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UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

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ADMINISTRATIVE ORDER – RESPIRATORY TREATMENT EXEMPTIONS AMENDED AND RESTATED DECEMBER 15, 2022

The Division of Professional Licensing ("Division") in collaboration with the Utah Physical Therapy Licensing Board and the Utah Respiratory Care Licensing Board hereby modifies, under the circumstances described in this Administrative Order, certain scope of practice restrictions for individuals licensed as a physical therapist under Title 58, Chapter 24b, Physical Therapy Practice Act, and individuals licensed as a respiratory care practitioner (respiratory therapist) under Title 58, Chapter 57, Respiratory Care Practices Act.

WHEREAS, the Division is committed to protecting the health, safety, and welfare of Utahns, and at this time there are insufficient licensed respiratory care practitioners available to perform all necessary care for patients;

NOW THEREFORE, consistent with Utah Code §§ 58-1-307(4) and 58-57-7(2)(b), the Division issues this Order to protect the public from the serious health risks that may be caused by the added burden on health care providers during a public health emergency.

1. This Order applies during a declared national, state, or local public health emergency, a public health emergency under Utah Code Title 26, Chapter 23b, or upon a declaration by the president of the United States or other federal official requesting public health-related activities, as a result of consequences of COVID-19, RSV, influenza, or other respiratory illness, and may be amended at any time in response to changed circumstances.

2. A physical therapist who is licensed in good standing under Title 58 may engage in providing one or more of the following respiratory care treatments pursuant to this Order once documentation of training has been completed:

- a. non-invasive delivery of inhaled medications to non-critical patients;
- b. administration of aerosols in an institutional setting, even if a respiratory therapist is available in, or within a 10-mile radius of, the institution (*see* Utah Code § 58-24b-403(2));
- c. daily oxygen and adjustments;
- d. PEP (positive expiratory pressure) /CPT (Chest physiotherapy)/VEST Therapy (external wall vibration therapy for secretion mobilization);
- e. NP (nasopharyngeal) swabs;
- f. routine sputum samples;
- g. suctioning;
- h. EKG (electrocardiogram) - community, rural;
- i. Easy PAP (a device to deliver positive airway pressure), Acapella;
- j. EtCO₂ (end-tidal CO₂) set-up;
- k. DME (durable medical equipment) discharges; and
- l. provision of education on the following respiratory care topics:

- i. OSA (obstructive sleep apnea);
- ii. DME (durable medical equipment) set-up and education
- iii. COPD (chronic obstructive pulmonary disease);
- iv. asthma;
- v. smoking cessation;
- vi. manual resuscitation;
- vii. incentive spirometry;
- viii. documentation of therapies; and
- ix. any other topic as instructed by the supervising respiratory care practitioner (respiratory therapist).

3. a. A physical therapist providing respiratory care treatment shall be under the general supervision of a respiratory care practitioner (respiratory therapist) who is licensed in good standing under Title 58 and experienced in the treatment.

b. For purposes of this Order, “general supervision” means “on-site supervision” immediately available, using the same parameters as defined in Title 58, Chapter 24b, Physical Therapist Practice Act, Utah Code §§ 58-24b-102(4) and (8):

i. “**General supervision**” means supervision and oversight of a [*physical therapist*] . . . when the [*respiratory care practitioner (respiratory therapist)*] is immediately available in person, by telephone, or by electronic communication to assist the person.

ii. “**On-site supervision**” means supervision and oversight of [*the physical therapist*] by a licensed [*respiratory care practitioner (respiratory therapist)*] when the [*supervising respiratory care practitioner (respiratory therapist)*] . . . is:

- A. continuously present at the facility where the person is providing services;
- B. immediately available to assist the person; and
- C. regularly involved in the services being provided by the person.

4. Prior to engaging in the administration of a respiratory care treatment, the physical therapist shall successfully complete training for administering that treatment, as follows:

- a. The training shall be provided by a respiratory care practitioner (respiratory therapist) experienced in that treatment who is licensed in good standing under Title 58. The training may consist of one-on-one on-the-job training.
- b. The training shall be comprehensive, relevant, and current to the respiratory care practice where the physical therapist is employed. The instructor/evaluator shall:
 - i. walk the physical therapist through the equipment and supplies used;
 - ii. if the physical therapist will be administering medication, give the physical therapist complete instructions regarding administration, including proper dosing, side effects to watch for, and assessing the patient for treatment efficacy;
 - iii. offer the physical therapist an opportunity to study the materials;
 - iv. have the physical therapist watch the care performed;
 - v. have the physical therapist complete a return demonstration of the care per the identified behavioral objectives and standards;
 - vi. sign-off/verify the physical therapist’s competency in writing; and

- vii. ensure that any reference material used in training/onboarding will be available for reference by the physical therapist at any time.

5. The supervising respiratory care practitioner (respiratory therapist) who delegates to a physical therapist the responsibility for administering a treatment shall confirm prior to the delegation that the physical therapist has been trained and observed in the required skill sets and has demonstrated competency.

6. A physical therapist who engages in the administration of a respiratory care treatment shall maintain documentation demonstrating their successful completion of the required training. The documentation shall be made available to the Division and to any surveyors (internal or external) of the physical therapist's employer upon request. Documentation shall include at minimum:

- a. physical therapist's full name and Division license number;
- b. full name and Division license numbers of the instructors/evaluators;
- c. behavioral objectives;
- d. all competency verifications; and
- e. training completion date.

7. This Order does not alter the applicable standard of care or practice standard for any profession.

Division of Professional Licensing

/s/ Deborah Blackburn

Deborah Blackburn, Assistant Division Director