The email below was sent to the LLR at the email address ContactLLR@llr.sc.gov in response to concerns expressed through various outlets and sources from SCSRC members, nurses, patients, and respiratory leaders from other states. While specific details of recent discussions and actions of the LLR Respiratory Care Committee has not been disclosed or shared with stakeholders and the public, the overwhelming responses has resulted in the need for the SCSRC to make attempts to clarify LLR policies and send an email to formalize our objection and affirm our commitment to safety, patients, and the respiratory care profession.

We hope that through communication and transparency we can find a pathway to protect the interest of all stakeholders to ensure the protection of patients and our specific scope of practice. We have received emails and phone calls of support from the AARC, patient advocacy groups, and other state respiratory care societies. We encourage everyone, especially pulmonary patients and respiratory therapists, to attend LLR Respiratory Care Advisory Committee meetings and to read laws and policies regarding what is allowed and expected during these public meetings.

There is also a need for a public member on the Respiratory Care Advisory Committee, if you know of someone who would like to fulfill this role, please ask them to send an email to medboard@llr.sc.gov.

If your facility has found unique opportunities to fully utilize the skills of respiratory care practitioners, please also share your results and reimbursement models to other SCSRC members or share this information in forums, such as AARConnect.

Recent LLR RC advisory committee discussions centered around “Provider Exemption for Ventilation by Non-Respiratory Care”. The support and perspectives from skilled respiratory care practitioners and consumers of RCP’s services are needed, so please attend LLR RC advisory committee meetings or send emails relating any concerns to be added to the meeting agenda and shared during the meeting. You may also send complaints related to associates working outside of their scope of practice to the medboard@llr.sc.gov or Counsel to the Office of Communications and Governmental Affairs, Holly.Beeson@llr.sc.gov.

We are overwhelmed with the number of respiratory therapists who are finding their voices and advocating for the advancement and protection of our scope of practice and demanding recognition of the significance of RTs contributions to providing high quality, evidence-based care. We were especially excited to see the passion of our younger RT professionals. This only reinforces the importance of what we do as a professional society to increase awareness and support our members, and respiratory care students. Thank you for sharing your commitment.

We have put links below to help people navigate the LLR website and to find notices of meetings, agendas, and minutes. It is essential that everyone continues to monitor and participate in these meetings as decisions made in these meetings impact respiratory care practitioners in this state currently and in the future. Please take the time to

familiarize yourself with the roles of the medical board and the respiratory care advisory committee.

LLR Committee Meeting Calendar: https://www.llr.sc.gov/med/cal.aspx (as information the next upcoming meeting is Friday, April 10th. To request a Webex link for the meeting, send an email to medboard@llr.sc.gov for login instructions. Meetings should be held in accordance with the Freedom of Information Act where notices are emailed to the media and all other requesting people, organizations, or news media. In addition, a notice is posted on the Board's website and on the bulletin board located at the main entrance of the Kingstree Building where the Board office is located. Members of the public who wish to attend can email medboard@llr.sc.gov for login instructions. These meetings are not to be held in private.

LLR Respiratory Care Advisory Committee Agenda Meetings:
https://www.llr.sc.gov/med/RespiratoryAgendas.aspx

LLR Respiratory Care Advisory Committee Meeting Minutes:
https://www.llr.sc.gov/med/Minutes/RespiratoryMinutes.aspx
(Note: minutes are not posted to the website until after the next meeting and once the meeting minutes have been approved by the committee)

Here is a link for the most recent LLR Respiratory Care Advisory Committee meeting minutes currently posted:
https://llr.sc.gov/med/Minutes/20260225153231322_RCP%20Committee%20Meeting.pdf

The email was sent on Thursday, March 5th at 3:39 pm to the email address: ContactLLR@llr.sc.gov.

RE: Objection to Proposed Provider Exemption

South Carolina Board of Medical Examiners
Respiratory Care Advisory Committee
South Carolina Department of Labor, Licensing and Regulation
110 Centerview Drive
Columbia, SC 29210

Dear Members of the Board and LLR Respiratory Care Advisory Committee,

Please read this open letter and provide answers to the questions during the scheduled Respiratory Care Advisory Committee meeting in an open forum, allowing stakeholders and the public to comment on the information. Recently, the members of the South Carolina Society for Respiratory Care (SCSRC) have received questions and concerns related to infringement of Respiratory Therapists' scope of practice in S.C., and the current commitment of the SCSRC and LLR's Respiratory Care Advisory Committee in protecting the scope of practice and assuring patients are provided access to

respiratory therapists with the necessary skills and training to meet respiratory related healthcare needs such as oxygenation and ventilation. Many of these questions are related to the Provider Exemption for Ventilation by Non-Respiratory Care Providers and the Advisory Committee. We are unable to answer these questions, or we do not feel it is our responsibility to answer.

