

SESSION OF 2026

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2534

As Amended by House Committee on Health
and Human Services

Brief*

HB 2534, as amended, would enact the Respiratory Care Interstate Compact (Compact). The Compact's uniform provisions are outlined below.

[*Note:* As of February 5, 2026, the Compact has been enacted in five states: Alabama, Iowa, Montana, Washington, and Wisconsin. The Compact is being considered in 11 states, including Kansas, and will become active once it is enacted by 7 states.]

Title and Purpose (Article 1)

The purpose of the Compact would be to facilitate the interstate practice of respiratory therapy with the goal of improving public access to respiratory therapy services and achieving a number of objectives that reduce administrative burden while increasing mobility and availability of licensed respiratory therapists as well as cooperation among member state licensing bodies.

The Compact would preserve the regulatory authority of states to protect public health and safety through the current system of state licensure while also providing license portability for qualifying professionals.

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

Definitions (Article 2)

The Compact would define various terms used throughout the Compact, including:

- “Commission” or “Respiratory Care Interstate Compact Commission” (Commission) would mean the governmental instrumentality and body politic of member states whose membership consists of all member states that have enacted the Compact;
- “Respiratory therapist” or “respiratory care practitioner” would mean an individual who holds a credential issued by the National Board for Respiratory Care or its successor and a license in a state to practice respiratory therapy. For purposes of this Compact, any other title or status adopted by a state to replace the term “respiratory therapist” or “respiratory care practitioner” would be deemed synonymous with “respiratory therapist” and would confer the same rights and responsibilities to the licensee under the provisions of this Compact at the time of enactment;
- “Respiratory therapy,” “respiratory therapy practice,” “respiratory care,” “the practice of respiratory care,” and “the practice of respiratory therapy” would mean the care and services provided by or under the direction and supervision of a respiratory therapist or respiratory care practitioner; and
- “Scope of practice” would mean the procedures, actions, and processes a respiratory therapist licensed in a state or practicing under a Compact privilege in a state is permitted to undertake in that state and the circumstances under which the respiratory therapist is permitted to undertake those procedures, actions, and processes. Such procedures, actions, processes, and the

circumstances under which they may be undertaken would be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the state respiratory therapy licensing authority or other governmental agency.

State Participation in the Compact (Article 3)

The Compact would require member states to:

- Enact a Compact that is not materially different from the model Compact;
- License respiratory therapists;
- Participate in the Commission's data system;
- Have a mechanism in place for receiving and investigating complaints against licensees and Compact privilege holders;
- Notify the Commission of adverse actions regarding a licensee, a compact privilege holder, or a license applicant;
- Notify the Commission, in compliance with the terms of this Compact and Commission rules, of the existence of significant investigative information;
- Comply with the rules of the Commission;
- Grant the Compact privilege to a holder of an active home state license and otherwise meet the applicable requirements of the Compact in a member state; and

- Complete a criminal background check for each new licensee at the time of initial licensure as set forth in the Compact.

The Compact would authorize member states to charge a fee for granting and renewing a Compact privilege.

Compact Privilege (Article 4)

The Compact would require respiratory therapists to meet certain educational, service of process, and credentialing criteria to exercise Compact privileges and would align Compact privilege with the underlying valid home state license, including renewal criteria.

Active-duty Military Personnel or Their Spouses (Article 5)

The Compact would allow active-duty military personnel or their spouses to designate a home state where such service member or spouse has a current license in good standing and would allow such military personnel or spouse to retain that home state designation during the period of time the service member is on active duty.

The Compact would not require active-duty military personnel or their spouses to pay any additional fee that may be required by either the Commission or a remote state that may charge for a Compact privilege. A remote state would be able to offer a reduced fee or no fee to active-duty military personnel or their spouses.

Adverse Actions (Article 6)

The Compact would allow a member state to take adverse action against a licensee's Compact privilege in such member state and to issue subpoenas. Only the licensee's home state would have the power to take adverse action

against the license issued by the home state or to offer alternative programs in lieu of adverse actions and would remain non-public if required by the home state laws. However, a member state would have the authority to take adverse action based on the factual findings of another remote state if the other member state follows its own procedures for adverse actions. Member states would be permitted to recover costs of investigations or dispositions if permitted by their state law. The Compact would authorize joint investigations and would require sharing of certain information by member states of licensees during said investigations.

Establishment of the Respiratory Care Interstate Compact Commission (Article 7)

The Compact would create the Commission and include provisions relating to membership, voting, powers and duties, and financing of the Commission. The Compact would establish the Executive Committee, which would have the power to act on behalf of the Commission according to the terms of the Compact.

