

Sent electronically to: <a href="mailto:fedclass@opm.gov">fedclass@opm.gov</a>.

May 25, 2021

Office of Personnel Management 1900 E Street, NW, Room 5H27-G Washington, DC 20415

To Whom it May Concern:

As President of the American Association for Respiratory Care (AARC), I am writing to bring to your attention a matter that falls under your organization's purview regarding the Position Classification Standard for Respiratory Therapist, GS-0651. We are requesting that your organization revise policies impacting this profession that have not been updated since 1985.

The AARC is the national professional organization with a membership of 40,000 respiratory therapists and whose organizatoinal activities impact over 190,000 practicing respiratory therapists across the country. Respiratory therapists are nationally credentialed 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 COVID-19.

In March 2021 the Veterans Administration (VA) made significant changes to their outdated qualification standards for respiratory therapists to recognize the complexities in the delivery of care in today's expanding health care system. The revised VA standards, which we highlighted in our AARC Newsroom, require all new respiratory therapist employees to be licensed and to hold the Registered Respiratory Therapist (RRT) credential as entry level for permanent employment, the latter of which is a goal of the AARC. Significant changes in pay grades in the VA also "raised the bar" from a GS08 to a GS11 level for full performance.

This prompted one of our members who is an RRT working in a naval hospital in Florida to bring to our attention that his position as a civilian in a military facility is capped at a GS7. He raised concerns that without changes in the Department of Defense (DOD), managers could see an exodus of civilian respiratory therapists to the VA where recognition of their value is more appropriately recognized and compensated. This revelation promoted the AARC to reach out to

the DOD to ask that they update their qualification standards in light of the VA's recent changes. In response to our request, we were informed that the Office of Personnel Management has oversight over those standards and that is why we are writing to you today.

The practice of respiratory therapy has evolved from the days of oxygen therapy, arterial blood gas interpretation, and nebulizer therapy and has come a long way since the 1985 OPM standards were developed. Current practice requires respiratory therapists to have extensive assessment abilities and practice competencies to initiate and provide cardiopulmonary interventions for their patients across a broad scope of practice and in a variety of patient care venues. Respiratory therapists are also the essential health care providers when it comes to management of individuals who have been mechanically ventilated, and their role has been critical in monitoring and assessing the patient's respiratory needs and response to therapy during the pandemic.

As the chief human resources agency and personnel policy manager for the Federal Government, we hope that as part of your role in overseeing policies related to defense civilian personnel and compensation, you will review the VA's Respiratory Therapist standards and consider changes to the OPM's employment qualifications under GS-0651 that fully recognize the value and expertise of respiratory therapists in treating and managing patients with cardiopulmonary disease. A copy of the VA qualification standards for certified and registered respiratory therapists are attached for your convenience.

Ultimately, the goal of the respiratory therapy educational system and state licensure process is to prepare competent respiratory therapists to provide safe and effective patient care in an increasingly complex health care environment. Changes to your policies can go a long way to meeting that goal.

Thank you in advance for considering this request.

Sincerely,

Sheri Tooley

Sheri Tooley BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC

President and CEO 2021-2022

Attachments