



AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
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March 18, 2020

The Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

In response to the COVID19 pandemic, respiratory therapists are frontline practitioners who treat those who have tested positive for the virus across the healthcare continuum. While we applaud the Administration's recent announcement to expand telehealth to ensure individuals can receive services in their home, the American Association for Respiratory Care (AARC) is concerned that more is not being done to recognize the specialized expertise of respiratory therapists and to waive current barriers that prevent their skills and training from being utilized to their fullest potential. The AARC is a national professional organization with membership of over 45,000 respiratory therapists and whose organizational activities impact over 150,000 practicing respiratory therapists across the country.

Respiratory therapists are state licensed and nationally credentialed professionals who specialize in providing pulmonary diagnostics and care. They are experts in treating patients who suffer from respiratory conditions like Chronic Obstructive Pulmonary Disease (COPD), asthma, pneumonia, lung trauma and other respiratory-related diagnoses such as the widespread outbreak of COVID-19.

While those with the most severe symptoms are hospitalized, it has been reported that many individuals have mild symptoms and do not need to be hospitalized. Lifting current restrictions that require direct physician supervision and prevent respiratory therapists from providing services via telehealth or direct services in the home care setting as part of their scope of practice can enable these highly trained professionals to keep at-risk individuals out of hospitals by addressing the usual non-COVID-19 related exacerbations (such as flu, pulmonary infections, asthma attacks, COPD exacerbations, etc.) thus avoiding the need for a hospital admission and lessening exposure to those with COVID-19.

Digital medicine services can benefit individuals at the greatest risk of contracting this disease, especially the 50+ million Medicare beneficiaries who because of their age or other underlying conditions are the most vulnerable. The safest way to combat this disease and provide such

services is voice and video technology that enables a patient in their home to connect with clinicians. We understand there was some consideration of including respiratory therapists to treat individuals who needed mechanical ventilation via telehealth when the first supplemental funding package was being developed; however, we were extremely disappointed in the end that only those currently covered by section 1834(m) of the Society Security Act could furnish the services. Respiratory therapists treat respiratory conditions. It should go without saying that their expertise is most need at a time like this. And yet, even with the expansion of telehealth services into the home, respiratory therapists are still excluded from caring for those with chronic lung disease via telehealth.

Although CMS has changed the requirement for remote patient monitoring and care management services to allow general supervision under the “incident to” benefit, we believe it does not go far enough during the time of this public health emergency. Whether by direct access or through telecommunications, treating individuals in the home and providing quality care furnished by respiratory therapists who are educated and trained in all aspects of pulmonary medicine is essential to preventing transmission of COVID-19 and supports current mitigation policies.

By allowing respiratory therapists to work under the general supervision of a physician and to provide telehealth services only during the time that a national public health emergency is in force, they would be able to:

- see patients in their homes if necessary, but without their doctor accompanying them, to resolve exacerbations earlier
- avoid the need to put these high at-risk patients in the emergency department/hospital mix to lessen their exposure to COVID-19 positive patients
- lessen pressure on hospital resources, especially ventilators

The “incident to” benefit under which respiratory therapists are eligible to work in the outpatient setting hamper the ability to provide the full range of services within their scope of practice because the “direct supervision” requirement limits the physician’s ability to fully utilize their expertise for fear that there will be no reimbursement for their services. Allowing respiratory therapists to furnish chronic disease management services via telehealth during the pandemic can save resources for those with COVID-19 as well as protect the many vulnerable Medicare beneficiaries from exposure.

**The AARC strongly recommends the following actions for the duration of the national emergency:**

- **Lifting the direct supervision restriction under Medicare’s “incident to” benefit for all services furnished by respiratory therapists within their scope of practice in physician offices and clinics.**
- **Removing the current barriers to telehealth access by allowing respiratory therapists to furnish services as telehealth practitioners.**

Given the COVID-19 pandemic and its anticipated stress on our healthcare system, especially with regard to physician office visits and hospital utilization, these actions will encourage more primary care physicians to hire respiratory therapists in their practice, if only on a part-time basis; thus, freeing up the physician and other non-physician practitioners to provide care to patients with other diagnoses and conditions that are not respiratory related.

Thank you for considering these recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Karen S. Schell".

Karen S. Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS  
President