The first sunset criterion asks whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare. The second criterion asks whether the conditions that led to the initial creation of the program have changed, and whether other conditions have arisen that would warrant the same degree of governmental oversight. The eighth criterion asks whether regulatory oversight can be achieved through a director model.

As highlighted above, the Director serves to protect the public by, among other things, imposing discipline on respiratory therapists for violations of the Act. This is in conjunction with the Act's stated purpose – to protect the public from the unqualified practice of respiratory therapy and from unprofessional conduct. The COVID-19 pandemic also illuminated the importance of respiratory therapists, and the potential for harm should unlicensed practitioners perform certain procedures (especially ventilatory support). The director-led model is currently effective at regulating and ensuring licensed practice.

Therefore, the General Assembly should continue the Act for 11 years, until 2035.

Recommendation 2 — Authorize physician assistants to prescribe treatment plans to direct respiratory therapists.

In practice, there are several types of medical practitioners who often direct respiratory therapists via patient treatment plans. They include physicians, advanced practice registered nurses (APRNs), certified midwives and physician assistants (PAs).

The Act already mentions physicians, APRNs and certified midwives, and states that they can prescribe treatment plans for patients (effectively ordering respiratory therapy). However, the Act makes no mention of PAs.

The potential inability to accept an order from a PA could cause delays in treatment being administered. Hence, the Act should be clarified to explicitly state that respiratory therapists can provide services from treatment plans made by PAs.

Physicians, APRNs and certified midwives are mentioned together two times within the definition of respiratory therapy. Section 12-300-104(3)(c), C.R.S., states that respiratory therapists can perform treatments as required by a "diagnostic regimen prescribed by" physicians, APRNs or certified midwives. Section 12-300-104(3)(e), C.R.S., states that respiratory therapists can also perform observation and testing procedures as prescribed by physicians, APRNs or certified midwives, and it also lays out a list of specific respiratory procedures which are allowed, once again, in

accordance with treatment plans prescribed only by a physician, APRN or certified midwife.

These references are necessary to ensure that only high-level practitioners direct respiratory care treatment. Physicians, APRNs and certified midwives may often act as the "point person" over a patient depending on medical circumstances. However, since the Act was written, more and more PAs have been utilized in the health-care industry and begun taking the lead over patient treatment plans.

PAs examine, diagnose, and treat patients. In this regard, they are similar to APRNs, certified midwives and physicians. Depending on the medical circumstances or the availability of a physician, PAs can be utilized as the point person over a patient. And in these instances, PAs will prescribe the diagnostic treatment plans just as physicians, APRNs or certified midwives do.

During the sunset review process, some practitioners mentioned that hospital protocols often include taking orders based off treatment plans prescribed by a PA. However, since the Act is silent with respect to PAs, there is sometimes confusion about whether such protocols are actually allowed under the Act.

In a medical setting, a respiratory therapist might thus be unsure whether they could take orders from a PA, which would potentially hinder the process of administering proper care to a patient. Hence, the Act should be clarified so that practitioners can feel confident administering services ordered by a PA.

PAs, like physicians, APRNs and certified midwives, are professionals who have a high degree of training. PAs firstly need a master's degree from an accredited educational program. These programs vary in length but take about 27 months on average.[45] Applicants to these education programs already have a bachelor's degree and some experience with patient care.

After graduation from an accredited program, PAs must pass an examination administered by the National Commission on Certification of Physician Assistants (NCCPA). The examination consists of 300 multiple-choice questions to be completed within five hours.[46]

To become a PA in Colorado, one must be licensed by the Colorado Medical Board (which also licenses physicians). The licensure requirements for PAs include, but are not limited to:

[45] University of Colorado Boulder. *Quick Facts: Physician Assistant (PA)*. Retrieved August 24, 2023, from www.colorado.edu/ceprehealth/sites/default/files/attached-files/pa_quick_facts.pdf
[46] National Commission on Certification of Physician Assistants. *What to Expect on Test Day*. Retrieved August 24, 2023, from www.nccpa.net/become-certified/test-day/

- Evidence of graduation from a nationally certified physician assistant program,
- Verification of practice history,
- Passage of the examination administered by the NCCPA, and
- Verification of disciplinary history from national databases.

The state's Medical Practice Act then allows PAs to perform any medical function delegated to them by a supervising physician, including full prescribing privileges.[47] As such, PAs can become the point person over a patient's treatment plan.

PAs go through a significant amount of education and training as demonstrated above. Like physicians and APRNS, they are high-level medical practitioners that are trained to make treatment plans that might direct a respiratory therapist.

There is already precedent for PAs directing respiratory therapists. During the COVID-19 pandemic, Executive Order D 2021 008 allowed licensed, medical professionals (including respiratory therapists) to administer vaccines so long as they have the appropriate skill, knowledge, or education. All vaccinations must still be delegated by a certain class of professionals, which included physicians, PAs, and APRNs.