The Compact would provide for the Commission to pay for the reasonable expenses of its establishment, organization, and ongoing activities. The Commission would be authorized to levy and collect an annual assessment from each member state and impose fines on licensees of member states to cover the cost of operations. The Compact would require the Commission to have an annual financial review by a certified public accountant and include the financial review in the Commission's annual report.

The Compact would provide for the qualified immunity, defense, and indemnity of its members, officers, Executive Director, employees, and agents acting within the scope of Commission employment, duties, or responsibilities. The protections would not apply for damage, loss, injury, or liability caused by the individual's intentional, willful, or

wanton misconduct. The Compact would not limit the liability of any licensee for professional malpractice or misconduct governed by applicable state laws.

The Compact would not waive any member states' state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation. Nothing in the Compact would be construed to be a waiver of sovereign immunity by the member states or by the Commission.

Data Systems (Article 8)

The Compact would require the Commission to develop, maintain, operate, and utilize a coordinated database and reporting system. The Compact would govern how the information would be provided to the data system by member states and the use of the data by member states, as well as its designation of information that could not be shared with the public without the express permission of the contributing state. The Compact would also require removal of expunged information from the data system.

Rulemaking (Article 9)

The Compact would authorize the Commission to exercise rulemaking powers. The bill would require notice of proposed rules to specified persons and locations to be provided at least 30 days prior to the meeting where the Commission will consider such rules. Additionally, the Commission would be required to provide notice of the public hearing and provide access to the meeting and record all hearings. The Compact would state a majority of legislatures of the member states could reject a rule by enactment of a statute or resolution within four years of adoption of the rule. The Compact would also provide for emergency rulemaking procedures.

Oversight, Dispute Resolution, and Enforcement (Article 10)

The Compact would provide that the executive and judicial branches in each member state would enforce and implement the Compact. The Compact would establish judicial venue and service of process for the Commission. The Compact would also establish a process to be followed by member states regarding default, requesting technical assistance, or termination from the Compact. The Compact would require the Commission, upon member request, to resolve disputes arising among member states and between member states and non-member states. In addition, the Commission would be authorized to enforce the provisions of the Compact, and, by majority vote, could initiate legal action in federal court against a member state.

Effective Date, Withdrawal, and Amendment (Article 11)

The Compact would be effective on the date on which the Compact statute is enacted into law in the seventh member state. Any member state would be allowed to withdraw from the Compact by enacting a statute that would repeal the Compact, but this would not take effect until 180 days after the enactment of the repealing statute. Member states could amend the Compact, but any amendment would not be effective until it is enacted by all member states. Additionally, the Compact would not invalidate or prevent any licensure agreement or cooperative arrangement between a member state and non-member state that did not conflict with the Compact.

Construction and Severability (Article 12)

The Compact would state the Compact and the Commission's rulemaking authority shall be liberally construed and the provisions of the Compact would be severable.

***Consistent Effect and Conflict with Other State Laws
(Article 13)***

The Compact would not prevent the enforcement of any other law of a member state not inconsistent with the Compact. Laws in conflict with the Compact would be superseded to the extent of the conflict and all lawful actions of the Commission would be binding upon member states.

Background

The bill was introduced by the House Committee on Health and Human Services at the request of a representative of the Kansas Chamber of Commerce.

House Committee on Health and Human Services

In the House Committee hearing, **proponent** testimony was provided by representatives of the Kansas Adjutant General's Department, the Kansas Chamber of Commerce, and the U.S. Department of War. [Note: The U.S. Department of Defense is now referred to as the U.S. Department of War in official communications, per Executive Order 14347, signed September 5, 2025.] The conferees noted the portability of licensing across states for the profession as well as assisting military families in their relocations.

Written-only proponent testimony was provided by representatives of the Greater Kansas City Chamber of Commerce, Kansas Hospital Association, Kansas Respiratory Care Society, Mountain Region of CommonSpirit Health, West Virginia University, and United WE.

No other testimony was provided.

The House Committee amended the bill to make six technical corrections to the Compact's uniform language.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Kansas State Board of Healing Arts states enactment of the bill would increase fee fund expenditures by \$65,500 and require the addition of 1.00 Licensing Analyst FTE position in FY 2027. The agency would need \$55,500 for the salary and benefits for the new position, as well as one-time costs for computer and office setup needs. The position and the related salary and wages would be ongoing in future years. The agency anticipates some additional revenue related to an increase in respiratory therapists who would qualify for privileges under the Compact. However, the agency states there is no mechanism to estimate the new revenue. Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

Health; health care; compact; interstate practice privileges; licensure; respiratory therapists; Respiratory Care Interstate Compact