



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
9425 North MacArthur Blvd., Suite 100, Irving, TX 75063, (972) 243-2272, Fax (972) 484-2720
<http://www.aarc.org>, E-mail: info@aarc.org

March 17, 2020

Vice President Mike Pence
The White House
Office of the Vice President
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Vice President Pence:

On behalf of the American Association for Respiratory Care, we appreciate the enormous task the Administration faces in dealing with the COVID-19 pandemic and the need to implement all avenues afforded the Administration to control further outbreaks and slow its progression.

In response to the COVID-19 pandemic, respiratory therapists are frontline practitioners to treat those who have tested positive for the virus across the healthcare continuum. That is why the American Association for Respiratory Care (AARC) is concerned that more is not being done to recognize their expertise and waive current barriers that prevent their skills and training from being utilized to its fullest. 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 leaders in respiratory care during the COVID-19 pandemic

Respiratory therapists are nationally credentialed and licensed medical professionals who specialize in providing pulmonary diagnostics and care and 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. Their services on multiple fronts are essential in combating the coronavirus and saving lives. While supplemental funding and economic stimulus packages are key initiatives to address the issue, barriers continue to exist; namely, the inability of respiratory therapists to furnish telehealth services to individuals in their homes during this national public health emergency.

Respiratory therapists can improve care and reduce hospitalizations as telehealth practitioners

Telecommunication via real-time audio and voice transmissions is an important mechanism to combat this pandemic and can benefit individuals at the greatest risk of contracting this deadly virus. As you know, older Americans and those with underlying conditions are the most

vulnerable. Respiratory therapists treat respiratory conditions. It should go without saying that their expertise is most needed at a time like this.

Although we understand there was some consideration of including respiratory therapists to treat individuals who needed mechanical ventilation via telehealth when the supplemental funding package was being developed, we were extremely disappointed in the end that only those currently covered by section 1834(m) of the Social Security Act could furnish the services under certain criteria. These include physicians and other non-physician practitioners such as physician assistants, nurse practitioners, certified nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals.

We urge your task force to work with Congress, the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) to find ways to reduce current barriers that would allow respiratory therapists to meet the demands placed on the health care system to their fullest capability and to be included as telehealth practitioners for the duration of the national emergency under the general supervision of a physician or non-physician practitioner. We are not asking for billing rights or independent practice; we are simply asking for the health care system to recognize the expertise and skills of respiratory therapists who are imminently qualified to deliver the care needed to reduce the progression of COVID-19.

Any new supplemental funding package should include respiratory therapists as telehealth practitioners. Such telehealth services would enable these highly trained professionals to:

- Keep at-risk individuals out of hospitals by addressing the usual non-COVID-19 related respiratory conditions (e.g., flu, pulmonary infections, asthma attacks, COPD exacerbations, etc.)
- Expand access to respiratory therapists, especially in rural areas, by allowing them to provide evaluations and assessments of patient's needs without face-to-face visits
- Avoid the need to put high at-risk patients with underlying respiratory conditions in the emergency department/hospital mix to lessen their exposure to COVID-19 positive patients through self-management education and training

Telehealth or telemedicine is becoming a standard way of delivering services in today's complex health care delivery system. It is time that some of the more restrictive barriers to telehealth and digital health be permanently removed rather than relying on waivers each time we face a crisis, and we look to your leadership to finding ways to improve the system.

Respiratory therapists should work across state lines if need requires their expertise

CMS' COVID-19 Emergency Declaration Health Care Providers Fact Sheet states the following: "Provider Locations: Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid." With respect to Medicaid, states must apply to CMS for a 1135 waiver if they want to permit providers located out of state/territory to provide care to

another state's Medicaid enrollees impacted by the emergency. At this time, it is unclear whether this directive for either Medicare or Medicaid would include respiratory therapists and we are seeking clarification from CMS. However, as your task force continues to lift restrictions that impact care, it is vital that licensed respiratory therapists be permitted to cross state lines in the event their expertise is needed to help contain the virus and save lives. We would expect such instances would become necessary if those who are tested positive for COVID-19 continues to rise.

Respiratory therapists should be included in task force consultations

The AARC calls upon you and your task force to include respiratory therapists in future discussions and decisions regarding additional steps the Administration plans to take to tackle this continuing challenge and future pandemic from respiratory pathogens. Their expertise and insight into the current system could be valuable to the task force moving forward. For example:

- Respiratory therapists are experts in invasive and non-invasive ventilator management and their knowledge can prove valuable to the task force as more and more patients may need ventilatory support in both acute care and home care settings.
- The AARC has for the past several years been contracted to provide live stockpile ventilator training for respiratory therapists in addition to making some training available online, giving them up-to-date information that can be valuable in times like this.
- Depending on the severity of the patient's condition, if they need ventilator care respiratory therapists make sure there are enough ventilators as well as other accessories to meet their needs, such as ventilator tubing which connects the patient to the ventilator.
- For hospitalized patients, respiratory therapists also ensure that treatments and equipment are appropriately selected for the patient to minimize unintended nosocomial transmission of pathogens.
- In the home setting, respiratory therapists are the health care professionals who can monitor a patient's changing symptoms and situations.
- Most hospital respiratory departments follow patient care protocols that allow the patient to be treated appropriately when assessed by a respiratory therapist. If followed, this can drive down unnecessary care and let the respiratory therapist manage more sick patients.
- Our last human resources survey, which we are in the process of updating, showed about 155,000 practicing respiratory therapists of which approximately 75 percent work in acute care hospitals.

As you work with a variety of stakeholders in the healthcare system, the respiratory care profession with its knowledge and training in pulmonary medicine can offer you valuable insight into experiences and challenges that can help formulate future decision-making as the Administration's policies continue to evolve.

We would be happy to work with you and hope you will reach out to us. Please contact me at kallstrom@aacrc.org, or 972-243-2272 if you need additional information or have questions.

Sincerely,

A handwritten signature in black ink that reads "Thomas Kallstrom". The signature is fluid and cursive, with the first name "Thomas" and the last name "Kallstrom" clearly legible.

Thomas J. Kallstrom, MBA, RRT, FAARC
Executive Director and Chief Executive Officer

cc:

Secretary Azar
Administrator Verma
Surgeon General Adams
Director Joe Grogan