The program did not receive any complaints nor was it made aware of any negative instances that resulted as a result of the Executive Order with regards to PAs and respiratory therapists.

The definition of respiratory therapy – albeit broad – does an effective job laying out what types of respiratory care services are governed by the Act. However, the clarification proposed here will ensure that the appropriate, high-level practitioners are allowed to provide orders to respiratory therapists, thereby expanding access to respiratory care. PAs are often delegated to take the lead over a patient's treatment plan.

The second sunset criterion asks whether conditions have changed since initial creation of the program. Conditions have changed in the sense that PAs are increasingly common in the healthcare setting, and they have increased responsibility for patient care.

The third sunset criterion asks whether the current statute and rules are the least restrictive form of regulation consistent with public protection. Like physicians and APRNs, PAs go through a significant amount of training and are high-level medical professionals. The Act, however, is silent on whether they can prescribe treatment plans to direct respiratory therapists. The Act is, therefore, unnecessarily restrictive.

To expand access to efficient respiratory care, the General Assembly should amend the Act and clarify that respiratory therapists are allowed to provide services under the direction of PAs prescribing treatment plans.

[47] § 12-240-107(6)(b), C.R.S.

Recommendation 3 — Clarify the exception regarding unregistered polysomnographic technologists.

During the sunset process, COPRRR staff conducted interviews of stakeholders, including practitioners who expressed confusion regarding the Act's exceptions pertaining to polysomnographic technologists.

Polysomnographic technologists, or sleep technologists, are not respiratory therapists. They medical professionals who specialize in the study of sleep.[48]

They mostly perform observational and reporting duties such as monitoring equipment that records a patient's breathing during sleep. However, there are some instances where a sleep technologist may cross-over into respiratory care. Some sleep technologists will perform "invasive oxygen titration with pulse oximetry" and "noninvasive positive pressure ventilation titration" – two basic procedures that help monitor and record a person's breathing.

The Act exempts sleep technologists from having to become licensed respiratory therapists so that they can perform these procedures. There are three exceptions that allow for this – one for students specializing in sleep studies, one for nationally-registered sleep technologists, and one for unregistered sleep technologists.[49]

The first exception allows the practice by students enrolled in an education sleep technology program. Students must practice under the direct supervision of a respiratory therapist or physician.[50]

The second exception is reserved for nationally certified sleep technologists.[51] It allows the practice of respiratory therapy by such individuals, but their practice must be purely evaluative. Any respiratory therapy procedures must not exceed "invasive oxygen titration with pulse oximetry and noninvasive positive pressure ventilation titration."[52]

The final exception is a source of confusion for practitioners. It states that the Act does not prohibit the

> The practice of respiratory therapy by polysomnographic technologists who are not registered by or do not hold credentials from a nationally recognized organization, but those polysomnographic technologists shall only practice under the supervision of a respiratory therapist, a physician,

[48] American Academy of Sleep Medicine. *Sleep (Polysomnographic) Technologist*. Retrieved August 23, 2023, from https://aasm.org/technologist-description/
[49] §§ 12-300-112(1)(a and g), C.R.S.
[50] § 12-300-112(1)(a)(II), C.R.S.
[51] § 12-300-112(1)(g), C.R.S.
[52] § 12-300-112(1)(g), C.R.S.

> or an individual exempted from the provisions of this article 300 pursuant to subsection (1)(g) of this section…[53]

This exception allows practitioners who are in between education and certification to practice. However, note that the exception makes no mention of respiratory therapy procedures, as does the exception for registered sleep technologists.

Stakeholders have expressed concern over whether this unintentionally allows unregistered sleep technologists to perform all kinds of respiratory therapy. This source of confusion has not caused any actual instances of harm; however, there is a large potential for harm if an unqualified person attempts to perform such advanced procedures on a patient.

The General Assembly adopted the exceptions for sleep technologists in 2004 following a sunset recommendation. According to the 2004 sunset report, the intent of the exceptions was to allow limited respiratory care by sleep technologists who are engaged in "purely evaluative enterprises." This was needed because there is some cross-over between respiratory care and the practice of sleep technologists – but not to the level of requiring any type of advanced procedure. In fact, the sunset report made no indication that registered, or unregistered, sleep technologists should be allowed to perform advanced respiratory care.

The exceptions in their current state are unclear and seem to give more flexibility to unregistered sleep technologists in comparison to those who are registered and allows them to perform duties for which they are not qualified. Sleep technologists – whether registered or not – traditionally do not possess the proper training unless they are also respiratory therapists.

The fourth criterion questions whether agency rules enhance the public interest and are within the scope of legislative intent. While this recommendation does not necessarily pertain to the Director's rules, it does pertain to legislative intent. To keep with the intention of the Act, the General Assembly should clarify the exception in section 12-300-112(1)(a)(III), C.R.S., such that unregistered sleep technologists, like registered sleep technologists, may not perform advanced and complex respiratory care procedures.