These are a sample of the questions:

1. What created the significant change in the amount of information included in the advisory committee meeting minutes before the January 10, 2020, meeting?
    a. The publicly posted meeting minutes do not provide sufficient detail to keep stakeholders informed about the discussions, actions, and decisions made in the advisor committee meetings.
    b. For example, individuals applying for licensure are not included in the agendas or minutes, which do not provide the public with an opportunity to challenge the approval of their applications.
2. What efforts are underway to fill the open position on the advisory committee?
3. Can a proposal for a change to the scope of practice or an expansion of the Provider Exemption for Ventilation by Non-Respiratory Care Providers be allowed in private without being discussed or announced to licensed RCP, patients, and other stakeholders?
4. Why are advisory committee meetings held virtually, requiring a link request, rather than in person, where public members can attend freely?
    a. There are complaints that requests for links have not been answered, or stakeholders are placed in virtual lobbies where they cannot participate in the meeting.
5. Who processes the applications for Provider Exemption for Ventilation by Non-Respiratory Care Providers?
    a. Are applications for Provider Exemption for Ventilation by Non-Respiratory Care Providers being reviewed by both the board and advisory committee?
6. What specific mechanism is used to determine that competence is present and to ensure that, as new equipment and evidence-based practice change, those awarded an exemption remain competent and safe?
7. How can the general public, stakeholders, patients, or employers verify who holds a Provider Exemption for Ventilation by Non-Respiratory Care Providers?
8. Are individuals granted a Provider Exemption for Ventilation by Non-Respiratory Care Providers required to submit continuous education as required by the LLR of other health care providers, such as Respiratory Care Practitioners?
9. How are healthcare facilities granted these exemptions?
    a. There are reports that entire facilities are using the Provider Exemption for Ventilation by Non-Respiratory Care Providers to care for patients instead of hiring licensed RCPs.
10. What information are individuals who are granted the Provider Exemption for Ventilation by Non-Respiratory Care Providers required to provide patients?
    a. There are concerns that many patients may assume the provider is a licensed respiratory therapist.

11. What is the process for patients and members of the public to submit complaints regarding infringement of the scope of practice, and how are these addressed?

On behalf of the South Carolina Society for Respiratory Care executive committee and board of directors, I am also writing to express our opposition to any proposal that would authorize a provider exemption permitting non-RCP licensed medical personnel to perform and/or manage mechanical ventilation in South Carolina.

Our concern is that this provides a barrier for patients to receive care directly from respiratory therapists. We are also concerned that a change such as this will pose a threat to patient safety, as mechanical ventilation is a complex medical intervention delivered by licensed, credentialed respiratory therapists. Mechanical ventilation requires specialized education in ventilator mechanics, acid-base interpretation, waveform review and analysis, advanced oxygenation strategies, pulmonary physiology, and swift responses to cardiopulmonary instability. These competencies are the core and foundation of respiratory therapy licensure.

If it is made possible to allow non-respiratory care providers to manage ventilation, this has great potential to:

- Undermine the integrity of respiratory care licensure in South Carolina
- Transfer high-risk decision-making to professionals not trained for it
- Exposes patients, facilities, and the state to avoidable liability
- Replace competence with convenience

Workforce shortages or operational pressures do not justify redefining standards of care. If a shortage exists, the answer is workforce investment, participation in interstate compacts, or supervised collaborative models.

If this exemption is further advanced and not carefully regulated, it will set a precedent that compromises already established patient protection frameworks. The consensus of our board is that this precedent would be deeply concerning for our profession and harmful for our patients.

On behalf of the SCSRC leadership, I strongly urge the Board and Advisory Committee to reject any proposal in its entirety and to reaffirm that mechanical ventilation management remains within the licensed scope of respiratory care practice only. The public deserves professionals who are specifically trained and regulated for this responsibility.

Sincerely,
Selma B. Watson, RRT, CPFT, RCP
2026 SCSRC President