



**POSITION STATEMENT  
BY THE MICHIGAN SOCIETY FOR RESPIRATORY CARE  
DELEGATION OF RESPIRATORY THERAPY PROCEDURES  
IN THE COMMUNITY RESIDENTIAL SETTING**

As Adopted on December 6, 2013  
As Reviewed on December 7, 2018  
As Reviewed on October 8, 2023

WHEREAS, the Michigan Society for Respiratory Care (MSRC), a chartered affiliate of the American Association for Respiratory Care, is committed to ensuring that the quality of respiratory therapy provided in the State of Michigan will conform to the highest standards of patient safety and clinical practice, and that the art and practice of Respiratory Therapy will comply with both the language and intent of the Respiratory Therapist Practice Act (Licensure Act), P.A. 3 of 2004, and the relevant provisions of the Michigan Public Health Code, P.A. 368 of 1978; and

WHEREAS, the public is placed at significant jeopardy and risk of great harm or injury if respiratory therapy clinical services and procedures are provided in the community residential setting by unqualified individuals, or by individuals who have not documented competency, whether licensed or unlicensed; and

WHEREAS, the State of Michigan Department of Licensing and Regulatory Affairs has affirmed that 1) The Scope of Practice for the Respiratory Therapist requires that a skilled Respiratory Therapy professional perform the clinical services and procedures listed in the Public Health Code Sec. 333.18701(e); 2) Employers must establish clear policies, procedures, and performance standards that identify who can perform the specific clinical services and procedures delegated under the license, direction, and bona fide supervision of a skilled licensed Respiratory Therapist; and 3) The licensed Respiratory Therapist is ultimately responsible for the competent performance of any tasks delegated under the scope of their professional license to unlicensed individuals; and

WHEREAS, the Michigan Public Health Code mandates that delegated clinical services and procedures must be performed under the licensed Respiratory Therapist's supervision, and that a licensed Respiratory Therapist shall NOT delegate any clinical services and procedures, if such clinical services and procedures, under standards of acceptable and prevailing practice, require the level of education, skill, and judgment required of a licensed Respiratory Therapist.

THEREFORE, it is the position of the MSRC that:

1. The licensed Respiratory Therapist is the most competent health professional to safely and appropriately provide prescribed Respiratory Care clinical services and procedures in a community residential setting, as an agent of a durable medical equipment company, home health care agency, health care organization, or any other company or organization, or as an independent contractor or practitioner, under the conditions further described below.
2. All elements of the Respiratory Care Scope of Practice, as performed in the community residential setting, require the level of education, skill, and professional judgment of a licensed Respiratory Therapist and are "Skilled Therapy", as defined in 42CFR409.32 and the Medicare Benefit Policy Manual, Ch. 15, Sec.



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220.2(B). These "Skilled Therapy" Scope of Practice elements include, but are not limited to: patient assessment and monitoring patient response to therapy; medication administration; blood and bodily fluid collection and analysis; development and modification of respiratory care Plans of Treatment, based on patient assessment and clinical practice guidelines; and application, operation, and management of ventilatory support and other means of life support.

3. Ventilatory Support and Respiratory Assist Device (RAD / 'Bi-Level ST') Therapy are life-saving therapies, and are each deemed by the MSRC to be "Skilled Therapy" in the community residential setting. It is not an acceptable or appropriate standard of practice to delegate ventilator care or RAD therapy set-up, patient assessment, patient and/or family education and training, assessment of patient response and modification of settings, or any other aspect of these skilled therapies, to any individual other than a licensed Respiratory Therapist.
4. Performance of common and routine respiratory therapy clinical services and procedures in a community residential setting which do not require the level of education, skill, and judgment of a licensed Respiratory Therapist, and which have both a low risk and predictable outcome, can be delegated by a licensed Respiratory Therapist to unlicensed assistive personnel, but ONLY after such persons have completed documented procedure-specific competency-based training, and have met all community assessment standards for procedural competency.
5. A licensed Respiratory Therapist, or his or her employer, should not delegate any clinical service or procedure in the Respiratory Care Scope of Practice if it requires the level of education, skill, and judgment required of a licensed Respiratory Therapist.