[53] § 12-300-112(1)(a)(III), C.R.S.

Recommendation 4 — Make technical amendments to the Act.

The Act contains both outdated and redundant language that should be revised to eliminate obsolete references and to reflect current terminology and administrative practices.

Therefore, the General Assembly should make the following technical changes:

- Repeal section 12-300-107(2)(c), C.R.S., as obsolete, and
- Repeal section 12-300-108(1), C.R.S., as it is mostly redundant with section 12-20-202, C.R.S.

Both of these changes are technical in nature, so they will have no substantive impact on the regulation of the respiratory therapy.

Appendix A — Customer Service Survey

In July 2023, COPRRR staff conducted a survey of all licensed respiratory therapists. The survey was sent to 5,617 licensees and 9 emails were returned as undeliverable. The survey received 402 responses, which is a 7.6 percent response rate. Survey results may be found below.

Please indicate your years of experience.

Number of Interactions	Percentage
1 to 2 years	5%
2 to 5 years	7.5%
5 to 10 years	10.5%
10 to 15 years	16.2%
15 to 20 years	11.7%
20 plus years	49.1%

In the past year, how many times have you interacted with the Office of Respiratory Therapy Licensure? Please count all forms of interaction (telephone, e-mail, internet or website, regular mail, in person).

Number of Interactions	Percentage
I have not interacted	34.5%
1 to 2 times	50.2%
2 to 4 times	7.8%
4 to 6 times	3.5%
6 to 8 times	1.3%
8 or more times	2.7%

If you have interacted with the program, what was your primary purpose in doing so?

Purpose of Interaction	Percentage
Licensing or registration	59.4%
Inspection, audit or examination	0.5%
To file a complaint	1%
To learn about the requirements for a profession/occupation	1%
To learn about the functions of (insert name of program/agency)	0.3%
To obtain help with an issue	1.3%
Respond to a complaint	0%
Respond to a request made to you	0.5%
Participate in a board, committee, commission, taskforce or working group for the agency	0%
Comment on or learn about existing/proposed rules or legislation	1%
Continuing education	1.8%
Update my information	4%
Questions about the scope of practice	0.5%
Not applicable	28.7%
Other	0%

Overall please rate the service provided by the Office of Respiratory Therapy Licensure.

Service Provided	Percentage
Excellent	49.5%
Good	25.6%
Fair	3%
Poor	1.3%
Unacceptable	0.5%
Not Applicable	20.1%

Please rate the usefulness of the Office of Respiratory Therapy Licensure's website in answering your questions or providing needed information.

Website Usefulness	Percentage
Excellent	44.5%
Good	26.8%
Fair	4.7%
Poor	1.5%
Unacceptable	0.2%
Not Applicable	22.3%

Please rate the usefulness of the Office of Respiratory Therapy Licensure's communications in answering your questions or providing needed information.

Communications Usefulness	Percentage
Excellent	40.7%
Good	22.4%
Fair	4%
Poor	1.5%
Unacceptable	0.2%
Not Applicable	31.2%

Regardless of the outcome of your most recent issue, do you feel the Office of Respiratory Therapy Licensure listened to your concerns?

Listening to Concerns	Percentage
Excellent	36.3%
Good	19.6%
Fair	3.3%
Poor	1.3%
Unacceptable	0.5%
Not Applicable	39%

Please rate the timeliness of the Office of Respiratory Therapy Licensure in responding to your issues.

Response Timeliness	Percentage
Excellent	40.5%
Good	19.3%
Fair	3.9%
Poor	0.8%
Unacceptable	0.8%
Not Applicable	34.7%

Please provide the number and types of interactions that were required to resolve or address your most recent issue. (Please select all applicable types of interactions used AND the number times for each type of interaction selected.)

Number of Interactions	Type of Interaction				
	Phone	Website	E-mail	In Person	Regular Mail
0 times	245	100	182	289	260
1 to 2 times	61	204	115	7	31
3 to 4 times	10	32	20	0	3
5 to 6 times	4	15	10	0	0
7 or more times	0	10	0	0	0

Please rate the helpfulness of the Office of Respiratory Therapy Licensure in resolving your issue or need.

Helpfulness	Percentage
Excellent	40.6%
Good	21.6%
Fair	2.5%
Poor	1.3%
Unacceptable	0.4%
Not Applicable	33.6%

Please rate the professionalism of the program's staff.

Professionalism	Percentage
Very professional	35.3%
Professional	21.7%
Somewhat professional	1.7%
Not very professional	0.5%
Unprofessional	0.8%
Not applicable	40%

Please rate the accuracy of information provided by the agency.

Professionalism	Percentage
Very accurate	44.6%
Accurate	26.2%
Somewhat accurate	1.5%
Not very accurate	0.3%
Inaccurate	1%
Not applicable	26.4%